A Message to

Business Office Managers

8000 Midlantic Drive, Suite 333, Mt. Laurel N.J. 08054

MEMORANDUM

TO: All AmeriHealth Participating Skilled Nursing Facilities in New Jersey

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: July 10, 2003

SUBJECT: BILLING REMINDER

As you know, when billing for charges for a member that is in your facility for skilled or sub-acute services, you are to bill with the correct revenue code that corresponds with the level of care approved by our Care Management and Coordination (CMC) department (formerly Patient Care Management).

Please see the chart below for the correct revenue code and description of care that should be used when submitting charges.

DESCRIPTION*	REVENUE CODE*
Days after Medicare/65 Special	121
Basic B.C.-Free Standing	130, 150
Basic B.C.-Hospital Based	130, 150
Sub-Acute Medical-(w/Drug < 100)	120, 191
Sub-Acute Medical-(w/Drug > 100)	129, 199
Sub-Acute Rehab	118, 128, 190, 192
Ventilator Depend-Chronic Care	206, 193
Ventilator Depend-After Weaning	200, 194

Claims that are submitted with a revenue code that differs from the level of care that has been authorized will cause a delay in processing and will be processed at a lower level. Example: If you have a member that has been approved for basic skilled nursing care (130 revenue code) and you bill your charges at a sub-acute medical (120 revenue code) you will be paid in accordance with your authorization at your basic skilled rate.

If you have any questions regarding this bulletin, please call your Hospital Coordinator or the Hospitals Services Department at 856-778-6500.