



# Helper Tips and Tricks Volume 3

## Table of Contents

Billing Ledger .....	1
Updating Billing Settings – Person vs. Non-Person .....	3

# Billing Ledger

Ever wonder where in the Helper program the information for the HCFA forms comes from? Well, in the Insurance section of the clients facesheet there is a link to see this. It is called "Claim Guidance". It is found at the bottom of the Insurance company page.

Primary Insurance Co. Secondary Insurance Co.

1. Type of Ins. [v] Ins. Type Code [v]

1a. Insured's ID Number [33333] Insurance Company [Blue Cross Blue Shield of Kansas City] SS Number [--]

4. Insured's Name (Last, First, Middle) [King] [David] [Z]

6. Patient Relationship to Insured [Self]

7. Insured's Address (No., Street) [4950 College Blvd]

City, St., Zip [Overland Park] [KS] [66211]

Telephone (Home) [ ] Mobile [ (913) 706-4187 ] Business [ ( ) - ]

10d. Reserved for Local Use / Claim Codes [ ]

11. Insured's Policy, Group, or FECA Number [ ] 13. Insured's or Authorized Person's Signature  
Signed [ ] [Default]

a. Date of Birth [12/28/1966] Sex [Male] [Female]

b. Employer's or School's Name / Other Claim Id [ ] 19. Reserved for Local Use / Additional Claim Info [ ]

c. Insurance Plan Name [ ] 27.  Accept Insurance Assignment?

d.  Is There Another Health Plan? E-mail [dking@jump.com]

Buttons: Champus Copy From... Clear Page Archive Ins. Co. **Claim Guidance** Save Save & Add Save & Copy Cancel

When you click on “Claim Guidance” a screen will pop up representing a HCFA 1500 Claim Form. In each box there is a link. Click on a link, and it will show where in the Helper program to enter the information.

<input checked="" type="checkbox"/> MEDIGARE (Medicare #) <input checked="" type="checkbox"/> MEDICAID (Medicaid #) <input checked="" type="checkbox"/> TRICARE CHAMPUS (Sponsor's SSN) <input checked="" type="checkbox"/> CHAMPVA (Member ID) <input checked="" type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input checked="" type="checkbox"/> FECA EXCLUDING (SSN) <input checked="" type="checkbox"/> OTHER (ID)						1a. INSURED'S I.D. NUMBER (For Program n Item 1) <a href="#">InsIDnumber</a>
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <a href="#">PatLast, PatFirst, MI</a>			3. PATIENT'S BIRTH DATE MM   DD   YY    SEX M <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) <a href="#">InsLast InsFirst MI</a>	
5. PATIENT'S ADDRESS (No., Street) <a href="#">Patient Street</a>			6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) <a href="#">Insured Street</a>	
CITY <a href="#">Patient City</a>		STATE <a href="#">NY</a>	9. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/>		Insured City <a href="#">NY</a>	
ZIP CODE <a href="#">Pat Zip</a>	TELEPHONE (Include Area Code) ( 555) <a href="#">PAT-PHON</a>		Employed <input checked="" type="checkbox"/> Full-Time Student <input checked="" type="checkbox"/> Part-Time Student <input checked="" type="checkbox"/>		ZIP CODE <a href="#">Ins Zip</a>	TELEPHONE (Include Area Code) ( 555) <a href="#">INS-PHON</a>
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) <a href="#">OtherLast, OtherFirst, MI</a>			10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO    PLACE (State) <a href="#">NY</a> c. OTHER ACCIDENT? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. INSURED'S POLICY GROUP OR FECA NUMBER <a href="#">InsPolicyNBR</a>	
a. OTHER INSURED'S POLICY OR GROUP NUMBER <a href="#">OthPolicyNBR</a>			a. INSURED'S DATE OF BIRTH MM   DD   YY    SEX M <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/>		b. EMPLOYER'S NAME OR SCHOOL NAME <a href="#">Insured Employer</a>	
b. OTHER INSURED'S DATE OF BIRTH MM   DD   YY    SEX M <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/>			c. INSURANCE PLAN NAME OR PROGRAM NAME <a href="#">Insured Insurance Plan</a>			
c. EMPLOYER'S NAME OR SCHOOLNAME <a href="#">Patient Employer</a>			10f. RESERVED FOR LOCAL USE <a href="#">Local Use</a>		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO    If yes, return to and complete item 9 a-d.	
d. INSURANCE PLAN NAME OR PROGRAM NAME <a href="#">Patient Insurance Plan</a>			13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize			
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.						

Select a link in the above 1500 Health Claim Form to see where in Helper the information comes from.

**Box 7 - Insured's Address:** Insured's Address is set in the Patient Facesheet. To go there, [Facesheet | Insurance Company | Address, City, State, Zip Code, and Home Phone .](#)

For example, to see the insured's address information, and where it needs to be added on the facesheet, click on the link “Insured Street Address”. It will display at the bottom of the window, where in the facesheet the information should be updated.

## Updating Billing Settings – Person vs. Non-Person

How to populate Box 33 on HCFA, or loop 2010AA for electronic claims? This is a common question the Helper support team receives. Person equals Individual, Non-Person equals Business. Either it needs to be the personal information of the provider, or the company (non-person) billing information. First, go to the Therapist Library and select the therapist to update. Click on “EDIT” near the bottom of the window.

ID	Status	Last Name	First Name	MI	Address 1	Address 2	City	St	Zip Code	Phone
A	■	Newman	Chris		Blvd.		Overlan	KS	6621116	
C	■	Ryan	Jack		4950 College Blvd.		Overlan	KS	6621116	

Once the Therapist window opens, select the “Claim Settings” tab. From here, look at the line “Billing Entity Type”. To the right, look at the value column. If it says “person” or is blank, then box 33/loop 2010AA will have the provider’s personal information entered. If it says “non-person”, then it will enter the business information in box 33/loop 2010AA.

