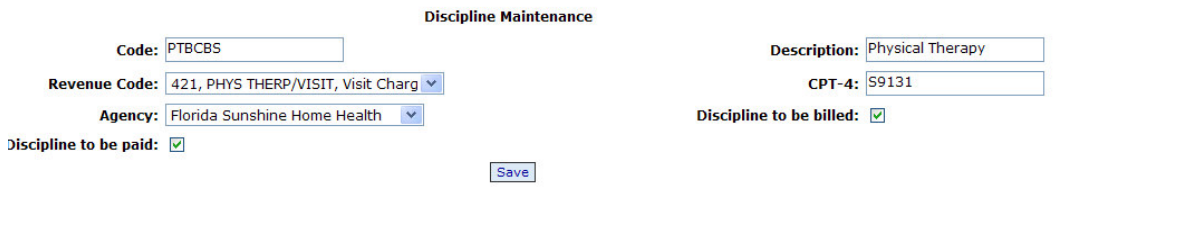
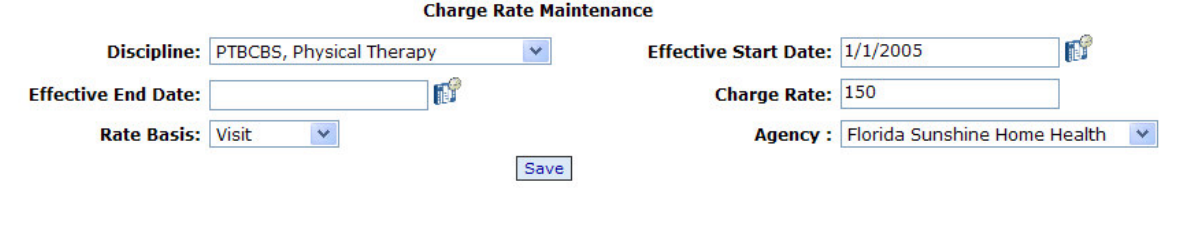
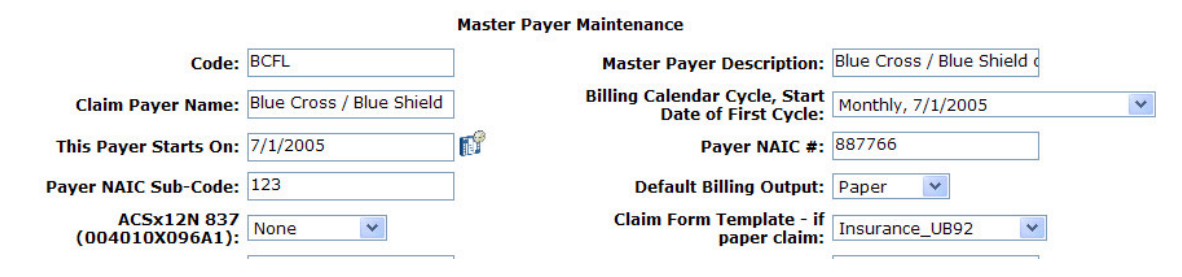


Instructions to define an alternate value for UB-92 FL44

Action / Instruction	Screen Shot
<p>1. ADMIN-CLINICAL MAINT-DISCIPLINE: Add a new discipline for payer needing a specific value in UB-92 FL44 – enter that value in the CPT-4 field</p>	 <p>The screenshot shows the 'Discipline Maintenance' form. Fields include: Code: PTBCBS, Revenue Code: 421, PHYS THERP/VISIT, Visit Charg, Agency: Florida Sunshine Home Health, Description: Physical Therapy, CPT-4: S9131, Discipline to be billed: checked, and Discipline to be paid: checked. A 'Save' button is visible at the bottom.</p>
<p>2. ADMIN-FINANCIAL MAINT-CHARGE RATE: Add a charge rate for the discipline added in Step 1 above</p>	 <p>The screenshot shows the 'Charge Rate Maintenance' form. Fields include: Discipline: PTBCBS, Physical Therapy, Effective Start Date: 1/1/2005, Effective End Date: (empty), Charge Rate: 150, Rate Basis: Visit, and Agency: Florida Sunshine Home Health. A 'Save' button is visible at the bottom.</p>
<p>3. ADMIN-FINANCIAL MAINT-MASTER PAYER: Identify the Claim Form Template assigned to the Master Payer referenced in Step 1 above</p>	 <p>The screenshot shows the 'Master Payer Maintenance' form. Fields include: Code: BCFL, Claim Payer Name: Blue Cross / Blue Shield, This Payer Starts On: 7/1/2005, Payer NAIC Sub-Code: 123, ACSx12N 837 (004010X096A1): None, Master Payer Description: Blue Cross / Blue Shield, Billing Calendar Cycle, Start Date of First Cycle: Monthly, 7/1/2005, Payer NAIC #: 887766, Default Billing Output: Paper, and Claim Form Template - if paper claim: Insurance_UB92. A 'Save' button is visible at the bottom.</p>

