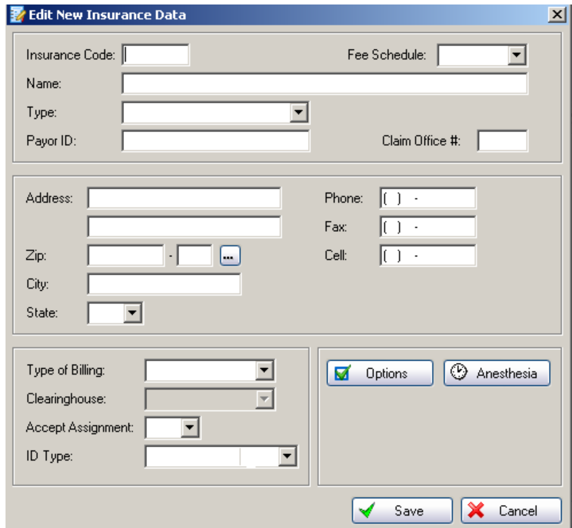
# 4B. (2) Software Set Up - Insurance

This section will allow you to configure the information for each Insurance company that your provider needs to bill to. From the top navigational Menu, select "**Set Up**", then "**Insurance**".




1 **Adding an Insurance Company**
Click on the "**Add**" button at the bottom of the **Insurance Data** screen to open a blank **Edit New Insurance Data** screen.

> Quick Tip! You can also add a new **Insurance** while in the Patient Record by selecting "**Add**" from the menu provided in the **Insurance Tab** located in the "**Edit Patient Data**" screen.

**Informational Fields:**

A **Insurance Code**: Create a code name or number for this Insurance which will allow you to identify this Insurance when this code appears on various screens and reports. For example: Blue Cross of California would be coded as BCCA.

B **Fee Schedule**: (Mostly used by Anesthesia providers). From the menu provided in this field, select the insurance group code from which this insurance will pull the appropriate Fee Schedule amounts. If this does not apply to you, leave this field blank. *Note: This information would have been previously created under the section System Setup.*

B **Name**: Enter the name of the Insurance Company. This number will appear in box 11C or 9D of the HCFA/CMS 1500 Claim Form.

C **Type**: From the menu provided in this field, select the type of insurance company this is (i.e.: ***Blue Cross***, ***Medicare***, ***Medicaid***, ***Commercial***, ***CHAMPUS***, etc.).

*Note: The selection made in this field will need to match the information you will use in the **ID Type** field at the bottom of this screen. Although there are many options, you will only use the following 5: **Blue Cross/Blue Shield**, **Medicare**, **Medicaid**, **Champus,** and whatever doesn't fall under those first four you then choose **Commercial.***

D **Payor ID**: (Used for electronically submitted claims only.) The electronic billing **Clearinghouse** you select to process your claims through may require that a **Payor ID** number be included in your transmitted file when you submit claims for this Insurance Company. The Payor ID number will be provided to you by your electronic billing Clearinghouse on a list that will either be emailed to you by them, or that may be found on their web site. If this Insurance Company is one where you **will not be** submitting claims to them electronically, leave this field blank.

E **Claim Office #**: (Used for electronically submitted claims only.) The electronic billing Clearinghouse you select to process your claims through may require that a **Claim Office Number** be included when you submit claims for this Insurance Company to them. The Claim Office Number will be provided to you by your electronic billing Clearinghouse on a **Payor ID** list that will either be emailed to you by them, or that may be found on their web site. If this Insurance Company is one where you **will not be** submitting claims to them electronically, leave this field blank.

F Enter the **Address**, **Zip**, **City**, **State**, **Phone**, **Fax** and **Cell** numbers in the fields provided. This number will appear in the header (top right hand side) of the HCFA/CMS 1500 Claim Form.

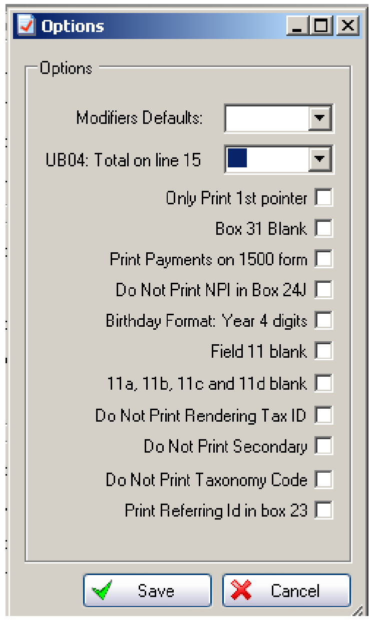
G **Type of Billing:** From the drop-down menu provided, select the manner in which claims to this Insurance Company will be sent (either as a **Paper** claim or an **Electronic** transmittal).

