

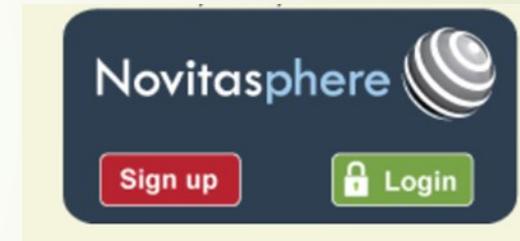


Novitas Medicare Electronic Professional Claim

~ Submitting Claims Through Novitasphere Portal

If you have not enrolled for Novitasphere Portal...STOP and enroll.

- Providers in DE, MD, NJ & PA can sign up by clicking on the link below.
- <https://www.novitas-solutions.com/webcenter/portal/MedicareJL>
- Look for the Novitasphere Sign up Button



Follow the directions on the webpage for enrollment.

If you have any questions regarding the Novitasphere enrollment process, you need to contact Novitas Medicare for assistance. 855-880-8424



PRACTICE MANAGER CONFIGURATION STEPS

- ▶ Check to make sure the Medicare electronic billing programs are registered

Click Add-Ins > Insurance Billing > Billing Component Manager

- ▶ DE Medicare – DEMCR_P5
- ▶ MD Medicare – MDMCR_P5
- ▶ NJ Medicare – NJMCR_P5
- ▶ PA Medicare – PAMCR_P5
- ▶ If the applicable **billing form is listed**, **Click OK**
- ▶ If the applicable billing form is **NOT** listed, click the **Also Show Unused Component** button to display all the available Billing Forms, **check the applicable billing form(s)**. **Click OK**

Account #: Practice: Patient Access Patient Reminder Print Clinical Summary Balance View

1. Name and Address 2. Additional Information 3. Normal

Salutation: First: Last: Address 1: Address 2: Postal Code: Country: Primary Home: Primary Work: Case ID #: Responsible Party: Provider: Referral: Facility: Diagnosis: #

Notes More Patient Patient Stmt Family Links Phone # Consent Send Email

Component folder: C:\STISuite\PracticeManager\Application

OK Cancel Also Show Unused Components

Practice Manager Billing Component Manager

Use?	Mode	Form	Description	Version	Created
<input checked="" type="checkbox"/>	Paper	MCDPNJ	New Jersey Medicaid (CMS1500)(N)	2309.5.2	09/05/23 10:41AM
<input checked="" type="checkbox"/>	Paper	MCDPPNYA	New York Medicaid (150003)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Paper	MCDPPNY	New York Medicaid Physician (150001)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Paper	MCDPOH	Ohio Medicaid (CMS1500)(N)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Paper	MCDPPA	Pennsylvania Medicaid (CMS1500)(N)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Paper	MCRPPA	Pennsylvania Medicare (N)	1806.6.2	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Paper	UB04PPA	UB04 PA	2401.12.3	01/15/24 10:12AM
<input checked="" type="checkbox"/>	Paper	MCDPVA	Virginia Medicaid (CMS1500) (N)	1801.2.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Paper	MCRPVA	Virginia Medicare (N)	1806.6.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Electronic	DEMCR_P5	Delaware Medicare Prof.837 (ANSI 5010 A1)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Electronic	ILBS_P5	IL Blue Shield Prof.837 (ANSI 5010 A1)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Electronic	MDMCR_P5	Maryland Medicare Prof.837 (ANSI 5010 A1)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Electronic	NEIC_I5	NEIC (WebMD) Institutional 837 (ANSI 5010 A1)	2303.24.15	03/24/23 07:26AM
<input checked="" type="checkbox"/>	Electronic	NEIC_P5	NEIC (WebMD) Prof.837 (ANSI 5010 A1)	2401.10.1	01/10/24 09:41AM
<input checked="" type="checkbox"/>	Electronic	NYBSEM_P5	NY Blue Shield Empire Prof.837 (ANSI 5010 A1)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Electronic	NYBSWN_P5	NY Blue Shield WNY & NENY Prof.837 (ANSI 5010 A1)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Electronic	NJMCR_P5	New Jersey Medicare Prof.837 (ANSI 5010)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Electronic	NYMCD_P5	New York Medicaid Prof.837 (ANSI 5010 A1)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Electronic	NFWC_I5	No Fault and Worker's Comp. Institutional 837 (ANSI 5010 A1)	2004.14.1	04/15/20 15:18PM
<input checked="" type="checkbox"/>	Electronic	NFWC_P5	No Fault and Worker's Comp. Prof.837 (ANSI 5010 A1)	2309.15.1	09/15/23 10:52AM
<input checked="" type="checkbox"/>	Electronic	PABS_P5	Pennsylvania Blue Shield Prof.837 (ANSI 5010 A1)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Electronic	PAMCD_P5	Pennsylvania Medicaid Prof.837 (ANSI 5010 A1)	1705.25.1	10/01/19 10:54AM
<input checked="" type="checkbox"/>	Electronic	PAMCR_P5	Pennsylvania Medicare Prof.837 (ANSI 5010 A1)	1705.25.1	10/01/19 10:54AM

