### Payer Options (Codes > Program Related Codes > Payer Codes)

### Payer Basic Setup:

- •Enter the Program Number and Payer Number
- •Enter the Provider # (The provider number will be the identity number the payer gave you; or you may use your Tax ID Number)
- **Provider**#: Use the key phrase "24J=" and then type in what you want to show up on the 1500 24J field. Example: 24J=NPI or 24J=NONPAR.

### 485 Box 26:

- •1=Home Health PPS or other insurance that requires homebound status;
- •2=Medicaid or other insurance that does not require homebound status;
- •3=Hospice

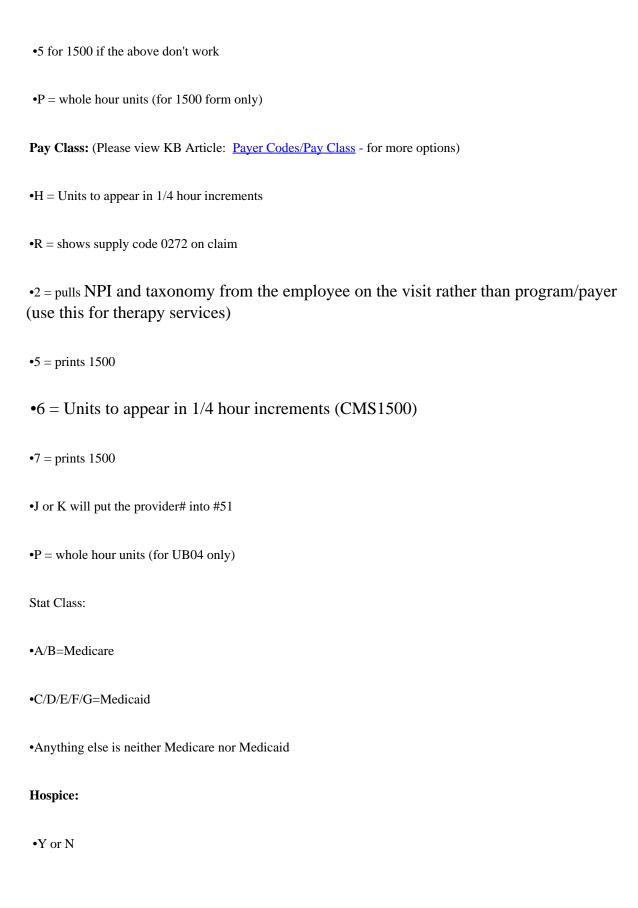
### Type of Bill:

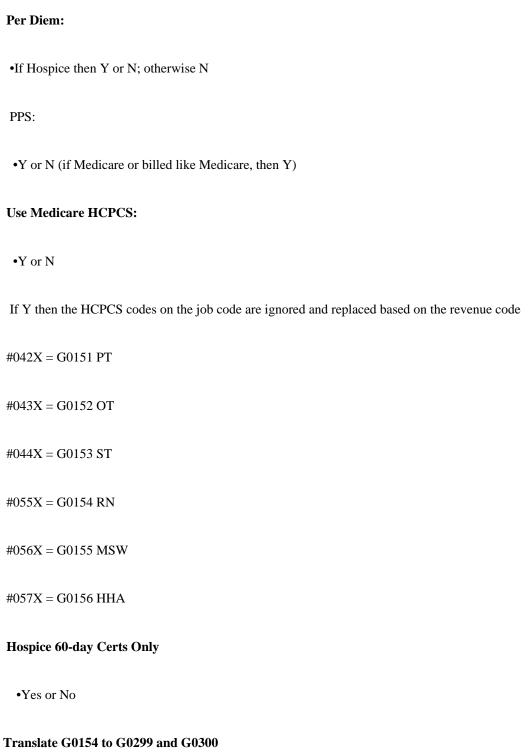
- •For UB04: 32=PPS payer, 34=Medicare Flu Shots, 81=Hospice, 33=All Others (33 is no longer valid for Home Health)
  - •For 1500: C=Ohio Medicaid, D=NC CAP, E=NC PCS, F=NC Private Duty Nursing, G=NC Group Home

