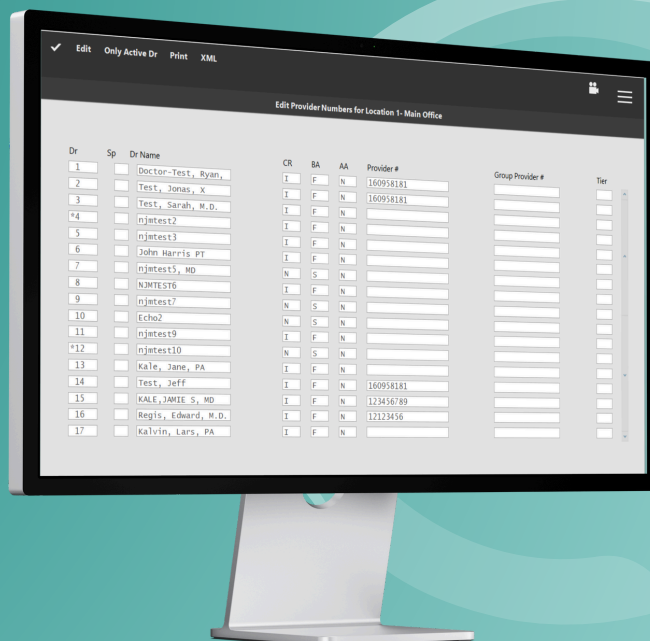# medent

So you've added a new insurance or doctor to your medent system.

What's next?

Set the Credential/Bill As (CR/BA) fields.

The Bill As field determines how claims are submitted to insurance (electronic and paper claims). Both fields can be set manually in the Insurance Company Masterfile or via a utility.

Manual Instructions ▶

- Under Practice Management, click **Setup › Insurance Co's/Col Agencies › Insurance Co's/Collection Agcy's**.
- Click **Edit/View** and select the insurance you need to edit.
- In the insurance company detail screen, click **Provider #'s** at the top of the screen and select **Doctor Provider #'s**.
- Click **Edit** and set the fields accordingly.

> **NOTE:** The system defaults certain values based on the Provider Type.
> Doctor = R (Rendering)
> Resident = S (Supervising)
> Nurse Practitioner = R (Rendering)
> Nurse Practitioner (CA) = R (Rendering)
> Physician Assistant = R (Rendering)
> Physician Assistant (CA) = R (Rendering)
> Resource = S (Supervising)
> Other Non-Doctor Provider = R (Rendering)
> Dentist = R (Rendering)
> Dental Hygienist = S (Supervising)
> Locum Tenum = R (Rendering)

Utility Instructions ▶

- Under Practice Management, click **Setup › Insurance Co's/Col Agencies › Insurance Company Utilities › Set Credentialing/ Provider and 'Bill As' field for Selected Dr/Insurance.**
- Click **Ins/ECS ID › Selected**.
  - Select the insurance companies that will be using the same flags. Click **OK**.
- Click **Selected Doctors**, select the provider(s) and click **OK**.
- Click **Select Credential Option** and make a selection.
- Click **Select Bill As Option** and indicate how you want to see the provider on the claim.
- Click the check mark ☑ to run the utility.
  - NOTE: You may need to run this utility multiple times if setting different insurances and providers with different values.

> 🔗 **Questions? Submit a support request at medent.com.**

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.