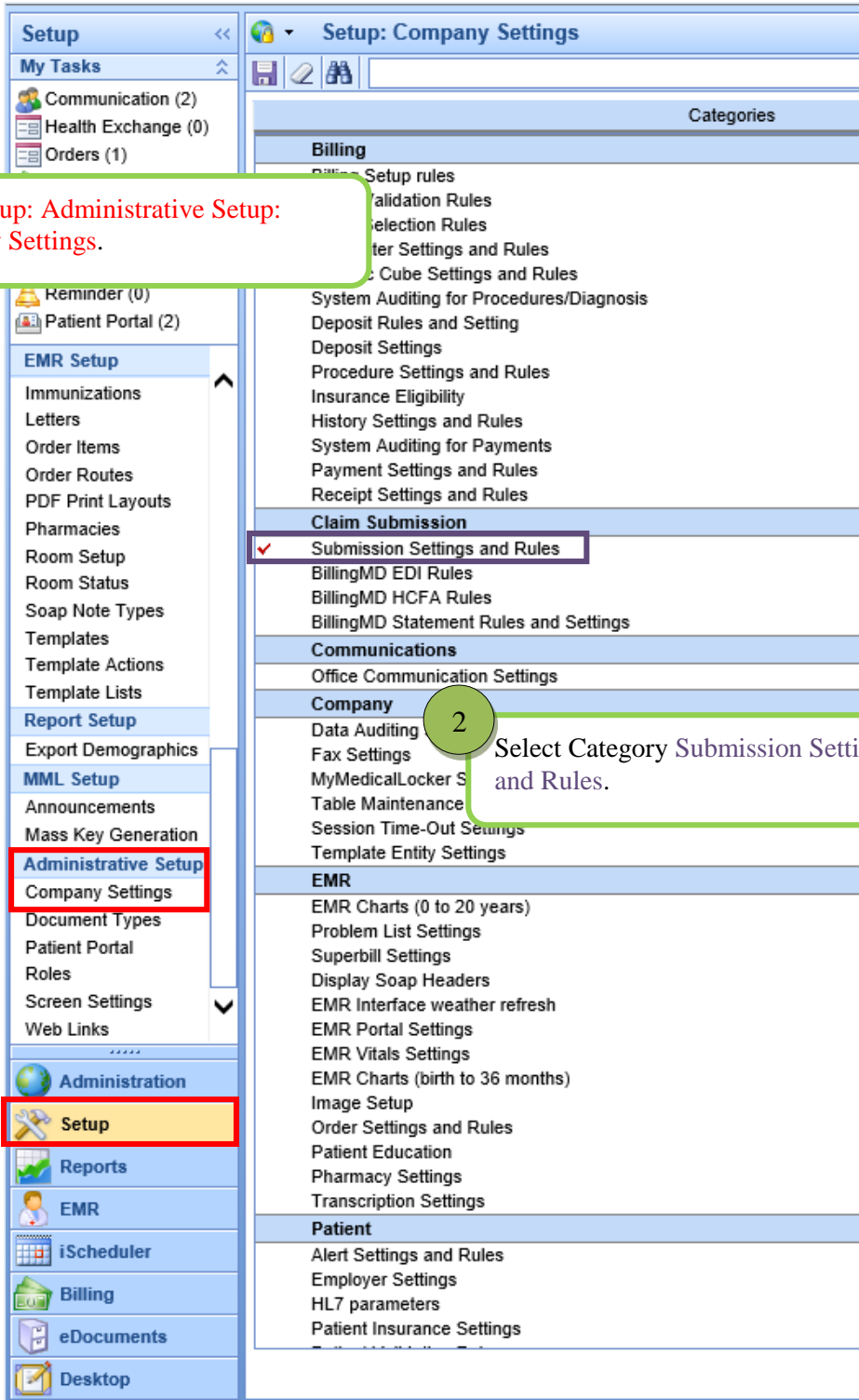# A. Choosing your CMS-1500 Form Version for the whole database

This selection will affect all payers in your database.

