



*Kareo Provider and
Group Number Guide
August 2007*

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1. Introduction

This guide will show you how to configure your group and provider settings in Kareo to ensure successful submission of your claims to the various insurance payers.

Many of your smaller insurance payers do not assign group or provider numbers. The only requirement for these payers is that the Tax ID number and the practice and/or provider's NPI numbers are submitted along with the claim. This information is set up in the Practice record and under the "General" tab of the individual provider records.

Some of your mid-size insurance payers (e.g., Aetna, Metropolitan, Pacifica Care, United Health Care, etc.) do require payer-assigned provider numbers as well. These numbers must be entered under the "Provider Numbers" tab of the provider record as "G2 – Provider Commercial Number" and must be linked to the individual payers that have assigned the provider number. These provider numbers are then submitted along with the Tax ID and NPI numbers on claims billed to these payers.

Where the biggest confusion seems to come into play is with the major insurance payers; such as Medicare, Medicaid, Tricare/CHAMPUS, and Blue Cross/Blue Shield. These payers typically assign both group numbers and individual provider numbers; and may also assign additional identification numbers that must be configured in the system prior to submitting claims to these payers.

General Rules for Entering Provider and Group Numbers:

- When entering payer-specific provider and group number types 1A, 1B, 1C, 1D, 1H, or G2; you MUST always select the insurance company or insurance plan associated with that number.
- If there are other payer-specific numbers assigned to the provider, then those numbers must also be entered and linked to the insurance payer that issued the number.
- For all other number types that are not payer-specific (such as the State License Number and the UPIN numbers for referring physicians), you can set the **Insurance Scope** to "All Insurance Companies and Plans."

Our focus with this document will be how to configure the practice, group, provider, referring physician and insurance company settings in order that the required information is submitted on claims billed to the various insurance payers. After explaining how to configure the records within Kareo, we will provide clear examples of what information is typically required of each of the major payers, which tends to cause the most confusion among our users.

2. Practice Settings

The practice record identifies the name of the medical practice; it may be a single-provider practice or a group practice.

To access the Practice record, click **Settings** and then click **Practice Information**.

For the purpose of this document, the main information you will want to look for on the practice record is the Practice's name (must be 35 characters or less, including blank spaces) and the practice's contact information; this would be the address and phone number that is included on claims sent to payers. Also make sure that the Practice's Tax ID and NPI fields have been completed. If you do not have the appropriate permissions to change or add information to a practice record, you may need to contact the application administrator to make any necessary changes.

3. Group Number Settings

3.1 Understanding Group Number Settings

Group numbers are identification numbers assigned to a medical practice by most of your major payers. As mentioned previously, the insurance payers that generally assign group numbers are Medicare, Medicaid, Tricare/CHAMPUS, and Blue Cross/Blue Shield. Typically a group number is assigned by these payers when there are multiple providers within the practice, and each provider is billing as part of a group. The exception to this is with Tricare and Medicare, who are beginning to assign both group numbers and individual provider numbers to single-provider practices as well.

It is important to understand that if a practice has been assigned a group number, you will always have an individual provider ID for each physician in the group as well; and both numbers must be entered in Kareo and linked to the appropriate insurance company or plan in order for your claims to be processed correctly.

In this section, we will discuss how to set up group numbers and other types of group identifiers that may be required by a payer. In Section 4, we will discuss how to set up individual provider numbers. Also discussed in Section 4 is what to do when a provider is part of a multi-provider practice but will be billing certain payers as an individual (not as part of a group).

3.2 Entering Group Numbers

Follow these steps to add one or more group numbers:

1. On the **Settings** menu, click **Group Numbers**. This opens the **Find Group Number** task or (browser); which lists all group numbers that may have been previously entered into the system.
2. To add a new group number, do the following:
 - From the Group Number browser, click the **New** button on the Task Button Bar at the bottom of the screen. This opens the **New Group Number** task.
 - **Type:** From the drop-down list in the **Type** field, select the 2-digit qualifier for the type of number being entered. Table 1 provides a list of number types, including the 2-digit qualifiers and corresponding descriptions, as well as a general explanation of when you would select each type. Note that certain number types may be hidden from view, depending upon the requirements of the individual practice. If the practice has been assigned a number type that is not on this list, contact Kareo Customer Support at support@kareo.com.

