

HEALTHCARE IT

Exa® PACS/RIS

Feature Summary

Adding to Box 33B

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Insurance carriers may request special identification in box 33b. Users can manage this through the Billing Provider section in Billing. To access the Billing Provider section:



....Setup



| Setup ▼ Log ▼ Log Off |
|-----------------------------|
| Refresh Settings |
| Adjustment Codes |
| Billing Codes |
| Billing Classes |
| Claim Status |
| Collections Process |
| Delay Reasons |
| Billing Providers |
| Provider Id Code Qualifiers |
| Billing Messages |
| Payment Reasons |
| CAS Group Codes |
| CAS Reason Codes |
| Status Color Codes |
| Billing Validations |
| EDI/ERA Templates |
| EDI Clearinghouses |
| Insurance Mapping |
| Printer Templates |
| Auto Billing |

Add a site number or taxonomy number in Box 33b for specific carriers as follows.

In the **ID Codes** section (in the lower half), select **ADD**.

| SETUP | | | | | | | Studies Clair | ms Payments | EOB Report * S | letup▼ Log | ∣* Log (| Off |
|-----------------------------|---------------------|---------------------------|-----------|-------------------------------|-----------------|------------|---------------|-------------|----------------|------------|----------|------|
| | | | | | | | | | | SA | VE I | BACK |
| ADJUSTMENT CODES | Name * | Konica Minolta Healthcare | | Inactive | NPI No. * | 66 | | | | | | |
| BILLING CODES | Code * | KMHA | | | Taxonomy Code * | 9483793452 | | | | | | |
| BILLING CLASSES | Short Description * | Konica Minolta | | | | | | | | | | |
| CLAIM STATUS | Federal Tax ID * | 345934 | | | | | | | | | | |
| COLLECTIONS PROCESS | Address Info | | | | Pay To Address | | | | | | | |
| DELAY REASONS | Contact Name * | Contact | | | Address1 | | | | | | | |
| BILLING PROVIDERS | Addrees 1 | HWY 70 | | | Address? | | | | | | | |
| PROVIDER ID CODE QUALIFIERS | Address? | | | | City/State/7IP | | Column 1 | | 710.01 | | | |
| BILLING MESSAGES | City/State/7IP * | | | | ony/onaco/En | | Select | ZIP Code | ZIP Plus | | | |
| PAYMENT REASONS | ony) oraci, En | Gamer | ; | ▼ 27529 ZIP Plus | Phone | | | | | | | |
| CAS GROUP CODES | Phone * | (800)466-3553 | | | Fax | | | | | | | |
| CAS REASON CODES | Fax * | (800)466-3553 | | | Email | | | | | | | |
| STATUS COLOR CODES | Email | | | | | | | | | | | |
| BILLING VALIDATIONS | Web URL | | | | | | | | | | | |
| EDI/ERA TEMPLATES | ID Codes | | | | | | | _ | | | | |
| EDI CLEARINGHOUSES | | | | | | | | ★ | | | | |
| INSURANCE MAPPING | INSURANCE NAME | PAYER ASSI | INFD PROV | /IDER ID LEGACY ID OUAL IFIER | | | | | | | | |
| PRINTER TEMPLATES | | | | | | | | | | | | |
| AUTO BILLING | | No reco | d found | | | | | | | | | |
| | | | | | | | | | | | | |
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Enter the following fields specific to box 33b. This creates a rule that links the identifier to an insurance provider.

| Payer Assigned Provider ID | TAXONOMY | | | | |
|-------------------------------|------------------|---|---|--------------|--------|
| ID Code Qualifier | Location Number | ~ | | | |
| InsuranceProvider | TRICARE FOR LIFE | | * | | |
| | | | | SAVE ID CODE | CANCEL |

Payer Assigned Provider ID: Type the taxonomy or site number as requested by the payer.

ID Code Qualifier: Select the appropriate qualifier type for the entered number.

Insurance Provider: Search by typing or scroll through the list to find the correct insurance carrier.

This rule applies **only to the selected carrier**. Repeat the steps for any additional carriers.

The new rule appears in the list.

| ID Co | odes | | | |
|-------|----------------------------|----------------------------|----------------------|----------------|
| | | | | |
| | INSURANCE NAME | PAYER ASSIGNED PROVIDER ID | LEGACY ID QUALIFIER | |
| | | | | |
| 0 | AMERIHEALTH ADMINISTRATORS | Lic123456 | Provider Site Number | |
| 01 | TRADITIONAL MEDICAID | ZZ2000X000X | State License Number | |
| 01 | TRICARE FOR LIFE | TAXONOMY | Location Number | |
| | | | | |
| | | | | |
| | | | | Showing 3 of 3 |

To test the rule, open the **Claim Inquiry** space and select the **Black and White Paper Form** button. A preview of the claim appears, and you can scroll to the bottom to confirm that the number is now displayed in box 33b.

Note: When viewing a new claim, the system may mark it as "Claim Sent." If the claim was not actually sent to the carrier, ensure you use the trash button to delete the most recent submission.

| | 24. A MM | From DD | ATE(S) C | DF SERV | To DD | YY | B. PLACE OF SERVICE | C. EMG | C. D.PROCEDURES,SERVICES,O (Explain Unusual Circum EMG CPT/HCPCS M | | | | S,OR SUPPLIES E. umstances) DIAGNOSIS MODIFIER POINTER | | | F. G. DAYS \$ CHARGES OR UNITS | | EPSDT Family | ID. QUAL | R PR | j. Endering. Rovider ID # | |
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| | 25.FE | DERAL | TAX I.D. | NUMBE | ER | SSN | EIN | 26.PATIENT'S ACCOUNT NO 27.ACCEPT ASSIGNMEN (For govt, claims, see | | | | | NMENT? , see back) | MENT? 28.TOTAL CHARGE see back) | | | AMOU! | NT PAID | | 30.Rsvd for | NUCC Use | |
| | 345934 147 | | | | | 47 | VES | | | NO | \$ 91 | | 00 | \$ 0 | | 00 | Ş | · · · | | | | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGRESS OR OblackENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereot.) RADIOLOGIST, DANIELLE NPI: 2245678901 09 27 2023 | | | | | | | R S I.) | 32. SERVICE FACILITY LOCATION INFORMATION KONICA MINOLTA HEALTHCARE AMERICAS 101 MAIN STREET WAYNE NJ 07470 | | | | | | 33. BILLING PROVIDER INFO & PH # (123)444-5555 KMHA 1010 TEST NASHVILLE TN 37201 | | | | | | | | |
| SIGNED DATE | | | | | | | a. b. | | | | | a. 123456789 b. TAXONOMY | | | | | | | | | | |
| SIGNED DATE a. b. a. 123456789 b. TAXONOMY NUCC Instruction Manual available at www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED | | | | | | | | | | | , | | | | | | | | | | | |