General Billing Options Tab

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

ollow 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 clickin 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 3 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 is 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.