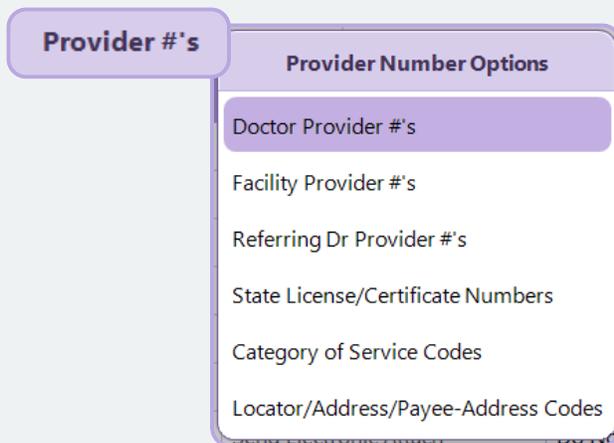


So you need to know how billing works in MEDENT.

Let's start with our Doctor Provider #'s screen.

Navigation Steps

- Under Practice Management, click **Setup > Insurance Co's/Col Agencies > Insurance Co's/Collection Agcy's**.
- Click **New** or **Edit/View** and select the insurance.
- Click **Provider #'s > Doctor Provider #'s**.



CR: Indicates how a provider is credentialed with the insurance. This determines whether a group NPI will be sent to this insurance company.

BA: Determines how claims are submitted to this insurance.

- **F (Fee schedule):** MEDENT will look at the CPT Code > Fee line used by this insurance to see how the claim should be submitted.

New Provider Defaults:

- CR = N for all Provider Types.
- BA = R for Provider Types: Doctor, Nurse Practitioner, Physician Assistant, Nurse Practitioner (CA), Physician Assistant (CA), Other NON Doctor, Dentist, Locum
- BA = S for Provider Types: Resident, Resource, Dental Hygenist

*See our CR/BA Tip Sheet for additional details.

Doctor Provider #'s

This screen displays the Dr #, Name, Credential (CR), Bill As (BA), Provider # and Group Provider # columns.

Edit Provider Numbers for Location 1 - Main Office											
Dr #	Speci...	Dr Name	CR	BA	Effective	Expires	AA	Provider #	Group Provider #	Tier	
1		Doctor-Test, Ryan, FIDSA	N	R	00/00/00	00/00/00	<input type="checkbox"/>			None	
1	7J	Doctor-Test, Ryan, FIDSA	N	R	00/00/00	00/00/00	<input type="checkbox"/>			None	
1	CI	Doctor-Test, Ryan, FIDSA	N	R	00/00/00	00/00/00	<input type="checkbox"/>			None	
2	5M	Test, Jonas, X, NP	N	R	00/00/00	00/00/00	<input type="checkbox"/>			None	
2	5J	Test, Jonas, X, NP	N	R	00/00/00	00/00/00	<input type="checkbox"/>			None	
3		Test, Sarah, M.D.	I	R	00/00/00	00/00/00	<input checked="" type="checkbox"/>			None	
3	0Y	Test, Sarah, M.D.	N	R	00/00/00	00/00/00	<input checked="" type="checkbox"/>			None	
4		njmtest2	N	R	00/00/00	00/00/00	<input type="checkbox"/>			None	

Understanding Your Options

The following values are used to fill in the Credential/Bill As (CR/BA) fields in MEDENT.

CR G – Group

Credentialed as a Group meaning MEDENT will send the Individual and Group NPI Numbers. For ECS claims, the Provider Type Org in the control file should be set to 008.

CR I – Individual

Credentialed as an Individual meaning MEDENT will send the Individual NPI Number.

CR N – Not Credentialed

MEDENT will not send the Claim and ECS selection and 1500 forms/insurance printing will Error Out.

CR P – Pending Credentialing

MEDENT will send Supervising Doctor NPI. Attach a supervising doctor in charge entry to bill the claim according to the value set for the Supervising Doctor selected.

