Payer Billing Options

Last Modified on 10/18/2026 2:05 pm EDT

General Billing Options Tab

Follow the steps below to view and edit the billing options for payers.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Click the **Billing Options tab** from the side panel.
5. Make your selections by referencing the **Billing Option Descriptions** below.
6. Use the  to the default the **POS (Place of Service) Code** to be used on claims for this payer.

> Visit our **Claim Defaults Priority Rules Help Article** for a detailed list of the order of precedence of claim defaults.

7. **Automatically set Claim Follow-Up dates**: Check this box to have the system automatically enter a claim follow up date based on the payer.
8. ***Optional***: Copy this payer's follow-up settings to other payers within your customer account by clicking the "**Copy this follow up configuration to other payers**" link.

> **Important things to know:**
>
> - If you specify to have the claim follow-up 0 days after the claim was submitted, no automatic follow-up date will be set.
> - The date will populate when any of the following actions are taken:
>   - The claim is printed from the Claim section, Payment section, or Batch Printing tab.
>   - The claim is sent electronically.
> - The follow-up date WILL get overridden if the claim is re-submitted or send to a secondary/tertiary payer.
> - The follow-up date WILL be overridden if you manually enter a date BEFORE the claim is actually submitted/printed.

9. **Require prior authorization for this payer**: Check this box to see a warning during the claim review

when a pre-authorization is required and no authorization number is set on a claim with this payer as the primary.

10. **Use the provider name as the pay-to name**: Check this box to only send the provider name vs the practice name as the pay to name.
11. **Only send the pay-to address**: Check this box to only send the pay-to address.
12. **Use the office address as the pay-to address**: Check this box to print the Office Location/Other Offices address selected within the claim section to print in **box 33.**

> ⚠ Selecting this option will default the Practice/Group NPI to print in **box 33a** even if the provider is set to bill as "*Individual*."

13. **Print CMS-1500 as NY Workers' Compensation Form(C-4, C-4.2, C-4.3, or OT/PT-4)**: **This option should be left unchecked for NY Workers' Compensation payers to send the CMS-1500 form (required after July 1, 2022).**
14. **Override billing provider with rendering provider**: Check this box if you would like claims to be billed under the Rendering Provider selected on the claim.
15. **Professional Options**
    1. **Default POS**: Select the Place Of Service code that should be used when billing claims to this payer.
    2. **Default Claim Note**: Add a default claim note that will be automatically copied to claims, when billing the claims electronically to this payer.
    3. **Do NOT print the payer address on the top of the form**: Check this box if you do not want the payer address printed on the top of the CMS-1500 claim form.
    4. **Exclude patient payments from Box 29**: Check this box if you do not want to include any patient payments on the CMS-1500 claim form in Box 29.
    5. **Print the license number in Box 31**: Check this box if you wish to include the license number in Box 31 of the CMS-1500 claim form.
    6. **Print the following in Box 31**: Use the drop-down menu to select whether to use the Provider Name, Supervising Provider Name, Practice Name, the Signature on File, or leave blank for Box 31 of the CMS-1500 form.
    7. **Send patient address in Box 32 for Place of Service 12**: Check this box if you would like to replace the facility address with the patient's home address when the professional claim's POS i 12 for Box 32 of the CMS-1500 claim form.
    8. **Remove the insured's ID# from Box1A**: Check this box to remove the insured's ID# from Box 1A

of the CMS-1500 claim form.

9. **Print the following supplemental info in Box 24**: Use the drop-down menu to select either the Narrative Notes or the Anesthesia Start/Stop Time in Box 24 of the CMS-1500 claim form.
10. **Print ICD code for first diagnosis pointer in Box 24E** Check this box to print the first diagnosis Code in Box 24E on the CMS-1500 claim form.
11. **Send minutes instead of units on anesthesia claims**: Check this box if you would like to use minutes instead of units for anesthesia procedures.
12. **Round anesthesia units up to whole units** Check this box if you would like to round up anesthesia units to the next whole unit.
13. **Send anesthesia start/stop times in a line note**: Check this box if you would like to include the anesthesia start and stop times as a line note on the CMS-1500 claim form.

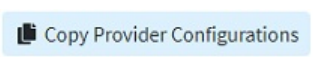
11. **Institutional Options**

    1. **Print the following in Box 38**: Use the drop-down menu to select whether to use the Insured's address, Payer's address or to leave Box 38 blank on the UB-04 claim form.
    2. **Print the following in Box 80**: Use the drop-down menu to select whether to use the Insured's address, Payer's address or the remarks for Box 80 blank on the UB-04 claim form.
    3. **Print referring physician in Box 76**: Check this box if you would like to include the referring provider in Box 76 of the UB-4 claim form.
    4. **Print Taxonomy Code in Box 76**: Check this box if you would like to include the taxonomy code as the qualifier in Box 76 of the UB-4 claim form.
    5. **Print Billing Taxonomy Code in Box 81CC a**: Check this box if you would like to print the Billing Provider's taxonomy code in Box 81CC a of the UB-4 claim form.
    6. **Print Attending Taxonomy Code in Box 81CC b**: Check this box if you would like to print the Attending Provider's taxonomy code in Box 81CC b of the UB-4 claim form (the claim's Billing Provider is used as the Attending Provider, and the Practice is used as the Billing Provider).
    7. **Default Value Codes**: Use the search field to select a default value code to be included on institutional claims for this payer.

