


4B. (6) Software Set Up – Providers (Rendering)

This section will allow you to **Add, Edit, or Delete** a Rendering Provider. The Rendering Provider information will appear in boxes 24J, 25 and 31 of the HCFA/CMS 1500 Claim Form. From the Top Navigational Menu, select “**Set Up**”, and then “**Providers**”.

Type	24J/Electronic	31	33B

1 Adding a Provider

Click on the “**Add**” button at the bottom of the **Providers** screen to open a blank **Edit New Provider Data** screen.

 **Quick Tip!** You can also add a new **Provider** while in the Patient Record by selecting “**Add**” from the menu provided in the **Demographics Tab** located in the “**Edit Patient Data**” screen.

Rendering Provider Informational Fields:

- A In the **ID Code** field create a code name or number for this Provider which will allow you to identify whom the provider is when the code appears on various screens and reports. (For example: John Smith, MD would be coded as SMIJO or SMITH.)
- B In the **Last Name** field enter the Provider’s Last Name which will print in box

31 of the HCFA/CMS 1500 Claim Form.

- C In the **First Name** field enter the Provider's First Name which will print in box 31 of the HCFA/CMS 1500 Claim Form.
- D In the **MI** field enter the Provider's Middle Initial which will appear in box 31 of the HCFA/CMS 1500 Claim Form.
- E In the **Title** field enter the Provider's title or degree (M.D., Ph. D., etc.).
- F In the **Tax ID** field enter the Provider's Tax Identification number which may either be their Social Security Number (**SSN**) or their Employer Identification Number (**EIN**) also known as a **Federal Tax ID** or **Corporate Tax ID** number. Click in the appropriate circle to specify which type of Tax ID number is being used. This will print in box 25 of the HCFA/CMS 1500 Claim Form.
- G In the **Taxonomy** field enter the Provider's Taxonomy number (the National Specialty Code number used to indicate your Provider's specialty when submitting claims electronically). Not all Clearinghouses require a Taxonomy number when submitting claims electronically; therefore, this field should only be completed if requested to do so by the Clearinghouse. For more information on electronic claims filing, refer to the section on "**FILING CLAIMS ELECTRONICALLY**".
- H In the **Site ID** field enter the Provider's Site ID number (used by certain Clearinghouses when submitting claims electronically). The number entered here will be given to you by the Clearinghouse (if required). This number then goes into Loop 2010 BB of the ANSI text file created when billing claims electronically. For more information on electronic claims filing, refer to the section on "**FILING CLAIMS ELECTRONICALLY**".
- I In the **NPI** field enter the provider's NPI number which will appear in box 24J or 33B of the HCFA/CMS 1500 Claim Form.
- J In the **Anes. Cash Rate** field enter base rate per unit dollar amount your Anesthesia Provider charges for anesthesia services when rendered to Cash Patients (Patients with no Insurance). Enter the dollar amount with no \$ sign. If your Provider is not an Anesthesiologist, leave this field blank.
- K The **% Percent** field is inactive and is not to be used. Please leave blank.
- L In the **License #** field enter the Provider's State License number.
- M In the **Type of Service** field from the drop-down menu that appears, select the type of business entity that best describes your provider (*i.e.*: **Solo Practice, Partnership, Professional Org., etc.**). This information will print in box 24C of the HCFA 1500 Claim Form, but **is not required** on the CMS 1500 Claim Form.
- N In the **UPIN** field enter the Provider's Unique Provider Id Number. This will print in box 24J of the CMS 1500 Claim Form, or 33B of the HCFA 1500 Claim Form.
- O In the **FACILITY** field enter the Facility or Location that the Provider performs their services the most amount of times. For example, if it is in the office, select the entry for the office. In this manner, each time you create a claim for this Provider, the Facility field will automatically populate with this location so that you do not have to enter it each time. This information prints

in box 32 of both the CMS 1500 Claim Form and the HCFA 1500 Claim Form. For more information on electronic claims filing, refer to the section on “**SET UP - FACILITY**”.

Billing Provider Informational Fields:

Take the following steps to enter the **Billing Provider (Print in Box 33)** information located in the middle portion of this screen.

