

Understanding Billing and Rendering Providers

Aida Anderson
Client Services
HealthSystems

Agenda:

- Introduction
- When is the Company or Doctor the Billing Provider?
- Setup for Company, Doctor and Facility
- Setup for Filing *Facility Fees*

Understanding Billing and Rendering Providers

The Billing Provider can be either the Company or the Doctor.

This is usually determined by the contract with the carrier.

If your contract shows both the Company's NPI/Tax ID and the Doctor's NPI/Tax ID then you should "***File claims as part of a group***"

BUT

If your contract with the carrier was not setup with the Company info and only the Doctor's NPI/Tax ID then you should "***File claims as Individual***"

Company

For paper filing the *Billing Provider* information is found in box 33 of the CMS1500

For electronic filing its located in the 2010AA NM1 record of an 837 file.*

*Will be created **only** if “*Filing claims as part of a group*” at the Doctor level is selected.

Company Level

Modify Company [X]

Information | Identification

Inactive

Name:

List Name:

ID:

Pay To

Address:

City/State:

Country:

Phone 1:

Phone 2:

Filing: Doctor Fees Facility Fees

Federal Tax ID: SSN EIN

NPI:

Ledger:

OK Cancel

Filing : Doctor or Facility Fees (radial button) will determine whether the Rendering provider is created electronically at all.

Company Level

“All” row setup at
the Company
Level

Company ID Numbers

Facility: (all)

All Insurance Carriers
 Insurance Carrier
 Insurance Group

Facility: (all)
PIN:
GRP:
EMC:
Additional ID 1:
Additional ID 2:
Type:
CLIA: Company CLIA
Mammography Cert.:
Place of Service: 11
NPI: Company NPI
Federal Tax ID: SSN EIN

OK Cancel

Rendering Provider

The Rendering Provider's setup will dictate whether Box 24J is populated of the CMS1500 or Loop 2310B will be created for the 837 file.

Doctor Level

Modify Doctor

Information | Identification | Fee Schedule | Schedule Template

Static
 Inactive **Doctor** Other Provider

First: Test Middle: Last: Doctor Suffix:

Organization:

List Name: Doctor, Test

ID: 424

Address: 1111 Testing St

City/State: Trial GA 00000

Country:

Phone 1: () - ()

Phone 2: () - ()

Federal Tax ID: SSN EIN

State License: 12345A

Anesthesiologist License:

NPI: DR NPI

Non-Participating Insurance Carriers:

Specialty License:

Additional License:

UPIN #: A98745

Specialty: Family Practice

Ledger:

Resource Types

- Doctor
- Equipment/Room
- CRNA (Anesthetist)
- Staff
- Conference Rooms
- Pediatric cardiology
- CRNP (Nurse Practitioner)

OK Cancel

Doctor Level

“All” row setup at the Doctor Level

Doctor ID Numbers

Company: (all) | Doctor is Hospice Employee

Facility: (all)

All Insurance Carriers

Insurance Carrier: []

Insurance Group: []

File claims as: Individual | Part of a group

Filing Doctor:

Doctor, Test

Supervising Doctor

Specified Doctor: []

Referring ID: [] []

Referring Office: [] []

PIN: From Company [] []

GRP: From Company [] []

EMC: From Company [] []

Additional ID 1: From Company [] []

Additional ID 2: From Company [] []

Type: From Company [] []

NPI: From Company | Dr NPI

Federal Tax ID: From Company [] [] SSN EIN

OK Cancel

The radial button will determine the information sent.

Doctor Fees - Filing claims as Individual

ISA~00~ ~01~CYCTRANS ~ZZ~C786020 ~ZZ~CLAIMSCH
~090805~1120~U~00401~000000195~1~P~^
GS~HC~C786020~ECGCLAIMS~20090805~112056~195~X~004010X098A1
ST~837~000000001
BHT~0019~00~195~20090805~110856~CH
REF~87~004010X098A1
NM1~41~2~MEDICAL CLINICS PC~~~~~46~006419786020
PER~IC~TEST THIS NOW~TE~2146622000
NM1~40~2~MCKESSON~~~~~46~1407
HL~1~~20~1
PRV~BI~ZZ~TAXONOMY
NM1~85~1~DOCTOR~TEST~~~~XX~DR NPI ****Loop 2010 AA Billing Provider****