CR H – Hold Claims

Claims for the provider will be held and not billed. For non-doctor, all claims will be held, even if they would have billed under the supervising doctor.

BA S – Supervising

Sends the Supervising Provider as the Servicing provider. Available if the Provider is set as: Nurse Practitioner, Physician Assistant, Other Non Doctor Provider, Resident or Resource.

BA R – Rendering

Sends the Rendering Provider as the Servicing provider. Available if the Provider is set as: Doctor, Dentist, Nurse Practitioner, Physician Assistant or Other Non Doctor Provider.

BA B – Both Supervising/Rendering

Sends both Rendering and Supervising providers. Available if the Provider is set as: Nurse Practitioner, Physician Assistant, Other Non Doctor Provider.

BA I – Incident To

Prompts Incident To question in progress note, eSuperbill or charge entry based on Charge Entry Standard Options > #33 'Incident to' Dflt Answer. Available if Provider is: Nurse Practitioner, Physician Assistant, Other Non Provider and Allow Incident to = Yes in Doctor Setup.

BA F – Fee Line Setup

MEDENT will continue to look at the Fee line setup to determine how the claim gets billed.

So you've reviewed your Doctor Provider #'s screen.

Now, let's look at the Insurance Company Setup screen.

Claims					
Submit Insurance	<input checked="" type="checkbox"/>	Patient is Insured	<input type="checkbox"/>		
Provider #'s by Location	<input checked="" type="checkbox"/>	Provider #'s by Specialty	<input checked="" type="checkbox"/>	CR/BA by Effective/Expiration	<input checked="" type="checkbox"/>
Form Break by Diagnosis	<input type="checkbox"/>	Form Break by Date	Month	ECS Billing Name	Control File
Use Practice Address for ECS Claims	<input checked="" type="checkbox"/>	Use Control File Address for Claims	<input type="checkbox"/>	ECS Pay-To Address	None
Send Location NPI if present	<input checked="" type="checkbox"/>	Don't Send Rendering Dr NPI	<input type="checkbox"/>	Send NPI As	Normal
Group Taxonomy	None	Don't Send Rendering DR NPI by Loc	No	Print NPI Only	<input checked="" type="checkbox"/>
Paper Claims Ignore CR	<input type="checkbox"/>	Ignore Commercial MCD	<input type="checkbox"/>	Facility Print Option	<input checked="" type="checkbox"/>
Uses VBH Units	<input type="checkbox"/>	Send/Print Units or Minutes	Units	Medigap Insurer ID	
MSP (MCD-OH)	<input type="checkbox"/>	Combine Crossover Charges into 1 CPT/HCPCS	<input type="checkbox"/>	Allow Multiple Place of Service	<input checked="" type="checkbox"/>
Multiply Drug Units	<input type="checkbox"/>	Use Alt Multiplier Drug Units	<input type="checkbox"/>		
Send Only This Insurance Company Info	<input type="checkbox"/>	Use TCM Codes	<input type="checkbox"/>	E/M Code in Sort	<input checked="" type="checkbox"/>
Use Patient Doctor for Insurance Process	<input type="checkbox"/>	Use Patient Referring Doctor for Insurance Process	<input type="checkbox"/>	Send Organization Name Only	<input type="checkbox"/>
Use Alternate EMP ID	<input type="checkbox"/>	NDC from Lot#		Package	
Send Location		Use current programming			

Under Claims

- If **Provider #'s by Location** is checked, each location will have its own Doctor Provider #'s page.

Provider #'s by Location

- If **Provider #'s by Specialty** is checked, each provider will have separate lines for the CR, BA, etc. for each specialty they have set up in their Doctor Master File.

Provider #'s by Specialty

Note: Insurance companies can be set up with both Provider # by Location and Provider # by Specialty, if needed.

- Send NPI As:** This is to be used only in rare instances where a different NPI is needed from what is already being used for other insurances in the practice and location.