Label	Value
Taxonomy	
Billing Entity Type	Person
Rendering Entity Type	Person
Pay-To Address	
Tax Id/SSN	000000000
NPI	1234567893

This will be the default setting for all insurance companies. If you have an insurance that is requiring you to bill as a business instead of individual provider, go to the same location shown above. Click on “Billing entity type”. Once it is highlighted, click on “ADD” at the bottom of the window.

General Claim Settings Supervisor Schedule Credit Card Info.

Label	Value
+ Taxonomy	
Billing Entity Type	Person
Rendering Entity Type	Person
Pay-To Address	
Tax Id/SSN	000000000
NPI	1234567893
<b>Secondary Ids:</b>	
OB - State License Num...	987654321
G2 - Provider Commerci...	1111111111
G5 - Provider Site Num...	T00062

**Instructions**

**Billing Entity Type** will determine the contents of Box 25 and Box 33 on the 1500 Claim Form. When the Entity Type is a non-person, the selected Facility will be used.

**Billing Entity Type** will export to the ANSI 837 claim in Loop 2010AA.

The **Pay-To Provider** option is only valid when exporting 4010 ANSI 837 claims.

Extra Info

Fee Schedule

Save

Save & Add

Cancel

Add Edit Delete

On the next Window, click the 3-dot ellipsis and chose the insurance company that you need to change to bill as a group.

Therapist: Newman, Chris

Insurance:  ...

Entity Type:  Person  Non-Person Entity

Facility:  ...

Select the name of the insurance and then click "OK".

ID	Status	Company Name	Address 1	Address 2	City	St	Zip Code	Contact Person	Phone Number	E-mail	Web Page
A	■	Blue Cross Blue Shi...			Kan	MO	64141				
B	■	Empire									
D	■	Medicare									

Add Edit Delete Print Export

OK

You will now be back to the settings for changing the billing entity type. The next step is to select “Non-Person” if you need to bill as group. If you are changing to bill as an individual select “Person”. If you chose “Person”, you are done, click on “OK”. If you chose “Non-Person”, select the facility you want to use to populate Box 33/Loop 2010AA. Select the 3-dot ellipsis to the right of “Facility”. This will bring you to the facility library.

Therapist: Newman, Chris  
 Insurance: Blue Cross Blue Shield of Kansas City  
 Entity Type:  Person  
 Non-Person Entity  
 Facility:  ...  
 Pay-To Provider:  Use the Provider as the Pay-to Provider (loop 2010AB)  
 OK Cancel

Highlight the name of the facility you wish to use for Box 33/Loop 2010AA. Click on “ok” and the window should be back the Billing Entity screen. The “Facility” box should now be filled in. Do not check the box for “Pay-To Provider”. Finally, click on “OK”.

Therapist: Newman, Chris  
 Insurance: Blue Cross Blue Shield of Kansas City  
 Entity Type:  Person  
 Non-Person Entity  
 Facility: BSI Psychological ...  
 Pay-To Provider:  Use the Provider as the Pay-to Provider (loop 2010AB)  
 OK Cancel

The Claim Settings tab window is now displayed. There is now a + symbol next to Billing Entity type.

Label	Value
Taxonomy	
<b>Billing Entity Type</b>	Person

When you click on the + symbol, you will see the override you added to bill using either Person or Non-person for Box 33/Loop 2010AA.

<b>Billing Entity Type</b>	Person
Blue Cross Blue Shi...	Non-Person

Now, on the bottom of the Window, click on “SAVE” to complete the change.

The screenshot shows a software interface with several tabs: General, Claim Settings, Supervisor, Schedule, and Credit Card Info. The 'Claim Settings' tab is active. On the left, there is a table with 'Label' and 'Value' columns. The 'Billing Entity Type' is set to 'Person', but 'Blue Cross Blue Shi...' is set to 'Non-Person'. Below this table are fields for 'Rendering Entity Type' (Person), 'Pay-To Address', 'Tax Id/SSN' (000000000), and 'NPI' (1234567893). Under the heading 'Secondary Ids:', there are three rows: 'OB - State License Num...' (987654321), 'G2 - Provider Commerci...' (1111111111), and 'G5 - Provider Site Num...' (T00062). On the right, there is an 'Instructions' section with two paragraphs explaining the 'Billing Entity Type' and 'Pay-To Provider' options. At the bottom right, there are two buttons: 'Save' (highlighted with a red box) and 'Save & Add'.

Label	Value
⊕ Taxonomy	
⊖ Billing Entity Type	Person
Blue Cross Blue Shi...	Non-Person
Rendering Entity Type	Person
Pay-To Address	
Tax Id/SSN	000000000
NPI	1234567893
<b>Secondary Ids:</b>	
OB - State License Num...	987654321
G2 - Provider Commerci...	1111111111
G5 - Provider Site Num...	T00062

**Instructions**

**Billing Entity Type** will determine the contents of Box 25 and Box 33 on the 1500 Claim Form. When the Entity Type is a non-person, the selected Facility will be used.

**Billing Entity Type** will export to the ANSI 837 claim in Loop 2010AA.

The **Pay-To Provider** option is only valid when exporting 4010 ANSI 837 claims.

**Buttons:** Extra Info, Fee Schedule, Save, Save & Add

In this example, all insurances are set to submit as individual provider for box 33/Loop 2010AA. However, for Blue Cross Blue Shield, my claims will use the business (non-person) information for billing.