N3~1111 TEST AVE
N4~ATLANTA~GA~30342
REF~EI~7511111111
REF~1G~A98745
REF~0B~12345A
HL~2~1~22~0
SBR~P~18~~~~~BL
NM1~IL~1~TESTPATIENT~LOCAL~~~~MI~XKJ123456789
N3~123 MAIN ST
N4~ATLANTA~GA~30303
DMG~D8~19330201~M
NM1~PR~2~BLUE CROSS BLUE SHIELD OF KY~~~~~PI~1407
N3~P O BOX 37780

N4~LOUISVILLE~KY~40233



Doctor Fees - Filing claims as Individual

CLM~000639~142~11^^1~Y~A~Y~A~B
HI~BK^78901~BF^4111
NM1~FA~2~TESTFACILITY~XX~NPI GOES HERE ** 2310D Facility **
N3~1111 TEST AVE
N4~ATLANTA~GA~30342
LX~1
SV1~HC^99214~90~UN~1~1~1^2
DTP~472~D8~20060210
CN1~09~90
REF~6R~1409
LX~2
SV1~HC^99213~52~UN~1~1~2
DTP~472~D8~20060210
CN1~09~48
REF~6R~1411
SE~39~000000001
GE~1~195
IEA~1~000000195

NOTE:
When "Filing claims as Individual" is selected at the doctor level, the 2310B loop is not created.

Doctor Fees - Filing claims as part of a Group

ISA~00~ ~01~CYCTRANS ~ZZ~C786020 ~ZZ~CLAIMSCH
~090805~1405~U~00401~000000197~1~P~^
GS~HC~C786020~ECGCLAIMS~20090805~140547~197~X~004010X098A1
ST~837~000000001
BHT~0019~00~197~20090805~140847~CH
REF~87~004010X098A1
NM1~41~2~MEDICAL CLINICS PC~~~~46~006419786020
PER~IC~TEST THIS NOW~TE~2146622000
NM1~40~2~MCKESSON~~~~46~1407
HL~1~~20~1
NM1~85~2~TESTCOMPANY~~~~XX~COMPANY NPI ****Loop 2010AA Billing Provider****
N3~1111 TEST AVE
N4~ATLANTA~GA~30342
REF~EI~751111111
HL~2~1~22~0
SBR~P~18~~~~~BL
NM1~IL~1~TESTPATIENT~TAZ~~~~MI~XKJ123456789
N3~123 MAIN ST
N4~ATLANTA~GA~30303
DMG~D8~19330201~M
NM1~PR~2~BLUE CROSS BLUE SHIELD OF KY~~~~PI~1407
N3~P O BOX 37780N4~LOUISVILLE~KY~40233



Doctor Fees - Filing claims as part of a Group

CLM~000639~142~11^^1~Y~A~Y~A~B

HI~BK^78901~BF^4111

NM1~82~1~DOCTOR~TEST~XX~DR NPI ****Loop 2310B Rendering Provider****

PRV~PE~ZZ~TAXONOMY

REF~1G~A98745

REF~0B~12345A

NM1~FA~2~TESTFACILITY~XX~COMPANY NPI ****2310D Facility****

N3~1111 TEST AVE

N4~ATLANTA~GA~30342

LX~1

SV1~HC^99214~90~UN~1~1~1^2

DTP~472~D8~20060210

CN1~09~90

REF~6R~1409

LX~2

SV1~HC^99213~52~UN~1~1~2

DTP~472~D8~20060210

CN1~09~48

REF~6R~1411

SE~40~000000001

GE~1~197

IEA~1~000000197



Doctor Level – Other Provider

If you toggle between the two radial buttons
NOTE: you WILL lose any information on the Identification tab. Be sure to write info or take screen shots before toggling.