Send NPI As

Billing NPI in 2010AA

Location NPI in 2310C

Normal

Send NPI As Normal

Send NPI As Normal

Normal: Default. The NPI will populate in the 2010AA and 2310C NM109 segments. The actual locations the NPI pulls from are dependent on how other fields are set.

Send NPI As Billing NPI in 2010AA

Billing NPI in 2010AA: Sends the number entered under the Group Provider # field under Dr Prv#s. Only works if CR = G.

- Works for all Professional Commercial, Medicare, Medicaid and Institutional Medicare Part A ECS billing.
- Formattable item 600 (practice NPI) will print on the CMS 1500 in box 33a and on the UB04 in box 56.

Send NPI As Location NPI in 2310C

Location NPI in 2310C: Sends the number entered under the Group Provider # field under Dr Prv#s. Only works if CR = G.

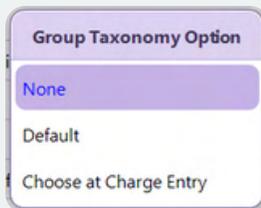
- Works for CDPHP only (direct and sent through Change Healthcare).

Still in the Insurance Company Setup screen...

Let's look at Group Taxonomy.

Claims					
Submit Insurance	<input checked="" type="checkbox"/>	Patient is Insured	<input type="checkbox"/>		
Provider #s by Location	<input checked="" type="checkbox"/>	Provider #s by Specialty	<input checked="" type="checkbox"/>	CR/BA by Effective/Expiration	<input checked="" type="checkbox"/>
Form Break by Diagnosis	<input type="checkbox"/>	Form Break by Date	Month	ECS Billing Name	Control File
Use Practice Address for ECS Claims	<input checked="" type="checkbox"/>	Use Control File Address for Claims	<input type="checkbox"/>	ECS Pay-To Address	None
Send Location NPI if present	<input checked="" type="checkbox"/>	Don't Send Rendering Dr NPI	<input type="checkbox"/>	Send NPI As	Normal
Group Taxonomy	None	Don't Send Rendering DR NPI by Loc	No	Print NPI Only	<input checked="" type="checkbox"/>
Paper Claims Ignore CR	<input type="checkbox"/>	Ignore Commercial MCD	<input type="checkbox"/>	Facility Print Option	<input checked="" type="checkbox"/>
Uses VBH Units	<input type="checkbox"/>	Send/Print Units or Minutes	Units	Medigap Insurer ID	
MSP (MCD-OH)	<input type="checkbox"/>	Combine Crossover Charges into 1 CPT/HCPCS	<input type="checkbox"/>	Allow Multiple Place of Service	<input checked="" type="checkbox"/>
Multiply Drug Units	<input type="checkbox"/>	Use Alt Multiplier Drug Units	<input type="checkbox"/>		
Send Only This Insurance Company Info	<input type="checkbox"/>	Use TCM Codes	<input type="checkbox"/>	E/M Code in Sort	<input checked="" type="checkbox"/>
Use Patient Doctor for Insurance Process	<input type="checkbox"/>	Use Patient Referring Doctor for Insurance Process	<input type="checkbox"/>	Send Organization Name Only	<input type="checkbox"/>
Use Alternate EMP ID	<input type="checkbox"/>	NDC from Lot#		Package	
Send Location		Use current programming			

- Group Taxonomy:** The default is None. This should not be changed without consulting MEDENT as it is only needed in rare circumstances.



Group Taxonomy

Choose at Charge Entry: The insurance company requires a group specialty code. At Charge Entry, MEDENT will see if a specialty code has been entered for the location.

- If there is none in the location, you will get a popup of the codes listed in the practice and will need to choose one.

None: The insurance company does not require a group specialty code and none will be entered at Charge Entry.

Default: The insurance company requires a group specialty code. At Charge Entry, MEDENT will see if a specialty code has been entered in Group Specialty Code from the correct fee line for that CPT Code.

- If there is none at the CPT Code level, MEDENT will look at the location.
- If there is none in the location, MEDENT will look at the practice and default the first specialty code entered. If there is more than one, the code can be changed by clicking on the **Grp Spc** field on the charge record.