1 Go to Setup: Administrative Setup: Company Settings.

2 Select Category Submission Settings and Rules.
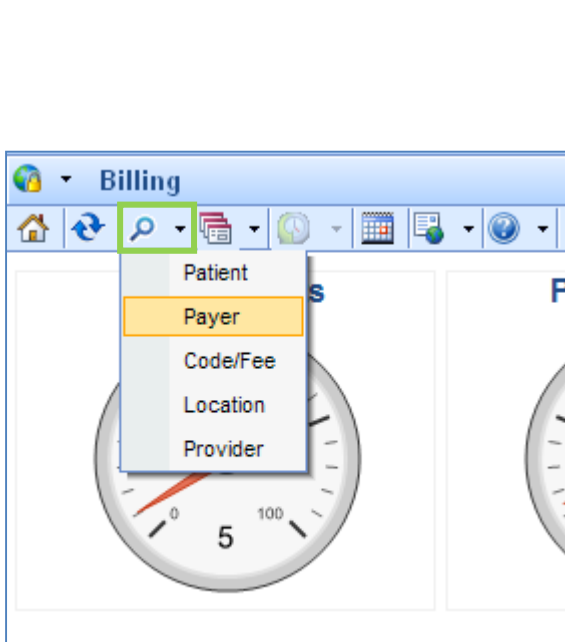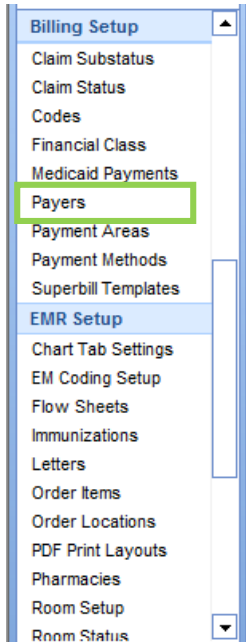
Parameters	Settings
Envelope Id Number	Value 3
✓ Default CMS 1500 Form	Rule Integer value between 1 and 3
Set HCFA 24J = Blank	Tool Tip Select from the following:
Set HCFA 33b (AKA HCFA 33 pin) = Blank	3 = CMS 1500 02.12 (Newest)
HCFA 33 group = Blank	2 = CMS 1500 08.05
Use Physicians Signature Image	1 = CMS 1500 12.90 (Oldest)
Minimum Statement balance	
Submitter Name	All payers will then be updated with this form.
Submitter ID	
Receiver Name	
Receiver ID	
Contact Name	
Process Submission	
Override SBR03	
BDA Account Number	
BDA Account Password	
Contact Phone	
Submission Reporting Start Days	
Submission Reporting End Days	
Signature on File message	
No Signature on File message	

3 Select Parameter Default CMS 1500 Form.

4 Enter a Value of 2 for the 08/05 form, or 3 for the 02/12 form. Save.

B. Choosing your CMS-1500 Form Version on a payer-by-payer basis.
This selection allows you to set the form version for an individual payer.

Billing Setup
- Claim Substatus
- Claim Status
- Codes
- Financial Class
- Medicaid Payments
- Payers
- Payment Areas
- Payment Methods
- Superbill Templates

EMR Setup
- Chart Tab Settings
- EM Coding Setup
- Flow Sheets
- Immunizations
- Letters
- Order Items
- Order Locations
- PDF Print Layouts
- Pharmacies
- Room Setup
- Room Status

Billing

- Patient
- Payer
- Code/Fee
- Location
- Provider

1 Select Payer from the Search Menu in the Billing Portal OR go to Setup: Billing Setup: Payers

Search Windows

Payer Search

Payer Search

Sys Id	
Name	ins%
Payer ID	
Active	Yes
Address 1	
City	
State	
Zip	
Max Rows	25
Fin. Class 1	
Fin. Class 2	

[Search] [Clear]

Search Results

Payer Search Results   Row 1 of 3

	Sys ID	Name	Address1	City	State	Zip	Payer ID	Fin. Class 1	Fi
1	168322	Instil Health Ppo	1234 Test Street	Camden	SC	29020	PAPER		
2	38271	Insurance Center	1234 Test Street	N.richland Hill	TX	76182	Paper		
3	172191	Insurance Today	Address	City	IN	99999	99999	Commercial	

2

Search for the payer you wish to update. Open the payer.

[New Payer] [Open]   [Close]