For PPS, RAP tob code should be 322

# **Billing Format:**

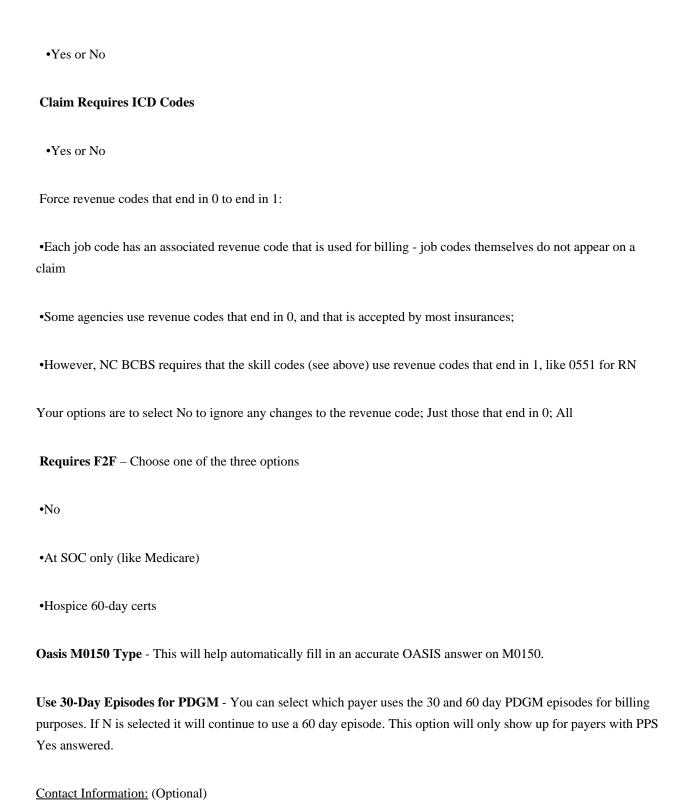
- •for UB04: 32=PPS payer, 34=Medicare Flu Shots, 33=All Others;
- •for 1500: C=Ohio Medicaid, D=NC CAP, E=NC PCS, F=NC Private Duty Nursing, G=NC Group Home





• Answer Yes for **non PPS** payers that require the new G codes

**OASIS** Required



This is address of where you send the paper claims to. This will show up on the paper claim. The UB04 puts contact info in box 38. The 1500 puts it at the top middle.

### Payment Posting Setup:

- •Pay/Adj code to use when posting payments:
- •Pay/Adj code to use when posting adjustments:
- •When setting up payment and adjustment codes for A/R, some agencies use generic descriptions (PRIVATE INSURANCE PAYMENT) and use the same code for all private insurance payments; others set up a separate code for every insurance (BCBS NC PAYMENT).
- •When posting payments from a paper Remittance Advice, to choose the claim being paid, you click on an Amount Billed line on the screen. That line contains a program and payer code. The screen that pops up that is used to enter the amount paid and optional amount adjusted will use these two codes.
- •NOTE: If these codes are invalid or blank, then the posting process will generate an error message that the codes are unknown.

### **Electronic Claims Setup:**

Fill in your agency information and Save. Make sure you enter your agencies physical address, along with the 9-digit zip code. FYI: You can select Save at the end of each screen.

### **ADDITIONAL TIPS:**

- •For PPS payers that are not Medicare, use Type of Bill 32, billing format Q, pay class Q, stat class X, hospice and perdiem no, pps and use mcare hcpcs yes.
- •For claims to print increments in 15-minutes: Payclass=H, Format=Q, Type= UB04
- •United Health Care: on 1500 = format Q, payclass U, statclass X
- •For private insurance that will be billed per visit each month, use type of bill 33, billing format Q, pay class Q, stat class X, hospice, perdiem, pps = no, and use Medicare hcpcs can be either yes or no, depending on that insurance's billing instructions if they want HCPCS codes that start with G on the claim, then it's yes; if they have other codes they want, then it's no.

 $\bullet$  1500 form needing doctor and NPI in field 17; and agency provider / NPI in field J= both format and payclass as J

Knowledgebase

http://kb.barnestorm.biz/KnowledgebaseArticle50308.aspx