



Important Content Update Message

We are currently updating the OP Help Center content for the release of OP 20. We appreciate your patience as we continue to update all of our content. To locate the version of your software, navigate to: **Help tab > About**.

20.3.0 Billing Preference Highlights and Action Items

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Version 20.3

The following outlines new and relocated Billing Preferences.

✓ Statement Preferences: ACTION NEEDED

Many of the relocated preferences are related to the batching of patient statements. This relocation streamlines the process of creating Batch Billing Statements from user to user and among practices as a whole. Practice Administrators (or a staff member with access to Global Preferences) must review and set their practice's statement preferences before running statements in 20.3.0. The **Statement Preferences Checklist** will walk you through the setup.

Preference	Description	Location of New Setting
Exclude specific payers Statements	This setting globally excludes patients with a specific payer from statement batches.	Global Preferences: Admin tab > Global Preferences > Billing tab > Statements tab
 Q What practice(s) should set this preference? - Practices who may forget to put statements on 'hold' for patients with a certain payer, like a Medicaid or MCO. 		
Unit Type for included NDCs on vaccine products Claims	When the checkbox is selected to Include NDC on vaccine products, this setting is used to default the unit type on the vaccine. By default, the value selected here is milliliter, but should be changed, if necessary.	Insurance Payer Details: Billing tab > Payers > Select payer > Payer Coding Rules tab
 ♀ What practice(s) should set this preference? - Practices who have a particular payer that requires a specific unit type of vaccines. 		
Auto Mod -25 E&M w/ procedures Claims	This setting auto populates a 25 modifier on E&M codes when a procedure is also present. Procedures are defined as: • CPT Codes 0xxxx through 6xxxx • CPT Codes 92550-92588 • CPT Codes 99173-99177 • CPT Codes: 961xx • CPT Code 94760	Insurance Payer Details: Billing tab > Payers > Select payer > Payer Coding Rules tab
 ♀ What practice(s) should set this preference? - Practices who have billers that have to manually add the 25 modifier to E&M codes to claims that have the defined list of procedures present. 		





? Relocation of Preferences

The complete list of relocated preferences can be found in the Billing Preferences Crosswalk. Here are some things to keep in mind as you review the changes:

Do you use the 'Use Vaccine DX' button while posting charges, or was this saved as a preference?

Do you have a payer that requires a specific Place of Service (POS) on claims?

⊙ DO THIS Navigate to Billing tab > Payers > double-click the payer > Payer Coding Rules taband use the Override POS, non-telehealth drop-down to select the default Place of Service for non-telehealth visits. Use the Override POS, telehealth drop-down to override the assumed POS 02 for telehealth visits.

Do you have a specific payer who wants the Service Location (Box 32) populated?

Do you have a location that should always be populated in Service Location (Box 32)?

Do you manually add a patient's PCP as referring provider to claims for a specific rendering provider, payer, or location?

- For a Rendering Provider. Navigate to Practice Management tab > Staff Providers > select provider > Provider Info tab and select the checkbox to Auto- populate PCP as referring provider.
- For a Payer. Navigate to Billing tab > Payers > double-click payer > Payer Coding Rules taband select the radio button to Auto-populate PCP as referring provider.
- For a Location. Navigate to Practice Management tab > Practices/Locations > Locations tab > select the location and select the checkbox to button to Auto-populate PCP as Referring.

