

Setting Up Providers in the Staff Directory

Last Modified on 09/15/2022 8:11 am EDT

Version 20.17

About

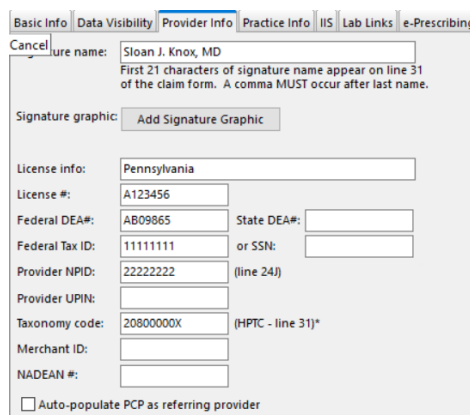
Completing Provider setup in the Staff Directory ensures that accurate information is included for billing submissions, lab links, and e-Prescribing.



User Permission: The ability to modify a Provider's record is protected by security permission, **PM_Provider_Modify**.

Complete Provider Information

1. Complete the Provider's Basic Info tab prior to completing the remaining tabs. Click [here](#) for additional information on completing the Basic Info tab.
2. On the **Provider Info** tab, click into the **Signature name** field and enter the full name and credentials as they should appear for chart entries. A Signature name should be entered for anyone documenting a Visit, giving vaccines, or handling labs (i.e. Tina Test, MA) so that their name is displayed in the chart for items like vaccine administration, blood draws, etc.



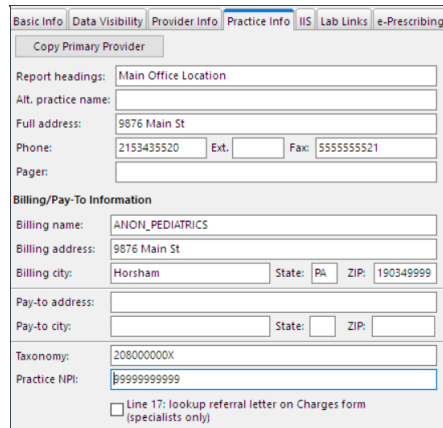
3. (Optional) Click the **Add Signature Graphic** button to add the Provider's signature. For more information on how to link a Provider's signature to their record, click [here](#).
4. Enter the state into the **License info** field.
5. Complete **License #**, **Federal DEA#**, **State DEA#**, **Federal Tax ID or SSN**, **Provider NPID**, and **Provider UPIN** as appropriate.

Notes:



- The **Federal Tax ID** should always be entered on this tab. For more information on how this field is used for billing purposes, review the [Tax ID Setup](#) page.
- If a Provider prescribes from OP in multiple states, additional State DEA #s can be added to support these prescriptions and prevent them from failing. To have this information added, contact [OP Support](#).

6. Enter **208000000X** into the Taxonomy code field
7. (If applicable) Enter a **Merchant ID**.
8. (If applicable) Enter the Narcotic Addiction DEA Number (**NADEAN #**).
9. (Optional) Click the **Auto-populate PCP as referring provider** checkbox to automatically add the PCP selected in the patient chart as the Referring Provider (in Box 17) on claims where this provider is the Rendering Provider.
10. On the **Practice Info** tab, enter the Practice name and complete address in the **Report headings** field.



11. (If applicable) Enter an **Alt. practice name**.
12. Complete the **Full Address, Phone, Ext., Fax, and Pager** fields as appropriate.
13. In the **Billing/Pay-To Information**, enter the **Billing name**, and complete **Address** including the nine-digit zip code without a dash.





