How to set up billing in medent.

medent's Billing Hierarchy

A look at how billing works in medent.

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**.

Provider #'s

Provider Number Options
Doctor Provider #'s
Facility Provider #'s
Referring Dr Provider #'s
State License/Certificate Numbers
Category of Service Codes
Locator/Address/Payee-Address Codes

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	Sp	Dr Name	CR	BA	AA	Provider #	Group Provider #	Tier
1		Doctor-Test, Ryan,	I	F	N	160958181		
2		Test, Jonas, X	I	F	N	160958181		
3		Test, Sarah, M.D.	I	F	N			
*4		njmtest2	I	F	N			
5		njmtest3	I	F	N			
6		John Harris PT	I	F	N			
7		njmtest5, MD	N	S	N			
8		NJMTEST6	I	F	N			
9		njmtest7	N	S	N			
10		Echo2	N	S	N			

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	☑	Patient is Insured	☑			
Provider #s by Location	☑	Provider #s by Specialty	☐			
Form Break by Diagnosis	☐	Form Break by Date	Month	ECS Billing Name		Control File
Use Practice Address for ECS Claims	☑	Use Control File Address for Claims	☐	ECS Pay-To Address		None
Send Location NPI if present	☑	Don't Send Rendering Dr NPI	☐	Send NPI As		Normal
Group Taxonomy	None	Don't Send Rendering DR NPI by Loc	No	Print NPI Only		☑
Paper Claims Ignore CR	☐	Ignore Comm/Hmo Medicaid	☐	Facility Print Option		☑
Uses VBH Units	☐	Send/Print Units or Minutes	Units	Medigap Insurer ID		
MSP (MCD-OH)	☐	Combine Crossover Charges into 1 CPT/HC...	☐	Allow Multiple Place of Service		☑
Multiply Drug Units	☐	Use Alt Multiplier Drug Units	☐			
Send Only This Insurance Company Info	☐	Use TCM Codes	☐	E/M Code in Sort		☑
Use Patient Doctor for Insurance Process	☐	Use Patient Referring Doctor for Insurance ...	☐	Send Organization Name Only		☐
Use Alternate EMP ID	☐	NDC from Lot#	Package			
Use Alternate Dr NPI	☐					
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 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.
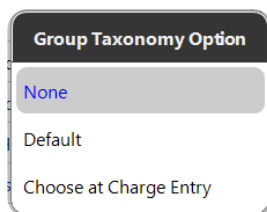> - Works for CDPHP only (direct and sent through Change Healthcare).

Still in the Insurance Company Setup screen...

Let's look at Group Taxonomy.

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

- None
- Default
- Choose at Charge Entry

Group Taxonomy	None

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.

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.

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

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	Alliance Medical Practice, PC				
Address Line 1	123 Main Office Street				
Address Line 2	Auburn, NY 13021-4779				
Address Line 3					
Phone #	(315)-555-1111	Fax #	(315)-555-1111		
Billing Address Line 1					
Billing Address Line 2					
Billing Address Line 3					
Facility	17	Statuses	All		
CLIA ID #	33D22104568	Mammography #		SubPart NPI #	
Charges	☑	Is a Clinic Location	☐		
HL7 Imm/Inj Facility ID	1234	HL7 Receiving Facility ID			
Specialty Code					
Business Unit Groups					
Place of Service	33				
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.