- A In the **Name** field, enter the **Billing Provider’s** full name. In small offices, where the Provider does business as himself or herself, the **Billing Provider** name will be the same as the **Rendering Provider’s** name. If so, this field should remain blank. In cases where the Billing Provider is the Business itself (such as the Clinic name or the Business name), enter that name in this field. This information will print in box 33 of the HCFA/CMS 1500 Claim Form.
- B In the **Entity** field, if the Billing Provider is the same as the Rendering Provider, select **Person** from the drop-down menu. If the Billing Provider is the Business itself, select **Non-Person**.
- C In the **NPI** field, enter the NPI number pertaining to the entity used in the Name field. The choice will be either the Provider’s own NPI number (if his or her name was used), or the NPI number of the Business (if the business entity name was used). This information will print in box 33A of the HCFA/CMS 1500 Claim Form.
- D Enter the **Address, Zip, City, and State**, in the fields provided. This information will print in box 33 of the HCFA/CMS 1500 Claim Form.
- E Enter the **Phone, Fax, and Cell** numbers in the fields provided.


Insurance ID Type Fields (Bottom portion of the screen):

This section will allow you to enter the Provider ID numbers you use on your claims (in box 24J and box 33 of the HCFA/CMS 1500 Claim Form) to identify yourself to the insurance company the claim is being sent to.

- A In the field below the column labeled **Type**, begin by clicking on the “**Add**” button (at the bottom of this screen), and left-click on the first field to open and select the Insurance Company type (Medicare, Medicaid, BCBS, etc) which will represent this row.
- B Tab to the column labeled **24J/Electronic** field and in the field below, enter the Provider ID number assigned to the **Rendering Provider** by the Insurance Company type selected in the “**Type**” column. For example: if the type selected is Blue Shield, enter the Rendering Provider’s Blue Shield ID number in this field. For Commercial insurance types, you will enter the Rendering Provider’s Tax ID.
- C Tab to the column labeled **31** and in the field below enter the Provider ID number assigned to the **Billing Provider** by the Insurance Company type selected in the “**Type**” column. For example: if the type selected is Blue

Shield, enter the Rendering Provider's Blue Shield ID number in this field. For Commercial insurance types, you will enter the Rendering Provider's Tax ID.

- D Tab to the column labeled **33B** and in the field below enter the Provider ID number assigned to the *Billing Provider* by the Insurance Company type selected in the **"Type"** column. For example: if the type selected is Blue Shield, enter the Rendering Provider's Blue Shield ID number in this field. For Commercial insurance types, you will enter the Rendering Provider's Tax ID.
- E Continue the above steps for the 6 basic Insurance Types: *Blue Cross, Blue Shield, Medicare, Medicaid, Campus, and Commercial*.
- F Click the **Save** button when done.

 In most cases, commercial insurance types (i.e.: Aetna, UHC, AARP, etc) are usually billed with the Provider's Tax ID number. Sometimes an Insurance Company set up as a *"Commercial"* insurance may have issued an ID number for the Provider to use each time they bill. If so, click the **"Add"** button (at the bottom of the screen) to insert a new field beneath the last entry in the **"Type"** column, and then click the word **"Add"** from within the menu provided to show the list of all of the Insurance Companies entered in the MPM Office software. Double-click on the Insurance Company name to add it under the **"Type"** column, and then proceed with steps **"B"** through **"F"** above.

2 Editing A Previously Entered Provider

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

- A In the opened **"Providers"** screen, left click on the name of the Provider you need to edit the information for.
- B To open and begin editing the Provider you chose, either double-click on the Provider selected, or click the **"Edit"** button at the bottom of the **"Providers"** screen.
- C Make the changes as necessary to the fields available.
- D Click **"Save"** when done.

3 Deleting an Entered Provider

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

- A In the opened **"Providers"** screen, left click on the name of the Provider you need 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 Provider, answer **"Yes"** when asked if you are sure you want to delete it.

Note: When attempting to delete the Provider, 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 **“Provider”** screen. A **“Provider Data in Use”** screen will open listing the **Last Name, First Name, and Patient Account Number (PAN)** of the Patients which are using this Provider’s information within their claims or their record. The Provider information must first be removed from all the Patient claims and records that appear on this list before being able to delete this Provider record.