Modify Doctor

Information | Identification | Fee Schedule | Schedule Template

Static

Inactive Doctor Other Provider

First: Nurse Middle: Last: Practioner Suffix: NPI: NPorPA NPI

Organization: Non-Participating Insurance Carriers: Specialty License: Additional License: UPIN #: Specialty: Ledger: Resource Types:

List Name: Practioner, Nurse

ID: 429

Address: 1111 Testing St

City/State: Atlanta GA 30342

Country: Phone 1: (404) 207-1311 [] Work Phone 2: [] - [] Federal Tax ID: SSN EIN

State License: Anesthesiologist License: Doctor Equipment/Room CRNA (Anesthetist) Staff Conference Rooms Pediatric cardiology CRNP (Nurse Practitioner)

OK Cancel

Doctor Level – Other Provider

This setup is used when any of the doctors in the practice could be the Supervising on a visit.

The Supervising Doctor's information will be sent depending on that provider's setup for a specific carrier.

Doctor ID Numbers

Company: (all) | Facility: (all) | Doctor is Hospice Employee

All Insurance Carriers
 Insurance Carrier: [] []
 Insurance Group: [] []

File claims as: Individual | Part of a group

Filing Doctor:
 Practitioner, Nurse
 Supervising Doctor
 Specified Doctor: []

Referring ID	[]	[]
Referring Office	[]	[]
PIN	<input checked="" type="radio"/> From Company <input type="radio"/> []	[]
GRP	<input checked="" type="radio"/> From Company <input type="radio"/> []	[]
EMC	<input checked="" type="radio"/> From Company <input type="radio"/> []	[]
Additional ID 1	<input checked="" type="radio"/> From Company <input type="radio"/> []	[]
Additional ID 2	<input checked="" type="radio"/> From Company <input type="radio"/> []	[]
Type	<input checked="" type="radio"/> From Company <input type="radio"/> []	[]
NPI	<input checked="" type="radio"/> From Company <input type="radio"/> []	[]
Federal Tax ID	<input checked="" type="radio"/> From Company <input type="radio"/> []	<input checked="" type="radio"/> SSN <input type="radio"/> EIN

OK | Cancel

Doctor Level – Other Provider

Visit - 000793 - Testpatient, Local - 123456789 (08/30/2009)

File Edit View Options Help

Doctor: Practioner, Nurse Visit Description: Status: Batched - Primary

Visit Inf | Filing (1) | Notes | Charges | Trans. | Corr. | Claims

Ticket # 000793

Company: TestCompany

Doctor: Practioner, Nurse

Facility: TestFacility

Referring:

Supervising: Bailey MD, William R

Attending:

Operating:

Admitting:

Other Phys.:

PCP:

Resource:

Owner: Default

Visit: 08/30/2009 03:47 PM

Entered: 08/30/2009

Insurance Carrier Information

Carrier	Number
<input checked="" type="checkbox"/> Blue Cross Blue Shield	
<input type="checkbox"/> United Health Care	
<input type="checkbox"/> Medicare (Secondary)	

Set Carrier Modify

Allocation Set: Insurance

Financial Class: Blue Cross

Benefit Assignment: Assigned

Filing Method: Filing Type: None Paper Electronic

Filing Method: HCFA

Patient Birthdate: 02/01/1933 76 yrs

Patient Weight: 0.00 (none)

Close

Done 4:03 PM

Doctor Level – Other Provider

ISA~00~ ~01~CYCTRANS ~ZZ~C786020 ~ZZ~CLAIMSCH
~090830~1555~U~00401~000000200~1~P~^
GS~HC~C786020~ECGCLAIMS~20090830~155537~200~X~004010X098A1
ST~837~000000001
BHT~0019~00~200~20090830~150837~CH
REF~87~004010X098A1
NM1~41~2~MEDICAL CLINICS PC~~~~46~006419786020
PER~IC~TEST THIS NOW~TE~2146622000
NM1~40~2~MCKESSON~~~~46~1407
HL~1~~20~1
NM1~85~2~TESTCOMPANY~~~~XX~COMPANY NPI **Loop 2010AA Billing Provider **
N3~1111 TEST AVE
N4~ATLANTA~GA~30342
REF~SY~953515524
HL~2~1~22~0
SBR~P~18~~~~~BL
NM1~IL~1~TESTPATIENT~LOCAL~~~~MI~XKJ123456789
N3~123 MAIN ST
N4~ATLANTA~GA~30303
DMG~D8~19330201~M
NM1~PR~2~BLUE CROSS BLUE SHIELD OF KY~~~~PI~1407