SubPart NPI #	

TIN	16-0958181

TIN Start Date	01/01/20

TIN End Date	00/00/00

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.
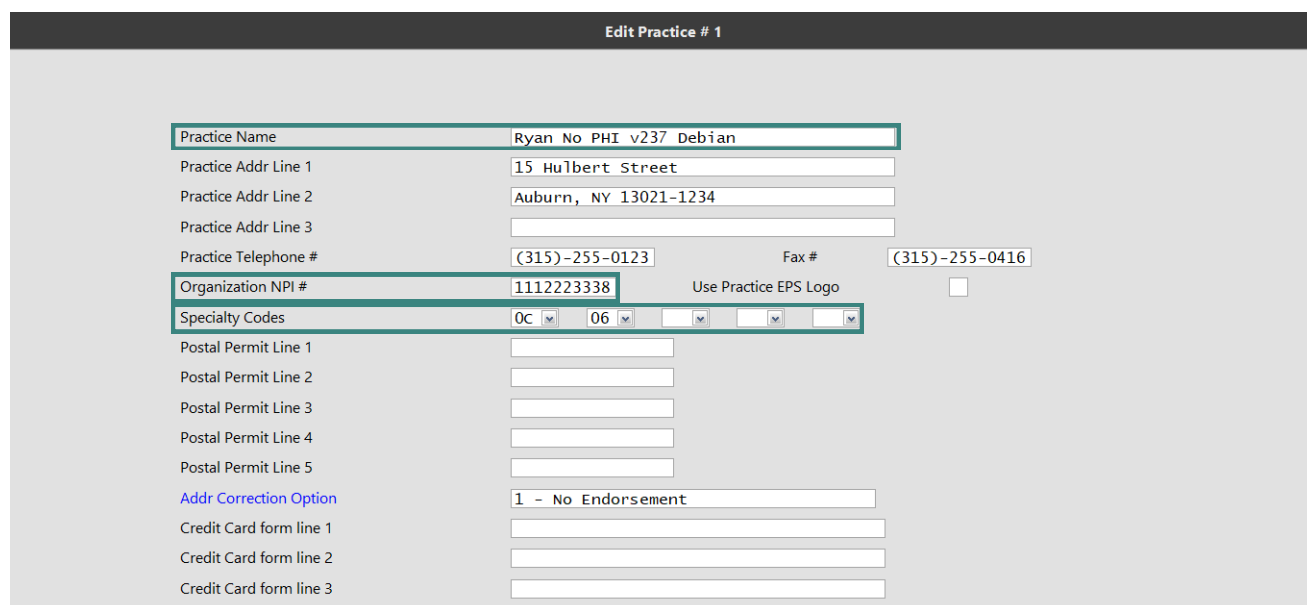
Send Location NPI if present	☑

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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.

- **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.

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

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.

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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 File | POS Default(s) | Surescripts Setup | ACO Setup |

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, FNP		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	M4	AMPUTEE
Phone #	(234)-234-2343	Fax #	(315)-222-2222	Specialty Tags	Geriatric Med
Email Address	sing261@dot.com			

| Location(s) | 1,2,25,15,46 | TIN by Location | ☐ | TIN | 16-0958181 | Doctor Groups | 1 |
| Practice # | | Practice by Location | ✔ | ACO | | | |

| NPI # | 1926412317 | License # | NP-12345 | CLIA # | |

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 | ☐ |

- **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.
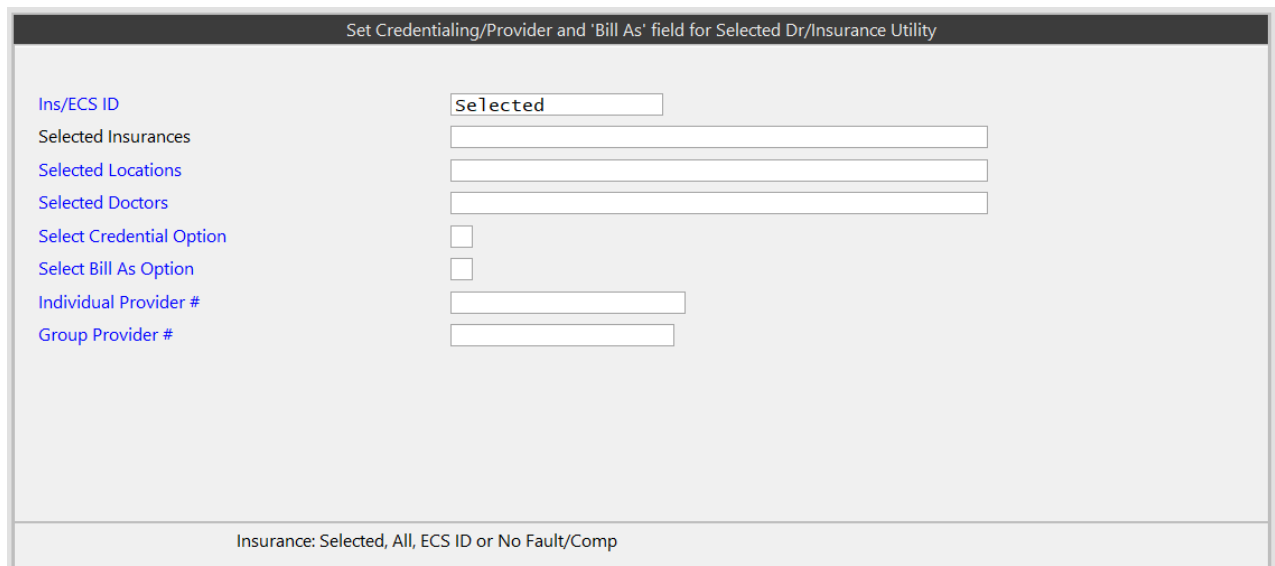
  | Practice by Location | ✔ |

