

- 1) Find out what the value code is for the CBSA.
 - Look up the county code that the facility is in
 - Click on **Codes > Other Basic Codes > County Codes**
 - From the right side, enter the county code or description
 - Select the Code or Description bullet and click on Search
 - A list will appear below
 - Select the county from the list
 - The information will appear to the left
 - Write down the CBSA amount

State Code:

County Code:

Description:

MSA:

Federal SSA Code: CBSA=25860 Wage Index=0.9000

2011

Code
 Description

- 2) Enter the value code and amount in the Referral > Payer tab. This is the G8 code.
 - From the Select Patient screen pull up the patient
 - Click on **Referrals > Payers > Select the payer > Extra Billing Info**
 - Click on Add a New From Date and enter the *month* of the billing
 - Enter the Value Codes G8 and the Value Amounts (from the County code above). Ie. if CBSA is 40580 then enter as 40580.00
 - Click on Save

From Date:

Thru Date:

Carolina Access:

Treatment Auth 1:

Theatment Auth 2:

Condition Codes:

02/001 10-01-2010 thru 10-31-2010

Occurrence Codes:

Occurrence Dates:

Occurrence Spans:	Code	From Date	Thru Date	Code	From Date	Thru Date
	<input type="text"/>	<input type="text" value="12/31/2075"/>	<input type="text" value="12/31/2075"/>	<input type="text"/>	<input type="text" value="12/31/2075"/>	<input type="text" value="12/31/2075"/>

Value Codes:

Value Amounts:

- 3) Enter the Hospice Facility Stay information
 - Click on **Billing > Other > Enter Hospice Facility Stay Dates for Billing**
 - Enter the patient's chart number
 - Click on New
 - Enter the from and thru dates of the facility stay
 - Select 05 or 06 for Inpatient Hospital.
 - Click on Save

Note: The 05 Inpatient Hospital will show the Q5005 on the claim and the 06 Inpatient Hospice Facility will show Q5006.

Hospice Patient Not at Home Facility History

Set the From Date to 01/01/1900 to delete an entry.

Facility Type

- 02 - Assisted Living Facility
- 03 - Nursing Long Term Care Facility or Non-Skilled Nursing Facility
- 04 - Skilled Nursing Facility
- 05 - Inpatient Hospital
- 06 - Inpatient Hospice Facility
- 07 - Long Term Care Hospital
- 08 - Inpatient Psychiatric Facility
- 09 - Place Not Otherwise Specified

FromDate ThruDate Facility Type
001 10/07/10 10/11/10 Inpatient Hospital

- 4) Create the claim as usual.