Table 1 - Group Number Settings

ID Qual.	Corresponding Description	Explanation of Use
oB	State License Number	Used for all payers only when a license number is assigned under the group/practice name
1A	Blue Cross Provider Number	This number type should only be used to bill Blue Cross in states, such as CA and ID, where Blue Cross operates independently of Blue Shield. (For Blue Shield companies operating independently of Blue Cross in these states, you would use the 1B qualifier.)
1B	Blue Shield Provider Number	This number type is universal and should be used for billing all Blue Cross/ Blue Shield payers, <u>except</u> in states where these two payers operate as separate companies. (Examples of states where this number type should <u>not</u> be used would be Blue Cross/California and Blue Cross/Idaho.)
1C	Medicare Provider Number	Used for all Medicare payers. Note that even though all Medicare payers use the 1C qualifier, each type of Medicare program (regular Medicare, Railroad Medicare, and DMERC Medicare) typically uses different numbers depending on the type of Medicare program. If the group is assigned more than one Medicare number, make sure that you set up a separate group number for each type of Medicare program
1D	Medicaid Provider Number	Used for all Medicaid payers.
1G	Provider UPIN Number	Used for most payers <u>only</u> when a UPIN number is assigned under the group/practice name. Otherwise, the Provider UPIN Number is generally assigned to individual providers, and entered under the “Provider Numbers” tab of the provider record when the provider will be named as a referring physician on encounter records.
1H	CHAMPUS Identification Number	Used for Tricare/CHAMPUS payers.
1J	Facility ID Number	Payer specific - Payer may assign this ID number to the group’s location. (In this case, you would select the insurance company, as well as the specific location to which this ID is assigned.
E1	Employer Identification Number	Used when a different Tax ID is needed for a specific payer. Setting this will override the Tax ID entered on the Practice record.
FH	Clinic Number	Payer Specific - This number may be assigned by the payer instead of, or in addition to, the group number.
G2	Provider Commercial Number	Used for some non-government and non-Blue payers, unless payer specifies otherwise. Typically G2 numbers are not assigned to groups; but only to individual providers; and are entered under the “Provider Numbers” tab of a provider record.

G5	Provider Site Number	Payer Specific - This number may be assigned by certain payers instead of, or in addition to, the group number. Note: BC/BS of GA requires a G5 Site Number as well as the 1B Group Number for claims billed to them. This site number should have been assigned to the practice/group by BC/BS of GA. Check with the payer if you do not know what site number to use.
LU	Location Number	Payer specific – Payer may assign an ID number to the group’s location. Depending on payer requirements, this number is set up here or in the service location record.
SY	Social Security Number	Used to bill as a group w/SSN instead of a Tax ID (not commonly used).
X5	State Industrial Accident Provider Number	Payer specific - Used primarily for state workers compensation programs.
SN	EDI Submitter Number	Used for payers that assign an additional submitter number along with group and provider ID’s. (See section 3.3 of this guide for more information.)
SM	EDI Submitter Name	Used for payers that assign an additional submitter number along with group and provider ID’s. (See Section 3.3 of this guide for more information.)
ZN	Billing Agent Number	Payer specific - Used primarily for MassHealth (Massachusetts Medicaid) when billing for a specific specialty on paper claims only; otherwise, MassHealth requires the 1D Provider Number.
ZZ	Provider Taxonomy Code	Used for Medicaid paper claims, so that the provider Taxonomy code will print in Box 33b of the new CMS 1500 claim form. – Note that this is set up under the “Paper Claims” tab of the insurance company record <u>ONLY</u>; not under group number settings.

- **Insurance Scope:** Select either "Insurance Company," "Insurance Plan," or "All Insurance Companies and Plans"

Note the following:

- The **Insurance Scope** field automatically defaults to "Insurance Company" and the field just below is labeled **Insurance Company**. To link the group number to an insurance company, click the **Insurance Company** button to display the list of insurance companies previously entered in the system; and then use the search function to locate and select the insurance company. (For help in locating an insurance company record, see Online Help or the Kareo User Manual under **Setting up Insurance Lists > Setting up Insurance Companies > Finding an Insurance Company**.)
- To link a group number to a specific insurance plan, select "Insurance Plan" from the drop-down. Once selected, the label in the field just below will change to **Insurance Plan**. Click the **Insurance Plan** button to display the list of insurance plans previously entered in the system; and then use the search function to locate and select the insurance plan. (For help in locating an insurance plan, see Online Help or the Kareo User Manual under **Setting up Insurance Lists > Setting up Insurance Plans > Finding an Insurance Plan**.)
- If you select "All Insurance Companies and Plans" the field below will be disabled; and the number entered in the **Group Number** field will apply to all insurance companies and plans. Remember, when entering payer-specific group numbers, you must ALWAYS select the insurance company or plan that corresponds to the number being entered.
- **Location:** If the group number was issued for a specific service location, select the service location from the drop-down list; otherwise, leave this box set to "All Locations."
- **Group Number:** Enter the group number.
- **Attach To:** Typically you would leave this field set to "Paper and Electronic Claims And Eligibility;" unless the number being entered applies to only paper claims, only electronic claims, or only eligibility.

3. When you finish adding the new group number, click the **Save** button to save the record.

IMPORTANT NOTE: Kareo has recently modified the **Group and Provider Number** tasks so that you now have the option of linking a payer-specific number to either an insurance company or an insurance plan.

When linking a group or provider number to an insurance company, the system will automatically tie the number to all plans associated with the insurance company; unless there is a separate number that is linked to a specific insurance plan for that same insurance company. The number linked to an insurance plan will always take precedence over the number linked to the insurance company.

