

Client # : _____

*****This is only a suggested setup. Different Insurance Companies require different numbers in certain fields. Be sure to check with the individual payers and verify with the electronic cross reference document for specific requirements.*****

Claim Format Setup for Commercial Insurances

MISYSModify - Claim Format
✕

ID

Name

Type 🔍

Notes

Inactive Send NPI

Claim Format Options

Option Type	Value Type	DefaultValue	Codes
CLIA	<input type="text" value="CLIA"/> 🔍	<input type="text"/>	<input type="text"/>
Facility ID	<input type="text" value="ETIN"/> 🔍	<input type="text"/>	
Facility ID Type	<input type="text" value="Employer's Identification Nu"/> 🔍		
File as Group or Individual	<input type="text" value="Filing Type"/> 🔍 <input type="radio"/> Group <input checked="" type="radio"/> Individual		
Mammography Cert	<input type="text"/> 🔍	<input type="text"/>	<input type="text"/>
Practice/Group ID	<input type="text" value="ETIN"/> 🔍	<input type="text"/>	
Practice/Group ID Type	<input type="text" value="Employer's Identification Nu"/> 🔍		
Referring Provider ID	<input type="text" value="UPIN"/> 🔍	<input type="text"/>	
Referring Provider ID Type	<input type="text" value="UPIN"/> 🔍		
Rendering Provider ID	<input type="text" value="ETIN"/> 🔍	<input type="text"/>	
Rendering Provider ID Type	<input type="text" value="Employer's Identification Nu"/> 🔍		
Submitter ID	<input type="text" value="ETIN"/> 🔍	<input type="text"/>	

Be sure to set your default Filing Type (Modify the Filing Type)

Insurances with Specific Provider Identification Numbers

MISYSModify - Claim Format
✕

ID

Name

Type 🔍

Notes

Inactive Send NPI

Claim Format Options

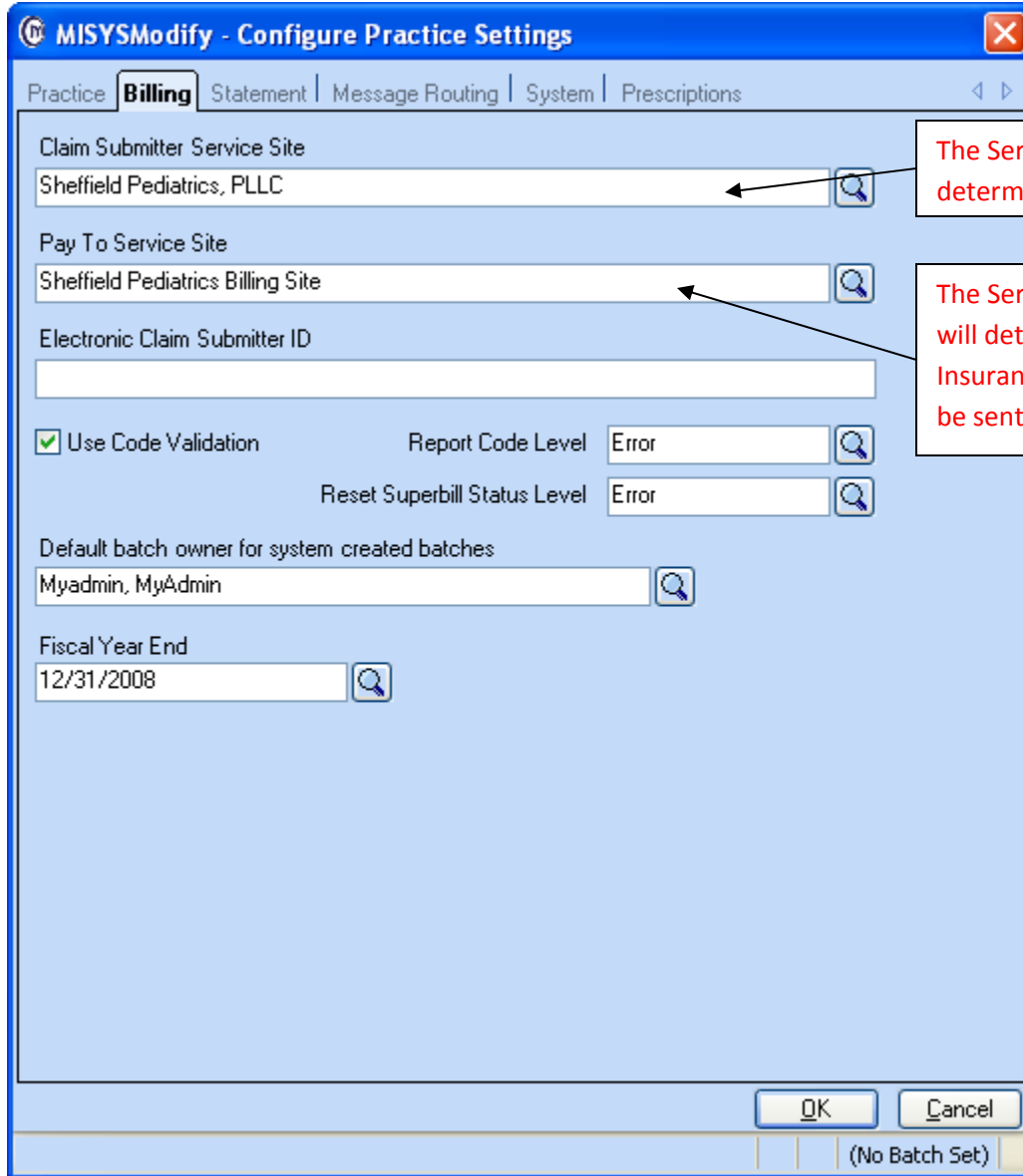
Option Type	Value Type	DefaultValue	Codes
CLIA	<input type="text" value="CLIA"/> 🔍	<input type="text"/>	<input type="text"/>
Facility ID	<input type="text" value="ETIN"/> 🔍	<input type="text"/>	
Facility ID Type	<input type="text" value="Employer's Identification Nu"/> 🔍		
File as Group or Individual	<input type="text" value="Filing Type"/> 🔍	<input type="radio"/> Group <input checked="" type="radio"/> Individual	
Mammography Cert	<input type="text"/> 🔍	<input type="text"/>	<input type="text"/>
Practice/Group ID	<input type="text"/> 🔍	<input type="text"/>	
Practice/Group ID Type	<input type="text"/> 🔍	<input type="text"/>	
Referring Provider ID	<input type="text" value="UPIN"/> 🔍	<input type="text"/>	
Referring Provider ID Type	<input type="text" value="UPIN"/> 🔍		
Rendering Provider ID	<input type="text" value="BLUE CROSS ELECTRON"/> 🔍	<input type="text"/>	
Rendering Provider ID Type	<input type="text" value="Blue Shield Provider Numbe"/> 🔍	<input type="text"/>	
Submitter ID	<input type="text" value="BLUE CROSS ELECTRON"/> 🔍	<input type="text"/>	