Click **Administration > Transaction Tables > Insurance**

- ▶ In the IH Code field, enter the **Medicare Insurance IH Code(s)**
- ▶ Click on **Billing Type Button** and select the eyeglass.
- ▶ Create a **new Billing Type code** by selecting the option **New** and complete as follows:
 - ▶ IH Code – Enter **MCRN**
 - ▶ Description: Medicare through Novitasphere
 - ▶ State: Enter applicable state
 - ▶ Billing Form fields: Select the proper **Billing Form** (DEMCR_P5, MDMCR_P5, NJMCR_P5, or PAMCR_P5) for Primary and Secondary fields, the Default billing set to MCRPPA.
- ▶ Click **SAVE**

1. **Click the Billing IDs button.**

- ▶ In the Insurance Billing Codes screen, click the **New** button.
- ▶ In the Billing Form field, select the proper **Billing Form** (DEMCR_P5, MDMCR_P5, NJMCR_P5, or PAMCR_P5)
- ▶ In the Override Data area - **Payor Organization #** field
 - ▶ **DEMCR_P5** enter **12102**
 - ▶ **MDMCR_P5** enter **12302**
 - ▶ **NJMCR_P5** enter **12402**
 - ▶ **PAMCR_P5** enter **12502**

Click the **Add To List** button, and then click the **Close** button.

Practice Manager - Central Medical Group (1) - padmin - PCare

Account Administration Print Add Ins To-Do (0) Help

Patient Payer Inquiries Charge

Insurance

1. Insurance

IH Code: MED Category: MCR Assignment: Y

Billing Type: MCRN Quality: NF No Fault
OTH Other Insurance
Copay: 0.00 Anes Time: PPO

Medgap #: Payer ID #: SMPA0

Requires Claim Adjustment information for Secondary Insurances

2. Profile

Group Profile Billing Profile: 1

3. Managed Care

Capitation
 Do Not Bill Capitated Services

4. Payment Defaults

Payment Type: MED
Write Off Code: MCR
Withheld Write Off:

5. Company Information

Name: PA MEDICARE
Address 1: PO BOX 890418
Address 2:
Zip Code: 17089 City: CAMP HILL State: PA
Country:
Phone: (877) 235-8073 Fax:

Save Cancel Delete

Practice Manager - Central Medical Group (1) - padmin - PCare

Account Administration

Patient Payer Inquiries Charge

Insurance Billing Codes

IH Code	Billing Form	Field 1	Field 2	Field 3	Field 4	Field ^
MED	MCDPVA		Y	N		
MED	MDMCR...	123...				
MED	NJMCR_P5	124...				
MED	PAMCR_P5	125...				

Insurance - MED - PA MEDICARE

1. Override Key

Billing Form: PAMCR_P5

2. Override Data

Form Label	Override
Payor Org #	12502

Electronic Submitter Information

- **Add-Ins > Insurance Billing > Electronic Submitter**
- Check to see if the Medicare billing program is listed. (DEMCR_P5, MDMCR_P5, NJMCR_P5, or PAMCR_P5)
- **If the billing form is already listed**, click on the Medicare Billing Form and then Click on **EDIT**. The Submitter ID needs to be the **Submitter ID enrolled with Novitasphere**. Once added, **click Add to List and Save All**.
- **Note:** If you do not know your submitter id enrolled with Novitasphere, go to the Novitasphere Portal and it will be listed under "My Account Profile"
- If the Electronic Submitter Information is not listed for the Medicare billing program, you will need to add it.
- **Click the New button.**
In the **Billing Form field**, select DEMCR_P5, MDMCR_P5, NJMCR_P5, or PAMCR_P5
In the **Practice field**, select the practice to which this submitter information applies.
In the **Submitter ID field**, enter your **Submitter ID assigned by Novitasphere**
- Enter your **office information** in the **Name, Address, Contact, and Phone** fields.
- In the **Receiver ID field**, enter the applicable state assigned number:
 - **12102 DE Medicare; 12302 MD Medicare; 12402 NJ Medicare or 12502 for PA Medicare**
- In the **Receiver Name field**, enter **Medicare**.
Check the **Acknowledgement Request** box.
Check the **Medicare Participant** box if your office participates with Medicare.
Click the **Add to List** button.
Click the **Save All** button.

Medical Fairgro...