3

Click on the Settings button in the lower left-hand corner of the Payer Setup screen.
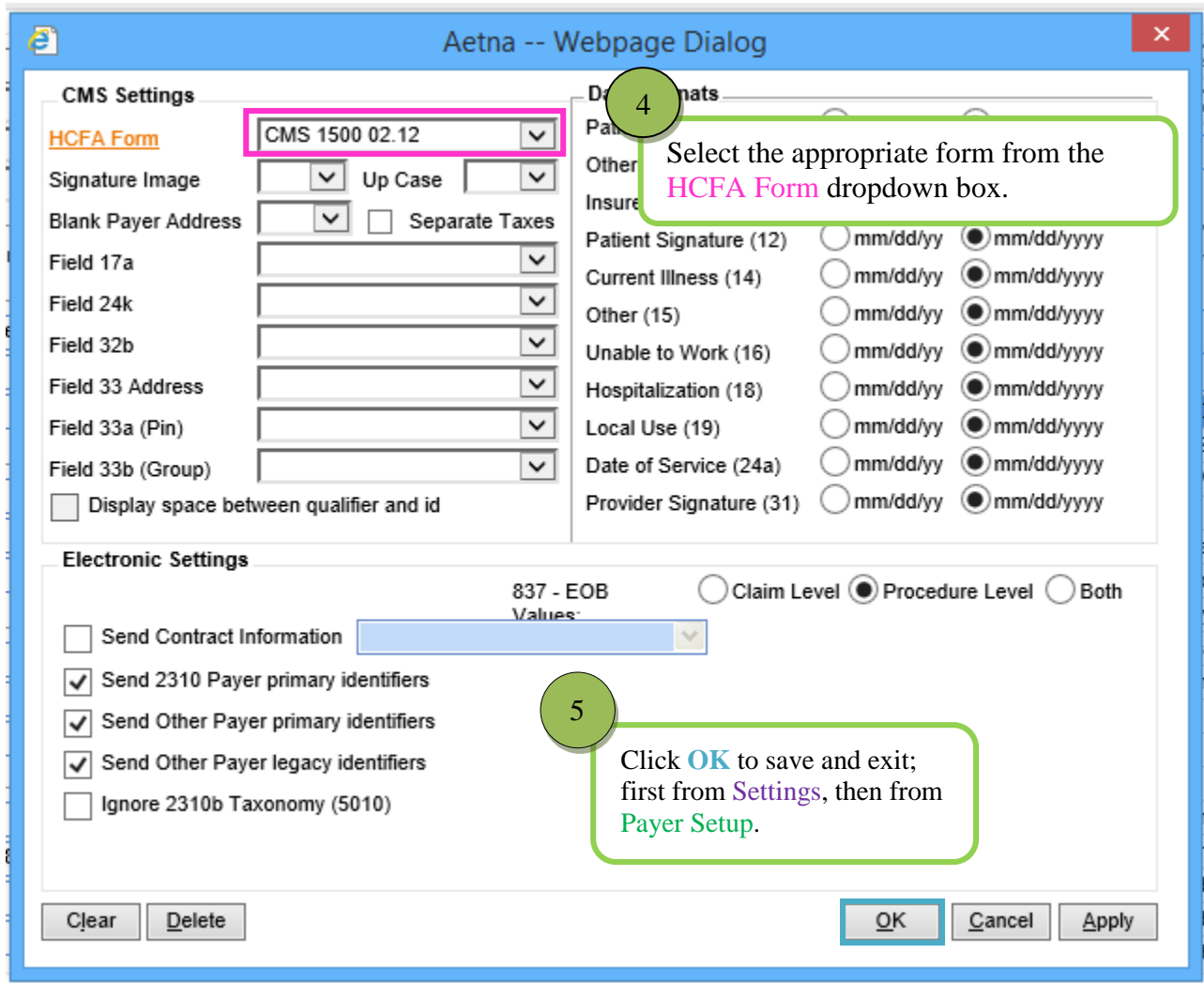
6 Contact Information

Primary Name		Secondary Name
Primary Phone	(555) 337-2278 Ext	Secondary Phone
Primary Fax		Secondary Fax
Primary E-mail		Secondary E-mail

[New] [< Prior] [Next >] [Settings] [Order Route]

Aetna -- Webpage Dialog ×

CMS Settings

HCFA Form | CMS 1500 02.12 ▼

Signature Image | ▼ | Up Case | ▼

Blank Payer Address | ▼ | ☐ Separate Taxes

Field 17a | ▼

Field 24k | ▼

Field 32b | ▼

Field 33 Address | ▼

Field 33a (Pin) | ▼

Field 33b (Group) | ▼

☐ Display space between qualifier and id

Date Formats

Pati...

Other...

Insure...

Patient Signature (12) ○ mm/dd/yy ● mm/dd/yyyy

Current Illness (14) ○ mm/dd/yy ● mm/dd/yyyy

Other (15) ○ mm/dd/yy ● mm/dd/yyyy

Unable to Work (16) ○ mm/dd/yy ● mm/dd/yyyy

Hospitalization (18) ○ mm/dd/yy ● mm/dd/yyyy

Local Use (19) ○ mm/dd/yy ● mm/dd/yyyy

Date of Service (24a) ○ mm/dd/yy ● mm/dd/yyyy

Provider Signature (31) ○ mm/dd/yy ● mm/dd/yyyy

4 Select the appropriate form from the HCFA Form dropdown box.

Electronic Settings

837 - EOB Values: ○ Claim Level ● Procedure Level ○ Both

☐ Send Contract Information [▼]

☑ Send 2310 Payer primary identifiers

☑ Send Other Payer primary identifiers

☑ Send Other Payer legacy identifiers

☐ Ignore 2310b Taxonomy (5010)

5 Click **OK** to save and exit; first from Settings, then from Payer Setup.

Clear | Delete | OK | Cancel | Apply