

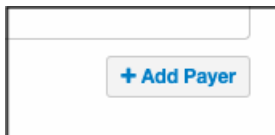
# Insurance Set up Screen for those utilizing ePS clearinghouse

Last modified on 11/22/2024 10:17 am EST





The Insurance Setup screen has multiple functionalities. Depending on how the provider/organization is credentialed, some claims may need to be billed with an individual NPI or SSN while another is billed with the group NPI and TIN. This screen will allow you to set up the provider to bill claims for an individual payer/payers using the information they were credentialed with.

Let's take a look at all of the options the feature offers:

1. Hover over the **Billing** tab and select **Insurance Setup**
2. This screen will allow you to enter information specific to the billing of an individual payer (NPI, Tax ID, Organization Name, etc..) or initiate a new EDI Enrollment by pressing **+ Add Payer**



3. To edit or update any information, press the pencil icon corresponding to the payer.

Payer Id	Payer Name	Specialty	Proc Days	Bal Bill	Acc Assg	Group #	Indv #	Billing NPI	Eligibility NPI	Provider Name	Tax ID Number	
10211	Georgia Medicare Part A		30	No	Yes	101YA0400XG	101YA0400XX	Group NPI Number (1234567897)	Group NPI Number (1234567897)	Practice Name (None)	Tax ID Number (52- 7896547)	 
13337	Well Sense Health Plan		30	No	Yes			Group NPI Number (1234567897)	Group NPI Number (1234567897)	Practice Name (None)	Tax ID Number (52- 7896547)	 

4. The "Add/Edit Payer" page has a lot of options, please find descriptions for each below:

**Billing NPI** - If you have two NPIs (Group and Individual), you can switch between the two depending on how you are credentialed with the payer. This will be reflected in HCFA box 33a.

**Eligibility NPI** - If you get an eligibility error message regarding enrollment, you can switch the NPI depending on how you are credentialed with the payer for eligibility. This will be the NPI that the system uses to check a patient's eligibility and benefits.

**Provider name** - Select the provider/practice name and this information is reflected in Box 33.

- Example: Select "Provider Name" if the billing NPI is individual.

**Tax ID number / TIN** - Depending on how the provider is credentialed with the payer, you can switch between the billing and the TIN or SSN.

**Group Provider #** - If the insurance is requesting the group provider number in box 33b(Shaded column), please enter the group provider number in this field and choose the "Group provider number qualifier".

- Example: Indicate whether it is Taxonomy, State License, etc.

**Individual Provider #** - If the insurance is requesting the individual provider number in box 24j (*Shaded column*), please enter the individual provider number in this field and choose the "Individual provider number qualifier".

- Example: Indicate whether it is Taxonomy, State License, etc.

**Balance billing** - If you are out of network with the payer and would like to bill the patient for any adjustment (sometimes listed as R & C amount), choose "YES". This will transfer the adjustment amount toward the patient column.

**Filing limit days** - If you know the Timely filing limit for the payers, update in this field. You can retrieve a claim report in the Billing > Live Claims Feed by placing a checkmark on the box **TFL Warning**. This will help ensure that you don't miss out on reimbursement because the claim was not submitted in time.

**Accept assignment** - If you uncheck this option, the insurance will send the payments directly to the patient and not to the doctor. To send claims with the **accept assignment** designation, please leave the box checked. Please note, that some payers will not send payment directly to the provider, regardless of what is notated on the HCFA, if the provider is out of network.

**Send facility provider number** - This number populates from the Account > Offices > Edit > Billing > Facility Provider Number field. It will reflect in HCFA box 32b (*Shaded field*).

**Referring doctor/Ordering doctor** - If you want a specific Referring/Ordering provider to reflect all the patients with this particular payer, enter the doctor's name which will populate in this field. You would first add the doctor's information to the Message center as a contact.

**Print license numbers in HCFA** - This number populates from Account > Provider Settings > eRx Info > State License Number field. This will be reflected in HCFA boxes 24j (*shaded area*) and 31.

## Add/Edit Payer



Payer name	Magnacare	number qualifier	
Payer id	11303	Balance billing	No
Specialty	-Same as Account Settings -	Filing limit days	90
Billing npi	Group NPI Number (4995175339)	Accept assignment	<input checked="" type="checkbox"/>
Eligibility npi	Group NPI Number (4995175339)	Send facility provider number	<input checked="" type="checkbox"/>
Provider name	Practice Name (Good Well Acu)	Processing days	30
Tax id number	Tax ID Number (340569871)	Referring doctor	Sophia Samuel
Group Provider #	12345678	Ordering doctor	Prof. Pharell Williams
Group provider number qualifier	Taxonomy	Payer grouping	
Individual Provider #	12345678000	Print license numbers in hcfa	<input checked="" type="checkbox"/> Print license number on CPT lines and box #31 in HCFA form
Individual provider	Location #		

Close

Save

## Primary Doctor for Office:

### Edit Office

Basic Billing Online Schedule

Billing name		Leave it blank if same to account settings.
Facility Code	21 - Inpatient Hospital	
Billing Provider Office	-----	Professional medical billing only.
Use facility NPI number in box 32a of HCFA form	<input checked="" type="checkbox"/>	
Facility NPI number		Used in HCFA box#32a and UB04 box#56
Facility provider number	12345678	
Billing Tax ID # (professional)		Leave it blank if same to account settings.
Billing NPI number	1276897654	Leave it blank if same to account settings.
CLIA Number		CLIA # for billing. Leave it blank if same to account setting.
CLIA Expiration Date		Expiration date for CLIA number.
Use alternate pay to address for EDI	<input type="checkbox"/>	use alternate "pay to" address in EDI billing if checked.
Use alternate pay to address for HCFA	<input checked="" type="checkbox"/>	use alternate "pay to" address in HCFA form block 33 if checked.

## Account Settings ?

[Profile](#) [General](#) [Email](#) [Billing](#) [eRx Info](#) [Services](#) [Usage](#) [Payment Info](#) [Sample Data](#)

[Register to use eRx](#) ?

DEA Number

Physician Date of Birth

State License Number

Prescribing Physician's Name  The prescribing physician's name displayed in eRx. Leave blank if the same as user's name.

DPS Number  DPS Controlled Substance Registration number. For Texas users only.

Medicaid Provider Number

Identity confirmation: 0 of 2

[Update Entire Profile](#)

This feature will allow you to set up each provider, per payer with the requirements (TIN/SSN/Group vs Individual NPI/state license number/etc) to help ensure your claims are accepted for processing for the payer as quickly and efficiently as possible.

---