Doctor Level – Other Provider

CLM~000793~52~11^^1~Y~A~Y~A~B

HI~BK^78901

NM1~82~1~BAILEY~WILLIAM~R~~MD~XX~DRIND NPI ****Loop 2310B Rendering Provider****

PRV~PE~ZZ~THOM

REF~1G~J54321 ****Note: REF segments should only be created if a carrier REQUIRES it**

REF~0B~B29453 **Most carriers no longer want to see Legacy #s****

NM1~FA~2~TESTFACILITY~~~~XX~COMPANY NPI

N3~1111 TEST AVE

N4~ATLANTA~GA~30342

LX~1

SV1~HC^99213~52~UN~1~~~1

DTP~472~D8~20090830

REF~6R~1487

SE~32~000000001

GE~1~200

IEA~1~000000200

Filing *Facility Fees*

Modify Company [X]

Information | Identification

Inactive


Name:

List Name:

ID:

Pay To

Address:

City/State: 

Country:

Phone 1:

Phone 2:

Filing: Doctor Fees Facility Fees

Federal Tax ID: SSN EIN

NPI:

Ledger:

OK Cancel

Filing *Facility* Fees

ISA~00~~01~CYCTRANS ~ZZ~C786020 ~ZZ~CLAIMSCH
~090805~1546~U~00401~000000198~1~P~^
GS~HC~C786020~ECGCLAIMS~20090805~154604~198~X~004010X098A1
ST~837~000000001
BHT~0019~00~198~20090805~150804~CH
REF~87~004010X098A1
NM1~41~2~MEDICAL CLINICS PC~~~~~46~006419786020
PER~IC~TEST THIS NOW~TE~2146622000
NM1~40~2~MCKESSON~~~~~46~2407
HL~1~~20~1
NM1~85~2~TESTFACILITY~~~~~XX~COMPANY NPI **2010AA Billing Provider**
N3~1111 TEST AVE
N4~ATLANTA~GA~30342
REF~EI~751111111
HL~2~1~22~0
SBR~P~18~~~~~BL
NM1~IL~1~TESTPATIENT~TAZ~~~~MI~XKJ123456789
N3~123 MAIN ST
N4~ATLANTA~GA~30303
DMG~D8~19330201~M
NM1~PR~2~BLUE CROSS BLUE SHIELD OF KY~~~~~PI~2407
N3~P O BOX 37780
N4~LOUISVILLE~KY~40233