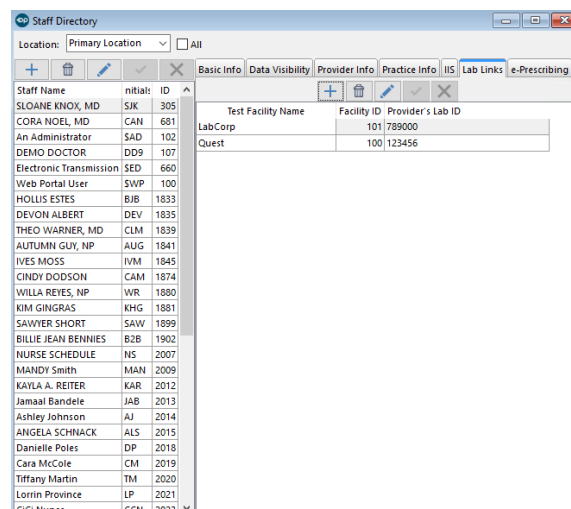
Note: The Pay-to address is only required if it is different than the Billing address

14. Enter **208000000X** (for Pediatrics) into the Taxonomy code field.
15. Enter the **Practice NPI**. This Practice NPI field is the last place OP will look when adding a Group NPI to a claim. For more information on the order in which OP looks for Group NPI, visit [Group NPI Setup](#).



Note: Click the **Copy Primary Provider** button to copy information to additional Providers.

16. If the Practice requires a Provider Lab ID to print on send-out lab requisition forms, click the **Lab Links** tab.
17. Click the **Add** button  to add an entry.
18. Click the **Test Facility Name** drop-down and select a lab facility.
19. Enter the **Provider's Lab ID**.
20. Click the **Save** button .



21. Repeat steps 17 to 20 for all outside labs that require a Provider lab ID.

Note: Entry in the Lab Links tab can only be used for a single entry for each outside lab by Provider. If the Provider requires different lab ID entries by location the Lab Requisition report must be modified, reach out to OP Support to request this change.

Version 20.16

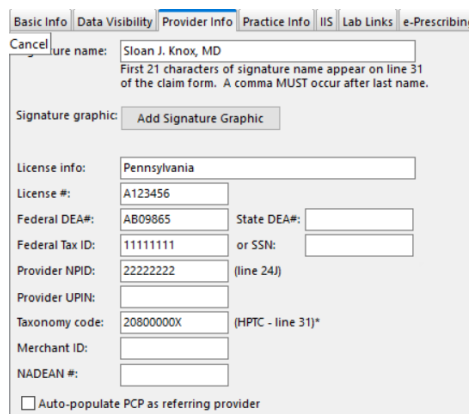
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Complete Provider Information

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2. On the **Provider Info** tab, enter the full name and credentials as it should appear for chart entries in the **Signature name** field. The Signature name should also be entered for anyone giving vaccines or handling labs (i.e. Tina Test, MA) so that their name is displayed in the chart for items like vaccine administration, blood draws, etc.



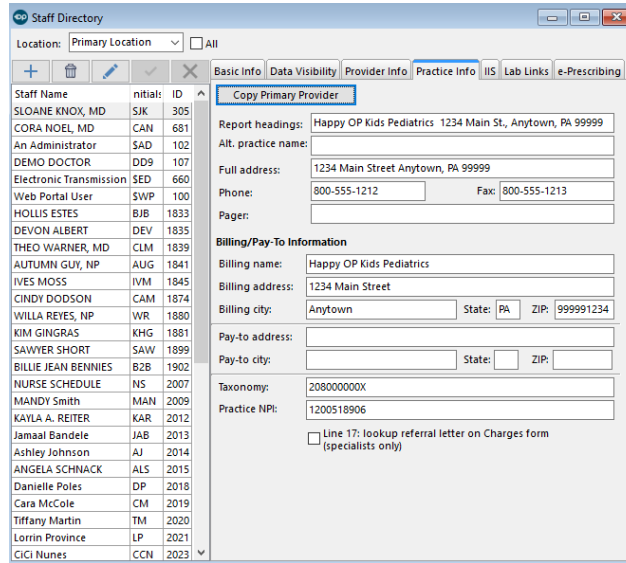
3. Add a signature graphic, if necessary. For more information on how to link a provider's signature to their record, click [here](#).
4. Enter the state into the **License info** field.
5. Complete **License #**, **Federal DEA#**, **State DEA#**, **Federal Tax ID or SSN**, **Provider NPID**, and **Provider UPIN** (as appropriate).