For group and provider numbers set up in the system prior to the August 2007 release; you will not be required to make any changes (unless, of course, the group number was set up incorrectly prior to the release).

3.3 Entering Submitter Numbers (SN/SM Identifiers)

The submitter number (SN) is primarily required by Noridian when submitting electronic claims to the clearinghouse. Noridian is an intermediary that processes claims for Medicare payers in Alaska, Arizona, Colorado, Hawaii, Iowa, Montana, Nevada, N. Dakota, S. Dakota, Oregon, Utah, Washington, and Wyoming. They also process claims for Blue Shield/North Dakota, and Blue Shield/Wyoming. The submitter number is assigned in addition to group and/or provider ID numbers.

For example, a practice electronically billing Medicare of Arizona will have a group number, submitter number, and a provider ID for each provider in the group. As we understand it, it is used for internal routing of claims within the Noridian system by state. All their submitter numbers begin with the state abbreviation where the practice is located. The EDI Submitter Name (SM) tells Noridian which clearinghouse the claims are coming from. When the providers are approved for electronic submission, the payer assigns the submitter number and it is included on the approval letter that's sent to the practice and MedAvant.

There are two steps for setting up a submitter number in Kareo when submitting claims through MedAvant; and this is ONLY required when a payer has assigned a unique submitter number in addition to individual group and provider numbers. Also note that these steps are ONLY required when submitting claims through the MedAvant clearinghouse. Gateway automatically sets this up for you within their system.)

To set up the submitter number, do the following:

- First, you will need to set up the submitter number:
 - Open the **Group Numbers** browser, and click the **New** button at the bottom of the screen.
 - In the **Type** field, select "SN - EDI Submitter Number"
 - In the **Insurance Scope** field, select "Insurance Company".
 - Click the **Insurance Company** button to open the Insurance Company browser, and use the search function to locate the Medicare payer.
 - In the **Group Number** field, enter the submitter number assigned by the Medicare payer including the 2-digit state ID.
 - In the **Attach to** field, select "Electronic Claims Only" from the drop-down list.
 - Click the **Save** button to save the record.
- Next, you will need to set up a special group number type SM in order to link the group number to claims sent through MedAvant.
 - While the **Group Number** browser is still open, click the **New** button at the bottom of the screen.
 - In the **Type** field, select "SM - EDI Submitter Name"
 - Click the **Insurance Company** button and select the same insurance company again.
 - In the **Group Number Field**, type the word "ProxyMed" (without the quotes).
 - Click the **Save** button to save the record.

When configured this way, the system will know to include the submitter number when electronically transmitting claims through MedAvant (formerly ProxyMed.)

Note that the above settings need to be configured for each payer that that requires a submitter number; and, again, is ONLY required for claims sent through the MedAvant clearinghouse.

4. Provider Number Settings

4.1 Understanding Provider Settings

Providers are physicians and other medical professionals within the practice who provide billable services to patients. Provider numbers are identification numbers assigned to individual providers by various insurance payers. Your major insurance payers such as Medicare, Medicaid, Tricare/CHAMPUS, and Blue Cross/Blue Shield assign group numbers as well as individual provider numbers as discussed in the previous section. However, many of your mid-size commercial payers (such as Aetna, Pacific Care, United Health Care, etc.) also assign provider numbers, but typically do not assign group numbers. These types of provider numbers are typically G2 – Commercial Provider Numbers and must be entered under the "Provider Numbers" tab along with the provider numbers assigned by your major insurance payers. Entering General Provider Information

Follow these steps to access a provider record or to enter a new provider record:

1. On the **Settings** menu, click **Providers**. This opens the **Find Providers** task or (browser).
2. If you have not yet set up the provider record, click the **New** button at the bottom of the browser and enter the general provider information under the "General" tab of the provider record.

3. If the provider has already been set up in the system, double-click on the provider name within the browser window to open the Provider record.
4. Since the focus of this document is not on how to set up provider records in Kareo, but instead, how to set up provider numbers correctly in order to successfully submit claims to the insurance payers, we will not go into great detail on how to complete the “General” section of the provider record. If you should have questions as to how to complete this section of a provider record, refer to the Implementation Guide or refer to Online Help or the Kareo User Manual (under the section entitled “Setting up Providers”).

We do, however, want to call your attention to a few of the key fields under the “General” tab that must be completed correctly in order to process paper and electronic claims. These fields are as follows:

- **NPI:** Most insurance payers are now requiring both the National Provider Identification (NPI) number as well as the legacy provider number. Eventually, the requirement for the legacy provider number should phase out. To avoid claim rejections, make sure that the provider’s NPI number is entered on all provider records, in addition to any legacy provider numbers that may be required under the “Provider Numbers” tab of a provider record.
- **SSN:** Enter the Practice’s Tax ID or enter the provider’s Social Security number if the provider will be billing under his own Social Security Number rather than the Practice’s Tax ID. In either case, a 9-digit number must be entered in this field in order to submit claims.
- **Specialty:** Click the **Specialty** button and select the provider’s main specialty from the list of Provider Taxonomy Codes maintained by the system. Use the search feature, if necessary, to locate the specialty. (Note that Medicaid now requires that the rendering provider’s Taxonomy code be printed in Box 33b of the new CMS 1500 Claim Form Version 08/05 when billing on paper rather than electronically. (See Section 6, “Insurance Company Paper Claim Settings” for more information.)
- **Degree:** Enter the provider’s degree (e.g., MD, DO, PhD, etc.)