Complete only if filing as a Group

Use number entered in Claim Format Value Types

(No Batch Set)

Configure Practice Settings



The screenshot shows a software window titled "MISYSModify - Configure Practice Settings" with a blue header and a close button. The window has a tabbed interface with "Billing" selected. The "Billing" tab contains several fields and controls:

- Claim Submitter Service Site:** A text box containing "Sheffield Pediatrics, PLLC" with a search icon to its right.
- Pay To Service Site:** A text box containing "Sheffield Pediatrics Billing Site" with a search icon to its right.
- Electronic Claim Submitter ID:** An empty text box.
- Use Code Validation:** A checked checkbox.
- Report Code Level:** A dropdown menu set to "Error" with a search icon.
- Reset Superbill Status Level:** A dropdown menu set to "Error" with a search icon.
- Default batch owner for system created batches:** A text box containing "Myadmin, MyAdmin" with a search icon.
- Fiscal Year End:** A text box containing "12/31/2008" with a search icon.

At the bottom of the window are "OK" and "Cancel" buttons, and a status bar showing "(No Batch Set)".

The Service Site you enter will determine what appears in Box 32

The Service Site you enter here will determine where the Insurance Payments are going to be sent. Box 33

Paper Claim Cross Reference

	Box	Individual	Group
Referring Provider Name	17	Referring Provider as entered on the Superbill	Referring Provider as entered on the Superbill
Referring Provider Secondary ID	17A	Contents from 17a Type and Box 17 A fields in Claim Format (See Below)	Contents from 17a Type and Box 17 A fields in Claim Format (See Below)
Referring Provider NPI	17B	Provider NPI Set up in the Claim format Value Type	Provider NPI Set up in the Claim format Value Type
Reserved for Local Use	19	Text from the Box 19 field on the superbill or Claim Format	Text from the Box 19 field on the superbill or Claim Format
Billing Provider Secondary ID	24J	Contents from Box 24J type and Box 24J fields in the Claim Format	Contents from Box 24J type and Box 24J fields in the Claim Format
Billing Provider NPI	24J NPI	Provider NPI: Set up in the Claim Format Value Type	Provider NPI: Set up in the Claim Format Value Type
Service Site NPI	32A	Service Site identified on the Superbill	Service Site identified on the Superbill
Service Site ID	32 B	Facility ID identified in the claim format	Facility ID identified in the claim format
Billing Provider Information	33	Provider Default Paper Claim Box 33: Practice Settings or use a different Address	Financial Center or, if not present, the superbill billing Provider
Billing Provider NPI	33A	Must have NPI if NPI is checked; otherwise it is blank	Must have NPI if NPI is checked; otherwise it is blank
Billing Provider Secondary ID	33B	Contents from the Box 33 GRP field in the claim format	Contents from the Box 33 GRP field in the claim format