Note: If an insurance company that is set up with this variable is the secondary/tertiary on a patient's account and the insurance company before it is autoposted, the payment will get Autoposted. However, in the last section of the Exception report, there will be the following message:

Payment made, next insurance requires a group taxonomy code. MA01 claim may not have the correct group taxonomy code. Review cl MA07 and change the group taxonomy code if needed.

The office will have to manually attach the Group Taxonomy code before billing on to the insurance.

Still in the Insurance Company Setup screen...

What about Don't Send Rendering Dr NPI?

Claims					
Submit Insurance	<input checked="" type="checkbox"/>	Patient is Insured	<input type="checkbox"/>		
Provider #s by Location	<input checked="" type="checkbox"/>	Provider #s by Specialty	<input checked="" type="checkbox"/>	CR/BA by Effective/Expiration	<input checked="" type="checkbox"/>
Form Break by Diagnosis	<input type="checkbox"/>	Form Break by Date	Month	ECS Billing Name	Control File
Use Practice Address for ECS Claims	<input checked="" type="checkbox"/>	Use Control File Address for Claims	<input type="checkbox"/>	ECS Pay-To Address	None
Send Location NPI if present	<input checked="" type="checkbox"/>	Don't Send Rendering Dr NPI	<input type="checkbox"/>	Send NPI As	Normal
Group Taxonomy	None	Don't Send Rendering DR NPI by Loc	No	Print NPI Only	<input checked="" type="checkbox"/>
Paper Claims Ignore CR	<input type="checkbox"/>	Ignore Commercial MCD	<input type="checkbox"/>	Facility Print Option	<input checked="" type="checkbox"/>
Uses VBH Units	<input type="checkbox"/>	Send/Print Units or Minutes	Units	Medigap Insurer ID	
MSP (MCD-OH)	<input type="checkbox"/>	Combine Crossover Charges into 1 CPT/HCPCS	<input type="checkbox"/>	Allow Multiple Place of Service	<input checked="" type="checkbox"/>
Multiply Drug Units	<input type="checkbox"/>	Use Alt Multiplier Drug Units	<input type="checkbox"/>		
Send Only This Insurance Company Info	<input type="checkbox"/>	Use TCM Codes	<input type="checkbox"/>	E/M Code in Sort	<input checked="" type="checkbox"/>
Use Patient Doctor for Insurance Process	<input type="checkbox"/>	Use Patient Referring Doctor for Insurance Process	<input type="checkbox"/>	Send Organization Name Only	<input type="checkbox"/>
Use Alternate EMP ID	<input type="checkbox"/>	NDC from Lot#		Package	
Send Location	Use current programming				

- **Don't Send Rendering Dr NPI:** If checked, the insurance company will only receive the practice (group) NPI and the rendering doctor's NPI number will not be sent. This default's unchecked.

Don't Send Rendering Dr NPI

The **Provider Type Org** in the control file should be set to 008.

If **Send Location NPI if present** is also checked, the Location NPI will print as the Practice NPI.

Send Location NPI if present

Note: If a practice needs to bill only the practice NPI for labs and the lab is a location, this field should not be changed.

All Medicares and PA Medical Assistance will only send the practice NPI when the place of service is 81 (MEDENT POS 11) for independent lab.

Medical Assistance will also only send the group NPI when the place of service is 72 (MEDENT POS 28) for rural health clinic.

Connect. With MEDENT.

After reviewing your Insurance Company Setup...

It's time to look at your Location Master File.