Remember, these fields must be completed for all providers within your practice who will be named as the rendering, supervising, or referring provider on claims.

5. Once you finish entering the provider’s general information, you will click on the “Provider Numbers” tab to set up all of your payer-assigned provider numbers.

4.2 Entering Provider Numbers

Follow these steps to enter one or more provider numbers:

1. Under the “Provider Numbers” tab, click the **Add** button on the right of the screen. This opens the **New Provider Number** task.
2. To add a new provider number, do the following:
 - **Type: Type:** From the drop-down list in the **Type** field, select the 2-digit qualifier for the type of number being entered. Table 2 provides a list of Provider Number types, including the 2-digit qualifiers and corresponding descriptions, as well as a general explanation of when you would select each type. Note that certain number types may be hidden from view, depending upon the requirements of the individual practice or provider. If the provider has been assigned a number type that is not on this list, contact Kareo Customer Support at support@kareo.com.

Table 2 – Provider Number Settings

ID Qual.	Corresponding Description	Explanation of Use
0B	State License Number	Used for all payers only when a license number is assigned under the provider’s name
1A	Blue Cross Provider Number	This number type should only be used to bill Blue Cross in states, such as CA and ID, where Blue Cross operates independently of Blue Shield. (For Blue Shield companies operating independently of Blue Cross in these states, you would use the 1B qualifier.)
1B	Blue Shield Provider Number	This number type is universal and should be used for billing all Blue Cross/Blue Shield payers, <u>except</u> in states where these two payers operate as separate companies. (Examples of states where this number type should <u>not</u> be used would be Blue Cross/California and Blue Cross/Idaho.)
—	Blue Cross (California)	DO NOT USE

1C	Medicare Provider Number	Used for all Medicare payers. Note that even though all Medicare payers use the 1C qualifier, each type of Medicare program (regular Medicare, Railroad Medicare, and DMERC Medicare) typically uses different numbers depending on the type of Medicare program. If the provider is assigned more than one Medicare number, make sure that you set up a separate provider number for each type of Medicare program and make sure you link those numbers to the correct Medicare payer.
1D	Medicaid Provider Number	Used for all Medicaid payers.
1G	Provider UPIN Number	Used for most payers. (This is typically the number entered for referring physicians, as well as providers <u>within</u> the practice who are named as referring physicians on claims.) In this case, you would set the Insurance Scope field to "All Insurance Companies and Plans". The exception to this is for Medicaid payers. They require the 1D number for referring physicians, rather than the UPIN number and the 1D provider number <u>must</u> be linked to the specific Medicaid Payer that requires the number.
1H	CHAMPUS Identification Number	Used for all Tricare/CHAMPUS payers
E1	Employer's Identification Number	Used when a different Tax ID is needed for a specific payer. Setting this will override the Tax ID entered on the Practice record.
G2	Provider Commercial Number	Used for some non-government and non- Blue payers, unless payer specifics otherwise
G5	Provider Site Number	Payer Specific -This number may be assigned by the payer instead of or in addition to the provider number.
LU	Location Number	Payer specific - Payer may assign an ID number to the provider's location. Depending on payer requirements, this number may be set up here, under the group, or within the service location record.
N5	Provider Plan Network Identification Number	Payer Specific - This number may be assigned by the payer instead of or in addition to the provider number.
SY	Social Security Number	Used when payer requires providers SSN in addition to the Practice's Tax ID
X5	State Industrial Accident Provider Number	Payer specific – Used primarily for state workers compensation programs
—	Medicare Railroad Number	DO NOT USE
—	Medical License Number	DO NOT USE
—	National Provider Number	DO NOT USE
—	Drug Enforcement Administration License	DO NOT USE
Z0	Provider uses individual billing	Use this setting with "YES" as the provider number. The Z0 qualifier is used when a provider is a member of a group, but will be billing one or more payers as an individual, not as part of the group. See Section 4.4 for more information.
Z1	Provider SSN for individual billing	Used when billing a payer using the provider's SSN instead of the Practice's Tax ID.
gF	Referral Number (MediPass)	Payer specific - Used primarily for Florida Medicaid.

