How do I add the purchased service provider information to a claim?

07/24/2024 3:40 pm EDT

A purchased service provider is defined as "... an individual or entity that performs a service on a contractual or reassignment basis for a separate provider who is billing for the service. Examples of services include, but are not limited to: (a) processing a laboratory specimen; (b) grinding eyeglass lenses to the specifications of the Rendering Provider, or (c) performing diagnostic testing services (excluding clinical laboratory testing) subject to Medicare's anti-markup rule. " (Source: NUCC Definition)

Please follow the steps outlined below to add/update the purchased service provider information on a claim:

1. Hover over the **Billing** Tab and choose Live Claims Feed.

| Billing | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|
| BILLING | | | | | | | |
| Billing Summary | | | | | | | |
| Live Claims Feed | | | | | | | |
| Patient Payments | | | | | | | |
| Day Sheet | | | | | | | |
| Transactions | | | | | | | |
| Remittance Reports | | | | | | | |
| Unmatched ERAs | | | | | | | |
| Insurance Credit Card Payments | | | | | | | |
| Accounts Receivable | | | | | | | |
| Patient Statements | | | | | | | |
| Product/Procedure | | | | | | | |
| Patient Balance Ledger | | | | | | | |
| Fee Schedule | | | | | | | |
| Underpaid Items | | | | | | | |
| Adjustment Master | | | | | | | |
| Sales Tax | | | | | | | |
| Billing Log | | | | | | | |

2. You can search for the patient by their name or Chart ID or you can select the patient from the list and then you need to click the Visit Date. This will direct you to the Billing Detail screen.

| L | ive C | laims | s Feed | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------|---------|---------------------------|-----------------------|-------------------|------------------|-------------------------|---------------------|-------------|-------------|-------------|---------------|---------------|------------|------------|---------------------|--------------|---------------|------------|---------------------|------------|-----------------|--------------|-------------|-------------------------------|------------------|
| 8 | Select All Offices Select None C new office All • D Inpatient Hospital All • Primary Office All • | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Claim Type All - Claim St 💿 O O All - Billing St: All - Appt Profiles: All - Calculate Counts 0 What's this? TEL Warning - | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pa | Pattert + Payer Name + Payer ID dirc claim # 11/18/2023 = 12/18/2023 Clinical Note | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Open window in new tab Check All Clear Update Filter | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Batch Status Change - 🕀 Export to File - 😫 Custom Export Display - + Schedule of Internal - PAGE 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RCM | Info C | laim ID | Patient | Date of Service | Office | Provider | Supervising Provider | Billing Provider | Billed | Allowed | Adjmt | Ins 1 Paid | Ins 2 Paid | Pt Paid | ins Bal | Pt Line Item Bal | Claim Bal | Exp Reimbr | Ins 1 | Ins 1 Status | Ins I 2 | Ins 2 Status | First EDI | Last EDI | Service Notes | Billing Notes |
| | | | | | | | | | Totals: | \$47,418.63 | \$31,455.03 | \$15,963.60 | \$19,704.65 | \$0.00 | \$0.00 | \$9,697.75 | \$2,052.63 | \$11,750.38 | \$0.00 | | | | | | | | |
| 0 | e | 2 | | Heather (Demo) Johnson | 12/15/2023 10:45AM | Primary Office | Doctor Doctor | | | \$293.45 | \$184.58 | \$108.87 | \$160.96 | \$0.00 | \$0.00 | \$0.00 | \$23.62 | \$23.62 | \$0.00 | Cigna | Balance Due | | | | | This is a demo appointment | |
| 0 | e | 2 | | Holly (Demo) Harris | 12/15/2023 09:15AM | Primary Office | Doctor Doctor | | | \$3,252.40 | \$3,252.40 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$3,252.40 | \$0.00 | \$3,252.40 | | FL BCBS | C Bill Insurance | | | | | This is a demo appointment | |

3. In the left column, you will find a purchased service provider section. Click the pencil icon and search for the

provider from the search field. In order to find a provider in this field, they must first be added to your Contacts in the message center.

| | View Service | + EOB | 🚍 SuperBill | A Clinical Note | 🖴 Clone | HCFA/1500 | HCFA/1500 (text) | 🔒 Print S | creen | | |
|-------------------------|------------------------------|------------|-------------|-----------------|---------|-----------|------------------|-------------|-------------------|-------------------|--------------------|
| Institutional Claim | No | | | | | | | laim Type | Default | ~ | |
| | | | | | | | Emergeno | | No Y | | |
| Ø Billing Status | ~ | | | | | | | ay Reason | - Not Used - | ~ | |
| ICD Version | ICD-10 ~ | | | | | | Acute Manifesta | ation Date | | | |
| Primary Insurer | - Default - | | | | | | 0 | nset Date | 431: Onset 🗸 | | (HCFA box 14) |
| Secondary Insurer | - Default - 🗸 🗸 | | | | | | c | ther Date | - Other Da 🗸 | | (HCFA box 15 & 19) |
| Supervising Provider: | - If different to provider - | | v] | | | | | | Is patient's cond | dition related to | |
| Pt Payment | \$ 20 + | | | | | | Em | ployment | No 🗸 | | |
| Payment Profile | Insurance ~ | | | | | | Auto | Accident | No 🗸 | | |
| Pt Payment Due | | | | | | | Other | Accident | No 🗸 | | |
| Billing Profile | Select Profile V | + | | | | | EDI Bi | illing Note | (HCFA/CMS- | 1500 Line 19) | |
| Billing Pick List | Choose from Pick List | | | | | | | Providers | | | |
| Diagnosis Pick List | Choose from Pt Problem | 16 | | | | | | | | | |
| Payer pre-auth # | | | | | | | | | | | |
| Do Not Transmit | Do not transmit authoriz | ation numb | or to payor | | | | | | | | |
| Referral # | | auonnumb | er to payer | | | | | | | | |
| | | | | | | | | | | | |
| Billing Facility | | 1 | | | | | | | | | |
| Purchased Serv Provider | | | 1 | | | | | | | | |
| Appointment Notes | | | | | | | | | | | |
| Follow-up Date | | | | | | | | | | | |
| Billing Notes | | | + | | | | | | | | |
| | | | | | | | | | | | |

4. Add/Update the purchased service provider information as needed and click on **Save**.

| Purchased Service | Provider | × |
|-------------------|----------|-----------|
| Search | + | |
| Entity type | Person 🗸 | |
| First name | | |
| Middle name | | |
| Last name | | |
| Suffix | | |
| NPI | | |
| Provider number | | |
| Organization | | |
| Charge Amount | 0.00 | |
| | | |
| | De | lete Save |
| | | |