Home Health Revenue Code to HCPCS Code Crosswalk

The chart below provides a detailed crosswalk for corresponding revenue codes and HCPCS codes when obtaining home health service authorizations through Horizon Blue Cross Blue Shield of New Jersey's online *Utilization Management Request Tool* (CareAffiliate).

Facility claim form (UB-04)	Revenue Code	HCPCS Code	Unit
Registered Nurse (RN)	551	S9123	1= visit
Licensed Practical Nurse (LPN)	551	S9124	1= visit
Physical Therapy	421	S9131	1= visit
Occupational Therapy	431	S9129	1= visit
Speech Therapy	441	S9128	1= visit
Medical Social Worker	551	S9127	1= visit
Certified Home Health Aid (CHHA)	571	S9122	1= visit
CHHA	572	S9122	1= hour
Registered Dietitian	580	S9470	1= visit
Professional claim form (CMS 1500)	Revenue Code	HCPCS Code	Unit
Private Duty Nursing - RN	Not Applicable	S9123*	1= hour
Private Duty Nursing - LPN	Not Applicable	S9124*	1= hour

*For Private Duty Nursing, please use HCPCS codes billable on a CMS 1500.

(Continues)

Medicare Hcpcs Code To Revenue Code Crosswalk

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   Federal Register ,2013-12   **Medicare and Medicaid Guide** ,1969   **Journal of the National Cancer Institute** ,1990   **HCPCS Expert** Ingenix,2006-12 This is the most comprehensive HCPCS book available It contains important information as dictated by CMS but presents it in an easytouse format to guide the coder confidently through current codes and modifiers as well as code changes additions and deletions   **Essays on the Economics of Medicare** David James Becker,2005   Management in Laboratory Medicine John R. Snyder,David S. Wilkinson,1998 Textbook on organizational theory and practice as applied to clinical laboratory management   *ICD-9-CM for Hospitals Compact Professional for Hospitals* Bardes,Ingenix,Shelley,Schmidt,2005-09 Code with more precision and efficiency to reduce claim delays and denials using the ICD 9 CM Professional for Hospitals Volumes 1 2 3 with critical coding and reimbursement edit alerts on the same page as the code you want This product supports HIPAA compliance by providing the approved standard code set ICD 9 CM the official coding guidelines references for official coding advice coding instructions and conventions required under HIPAA Do it right in less time   **APC Training and Implementation Manual** Jill Giddens,2001   **CPT Outpatient Services** Grace M. Kotowicz,2005-05 An annotated version of CPT prepared for hospitals ambulatory surgery centres and outpatient hospital and provider based office settings This book offers a singular reference that uses symbols to provide instruction for reporting each CPT code under Medicare s Outpatient Prospective Payment System OPPS

   ANNUAL REPORT TO CONGRESS 1993 PHYSICIAN PAYMENT REVIEW COMMISSION,1993   **H.C.P.C.S** ,2002

   HCPCS 2007 PMIC,Practice Management Information Corporation,2006-12 Maximize your Medicare reimbursement by using the most current official HCPCS Level II codes full descriptions table of drugs index and appendixes Color coding with thumb indexing Lay flat binding stays open during use Medicare cross references to the National Coverage and the Determinations Manual NCD Medicare Carriers Manual MCM and Coverage Issues Manual CIM   HCPCS, 1997 American Medical Association,1996-01-01   **HCPCS: Medicare's National Level II Codes** American Medical Association,2007-12

   HCPCS 2004 Timesaver Binder Practice Management Information Corporation,2003-01-01 CMS procedure codes in binder format   *St. Anthony's UB-92 Editor (UBE)* St. Anthony's UB-92,Carol Endahl,Karen Schmidt,1997-12-01 UB 92 billing and coding requirements are constantly changing Staying current is essential to ensure fast and accurate payment for all submitted claims All the information you need for a perfect Medicare UB 92 claim can be found in updatable easy to use format No other billing manual offers all of these features current valid CPT HCPCS and revenue code combinations complete information for all revenue condition occurrence and value codes and form locators medical documentation requirements to support home health skilled nursing rural health and other claims detailed outpatient bill ng and coding tips

   HCPCS, 1998 American Medical Association,1998-02-20 HCPCS 1998 contains everything needed for quick accurate Medicare and other pater coding Published by the American Medical Association HCPCS 1998 features many of the familiar

features such as color coding cross referencing codeing tips and extensive indices Plus added new features such as a list of private payers by state who use HCPCS codes in addition to an expanded directory of products and services *Uniform Billing Editor: The Ultimate Guide to Accurate Facility Claim Submission - Updateable* Ingenix, Facilities can use this reference tool daily to manage the constant changes to Medicare billing and reimbursement process The Uniform Billing Editor provides detailed accurate and timely information about Medicare and UB 04 billing rules and prepares the user for UB 04 and 837i requirements that will have to be met in the future 5010 information will start to be included in the March 2011 quarterly update Features and benefits Quickly locate topics based on field locators revenue codes or coding structures This easy to use format is fully indexed and tabbed with icons for quick reference Quickly link HCPCS and CPTr codes to applicable revenue codes This crosswalk helps you to prevent the most common reasons for rejections mismatched revenue codes and CPTr or HCPCS codes Crosswalk to 837 institutional claims Provides links to 837i 4010 and 5010 data elements and any applicable billing rules facilitating easier transition to the 837i Coding and billing tips with quick access to official sources Submit claims to Medicare accurately the first time to help you reduce claim delays and denials OCE and MCE edits Identify data inconsistencies potential rejections and denials through OCE and MCE edits Timely updates throughout the year Stay current with changes to help you eliminate billing with outdated information CPTr is a registered trademark of the American Medical Association **HCPCS 2001** American Medical Association,2000-11 The AMA s guide to Medicare s National Level II Codes for durable medical equipment medical supplies and drugs contains 130 procedural and anatomical illustrations including 10 new illustrations to help visually confirm procedures being coded Flagged Quantity Codes Codes that require quantities are flagged to remind you to fill in the quantity when completing reimbursement forms Payers Appendix Find out which payers accept HCPCS Level II codes so you can file claims with confidence Color Coded Icons Curbs claim denials with icons that flag codes with special Medicare instructions and coverage issues Icon Legend Included on the bottom of every page so you don t have to flip through the entire book to learn what symbols mean Expanded Index Links brand name DME like wheelchairs diabetes supplies and ostomy equipment to their correct codes to help you code accurately *HCPCS National Level II Medicare Codes* PMIC,2007-07

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