- **Insurance Scope:** Select either "Insurance Company," "Insurance Plan," or "All Insurance Companies and Plans"

Note the following:

- The **Insurance Scope** field automatically defaults to "Insurance Company" and the field just below is labeled **Insurance Company**. To link the provider number to an insurance company, click the **Insurance Company** button to display the list of insurance companies previously entered in the system; and then use the search function to locate and select the insurance company. (For help in locating an insurance company record, see Online Help or the Kareo User Manual under **Setting up Insurance Lists > Setting up Insurance Companies > Finding an Insurance Company**.)
- To link a provider number to a specific insurance plan, select "Insurance Plan" from the drop-down. Once selected, the label in the field just below will change to **Insurance Plan**. Click the **Insurance Plan** button to display the list of insurance plans previously entered in the system; and then use the search function to locate and select the insurance plan. (For help in locating an insurance plan, see Online Help or the Kareo User Manual under **Setting up Insurance Lists > Setting up Insurance Plans > Finding an Insurance Plan**.)

- If you select "All Insurance Companies and Plans" the field below will be disabled; and the number entered in the **Provider Number** field will apply to all insurance companies and plans. Remember, when entering payer-specific provider numbers, you must ALWAYS select the insurance company or plan that corresponds to the number being entered.
- **Location:** If the provider number was issued for a specific service location, select the service location from the drop-down list; or leave this box set to "All Locations", if applicable.
- **Provider Number:** Enter the provider number.
- **Attach To:** Typically you would leave this field set to "Paper and Electronic Claims and Eligibility;" unless the number being entered applies to only paper claims, only electronic claims, or only eligibility.
- Click **OK** on the Task Button Bar to save the new number.

4.3 Billing as an Individual rather than Part of a Group

There may be instances where a payer has assigned both a group number and individual provider numbers to a multi-provider practice; however a provider within the group may wish to bill the payer as an individual, and not as part of the group.

In these instances, a special provider type "ZO" can be set up under the "Provider Numbers" tab of the provider's record; and when linked to a specific insurance company or plan, tells the system to ignore the group number when billing claims to that payer, and only submit the payer-assigned provider number.

To set up the provider to bill the payer as an individual rather than as part of the group, do the following:

- Open the **Provider** record.
- Under the "Provider Numbers" tab, click the **Add** button on the right of the screen.
- In the **Type** field, select "ZO – Provider Uses Individual Billing".
- In the **Insurance Scope** field, if the ZO setting applies to only certain payers, then select either "Insurance Company" or "Insurance Plan;" and then in the next field, select the Insurance Company or the Insurance Plan that the ZO setting applies to. If the ZO setting applies to all companies and plans, then leave the **Insurance Scope** field set to "All Insurance Companies and Plans."
- Leave the **Location** field set to "All Locations".
- In the **Provider Number** field, enter "Yes" (without the quotes).
- Leave the **Attach to** field set to "Paper and Electronic Claims and Eligibility".
- Click **Ok** to save the provider number.

Note that the ZO type only needs to be set up when a payer has assigned a group number to the practice as well as individual provider numbers for each provider within the practice. If the payer has only assigned a provider number but not a group number, then the ZO type does not need to be set up because the system automatically sends claims in individual billing mode.

5. Referring Physician Settings

5.1 Understanding Referring Physician Settings

Referring physicians are generally third-party physicians who have referred patients to various providers within the practice. However, there are instances within a multi-provider practice where a provider may refer a patient to another provider within the same practice.

Setting up a referring physician record is similar to setting up a provider record; except that in most cases, only the referring physicians name, business address, specialty, and NPI #, are required under the "General" section of the provider record; and the provider's UPIN Number (Type 1G) is required under the "Provider Numbers" tab; except when billing Medicaid. Medicaid payers do require the referring physicians 1D Medicaid Provider Number instead of the provider's UPIN Number.

5.2 Entering General Referring Physician Information

Follow these steps to access a referring physician record or to enter a new referring physician record:

1. On the **Settings** menu, click **Other Lists** and then click **Find Referring Physicians**. This opens the **Find Referring Physician** task (or browser).

To avoid duplicate records, always check carefully to make sure that a record does not already exist for the referring physician. If the physician is not listed, click the **New** button at the bottom of the browser to create a new referring physician record. This opens the **New Referring Physician** task.

Note that when you create a new encounter for a patient, and click the **Referring Physician** button on the encounter record to select a referring physician, the **Select Referring Physician** browser will display a combined list of the Referring Physician's entered into the system as well as a list of the providers within the practice. The reason for this is quite simple: Often a provider within a practice may also be named as a referring physician on an encounter and claim record. In these situations, the provider record and the referring physician record are one in the same. You do, however, need to make sure that the provider record includes the UPIN number (or the 1D Medicaid Provider number) if the provider will be referring patients to other providers within the same practice.

Not all fields within a referring physician record are required fields; however, we do want to call your attention to a few of the fields under the "General" tab that should always be completed to avoid possible claim rejections in the future. These fields are as follows:

- **NPI:** Many of your larger insurance payers are now requiring both the National Provider Identification (NPI) number as well as the legacy provider number for referring physicians. To avoid claim rejections, make sure that the referring physician's NPI number is entered on all referring physician records.
- **Specialty:** Some payers may require the referring physician's taxonomy code.
- **Address:** When a DME-related procedure code has been entered on an encounter record, and the referring physician has been named as the ordering provider, then when submitting claims to Medicare, the referring physician's business address is sent along with electronic claims. If you will be billing DME-related procedures, make sure that the referring physician's business address has been entered on the physician's record.

