

HIPAA Compliant File Maintenance for Electronic Billing

The **837 format** for electronic billing requires that certain information be included and that **ALL** insurance codes have a Payer Code and a Claim Receiver Type assigned. To comply with the 837 format perform the following maintenance.

Perform Insurance Maintenance

- 1. To open Insurance Maintenance, click **File Maintenance** → **Standard Maintenance** → **Insurance**.
- 2. Maintain the following fields:
 - Assign a Payer Code in the Contact/Payer ID field. To get an updated list of Payer code IDs go to: <u>https://access.emdeon.com/PayerLists/? ga=2.71173203.236458612.1548263509-</u> <u>1628362068.1548263507</u>. For detailed instructions on downloading a payer list, see the Appendix.

Important:

- Generally, the payer list are updated every 2 months. It's important to maintain the most up-to-date list.
- If the insurance does not have a Payer Code, you must assign **OTHER** in the Contact/Payer ID field and set the EMC Claim Receiver Type to **Z**.
- b. Assign a Claim Receiver Type.

Below are the valid Claim Receiver Types:

c. Assign the appropriate EMC Table ID using the table below.

Claim Receiver Types					
Insurance	Claim Receiver Type	EMC Table ID			
Medicare	С	WEBMD – If submitting claims thru Change Healthcare (WEBMD) NSFME – If going thru any clearinghouse except Change Healthcare (WEBMD)			
Medicaid	D	MCAID – If submitting claims directly to Medicaid WEBMD – If submitting claims thru Change Healthcare (WEBMD)			
Blue Cross	G	ANTHME – If submitting claims thru Availity WEBMD – If submitting claims thru Change			

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		Healthcare (WEBMD)
Commercial	F	WEBMD
Tricare/ Champus	н	WEBMD
Other	z	

- d. Maintain the appropriate Medigap Number. **Note:** For an updated list of Medicare Medigap codes, go to: <u>https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/COBA-Trading-Partners/Downloads/Medigap-Claim-based-COBA-IDs-for-Billing-Purpose.pdf</u>
- e. If there is a Contact/Payer ID and the insurance claims should go electronically, then set **Prevent Autobill** to **No**.

	Insurance Maintenance				
	File Additional				
	Insurance Code: Search MED Search Retrieve				
	Insurance Name MEDICARE				
	Abbrev	iation MEDICARE	c	ontact / Payor ID # 12345	
	Address	PO BOX 3333		Line 2	
	City	HINGHAM	State MA	Zip 02044 Phone (800)-888-88	88
		Form Type to Print	1	Insurance Set ID Code	
		Private ATB Category		Medigap #	
	0.415	Insurance ATB Category	10	Co-Pay Amount	0.00
	Cerun	Cart # Character to Verity	9	Percentage of Split	
		Verify Insurance (Y/N)			
Maintain the following	intain the following:		Insr ¥	EMC Destination Code	
Contact/Payer ID		fault Accept Assignment	Y ¥	EMC Claim Receiver Type C	
Medigap Number EMC Claim Receiv	or Typo	Primarily Piggybacked	N ¥	EMC Table ID WEBMD	
 EMC table ID 	егтуре	s Other Insurance (Y/N)	Y ¥	Prevent Autobill (Y/N/T) No	~
If there is a Payer	ID and	Force a Statement (Y/N)	N ¥	Prevent Secondary Autobill N ~	
the claims should	the claims should go electronically, then set		N Y	Secondary Billing Code	
electronically, the			0	Referral Table ID	
Prevent Autobill to	Insurance Sub-Set		Referral Carrier ID		
		Discontinued	N Y	Warn Last PCP Visit Over 0 Days	Ago
		Remittance Set		Payment Tran. Code	^
	Multiple F Allo			Adjustment Tran. Code	
					_
1					



Perform Provider Maintenance

- 1. To open Provider Maintenance, click File Maintenance \rightarrow Standard Maintenance \rightarrow Provider.
- 2. Make sure the Provider name, address and Federal ID # fields are filled in correctly. **Note:** You do not need to enter the SSN field (social security number).