******To ensure you are formatting the paper claims correctly it is advised that you look at a copy of a claim form that has been generated from the practice's previous PM system. If no claim is available it is up to the billing staff to provide information on what numbers should appear in which boxes.******

MISYSModify - Claim Format

ID:

Name: CMS 1500 OTHER

Type: Paper CMS-1500

Notes:

Inactive Send NPI

Claim Format Options

Option Type	Value Type	DefaultValue	Codes
BOX 1	OTHER		
BOX 17A	UPIN		
BOX 17a Type	UPIN		
BOX 19			
BOX 23			
BOX 24J			
BOX 24J Type			
BOX 24K			
BOX 25	ETIN		
BOX 25 Type	Employer's Identification Nu		
BOX 32b Type			
BOX 33 GRP			
BOX 33 PIN			
BOX 33GRP Type			
CLIA	CLIA		
Facility ID			
File as Group or Individual		<input type="radio"/> Group <input type="radio"/> Individual	
Mammography Cert			

OK Cancel
(No Batch Set)

Create a separate Paper Claim format for Champus, ChampVA, FECA Black Lung, Group Health Plan, Medicaid, Medicare, and Other Insurances requiring a specific Provider Identification number

Select your filing type



Electronic Cross Reference

1. MEDICARE / MEDICAID / CHAMPUS / CHAMPVA / GROUP / FECA / OTHER		1a. INSUREDS I.D. NUMBER BBHVW83D	
2. PATIENTS name (Last, First, MI) Patient information from demographics		3. PAT BIRTHDATE / SEX 11/16/1993 / F M / F	
4. INSUREDS NAME (L, F, M) HOLCOMB KENDRA		5. PATIENTS ADDRESS (No., Street) 4134 MONTEREY DR	
6. PATIENT RELATIONSHIP 18 Sfr=18 Sp=01 Chd=19 Oth=G8		7. INSUREDS ADDRESS (No., Street) 4134 MONTEREY DR	
8. PATIENT STATUS S M O		CITY STATE MEMPHIS TN	
9. OTHER INSUREDS NAME (L, F, M)		10. CONDITION RELATED TO: Auto Accident=AA Employment=EM Other=OA	
10. EMPLOYMENT / STUDENT STATUS Full-Time Part-Time		11. INS POLICY GROUP OR FECA # 5363502	
a. OTHER INSUREDS POLICY		a. INSUREDS BIRTHDATE / SEX	
b. OTHER INS BIRTHDATE / SEX		b. EMPLOYERS NAME OR SCHOOL	
c. EMPLOYERS NAME OR SCHOOL		c. INSURANCE PLAN NAME AETNA	
d. INSURANCE PLAN NAME		d. ANOTHER HEALTH PLAN? Y N	
12. PATIENTS OR AUTHORIZED PERSONS SIGNATURE / DATE		13. INSUREDS SIGNATURE	
14. DATE OF CURRENT		15. SIMILAR ILLNESS DATE	
16. DATES PAT UNABLE TO WORK		17. NAME OF REFERRING PHYS	
17a. REFERRING PHYS ID/ NPI		18. HOSPITALIZATION DATES	
19. RESERVED FOR		20. LAB CHARGES: Y N	
21. DIAGNOSIS 1 4618		22. CLAIM FREQ / ORIG. REF NO 1	
DIAGNOSIS 2		23. PRIOR AUTHORIZATION NUMBER	

From Date	To Date	POS	TOS	HPCS	Mod1	Mod2	Diag code	Charges	Units	FP	EMG	COB	Reserved	NPI	Del
02/01/2008	02/01/2008	11		99213			1	\$80.00	1						

From Superbill except 17a which is from claim format value types for that particular insurance company Referring Doctor ID.

25. FED TAX ID: 208408824 ID TYPE: 24 Emp=24 SSN=34	26. PAT ACCT # 205	27. ACCEPT? A Assigned=A Not Assigned=C	28. TOT CHARGE \$80.00	29. AMT PAID	30. BAL DUE
31. SIGNATURE OF PHYSICIAN Y	32. FACILITY NAME Configure Practice Settings>Billing>Claim Submitter Service Site	32. FACILITY NPI CFVT: Service Site NPI	33. BILLING NAME Configure Practice Settings>Billing> Pay to Service Site	33. BILLING PROV ID 9012599200	RESERVED FOR LOCAL USE NPI Should be blank

CFVT: Financial Center ETIN

CFVT: Financial Center NPI