Submitter

Billing Form	Practice IH Code	Submitter ID	Submitter Name
NYBSEM_P5	1	Submitter id	Central Medical Gro
NYBSWN_P5	1	SUBMITTER ...	Central Medical Gro
PABS_P5	1	Submitter id	Central Medical Gro
PAMCR_P5	1	submitter id	Central Medical Gro

Billing Form: **PAMCR_P** Practice: **Central Medical Group** Submitter ID: **submitter id**
 Name: Central Medical Group Last Submission Nr: 48
 Address1: Address Address2:
 City,State Zip: **Pittston** **PA** **18640** Region: Submission Type: **ASY096**
 Contact: **Karen** Phone: **(610) 650-9700** End of Record Delimiter: **3**
 Receiver ID #: **12502** Receiver Type: Password: Vendor Application Category:
 Receiver Name: **Novitas Medicare** Vendor Software Version:
 Acknowledgement Request EMC Billing ID Source: **2** Vendor Software Update:
 Medicare Participant NEIC Provider Site ID:
 ANSI GS02 Application Sender's Code:
 ANSI GS03 Application Receiver's Code:

ICD10 Description # ICD9 IH Code Descripti... Priority Activation: / /

Edit the Billing Form Communications Setup

Click Add-Ins > Insurance Billing > Communication Setup.

If the Medicare billing form DEMCR_P5, MDMCR_P5, NJMCR_P5 or PAMR_P5 is listed, **EDIT** as follows:

- Target Folder**: Browse to or enter the Path to the folder containing the browser applications (Edge, Chrome, Firefox, etc)
- Application Folder**: Browse to or enter the Path and Program Name
- Extra Command Parameters**: Enter - <https://home.idm.cms.gov/signin/login.html>

When finished, click **Add to List** and **Save All** button.

~~ IF the billing form is **NOT** listed, set up this screen as follows:

1. Click the **New** button.
2. In the Billing Form field, select the **Billing Form** for which you want to configure the communications setup.

Target Folder: Browse to or enter the **Path** to the folder containing the browser applications (Edge, Chrome, Firefox, etc)

Application Folder: Browse to or enter the **Path and Program Name**

Extra Command Parameters: Enter - <https://home.idm.cms.gov/signin/login.html>

Click the **Add to List** button and **Save All** button.

Billing Form Communications

Billing Form	Target Path	Application
PAMCR_P5	C:\Program Files (x86)\Microsoft\Edge\Application	C:\Program Files (x86)\Microso

- New
- Edit
- Delete
- Save All
- Cancel All

Billing Form: PAMCD_P5 Electronic Pennsylvania Medicaid Prof.837 (ANSI 5010)

Target Folder (change to this folder before executing the application)

Application Folder and Program:

Extra Command Parameters: (Tip: put quotes around parameters that have folders with spaces in them)

Download Folder (where files being received are put) Blank = Use the default Folder

Upload Folder (where files being sent are found) Blank = Use the default Folder

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BILLING MEDICARE USING THE MANUAL BILLING TAB

- Click the **Insurance Billing tab – select Manual Billing**

- **Gathering the Claims and Creating the File**
 1. Select the **DEMCR_P5** (for Delaware Medicare), **MDMCR_P5** (for Maryland Medicare), **NJMCR_P5** (for New Jersey Medicare), or **PAMCR_P5** (for Pennsylvania Medicare) billing form.
 2. Select the **Practice(s)** and **Provider(s)** that you would like to collect claims for.
 3. Check the **Print Forms and Reports after gathering claims** option, and configure any other **Batch Run Options** as needed.
 4. Configure any **Advanced Selections** as needed.
 5. Click the **Start Now** button.
 6. Print the Bad Claims Report, if applicable. Put aside for now to be corrected after this transmission is completed.
 7. Click the **Print/Send Batch** button.

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- 
8. Highlight the billing batch you wish to send, and then click the **Send** button.

Note: Upper right corner has option to Sort List By: Date or Forms/Date

9. Click the **Make a file** button. (Do Not Select Zip the File) **Save in the Upload folder**

For Delaware Medicare, enter **DEMCR.dat** in the File Name field.

For Maryland Medicare, enter **MDMCR.dat** in the File Name field.

For New Jersey Medicare, enter **NJMCR.dat** in the File Name field.

For Pennsylvania Medicare, enter **PAMCR.dat** in the File Name field.

Note: if you are sending files for multiple practices, you should name the file accordingly. Example:
DEMCR1.dat for Practice 1 and DEMCR2.dat for Practice 2. Use your IH practice code.

10. Click the **Save** button after the file name has been entered. If you are asked to overwrite the existing file, click the Yes button. A message will then appear on your screen “the file already exists, do you want to replace it?, select Yes and then OK.
11. Click the **Launch** Button and the Novitasphere login screen will be displayed



SENDING THE FILE THROUGH NOVITASPHERE

- ~~ Directions on Sending Claims & Downloading Reports thru the Novitasphere Portal are listed on the STI documentation.
- ~~ You can View and Download your Medicare EOBs in a PDF format from the Novitasphere Portal.
Go to Retrieve Documents (on left side) > View Remittance Advice
- **Novitasphere Phone Number for Assistance: 855-880-8424**
- You can access this information from the STI website
<https://sticomputer.com>
-Resources > Practice Manager > Instructional Downloads > Insurance Billing