Action / Instruction	Screen Shot																																																	
<p>4. FINANCIAL-CLAIM FORM TEMPLATE LIBRARY: Set UB-92 FL42 to unchecked so that the revenue code last digit is not '0'; set UB-92 FL44 to checked so that HCPCS / CPT-4 codes are included on billing form; select to "Use CPT-4"</p>	<p>Template name: Insurance_UB92 ID#: 45 Status: Active</p> <p>Claim Definition / Information</p> <p>* Template Name: Insurance_UB92 ID#:45</p> <p>* Claim Form: UB-92 HCFA-1450</p> <hr/> <p>FL 42: <input type="checkbox"/> Use "0 - General Classification" as 4th Digit for Revenue Codes</p> <p>FL 43: <input checked="" type="checkbox"/> Use Standard Abbreviation as Description</p> <p>FL 44: <input checked="" type="checkbox"/> Include HCPCS / CPT-4 <input type="checkbox"/> Include Rate</p> <p><input type="radio"/> Use HCPCS (HCFA Common Procedure Coding System) <input checked="" type="radio"/> Use CPT-4 (Current Procedural Terminology)</p>																																																	
<p>5. CLINICAL-VISIT NOTES: When adding a visit note for each patient visit, be sure to select alternate discipline as defined in Step 1 above</p>	<p>Visit Notes</p> <table border="1"> <thead> <tr> <th>Edit</th> <th>Report</th> <th>Notes</th> <th>Delete</th> <th>Note Date</th> <th>Start Time</th> <th>End Time</th> <th>Duration</th> <th>Visit Note Name</th> </tr> </thead> <tbody> <tr> <td>Edit</td> <td>Report</td> <td>Print</td> <td>Delete</td> <td>9/15/2005</td> <td>9/15/2005 11:38:00 AM</td> <td>9/15/2005 11:39:00 AM</td> <td>1</td> <td>Wound / Skin Care</td> </tr> <tr> <td>Edit</td> <td>Report</td> <td>Print</td> <td>Delete</td> <td>9/15/2005</td> <td>9/15/2005 8:00:00 AM</td> <td>9/15/2005 8:30:00 AM</td> <td>30</td> <td>Victory Home Health Personal C</td> </tr> </tbody> </table> <p>Visit Note Name: Wound / Skin Care Start Time: 09/15/2005 11:38 AM</p> <p>Visit Note Date: 9/15/2005 End Time: 09/15/2005 11:39 AM</p> <p>Assessor: Williams, Mary J, PT Service Journal Transaction Code: RV, Routine Visit</p> <p>Scheduled Activity: Alternate Discipline: PTBCBS, Physical Therapy</p> <p>Alternate Charge Amount: Alternate Charge Basis:</p> <p>Proceed to Visit Note Save Cancel</p>	Edit	Report	Notes	Delete	Note Date	Start Time	End Time	Duration	Visit Note Name	Edit	Report	Print	Delete	9/15/2005	9/15/2005 11:38:00 AM	9/15/2005 11:39:00 AM	1	Wound / Skin Care	Edit	Report	Print	Delete	9/15/2005	9/15/2005 8:00:00 AM	9/15/2005 8:30:00 AM	30	Victory Home Health Personal C																						
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<p>6. FINANCIAL-INVOICE PROCESSING: UB-92 FL42 displays 421; FL44 displays S9131</p>	<table border="1"> <thead> <tr> <th>42 REV. CD</th> <th>43 DESCRIPTION</th> <th>44 HCPCS / RATES</th> <th>45 SERV. DATE</th> <th>46 SERV. UNITS</th> <th>47 TOTAL CHARGES</th> <th>48 NC</th> </tr> </thead> <tbody> <tr> <td>1 421</td> <td>PHYS THERP/VISIT</td> <td>S9131</td> <td>09152005</td> <td>1</td> <td>150.00</td> <td></td> </tr> <tr> <td>2 550</td> <td>SKILLED NURSING</td> <td>RN6</td> <td>09152005</td> <td>2</td> <td>110.00</td> <td></td> </tr> <tr> <td>3 570</td> <td>AIDE/HOME HEALTH</td> <td></td> <td>09152005</td> <td>1</td> <td>15.00</td> <td></td> </tr> <tr> <td>4 0001</td> <td>Total Charges</td> <td></td> <td></td> <td>4</td> <td>275.00</td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	42 REV. CD	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NC	1 421	PHYS THERP/VISIT	S9131	09152005	1	150.00		2 550	SKILLED NURSING	RN6	09152005	2	110.00		3 570	AIDE/HOME HEALTH		09152005	1	15.00		4 0001	Total Charges			4	275.00		5							6						
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