Navigation Steps

- Under Practice Management, click **Setup > Loc/BU/Facilities/Prac Name > Locations.**
- Click **Maintenance.**
- Select an existing location file or click **New.**

Location Info					
Code	1	Legacy Code	1	Site #	1
Name	Main Office				
Alternative Name					
Practice Name	Practice NaAlliance Medical Practice, PC				
Address Line 1	123 Main Office Street				
Address Line 2	Auburn, NY 13021-4779				
Address Line 3					
Phone #	(315)-255-0900	Fax #	(315)-255-0900		
Billing Address Line 1					
Billing Address Line 2					
Billing Address Line 3					
Facility	3	Statuses	All		
CLIA ID #	33D22104568	Mammography #		SubPart NPI #	
Charges	<input checked="" type="checkbox"/>	Is a Clinic Location	<input type="checkbox"/>		
HL7 Imm/Inj Facility ID	1234	HL7 Receiving Facility ID			
Specialty Code					
Business Unit Groups					
Place of Service					
FIPS County Code		Service Loc Code			
TIN	16-0958181	TIN Start Date	01/01/20	TIN End Date	00/00/00

TIN: Each Location can has its own TIN with an effective and expiration date.

TIN	16-0958181
-----	------------

TIN Start Date	01/01/20
----------------	----------

TIN End Date	00/00/00
--------------	----------

SubPart NPI #	
---------------	--

SubPart NPI #: Each Location can have its own. **SubPart NPI#** will only be used for claims if **Send Location NPI if present** is checked in the insurance company setup.

Send Location NPI if present	<input checked="" type="checkbox"/>
------------------------------	-------------------------------------

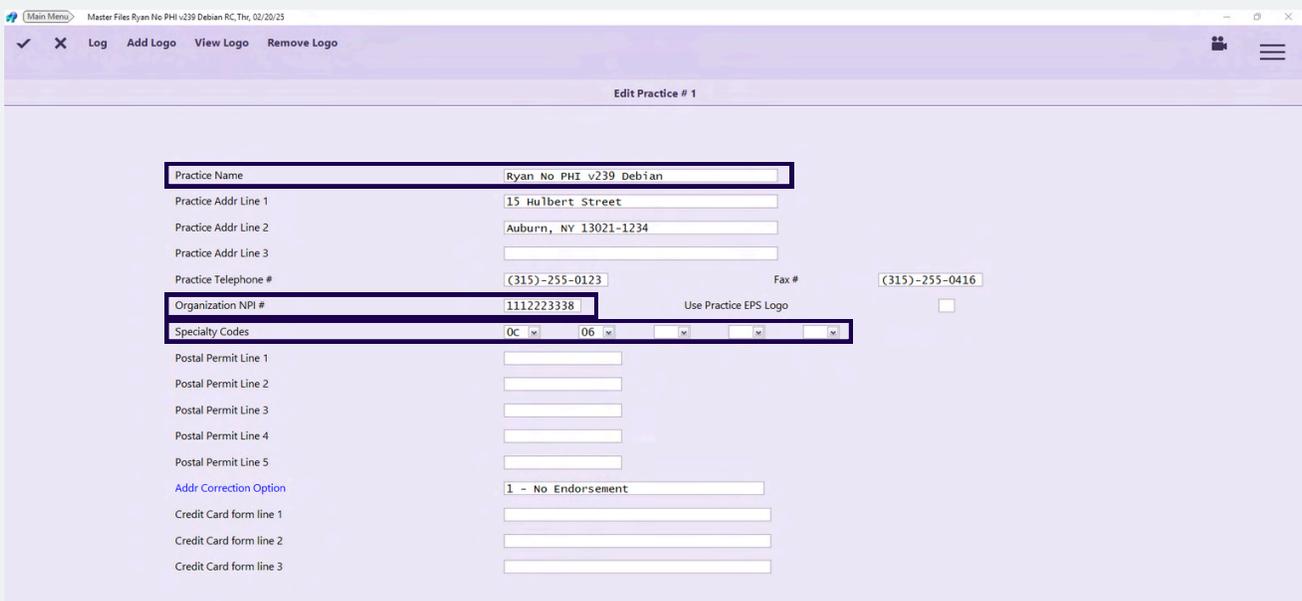
Connect. With MEDENT.

Once you've reviewed your Location Master File...

Check out your Practice Name setup.