5.3 Entering Provider Numbers

As mentioned previously, the only Referring Physician provider number typically required by insurance payers is the referring physician's UPIN number. You would set this up the same way you set up provider numbers for the providers within the practice. However, for UPIN numbers you do not need to select a specific insurance company or plan, or a specific location. In the **Type** field, you would select "1G – Provider UPIN Number;" in the Insurance Scope field, you would set the scope to "All Insurance Companies and Plans;" in the **Provider Number** field you would enter the referring physician's UPIN number; and in the **Attach To** field, you would leave it set to "Paper and Electronic Claims and Eligibility."

Exception: For Medicaid claims, a "1D – Medicaid Provider Number" will be required for any referring physicians that will be named on encounters and claims billed to Medicaid. When adding a "1D – Medicaid Provider Number" to a referring physician record, you must link the number to a specific Medicaid Payer.

Once all information has been entered, click the **Save** button to save the referring physician record.

6. Insurance Company "Paper Claim" Settings

The last thing you will want to do is to make sure that the "Paper Claim" settings are configured correctly on each insurance company record to which you will be billing claims.

Kareo organizes insurance information as two lists: Insurance Companies and Insurance Plans. The Insurance Company is used to represent a payer or network (e.g. Medicare of CA, Blue Cross of CA, United Healthcare, etc.) and an Insurance Plan represents a sub-classification of an Insurance Company such as a plan category, (e.g. PPO, HMO, etc), a specific insurance plan (e.g. PPO 35, HMO Select), or a region (e.g. Southern California). The Insurance Company record stores paper claim formatting settings and electronic claim submitter information. The Insurance Plan record stores plan information and the remit address information for paper claims.

We will walk you through how to configure the "Paper Claim" settings for an insurance company; and in doing so you will see how these settings tie to the Provider, Referring Physician and Group Number records in the system.

For the purpose of this document, we will assume that the Insurance Company record has already been set up in the system, and we will only be focusing on the "Paper Claims" settings. To learn how to set up an Insurance Company record, refer to the Implementation Guide or the Online Help or Kareo User Manual.

To access an insurance company record, do the following:

1. On the **Settings** menu, click **Find Insurance Company**. This opens the **Find Insurance Company Browser** task (or browser). Open any insurance company record that requires a unique payer-assigned group and/or provider number.
2. Navigate to the "Paper-Claim" tab and do the following.
 - **Insured Format:** Leave the setting at its default value, or select "Medicare" style from the drop-down list, if applicable.
 - **Provider Number:** Select the provider number type that will be used when billing this insurance company.

The provider number type (2-digit qualifier and description) should correspond to the provider number that the system will look for on the Provider record for this particular insurance payer. In other words, if the insurance payer is Medicare and you select "1C - Medicare Provider Number", when you print claim forms to this payer the system will link to the 1C provider number entered on the Provider record for the rendering provider who is named on the claim.

When printing on CMS 1500 Version 08/05 w/NPI - Standard (which is the new claim form that will be used for most paper claims), both the 2-digit qualifier and the actual provider number entered under the "Provider Numbers" tab of the Provider record will be printed in Columns 24I and 24J of the new CMS 1500 claim form.

Also, most if not all of your providers have received their NPI numbers by now, and that information should have been entered under the "General" tab of the Provider record. When printing claims on the new CMS 1500 claim form, the system will pull the Provider's NPI number and print it directly below the legacy provider number in Columns 24I and 24J.

- **Referring Provider Number:** Select the Referring Provider Number type (the 2-digit qualifier and description) that will be printed on the CMS 1500 claim form when a referring physician is named on the encounter record for which claims were created. Typically this is the referring physician's UPIN number (1G). **Exception:** For Medicaid insurance companies (payers), you will need to select the 1D – Medicaid Provider Number.

When a referring provider is named on an encounter record, the system will pull the corresponding provider number from the "Provider Numbers" section of the referring physician/provider record and print it in Box 17a of the new CMS 1500 claim form. The system will also pull the NPI number from the "General" section of the referring physician/provider record and print that number in Box 17b. The system will also print the name of the referring physician/provider in Box 17.

- **Group Provider Number:** If the insurance payer has assigned a group number to the practice, select the group number type from the drop-down list in the **Group Number** field. When printing claims for this payer, the system will link that group number type to the corresponding group number entered under Settings > Group Numbers; and will print both the 2-digit qualifier and the corresponding group number in Box 33b of the new CMS 1500 claim form. **Special Notes:** The NPI number that is printed in Box 33a of the new CMS 1500 claim form is pulled from the NPI field of the Practice record.