Filing *Facility* Fees

CLM~000639~142~11^^1~Y~A~Y~A~B

HI~BK^78901~BF^4111

NM1~FA~2~TESTFACILITY~XX~COMPANY NPI ** 2310D Facility**

N3~1111 TEST AVE

N4~ATLANTA~GA~30342

LX~1

SV1~HC^99214~90~UN~1~1~1^2

DTP~472~D8~20060210

CN1~09~90

REF~6R~1409

LX~2

SV1~HC^99213~52~UN~1~1~1~2

DTP~472~D8~20060210

CN1~09~48

REF~6R~1411

SE~36~000000001

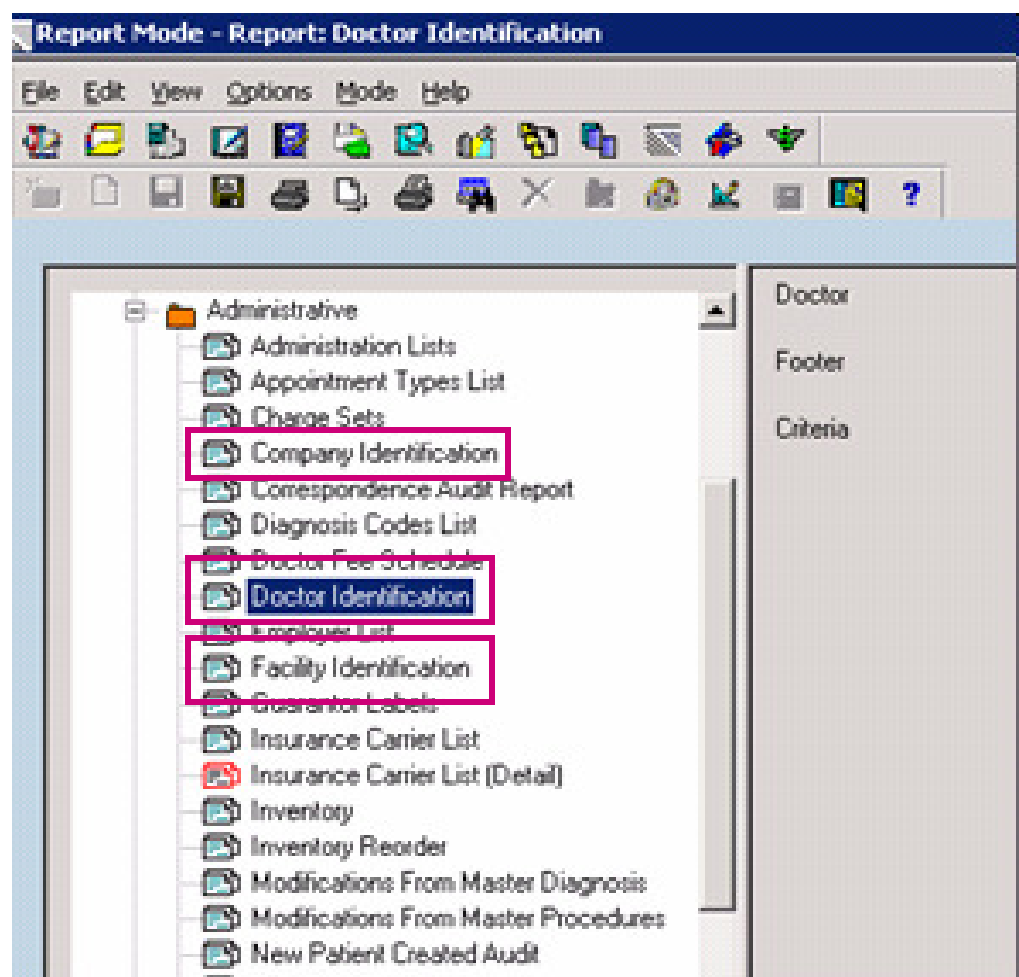
GE~1~198

IEA~1~000000198



Identification Reports

Once you've modified the Company, Doctor and Facility with the proper Identification #s it's a good idea to print both the Doctor and Facility Identification Reports found in Reports>Administration folder.



Setting Security

BE SURE TO SET SECURITY!!

The screenshot shows the 'Administration - Security' application window. The left pane displays a tree view of the application structure, with 'Security' highlighted under 'Administration Settings'. The right pane shows a list of permissions under the 'Main Menu' folder, with a sub-folder 'Administration' containing various actions like 'List Editor', 'Application', 'New Allocation Set', etc. A table on the right shows the permissions for 'Everyone' and 'sGirten'.

Name	Permission
Everyone	<input checked="" type="radio"/> Allow <input type="radio"/> Disallow
sGirten	<input checked="" type="radio"/> Allow <input type="radio"/> Disallow

NOTE: Groups override individual users. Therefore if you have the 'Everyone' set as "Disallow" and users below as "Allow", **EVERYONE will be disallowed**. Please remove the *Everyone* group then add only those users that are allowed.

Setting Security

The screenshot shows the 'Administration - Security' window. The left pane displays a tree view of the application structure, with 'Administration Settings' expanded to show 'Security'. The main pane lists various system functions, each with a permission icon. A table on the right shows the permissions for three users: aAnderson, hs_support, and Billing Distribution. The 'Billing Distribution' group is highlighted in the table.

Name	Permission
aAnderson	<input checked="" type="radio"/> Allow <input type="radio"/> Disallow
hs_support	<input checked="" type="radio"/> Allow <input type="radio"/> Disallow
Billing Distribution	<input checked="" type="radio"/> Allow <input type="radio"/> Disallow

In this example the *Everyone* group has been removed and the *Billing Distribution* Group was added along with 2 other users.

NOTE: Please allow HealthSystems Permission for every function. This will allow us to troubleshoot if needed.

Questions and Answers



Thank you for attending!

Aida Anderson