



Horizon Blue Cross Blue Shield of New Jersey

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 (CareAffirm).

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	1= hour
Private Duty Nursing - LPN	Not Applicable	S9124 ¹	1= hour

¹For Private Duty Nursing, please use HCPCS codes billable on a CMS-1500.

(Continued)

Medicare Hcpcs Code To Revenue Code Crosswalk

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Medicare Hcpcs Code To Revenue Code Crosswalk:

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 easyto use 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 OPPOS **ANNUAL REPORT TO CONGRESS 1993** PHYSICIAN PAYMENT REVIEW COMMISSION,1993 **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 H.C.P.C.S ,2002 HCPCS, 1997 American Medical Association,1996-01-01 HCPCS: Medicare's National Level II Codes American Medical Association,2007-12 **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 CPT codes to applicable revenue codes This crosswalk helps you to prevent the most common reasons for rejections mismatched revenue codes and CPT 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

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The book delves into Medicare Hcpcs Code To Revenue Code Crosswalk. Medicare Hcpcs Code To Revenue Code Crosswalk is a vital topic that must be grasped by everyone, from students and scholars to the general public. The book will furnish comprehensive and in-depth insights into Medicare Hcpcs Code To Revenue Code Crosswalk, encompassing both the fundamentals and more intricate discussions.

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 - Chapter 1: Introduction to Medicare Hcpcs Code To Revenue Code Crosswalk
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 - Chapter 3: Medicare Hcpcs Code To Revenue Code Crosswalk in Everyday Life
 - Chapter 4: Medicare Hcpcs Code To Revenue Code Crosswalk in Specific Contexts
 - Chapter 5: Conclusion
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 6. In chapter 5, the author will draw a conclusion about Medicare Hcpcs Code To Revenue Code Crosswalk. This chapter will summarize the key points that have been discussed throughout the book.
- This book is crafted in an easy-to-understand language and is complemented by engaging illustrations. It is highly recommended for anyone seeking to gain a comprehensive understanding of Medicare Hcpcs Code To Revenue Code Crosswalk.

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