Navigation Steps

- Under Practice Management, click **Setup > Loc/BU/Facilities/Prac Name > Practice Name.**
- Click **New** or **Edit/View** and select your practice.



- **Practice Name:** This will be sent on the claims as the Billing Provider Name when the CR=G for the provider under the Doctor Provider #'s for the insurance company.

Practice Name

- **Organization NPI #:** This is the NPI that will be sent as the Billing NPI if **Send Location NPI if present** is unchecked on the insurance company.

Organization NPI #

Send Location NPI if present

- **Specialty Codes:** This would be the specialty code used if Group Taxonomy is used on the insurance company.

Specialty Codes

Group Taxonomy

Remember, if there is more than one specialty code, the code can be changed by clicking on the **Grp Spc** field on the charge record.

Now that you've reviewed Practice Name Setup...

Let's take a look at your Doctor Master File.

Navigation Steps

- Under Practice Management, click **Setup > Setup Doctors > Doctors**.
- Click **New** or select a provider.

Doctor #	1	PI Doctor		Start Date	00/00/0000	End Date	00/00/0000
Doctor Name	Doctor-Test, Ryan, FIDSA			Specialty Code 1	7J	GERIATRIC MEDICINE	
Display Name	Ryan Doctor-Test, FIDSA			Specialty Code 2	CI	PHYSICAL THERAPIST	
Address 1	123 Test St			Specialty Code 3	09	PSYCHOANALYST	
Address 2	Auburn, NY 13021			Specialty Code 4	EE	SURGICAL SPEC/TECH	
Address 3				Specialty Code 5			
Phone #	(315)-255-0900	Fax #	(315)-255-0900	Specialty Tags	Gastro, Hematology, Nephrology		
Email Address	asdfasdfsdf						

Location(s)	1	TIN by Location	<input type="checkbox"/>	TIN	16-0958181	Doctor Groups	1
Practice #		Practice by Location	<input checked="" type="checkbox"/>	ACO			

NPI #	1639241060	License #	NP-12345	CLIA #			
DEA #	BS3520121	NADEAN #	XS3520121	CTP #	RX:12345		
Extra #		UPIN #		Article 28 NPP	<input type="checkbox"/>		
Medicaid #							

Provider Type	Doctor	Allow Incident To	<input type="checkbox"/>
Self Referral Dr #	1	Referred to/Referring on Referrals	Referred To

Note: MEDENT will add new providers after the client completes our online New Provider request form.

- **Specialty Code (Taxonomy Code):** When a provider is added, MEDENT will verify the NPI# on the NPPES site to be sure the proper Taxonomy is added.
 - If the provider has multiple specialty codes, the office will be prompted in scheduling to select the correct one for the visit. Note: Specialty codes can be changed in the eSuperbill or Daily Billing Summary.

- **TIN by Location:** This is used if there are more than one TIN being billed in the directory.

TIN by Location	<input type="checkbox"/>
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- **Practice by Location:** This is used if there are different practice #s used for different locations. This allows the different organizational NPIs to be sent on claims.

Practice by Location	<input checked="" type="checkbox"/>
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Connect. With MEDENT.

So you've added a new provider to MEDENT.

Make sure you run the following utility and review your Billing Rules.

Navigation Steps

- Under Practice Management, click **Setup > Insurance Co's/Col Agencies > Insurance Company Utilities > Set Credentialing/Provider and 'Bill As' field for Selected Dr/Insurance Utility.**



The screenshot shows a web application window titled "Set Credentialing/Provider and 'Bill As' field for Selected Dr/Insurance Utility". On the left side, there is a list of fields to be configured: "Ins/ECS ID", "Selected Insurances", "Selected Locations", "Selected Doctors", "Select Credential Option", "Select Bill As Option", "Individual Provider #", and "Group Provider #". Each field has a corresponding input area on the right. The "Ins/ECS ID" field is currently set to "Selected". The "Select Credential Option" and "Select Bill As Option" fields have checkboxes that are currently unchecked. At the bottom of the window, there is a status bar that reads "Insurance: Selected, All, ECS ID or No Fault/Comp".