Exception (for Paper Claims Only): Medicaid now requires that the provider's taxonomy code be printed in Box 33b of the new CMS 1500 claim form, rather than the Medicaid Group Number. For Medicaid insurance payers only, select "ZZ – Provider Taxonomy Code" from the drop-down list in the **Group Number** field. The system will then pull the taxonomy code from the provider's record, rather than the practice's group number.

Special Note:: In Box 33, the information is pulled from two areas: 1) The provider's name is pulled from the encounter record - this would be the Rendering Provider (if no Supervising Provider indicated, or the Supervising Provider if indicated); 2) The practice's address and telephone number are pulled from the Practice record. The NPI number that is printed in Box 33a of the new CMS 1500 claim form is pulled from the NPI field of the Practice record.

- **CMS-1500 field 24k:** If you will be using the older version of the CMS 1500-Standard claim form, then select the provider number type that corresponds to the provider number that should be printed in Box 24k of the claim form.
- **CMS-1500 field 32b:** Some insurance companies require the Facility ID associated with a service location be printed in Box 32b of the new CMS 1500 version 08/05 claim form; while others do not. When creating a new insurance company record, this box is automatically checked. When printing claims, the system automatically pulls the facility ID from the Service Location record that corresponds to where services were performed. If you do not want the Facility ID printed on the claim form, clear the checkbox.
- **Primary Billing Form:** The Primary Billing Form is the form typically required by a payer when the payer is considered the primary payer on a claim. To support the NPI numbers recorded on practice, provider, referring physician, and service location records, the system currently defaults to the new CMS 1500 Version 08/05 with NPI-Standard. However, you have the option of selecting a different form if required.
- **Secondary Billing Form:** The Secondary Billing Form is the form typically required by an insurance payer when the payer is considered the secondary or tertiary payer on a claim. In most cases you can use the same form for both; but in certain instances, some payers do require a different form than what is required when billing them as the primary payer. If you are not certain which form to use, contact the payer directly for clarification. The system currently defaults to the new CMS 1500 Version 08/05 with NPI-Standard. However, as with the Primary Billing Form, you do have the option of selecting a different form if required.

Kareo has prepared a document that will provide you with the complete mapping of the fields within the Kareo application to the fields (boxes) on the new CMS 1500 Form-Version 08/05 with NPI-Standard, and the older CMS 1500 Form-Standard. This document is entitled "Kareo Instruction Guide to the CMS-1500 Form" and can be downloaded from the "Guides" section of the Kareo Help & Support website.

7. Major Insurance Company Requirements

In this section, we will walk you through the common requirements of the major insurance payers (e.g., Medicare, Medicaid, Tricare/CHAMPUS, and Blue Cross/Blue Shield), since the requirements for these payers are many and varied, and tend cause a good amount of confusion for our customers.

7.1 Medicare Payer Requirements

The following lists the typical requirements of Medicare payers. This needs to be set up for each Medicare insurance payer for which you will be billing claims.

Practice:

- Practice Name
- Practice Address & Phone Number
- Practice's Tax ID
- Practice's NPI Number

Group Number Settings

- 1C – Medicare Group Provider Number
- EDI Submitter Number

(For the following states only, and only for the standard Medicare payers –

Railroad Medicare & DMERC Medicare typically do not require submitter numbers.)

- Medicare of Alaska
- Medicare of Arizona
- Medicare of Colorado
- Medicare of Hawaii
- Medicare of Iowa
- Medicare of Montana
- Medicare of Nevada
- Medicare of South Dakota
- Medicare of North Dakota
- Medicare of Oregon
- Medicare of Utah
- Medicare of Washington
- Medicare of Wyoming

(The EDI Submitter Number only needs to be set up for the above payers if you will be submitting claims through MedAvant.

Gateway clearinghouse automatically sets this up for us internally – See Section 3.3 of this document to learn how to set up the EDI Submitter Numbers within Kareo)

Individual Provider Settings

- Provider Name
- Provider's NPI
- 1C – Medicare Provider Number

Referring Physician

- Referring Physician Name
- Referring Physician's NPI
- 1G –Provider UPIN Number

Insurance Company "Paper Claim" Settings

The following claim settings also need to be set up for each Medicare Insurance Company (payer) for which you will be printing paper claims.

- Insured Format: Medicare Style
- Provider Number: 1c – Medicare Provider Number
- Referring Provider Number: 1G – Provider UPIN Number
- Group Provider Number: 1C – Medicare Provider Number
- Primary Billing Form: CMS 1500 Form - Version 08/05 with NPI – Standard
- Secondary Billing Form: CMS 1500 Form - Version 08/05 with NPI – Standard

7.2 Medicaid Payer Requirements

The following lists the typical requirements of Medicaid payers. This needs to be set up for each Medicaid insurance payer for which you will be billing claims.