H **Clearinghouse:** If the **Type of Billing** chosen is **Electronic**, select the Clearinghouse to be used (refer to section "**Software Setup - Clearinghouse**" for more information on how to set up the Clearinghouse). If the **Type of Billing** chosen is **Paper**, leave this field blank.

I **Accept Assignment:** If you accept assignment of benefits from this insurer, select "**Yes**"; if not, select "**No**". This information will appear in box 27 of the HCFA/CMS 1500 Claim Form.

J **ID Type:** From the menu provided in this field, select the type of insurance company this is (i.e.: ***Blue Cross***, ***Medicare***, ***Medicaid***, ***Commercial***, ***CHAMPUS***, etc.). The ID Type selected here will tell the software to use the Provider ID number entered in the Insurance ID fields in the provider set up (refer to section "**Software Setup - Providers**" for additional information). These numbers will then appear in box 24J and box 33B of the HCFA/CMS 1500 Claim Form. *Note: Although there are many options, you will only use the following 5: **Blue Cross/Blue Shield**, **Medicare**, **Medicaid**, **Champus,** and whatever doesn't fall under those first four you then choose **Commercial.***

**Options Button:**
Click on the Options button to make selections for the following:




A **Modifier Defaults**: Certain Insurance Companies, depending on your Provider's type of practice, may require a specific Modifier Code to always be attached to ***any*** Procedure Code billed to them. From the menu provided, select the Modifier Code from the existing list (or click the **ADD** link in the drop-down menu to add a Modifier Code). For instructions on setting up Modifier Codes, please refer to section "**Software Setup - Modifiers**". Modifier Codes print in box 24D of the HCFA/CMS 1500 Claim Form.

B **UB04: Total on Line 15**: (**For UB-04 Users ONLY!**) From the drop-down menu provided, select the Revenue Code that you want the total charges to print on Line 15 of the UB-04. For instructions on setting up Revenue Codes, please refer to section "**Software Setup – UB-04**".

C **Only Print 1st Pointer**: Check this box if the Insurance Company requires that only the 1st Diagnosis Pointer print in box 24E of the HFCA/CMS 1500 Claim Form when more than one Diagnosis Code (aka: ICD-9 Code) is billed per Procedure Code billed. (***Normally, this option is not checked for almost all insurances***).

D **Box 31 Blank**: When the software prints the HCFA/CMS 1500 Claim Form, box 31 (bottom left of the form) will usually print with the date the claim is printed along with the full name of the Rendering Provider. In some offices, the Provider may want hand sign or rubber stamp their signature on the claim. If so, click on this box to leave this field blank.

E **Print Payments on 1500 Form**: Check this box if you want payments posted against the charge (the claim created) to print in box 29 of the HCFA/CMS 1500 Claim Form.

F **Do Not Print NPI in box 24J**: Check this box if the Insurance Company requires that the NPI field in box 24J of the HCFA/CMS 1500 Claim Form should **NOT** be filled in. (***Normally, this option is not checked for almost all insurances***).

G **Birthday Format: Year 4 Digits:** Check this box if the Insurance Company requires that the Patient's year of birth be printed in a 4 digit format (i.e.: 2009 vs. 09) in the appropriate fields on the HCFA/CMS 1500 Claim Form.

H **Field 11 Blank**: Check this box if the Insurance Company requires that the Insured's Policy Group or FECA Number field (box 11) of the HCFA/CMS 1500 Claim Form **NOT** be filled in. (***Normally, this option is not checked for almost all insurances***).

I **11a, 11b, 11c, and 11d blank**: Check this box if the Insurance Company requires that the following fields of the HCFA/CMS 1500 Claim Form **NOT** be filled in: Insured's Date of Birth (11a), Employer's Name or School Name (11b), Insurance Plan Name or Program Name (11c), and Is There Another Health Benefit Plan? (11d). (***Normally, this option is not checked for almost all insurances***).