Note: Run only for the Doctor/Location that the New Provider needs.

- This will set the Credential (CR) and Bill As (BA) fields for the insurance companies that the provider is credentialed for.

Billing Rules

- Under Practice Management, click **Billing > Billing Rules.**
- Review any billing rules that are set up by select providers to determine if the new provider needs to be added to any rules.

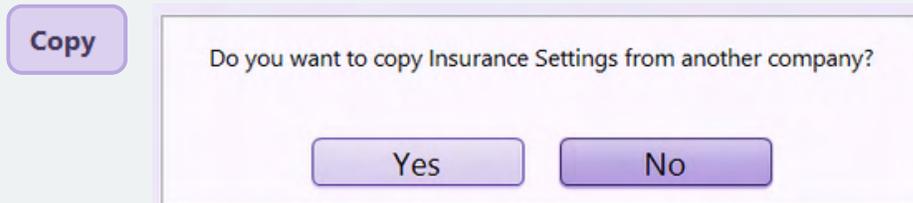
Connect. With MEDENT.

So you've added a new insurance company.

Set your Credential and Bill As fields and review any billing rules.

Navigation Steps

- Under Practice Management, click **Setup > Insurance Co's/Col Agencies > Insurance Co's/Collection Agcy's**.
- Click the **Copy** button at the top of the Insurance Setup screen to copy another insurance company's settings.



- Review and set the Credential and Bill As fields for the new insurance under Doctor Provider #'s.

Billing Rules

- Under Practice Management, click **Billing > Billing Rules**.
- Review any billing rules that are set up by insurance to determine if the new insurance needs to be added to any rules.



A screenshot of a web application interface titled 'Billing Rules'. The interface shows a list of billing rules with columns for 'Total Rules', 'Effective', 'Expiration', and 'Rank'. The total number of rules is 55. The rules are listed as follows:

	Total Rules	Effective	Expiration	Rank
(+) Age Appropriate CPT Rules	3	Effective	Expiration	Rank
(+) Charge Entry rules	10	Effective	Expiration	Rank
(+) CPT requires modifier	4	Effective	Expiration	Rank
(+) Aetna Rules	0	Effective	Expiration	Rank
(+) Meeting	0	Effective	Expiration	Rank
(+) test	8	Effective	Expiration	Rank
(+) Diagnosis Rules	3	Effective	Expiration	Rank
(+) Location 1 Rules	3	Effective	Expiration	Rank
(+) CPT can only bill 1 unit	1	Effective	Expiration	Rank
(+) Immunizations and Admin Codes	2	Effective	Expiration	Rank
(+) New Patient Rules	2	Effective	Expiration	Rank
(+) Aetna Rules	0	Effective	Expiration	Rank
(+) POS	0	Effective	Expiration	Rank
(+) test	1	Effective	Expiration	Rank

Connect. With MEDENT.

So you've added a new location in MEDENT.

Link it, run the following utility and review your billing rules.

Note: If a Doctor Master File is using **Practice by Location**, all providers with this setting will need to have this new location linked to a practice #.

