

Add an Insurance Payer in NSS Billing

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Path: Maintenance and Setup > Insurance > Insurance

About

When your Agency goes live, there is a set of payers already imported into the software. However, if your Agency starts accepting new insurance, you will need to add the Insurance Payer into NSS Billing.

Add a New Insurance Payer

1. Navigate to the Master Insurance List by following the path above.

Note: Open two instances of the Master Insurance List to allow for copying information from an existing Payer. Select a plan similar to the insurance payer you are going to add and click the **Ok** button to open the Master Insurance Form for the Payer.

- 2. Click the **Ok** button.
- 3. Click the Add button. The Master Insurance Form is displayed.

NS	Master I	nsuranc	e Form - (MST	rinsl)			_ □ >
Page1			Page2			Page3	
Insurance ID							
Party Type	~						
Format Type							
Format Type 2							
Insurance Name							
Address							
City / State / Zip					-		
Phone	() -		F	ax ()	-		
Provider Number		Me	edicare Medigap	ID			
Category	~						
Modifier							
Payment Source Code	~						
Туре	V						
Enrollment Required		Ę	nrollment Pendi	ng 🗌			
Enrollment Effective Date Patient's Condition Relat	ed To Be	ginning	11		Ending	11	
Employment Aut	o Accident	State	Other Acc	cident [
Same Day Procedure Co Exclude All Others	de		_				
Adjusment Note	~	7					
Prior Authorization Requi	red						
Don't Kickdown				ID	PH Amount	/Unit Calculati	on 🔲
Display Reference ID Qu	alifier in HCFA 1	500 Box 2	241 🔲				
Display Taxonomy Code Display Staff Initials and	IN HCFA 1500 B License in HCF	ox 24J A 1500 Bo	x 24J			Prev Page	Next Page
Insurance List	Proc Code (Caps	Override PIN by	/ Prog	Override	by Act Code	UserId
Save Revert	Delete	Exit (Esc)		< >		Control Date/	ime I

- 4. Complete the following fields on Page 1:
 - Insurance ID: This must be a unique code that helps you identify the payer.
 - Party Type: Select the Party Type the Insurance Payer belongs to.
 - Format Type/Format Type 2: Select the claim Format Type for the payer. The most commonly used Format Types are listed in the grid below.

Party Type

Paper Claim Format

Electronic Claim Format





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Other Insurance	8: HCFA 1500 - OTHER	21: HIPAA 837 Other Insurance
BCBS	2: HCFA 1500 - BCBS	19: HIPAA 837 BCBS
Medicaid	7: HCFA 1500 - Medicaid CW	16: HIPAA 837 Medicaid Children's Waiver
Medicare	9: HCFA 1500 - MC B Form	20: HIPAA 837 Medicare B

Note: If you need to print institutional claims, the paper claim Format Types are: 40- UB04 Medicaid, 41- UB04 BCBS, 42- UB04 Other, and 43- UB04 Medicare.

- Insurance Name and Address Enter the name of the Insurance Payer and address details.
- 5. Complete the rest of the fields on Page 1 as necessary for the particular payer you are adding.

Note: If the Payer should not kick a balance down to a client (Private Pay), select theDon't Kickdown checkbox.

6. Click the **Page 2** tab and complete the fields. If you have a similar Payer open, copy the information and settings from the existing Payer. **Do not** copy the Payer ID and Payer Name fields as these should be different.

Master Insurance Form - (MSTINSL)										
F	Page1			Pag	e2			Page3		
Insurance ID / N	Name)				
Authorization In	fo			5	Security Info					
Interchange Su ID Qualifier/ID	bmitter /Name									
Application Sub	mitter ID									
Interchange Re ID Qualifier	ceiver									
Interchange Receiver ID					Application Receiver ID					
Receiver ID/Na	me									
Payer ID/Name										
Elig Payer ID/N	ame									
Claim Office No)				Display Cor	ntract N	lumber i	n 2300 loop (on 837	
837 Claim Filin Indicator Code	g e 837				Contract Nu	mber				
Display Render	ring Provi	der info on 83	37 in 2310B	Тоор		ö,		ia alau Day Ta	(00404	
Display Billing F	Provider in Billing Pr	nfo on 837 in ovider info or	2000A loop))04 loon		8		ncy Address ((2010A	
Display Billing	Provider i	nfo on 837 in	2010AA loo	p/seg	ment REF		Joernge	(2010AE	B) 🔲
Display one SV	1 segme Name in l	nt per one CL	.M segmen	t on 837			7i ∆dmit	ting Dy Displ	av Mode	•
Display 2310D	Loop on	837					0: Nev	/er	ay would	
Separate Refer	ring Phys	ician First/La	st Name in	2310AI	_oop on 837	\square	1: With 2: Alw	hin Admit Mor	nth	
Use Staff Nar	ne/Adddr	955	Ribup on 63	57		Sei	nd one [Day of Service	per CL	M
Ust Staff NPI	Ophy in 20	1044 and 02		0.007		Se	nd Activit	ty Code as Ra	ate Cod	ie 🗌
Name		TUAR and 25	TOD TOOPS I	011 037						
Address]	
City / State / Zip						-			,	
NPI								Prev Page	e Nex	t Page
Insurance	List	Proc Cod	le Caps	Overr	ide PIN by P	rog	Override	by Act Code	Use	rld
Save	Revert	Delete	Exit (Esc)	< <	>	>	Control Date	e/Time	
					60 recor	ds load	ded	<u> </u>	AM	

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Note: You can check what information should be entered against your Clearinghouse Companion Guide.

7. (Optional) Click the **Page 3** tab and complete the fields. Add override information if the insurance always needs to render under a specific Provider.





Master Insurance Form - (MSTINSL)								- • ×
Pag	je1			Page2			Page3	
Insurance ID / Nan Diaplay Name/NR	ne	omy in 02400		27		-		
First/Middle/Last	Taxon	orny in 23 rue		57				
NPI								
Taxonomy								
Display Provider Ir Include 2400 CN1	nfo in 8 Loop (37 2300 NTE on 837	027					
Include Agency Init	UIIILO	op 23100 011	057					
							Prev Page	Next Page
Insurance Lis	t	Proc Code	e Caps	Override PIN	by Prog	Override	by Act Code	Userld
Save Re	vert	Delete	Exit (Esc)				Control Date/T	ime

- 8. (Optional) Click the **Display Provider Info in 837 2300 NTE**checkbox to add the Provider and Provider NPI from the Staff ID field on the Line Item Form to the 2300 loop NTE and Line Item 19.
- 9. (Optional) Click the Include 837 CN1 Segment checkbox to add the Contract Number from the Program associated with the service into the CN1 segment.
- 10. (Optional) Click the Include Agency Info in Loop 2310C on 837checkbox to add the Agency Information from the from the Master Agency Form.
- 11. Click the Save button.

