Claim Defaults

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Configure a Patient's Claim Defaults

The **Claim Defaults** tab can be used to improve the workflow of creating new claims for this patient by defaulting certain fields on the claim. You are able to default which provider and or office location new claims should use. Claim Defaults also give you the ability to pre-select ICD or CPT codes to automatically add to any new claim for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   > Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Claim Defaults** tab to populate the following fields.

   > Click the arrow or magnifying glass to the left of each field to expand or select your record.

   1. Use the **Default Provider** field to select a default provider from your list.
   2. Use the **Office Location** drop-down menu to select your office.
   3. Use the **Default Ordering Provider** field to select an ordering provider from your list.
   4. Use the **Default Facility** field to select a facility from your list.
   5. Use the **Default Referring Provider** field to select a referring provider from your list.
   6. Use the **Default Sales Rep** field to select a sales rep from your referring provider list.
   7. Use the **Supervising Provider** (**Operating Provider for institutional**) field to select a default provider from your list.
5. If a Referring Provider is selected, select the following under the **Referring Provider Options** section:
   1. Use the **Provider Type** drop-down menu to specify what type of provider this patients referring provider is.

2. Use the **Do not send on claims for this patient**checkbox to not include this patients default referring provider on any claim.

6. Under the **Default Sales Rep** section, use the drop-down menu to choose the sales rep.

> 🪄 Don't see the Default Sales Rep option? Head over to Configure Claim Settings for Users Help Article, under Claim Settings, to Show Durable Medical Equipment (DME) fields on the claim screen.

7. Under the **Assignment** section,

    1. Use the **Assignment of Benefits** drop-down menu to default what should be added in the claim under Additional Info.

        1. **For Professional Claims**: *The following are the claim default options and their corresponding fields/selections that populate the Additional Info tab on the professional claim.*

            1. **Signed signature authorization form or forms for both Box 12 and Box 13 are on file**

                - Claim Field: ***Patient's Signature on File*** = **Yes**
                - Claim Field: ***Insured's Signature on File*** = **Yes**

            2. **Signed CMS 1500 claim form on file**

                - Claim Field: ***Patient's Signature on File*** = **Yes**
                - Claim Field: ***Insured's Signature on File*** = **Yes**

            3. **Signed signature authorization form for Box 13 on file**

                - Claim Field: ***Patient's Signature on File*** = **Informed Consent**
                - Claim Field: ***Insured's Signature on File*** = **Yes**

            4. **Signature generated by provider because the patient was not physically present for services.**

                - Claim Field: ***Patient's Signature on File*** = **Yes**
                - Claim Field: ***Insured's Signature on File*** = **Yes**

            5. **Signed signature authorization form for Box 12 on file**

                - Claim Field: ***Patient's Signature on File*** = **Yes**
                - Claim Field: ***Insured's Signature on File*** = **No**

            6. **Patient refuses to assign benefits.**

- Claim Field: ***Patient's Signature on File*** = **Yes**
- Claim Field: ***Insured's Signature on File*** = **Patient Refuses**

2. **For Institutional Claims**: *The following are the claim default options and their corresponding fields/selections that populate the Additional Info tab on the institutional claim.*
    1. **Signed signature authorization form or forms for both Box 12 and Box 13 are on file**
        - Claim Field: ***Release of Info*** = **Yes**
        - Claim Field: ***Assignment of Benefits*** = **Yes**
    2. **Signed CMS 1500 claim form on file**
        - Claim Field: ***Release of Info*** = **Yes**
        - Claim Field: ***Assignment of Benefits*** = **Yes**
    3. **Signed signature authorization form for Box 13 on file**
        - Claim Field: ***Release of Info*** = **Informed Consent**
        - Claim Field: ***Assignment of Benefits*** = **Yes**
    4. **Signature generated by provider because the patient was not physically present for services.**
        - Claim Field: ***Release of Info*** = **Yes**
        - Claim Field: ***Assignment of Benefits*** = **Yes**
    5. **Signed signature authorization form for Box 12 on file**
        - Claim Field: ***Release of Info*** = **Yes**
        - Claim Field: ***Assignment of Benefits*** = **No**
    6. **Patient refuses to assign benefits.**
        - Claim Field: ***Release of Info*** = **Yes**
        - Claim Field: ***Assignment of Benefits*** = **Patient Refuses**

2. Use the **Provider Accepts Assignment** drop-down menu to select if the provider accepts the assignment of benefits.
    1. **For Professional & Institutional Claims**: *The following are the claim default options and their corresponding fields/selections that populate the Additional Info tab on the professional & institutional claims.*

1. **Yes, the provider accepts the assignment of benefits.**
    - Claim Field: ***Provider Accept Assignment*** = **Yes**
2. **No, the provider does not accept the assignment of benefits.**
    - Claim Field: ***Provider Accept Assignment*** = **No**
3. **Use the default accept assignment for the provider and payer.**
    - Claim Field: ***Provider Accept Assignment*** = **Default**

8. Under the **Default Codes** section,
    1. **Professional** tab:
        1. Use the appropriate fields to select **default ICD or CPT Codes** that should be added to any new professional claim for this patient.
    2. **Institutional** tab:
        1. Use the appropriate fields to select **Principal Diagnosis, POA, Admitting Diagnosis, Other Diagnosis, CPT Codes** or **Value Codes** that should be added to any new institutional claim for this patient.

> The Professional or Institutional claim default options will be available based on whether the default provider set for the patient sends professional claims, institutional claims, or both.

9. Under the **Illness & Accident Information** section,
    1. Place a check in the box to include any accident and illness information on the claim
    2. Select the **Dat**e of the accident or onset of the illness.
    3. Enter the **State** where the Accident or onset of illness happened.
    4. Use the **Accident Type** drop-down menu to select the accident type.
10. Under the **Other** section,
    1. Use the two fields to default information in **Box 11b and Box 19**.
    2. Use the **Admission Date** and **Admission Hour** fields to default this info on the claim.
    3. The **Last Menstrual** and **initial Treatment Dates** used on the claim can be defaulted using these date fields.
11. Click **Save**.