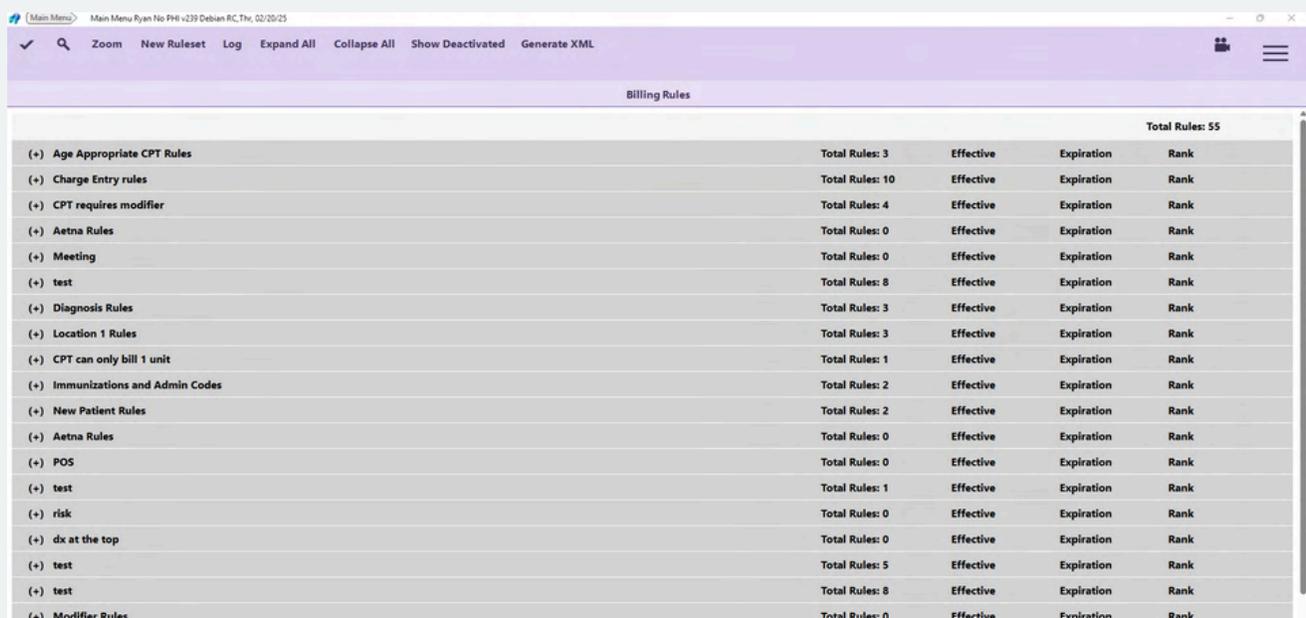
Practice by Location	<input checked="" type="checkbox"/>
----------------------	-------------------------------------

Navigation Steps

- If there are insurance companies using Provider #s by Location, you'll need to run an insurance company utility to update the Credential and Bill As fields.
- Under Practice Management, click **Setup > Insurance Co's/Col Agencies > Insurance Company Utilities > Copy Provider Information By Location.**

Billing Rules

- Under Practice Management, click **Billing > Billing Rules.**
- Review any billing rules that are set up by location to determine if the new location needs to be added to any rules.



	Total Rules	Effective	Expiration	Rank
(+) Age Appropriate CPT Rules	Total Rules: 3	Effective	Expiration	Rank
(+) Charge Entry rules	Total Rules: 10	Effective	Expiration	Rank
(+) CPT requires modifier	Total Rules: 4	Effective	Expiration	Rank
(+) Aetna Rules	Total Rules: 0	Effective	Expiration	Rank
(+) Meeting	Total Rules: 0	Effective	Expiration	Rank
(+) test	Total Rules: 8	Effective	Expiration	Rank
(+) Diagnosis Rules	Total Rules: 3	Effective	Expiration	Rank
(+) Location 1 Rules	Total Rules: 3	Effective	Expiration	Rank
(+) CPT can only bill 1 unit	Total Rules: 1	Effective	Expiration	Rank
(+) Immunizations and Admin Codes	Total Rules: 2	Effective	Expiration	Rank
(+) New Patient Rules	Total Rules: 2	Effective	Expiration	Rank
(+) Aetna Rules	Total Rules: 0	Effective	Expiration	Rank
(+) POS	Total Rules: 0	Effective	Expiration	Rank
(+) test	Total Rules: 1	Effective	Expiration	Rank
(+) risk	Total Rules: 0	Effective	Expiration	Rank
(+) dx at the top	Total Rules: 0	Effective	Expiration	Rank
(+) test	Total Rules: 5	Effective	Expiration	Rank
(+) test	Total Rules: 8	Effective	Expiration	Rank
(+) Modifier Rules	Total Rules: 0	Effective	Expiration	Rank