Practice:

- Practice Name
- Practice Address & Phone Number
- Practice's Tax ID
- Practice's NPI Number

Group Number Settings

- 1D – Medicaid Group Provider Number (Electronic Claims Only)
(Note that Medicaid requires the provider's Taxonomy code, rather than the Group Provider Number when printing paper claims; and this is set up under the "Paper Claim" settings of the Insurance Company record.)
- ZN – Billing Agent Number (MassHealth - Massachusetts Medicaid, and only when billing for a specific specialty – This is in addition to the 1D Medicaid Provider Number)

Individual Provider Settings

- Provider Name
- Provider's NPI
- 1D – Medicaid Provider Number

Referring Physician

- Referring Physician Name
- Referring Physician's NPI
- 1D – Medicaid Provider Number

Insurance Company "Paper Claim" Settings

The following claim settings also need to be set up for each Medicaid Insurance Company (payer) for which you will be printing paper claims.

- Insured Format: Default
- Provider Number: 1D – Medicaid Provider Number
- Referring Provider Number: 1D – Medicaid Provider Number
- Group Provider Number: ZZ – Provider Taxonomy Code
- Primary Billing Form: CMS 1500 Form - Version 08/05 with NPI – Standard
- Secondary Billing Form: CMS 1500 Form - Version 08/05 with NPI – Standard

7.3 Tricare/CHAMPUS Payer Requirements

The following lists the typical requirements of Tricare/CHAMPUS payers. This needs to be set up for each Tricare/CHAMPUS insurance payer for which you will be billing claims.

Practice:

- Practice Name
- Practice Address & Phone Number
- Practice's Tax ID
- Practice's NPI Number

Group Number Settings

- 1H – CHAMPUS (Group) Identification Number

Individual Provider Settings

- Provider Name
- Provider's NPI
- 1H – CHAMPUS (Provider) Identification Number

Referring Physician

- Referring Physician Name
- Referring Physician's NPI
- 1G – Provider UPIN Number

Insurance Company “Paper Claim” Settings

The following claim settings also need to be set up for each Tricare/CHAMPUS Insurance Company (payer) for which you will be printing paper claims.

- Insured Format: Default
- Provider Number: 1H – CHAMPUS (Provider) Identification Number
- Referring Provider Number: 1G –Provider UPIN Number
- Group Provider Number: 1H – CHAMPUS (Group) Identification Number
- Primary Billing Form: CMS 1500 Form - Version 08/05 with NPI – Standard
- Secondary Billing Form: CMS 1500 Form - Version 08/05 with NPI – Standard

7.4 Blue Cross/Blue Shield Payer Requirements

The following lists the typical requirements of Blue Cross/Blue Shield payers. This needs to be set up for each Blue Cross/Blue Shield insurance payer for which you will be billing claims.

Practice:

- Practice Name
- Practice Address & Phone Number
- Practice’s Tax ID
- Practice’s NPI Number

Group Number Settings

- 1A – Blue Cross Provider Number (California & Idaho only); or
- 1B – Blue Shield Provider Number (All other Blue Cross/Blue Shield payers except for Blue Cross of California & Idaho)
- G5 – Provider Site Number (Only for Blue Cross/Blue Shield of GA – Should be entered in addition to the 1B Blue Shield Provider Number)
- EDI Submitter Number (only for Blue Shield of North Dakota, and Blue Shield of Wyoming when processing claims through MedAvant – See Section 3.3 to learn how to set up the EDI Submitter Numbers within Kareo)

Individual Provider Settings

- Provider Name
- Provider’s NPI
- 1A – Blue Cross Provider Number (California & Idaho only); or
- 1B – Blue Shield Provider Number (All other Blue Cross/Blue Shield payers except for Blue Cross of California & Idaho)

Referring Physician

- Referring Physician Name
- Referring Physician’s NPI
- 1G –Provider UPIN Number

Insurance Company “Paper Claim” Settings

The following claim settings also need to be set up for each Blue Cross/Blue Shield Insurance Company (payer) for which you will be printing paper claims.

- Insured Format: Default
- Provider Number: 1A – Blue Cross Provider Number (California & Idaho only); or
1B – Blue Shield Provider Number (All other Blue Cross/Blue Shield payers except for Blue Cross of California & Idaho)
- Referring Provider Number: 1G –Provider UPIN Number
- Group Number: 1A – Blue Cross Provider Number (California & Idaho only); or
1B – Blue Shield Provider Number (All other Blue Cross/Blue Shield payers except for Blue Cross of California & Idaho)
- Primary Billing Form: CMS 1500 Form - Version 08/05 with NPI – Standard
- Secondary Billing Form: CMS 1500 Form - Version 08/05 with NPI – Standard

8. Summary

In this document you learned how to set up payer-assigned group numbers, payer-assigned provider numbers, and the two types of referring physician provider numbers required on claims. You also learned how to configure the Paper Claim settings in an insurance company record so that the system knows what to pull from the group, provider, and referring physician records in order to print the correct information on paper claims.

We hope this information has been helpful to you. And, please note that as we move forward, we will be updating or adding to this document as the need arises. Be sure to check back often for updates.