J **Do Not Print Rendering Tax ID**: (Used for electronically submitted claims only.) The electronic billing **Clearinghouse** you select to process your claims through may deny your transmittal for the Rendering Provider's ***Tax ID Number*** appearing where the Rendering Provider's ***NPI*** should be. If you receive this type of a rejection, check this box. If the **Type of Billing** chosen for this Insurance Company is **Paper**, leave this field blank.

K **Do Not Print Secondary**: (**For UB-04 Users ONLY!**) Check this box if this Insurance Company as Primary requires that the Secondary Insurance Company information DOES NOT PRINT in box 50 of the UB-04 Claim Form.

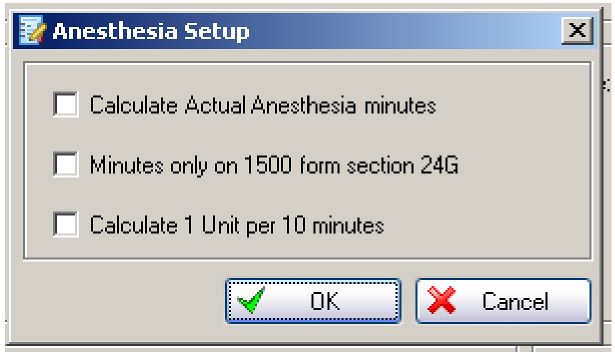
L **Do Not Print Taxonomy Code**: (Used for electronically submitted claims only.) The electronic billing **Clearinghouse** you select to process your claims through may deny your transmittal for the Rendering Provider's ***Taxonomy Code*** appearing on the transmittal. If you receive this type of a rejection, check this box. If the **Type of Billing** chosen for this Insurance Company is **Paper**, leave this field blank.

M **Print Referring ID in box 23**: Check this box if the Insurance Company requires that the Referring Provider's ID number print in box 23 (Prior Authorization Number) instead of box 17A where it normally prints on the HCFA/CMS 1500 Claim Form.

N Click the **Save** button when done.

**Anesthesia Button:**

If you are an Anesthesia provider, click on this button and check the following boxes as applicable:




A **Calculate Actual Anesthesia Minutes:** The MPM Office program automatically **rounds off** Anesthesia minutes when creating the claim. Check this box if you want the Anesthesia time to show in **actual total minutes** (not rounded off) for the procedure rendered to print in the grayed area above the first **Place of Service Code** entered on line 1, Box 24B, of the HCFA/CMS 1500 Claim Form.

B **Minutes only on 1500 form section 24G:** The MPM Office program will automatically print the total number of **Anesthesia units** (the Anesthesia minutes calculated into units *plus* the units for the procedure itself) in Box 24G of the HCFA/CMS 1500 Claim Form. Check this box if you want the software to print the anesthesia **minutes only** (and not the combined units) in Box 24G.

C **Calculate 1 Unit per 10 Minutes:** The MPM Office program will automatically calculate **1 unit of Anesthesia time per 15 minutes**. Check this box if you want the software to calculate the anesthesia minutes as **1 unit of Anesthesia time per 10 minutes.**

D Click the **OK** button when done.

**2 Editing Previously Entered Information**

From the Top Navigational Menu, select "**Set Up**", then "**Insurance**".

A In the opened "**Insurance Data**" screen, left click on the name of the Insurance Company you need to edit the information for.

B To open and begin editing the Insurance Company you chose, either double-click on the Insurance Company selected, or click the "**Edit**" button at the bottom of the "**Insurance Data**" screen.

C Make the changes as necessary to the fields available.

D Click "**Save**" when done.

**3 Deleting an Entered Insurance Company**

From the Top Navigational Menu, select "**Set Up**", then "**Insurance**".

A In the opened "**Insurance Data**" screen, left click on the name of the

Insurance Company you want to delete.

B From the bottom of the screen, click on the "**Delete**" button, and, if you are certain that you want to delete this Insurance Company, answer "**Yes**" when asked if you are sure you want to delete it.

Note: When attempting to delete the Insurance Company, should a message appear stating **"*Cannot Delete. Data in Use*"**, click the **"Ok"** button to close the message window. Then, click the **"In Use"** button at the bottom of the **"Insurance Data"** screen. An **"Insurance Data in Use"** screen will open listing the **Last Name, First Name, and Patient Account Number (PAN)** of the Patients which are using this Insurance within their claims or their record. The Insurance Company information must first be removed from all the Patient claims and records that appear on this list before being able to delete this Insurance Company.