12. Click **Save**. Or proceed to the Provider tab of Billing Options.

Provider Billing Options Tab

The provider billing options allow you to customize certain configuration settings for one or more provide specific to this payer. Providers not listed below will bill claims based on their general settings/configuration in the provider screen.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Click the **Billing Options tab** from the side panel.
5. Select the **Provider tab**.
6. Click the ***Customize for Providers*** link.
7. Use the **Provider(s)** drop-down menu find the provider you would like to find.
8. Use the **Status** drop-down menu to select whether or not this provider is active with this particular payer.
9. Use the **Bill Mode** drop-down menu to select whether this provider should bill to this payer as an individual or as a group.
10. Add the ID to use if the **Bill Mode** is set as **Individual** in the **Individual ID** field.
11. Add the ID to use if the **Bill Mode** is set as **Group** in the **Group ID** field.
12. Use the **Accept this Insurance** checkbox to select whether or not this provider accepts this insurance This indicates if the Provider accepts assignment.
13. Use the **Default Referring Provider** checkbox to select a default referring provider for this provider. This allows you to select a referring provider to be used for every claim under this provider.
14. Use the **Override Billing Provider** checkbox to send claims under a different Billing Provider. This allows you to send a different Tax ID, Taxonomy Code, or NPI based on a specific payer and provider combination.
15. Click **Add** once you are satisfied with your changes. These settings can be edited after saving by clicking on the field you wish to edit.
16. Click the  icon to copy these settings to all providers added to this payer.
17. Check the **Show separate configurations for each office location** if you would like to configure these settings differently for each office associated to your account.
18. Click 

to copy a provider's configuration to other payers.
    1. Use the **Provider Configurations** drop-down menu to select the source provider.

2. Use the **Select payer(s) to copy provider configuration(s) to** drop-down menu to copy configuration to other payers.

19. Click **Save**. Or proceed to the General tab of Billing Options.

Patient Billing Options Tab

Follow the steps below to view and edit the billing options for patients associated with this payer.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Click the **Billing Options tab** from the side panel.
5. Make your selections by referencing the **Billing Option Descriptions** below.
    1. ***Do not apply prompt payment discounts***: Check this box if you do not want any prompt payment discount codes to apply to this payer.
6. Click **Save**.

ERA Billing Options Tab

Follow the steps below to view and edit the billing options for ERAs associated with this payer.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Click the **Billing Options tab** from the side panel.
5. Make your selections by referencing the **Electronic Remittance Advice Automation** Options:
    1. **Allow this payer's ERAs that fully apply with no errors to auto-post without review.**
        1. Check this box if you would like to automatically apply ERAs that are free of issues ("clean" with no interaction or review required. Please note that this option requires additional

configuration:

1. **Show a dialog with the payment details before auto-posting** Check this box if you would like to show a dialog box with the payment details before auto-posting them.
2. **Commit the payment after it has been applied**: Check this box if you want to automatically commit the payment after it has been applied.
3. **Allow secondary payments to auto-post** Check this box to allow the auto-posting of secondary insurance payments.
4. **Allow payments that do not match the contract amounts to auto-post** Check this box to allow payments that do not match the contracted amounts to auto-post.
5. **Allow payments with denials or $0.00 allowed amounts to auto-post** Check this box to allow auto-posting payments with a $0 allowed amount or with denials.
6. **Allow duplicate payments (remit code 18) to auto-post** Check this box to allow payments for duplicate claim/service to auto-post.
7. **Allow payments with refund/reversals to auto-post** Check this box to allow payments with a refund/reversal to auto-post.
8. **Allow payments to Patients/Claims with Payment Alerts to auto-post** Check this box to allow auto-posting of payments when the patient or the claim has an existing Payment Alert.
9. **Allow payments with Provider Adjustments that were not applied to claims to auto-post**: Check this box to allow payments that include an unapplied Provider Adjustmer to auto-post.

> 🪄 The following options are checked by default but can be unchecked manually:
>
> - **Allow secondary payments to auto-post**
> - **Allow payments with refund/reversals to auto-post**
> - **Allow payments with Provider Adjustments that were not applied to claims to auto-post**

6. Click **Save**.