

Insurance Companies, Payers, and Charge Types

Summary:

All possible payer sources and charge types to the client are managed in this area.

Name	Display Name
1. testing	1. testing
1. Self Pay	1. Self Pay
2. Co Pay	2. Co Pay
3. Sliding scale	3. Sliding scale
4. Refund	4. Refund
5. Pre Pay	5. Pre Pay
6. No Show Charge	6. No Show Charge
7. Applied Payment	7. Applied Payment
7. Publication Fee	7. Publication Fee
8. deductible/Coinsurance	8. deductible/Coinsurance
8. Payment	8. Payment
9. Court Fee	9. Court Fee
9. Driving Record Fee	9. Driving Record Fee
Absolute Total Care	Absolute Total Care
Accordia	Accordia
Aetna	Aetna
Arthem	Arthem
Behavioral Health Systems	Behavioral Health Systems
Blue Cross and Blue Shield	Blue Cross and Blue Shield
Bounced Check Fee	Bounced Check Fee
Cenpatico	Cenpatico
Cigna	Cigna
Coresource	Coresource
Family Health Partners Healthwave of Kansas	Family Health Partners Healthwa
Family medical Network	Family medical Network
Grant Funded	Grant Funded
Health first plans	Health first plans
HealthChoice	HealthChoice
JSL (Funding money)	JSL (Funding money)
LBA Health Plans - DocFirst	LBA Health Plans - DocFirst
Louisiana Healthcare Connections	Louisiana Healthcare Connector
Medicaid Texas	Medicaid Texas
Medicare	Medicare

The left side of the screen shows the list of payers that have already been entered. Select a payer on the left in order to view and edit the applicable information. Enter as much information as possible.

Field Descriptions:

Name: <input type="text"/>		Display Name: <input type="text"/>	
Description: <input type="text"/>		Exclude from EDE (Electronic Billing) <input type="checkbox"/> Active <input checked="" type="checkbox"/>	
Payer Numbers		Include On Statements <input type="checkbox"/> Default <input type="checkbox"/>	
Payer #: <input type="text"/>	Eligibility Payer #: <input type="text"/>	Exclude from Billing Service Calc: <input type="checkbox"/>	
UB Payer #: <input type="text"/>	Workers Comp. #: <input type="text"/>	Prohibit Automatic Secondaries <input type="checkbox"/>	
		In Network Group: *** N/A *** <input type="button" value="v"/>	
Type Indicator: <input type="text" value="All Others (Other Payers and Ins. Cos.)"/>	Coding Requirements		
Billing Code Group: *** N/A *** <input type="button" value="v"/>	DSM-4 <input type="checkbox"/> ICD-9 <input type="checkbox"/> DSM-5/9 <input type="checkbox"/> DSM-5/10 <input type="checkbox"/>		
<input type="button" value="Assign to All Active Clients (Primary)"/> <input type="button" value="Assign to All Active Clients (Secondary)"/>		<input type="button" value="Additional Details"/>	
Address			
<input type="button" value="Addresses"/>			
Contact: <input type="text"/>			
Address1: <input type="text"/>	Address2: <input type="text"/>	Address3: <input type="text"/>	
City: <input type="text"/>	State: *** N/A *** <input type="button" value="v"/>	Zip: <input type="text"/>	
Phone: () - x	Fax: () -	Email: <input type="text"/>	
Last Edited Date: 12:00:00 AM		Last Edited By: <input type="text"/>	

Exclude from EDE (Electronic Billing) – check this if you do *NOT* want this payer to be billed in your EDE files

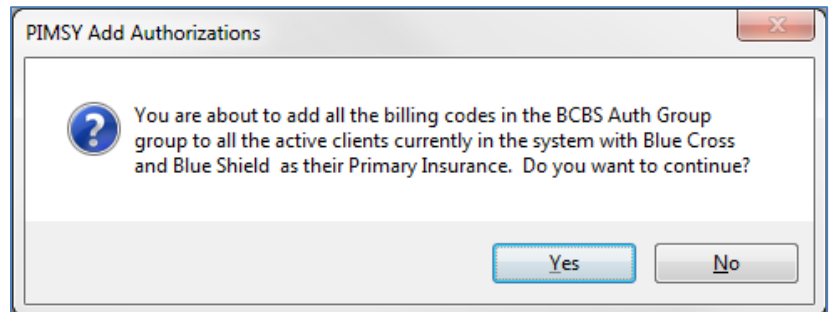
Include on Statements – includes this payer or charge type on all statements for the client

Exclude from Billing Service Calc. – not applicable unless you use a PIMSY billing service

In Network Group –user group that contains all the providers that are considered *In Network*

Type Indicator – Describes the type of Payer or Charge type for this item

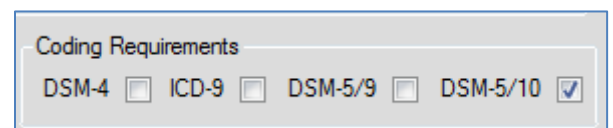
Billing Code Group – select a billing code group if applicable. This should contain a list of billing codes that this Payer recognizes and will pay.



Assign to All Active Clients (Primary) (Secondary) – This button will assign all the active billing codes or all the billing codes in the Billing Code Group above to all the Active clients that have this insurance as the Primary Insurance or Secondary Insurance depending on which button you click.

Make sure you read the pop up messages that appear when you click these buttons.

Coding Requirements – This section allows you to control the different diagnosis coding requirements for each payer. PIMSY will only send the preferred diagnosis codes to the payer in electronic billing.



Instructions:

Go to the **Administration** tab and select **Insurance Companies, Payers, and Charge Types**

On the **Default Amounts** tab, enter the **Billing Code** and the **Allowed Billing Rate/Unit**, the **Expected Amount/Unit** with a **Start Date** and **End Date**. It will automatically enter the last two columns. These are the Default settings for these codes without the specific Title and Modifier requirements. The system will look here after it has already checked the first two tabs to get specific values for this payer or charge type.

Use Case

The ABC Therapeutic Group accepts assignment with several client insurance companies and payer sources. All sources will need to be set up in PIMSY by their Administrator. The administrator goes to the insurance company setup area and adds each payer source (insurance companies, Medicaid, Medicare, state funds, federal grants, etc).

Now, each of these payer sources is available in the system to be attached to a client for billing, claims, and service documentation.

Related

- [Billing Code Management](#)
- [Billing Code Groups](#)

If you cannot find what you need in this article, please contact Support ([email](#)) or call **877.334.8512 ext. 3**.