Notes:

- The **Federal Tax ID** should always be entered on this tab. For more information on how this field is used for billing purposes, review the [Tax ID Setup](#) page.
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7. Enter a **Merchant ID** (if applicable).
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9. (Optional) Click the **Auto-populate PCP as referring provider** checkbox to automatically add the PCP selected in the patient chart as the Referring Provider (in Box 17) on claims where this provider is the Rendering Provider.

10. On the **Practice Info** tab, enter the practice name and complete address in the **Report headings** field.





Staff Name	initials	ID
SLOANE KNOX, MD	SJK	305
CORA NOEL, MD	CAN	681
An Administrator	SAD	102
DEMO DOCTOR	DD9	107
Electronic Transmission	SED	660
Web Portal User	SWP	100
HOLLIS ESTES	BJB	1833
DEVON ALBERT	DEV	1835
THEO WARNER, MD	CLM	1839
AUTUMN GUY, NP	AUG	1841
IVES MOSS	IVM	1845
CINDY DODSON	CAM	1874
WILLA REYES, NP	WR	1880
KIM GINGRAS	KHG	1881
SAWYER SHORT	SAW	1899
BILLIE JEAN BENNIES	B2B	1902
NURSE SCHEDULE	NS	2007
MANDY Smith	MAN	2009
KAYLA A. REITER	KAR	2012
Jamaal Bandeje	JAB	2013
Ashley Johnson	AJ	2014
ANGELA SCHNACK	ALS	2015
Danielle Poles	DP	2018
Cara McCole	CM	2019
Tiffany Martin	TM	2020
Lorrin Province	LP	2021
CICI Nunes	CCN	2023

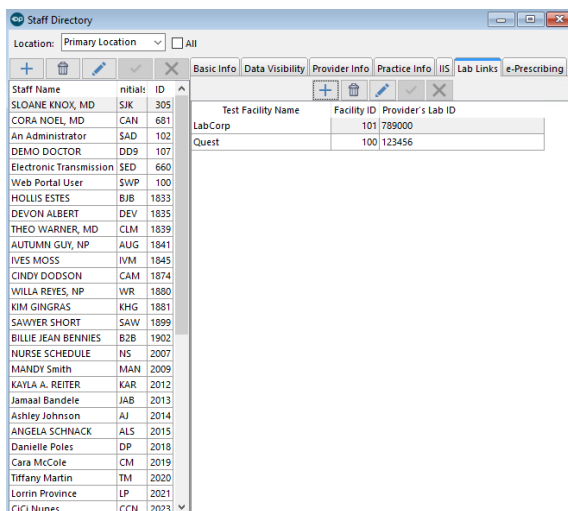
11. Enter an **Alt. practice name** (if applicable).
12. Complete the **Full Address, Phone, Fax** and **Pager** fields (as appropriate).
13. In the **Billing/Pay-To Information**, enter the **Billing name**, and complete **Address** including the nine-digit zip code (without a dash).

 **Note:** The Pay-to address is only required if it is different than the Billing address

14. Enter **208000000X** (for Pediatrics) into the Taxonomy code field.
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 **Note:** Click the Copy Primary Provider button to copy information to additional providers.

16. If the practice requires a provider lab ID to print on Send Out lab requisition forms, click the **Lab Links** tab.
17. Click the **Add +** button to add an entry.
18. Click the drop-down arrow and select a lab facility.
19. Enter the **Provider's Lab ID**.
20. Click the **Save** button  to save.



Test Facility Name	Facility ID	Provider's Lab ID
LabCorp	101	789000
Quest	100	123456

21. Repeat steps 14 to 17 for all outside labs that require a Provider Lab ID.



Note: Entry in the Lab Links tab can only be used for a single entry for each outside lab by Provider. If the Provider requires different lab ID entries by location the Lab Requisition report must be modified, reach out to OP Support to request this change.