		Provider Maintenance						x	
	File Additional								
		Provider Code			Provider Code:		<u>S</u> ave Sea <u>r</u> ch Retrieve		
	Provider Name BOMB			4Y E			Discontinue	Discontinued No 🗸	
		Prof. Name CHARL			LES BOMBAY	ES BOMBAY SSN			
			Address	100 ST	ATE STREET City PO		PORTLAND	٩	
		State ME Group Number ME MEDICARE		Zip 04101 Phone 773-1234					
				1	•	Federal II	D # 123456789	9	
				MM1111			Month to Date	Year to Date	
If the prov	vide	er	MED	ICAID	987654321		Services	\$0.00	\$0.00
has indivi	dividual COMM		COMME	RCIAL	123456789		Payments	\$0.00	\$0.00
provider	MAINE B/S		IE B/S	1111		Adj/Ref	\$0.00	\$0.00	
numbers	for an TRICARE		123456789		Cases	0	0		
insurance	e, enter AETNA				Totals	\$0.00	\$0.00		
them here	re. CIGNA				Totalo		00.00		
	NH MEDICAID				Last Year En	d A/R	\$0.00		
	UNITED HEALTH				Currer	it A/R	\$0.00		
	2								- 16)



Perform Miscellaneous Provider Maintenance

- 1. To open Provider Miscellaneous Information Maintenance, click **Additional** from the Provider Maintenance menu and then click **Misc. Provider Info**.
- 2. Verify that the Provider's Last Name, First Name, Middle Initial, and Suffix are entered properly.
- 3. Verify that Prevent Autobill is set to **No**. If this field is set to No, then the provider claims can be sent electronically.

Miscellaneous Provider Information					
Workers' Comp Rating	Prevent Autobill No Y				
Workers' Comp Auth #	Physician Type				
W/C Provider Type 0	Supervising Provider by Form Type				
Specialty					
License #	MEDICAID				
Title	MAINE B/S				
First Name CHARLES	TRICARE				
Last Name BOMBAY	AETNA				
Suffix MD	CIGNA				
HP Bill Default ProcCd	UNITED HEALTH				



Perform Provider Set Maintenance

- 1. To open **Provider Set Maintenance**, click **Additional** from the Provider Maintenance menu and then **Provider Set**.
- 2. Press [TAB] through the Location, Department and Insurance Set fields so they default to ALL.
- 3. Maintain the following Provider Set fields:
 - a. Federal ID: Enter an asterisk *.
 - b. State License Number: Enter the physician state license number.
 - c. Network ID: Enter the Network ID, if the insurance carrier requires it.
 - d. National ID: Enter the provider's NPI.
 - e. **Taxonomy:** Enter the Taxonomy code, if applicable.
 - f. Site Number: Enter the Site Number for insurance carrier WEBMD.

	Provider Set Maintenance						
File							
Provider Code: Location: Department Insurance Sel Sub Set: Newl Save 1000 P P+ P+ Search BOMBAY Retrieve							
Federal ID *	Star Number						
Print Code	Suffix Number						
State License No. 123456	7890 National ID 1234567890						
Commercial No.	Taxonomy N						
State Industrial No.	UPIN Number						
Network ID	Site Number 11111111						

Patient Policy Holder File Maintenance

Important: When entering policyholder information during Patient Entry - Insurance Policy Holder Area, if the policyholder is the patient (self), **DO NOT free type the name.** Simply press **[TAB]** through the fields and the system will default to the patient's name.

Note: Use the following directions if you are submitting claims to the Change Healthcare clearinghouse. If you are submitting claims to multiple clearinghouses, please contact NDS Support at 800-649-7754 for assistance with additional setup.



Appendix

To download the latest list of Payer Code IDs from Change Healthcare do the following:

1. Go to: <u>https://access.emdeon.com/PayerLists/? ga=2.71173203.236458612.1548263509-1628362068.1548263507.</u>

← → C	/access.emdeon.com/PayerLists/?	ga=2.71173203.236458612.1548263509-1628362068.1548263507	
Claims Eligibility, Claims Sta	atus & Referrals ERA/EFT/Rem	ttance	
Please Select a Product	All	State (Govt. payers only)	All 💌
Payer Type	All-	Payer Name	
Line Of Business	Medical	Payer ID	
Services	All	Code	
Additional Information	Dental dary Hospital	ICD10 Testing ICD Changed Within Last Month	10 Required as of Compliance Date
 View List limits your results to Download List exports all the 	Medical •	DOWNLOAD LIST** RESET SEARCH VIEW LEGE	ND
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- 2. For Products, select All.
- 3. For Payer Type, select the desired payer or select All.
- 4. For Line of Business, select Medical.
- 5. For Services, select Claims.

DOWNLOAD LIST **

- 6. Click **Download List** to create a .csv list of Payer codes.
- 7. After the list is downloaded, it can be opened and viewed in Microsoft Excel.