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.**

Set Credentialing/Provider and 'Bill As' field for Selected Dr/Insurance Utility
Ins/ECS ID	Selected
Selected Insurances	
Selected Locations	
Selected Doctors	
Select Credential Option	☐
Select Bill As Option	☐
Individual Provider #	
Group Provider #	
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.
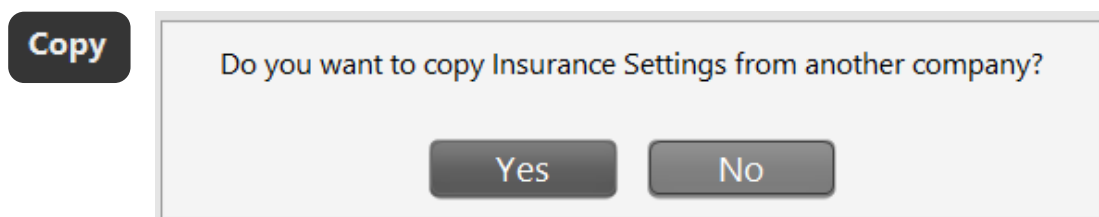
Billing Rules ▶

- 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.

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So you've added a new insurance company.

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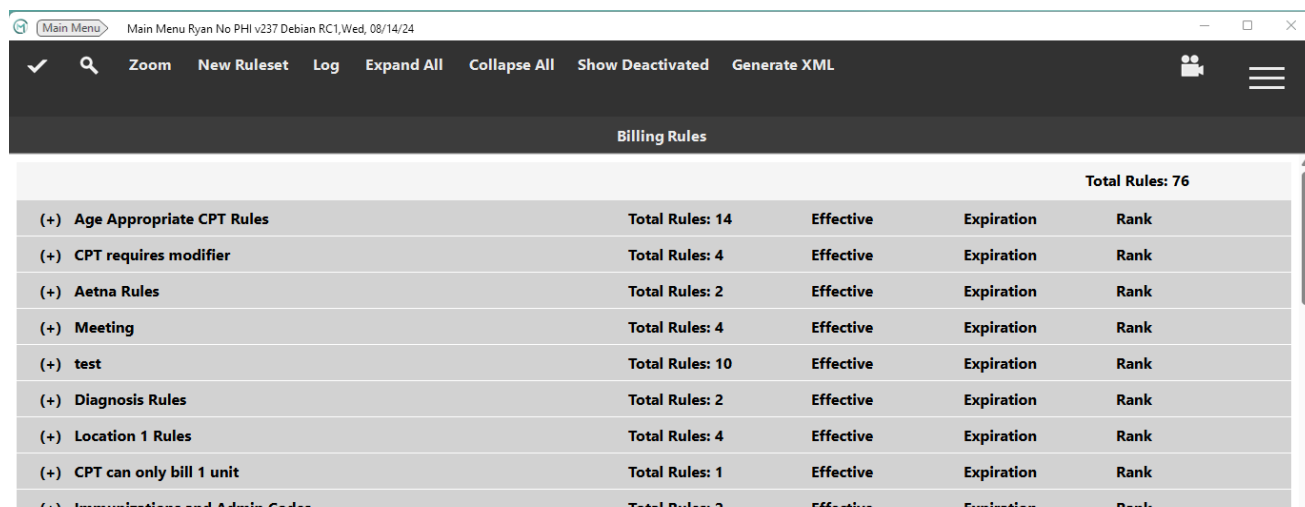
Navigation Steps

- 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.

Copy

Do you want to copy Insurance Settings from another company?

Yes   No

- 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.

Main Menu	Main Menu Ryan No PHI v237 Debian RC1,Wed, 08/14/24				— □ ×

✓ 🔍 Zoom New Ruleset Log Expand All Collapse All Show Deactivated Generate XML

Billing Rules

				Total Rules: 76
(+) Age Appropriate CPT Rules	Total Rules: 14	Effective	Expiration	Rank
(+) CPT requires modifier	Total Rules: 4	Effective	Expiration	Rank
(+) Aetna Rules	Total Rules: 2	Effective	Expiration	Rank
(+) Meeting	Total Rules: 4	Effective	Expiration	Rank
(+) test	Total Rules: 10	Effective	Expiration	Rank
(+) Diagnosis Rules	Total Rules: 2	Effective	Expiration	Rank
(+) Location 1 Rules	Total Rules: 4	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

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	✓

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.