



Keying of the Referral Number into Payerpath

1. MEDICARE / MEDICAID / CHAMPUS / CHAMPVA / GROUP / FECA / OTHER		1a. INSUREDS I.D. NUMBER 0600999999
2. PATIENTS name (Last, First, MI) DOE JOHN	3. PAT BIRTHDATE / SEX 01/01/2010 M / F	4. INSUREDS NAME (L, F, M) DOE JOHN
5. PATIENTS ADDRESS (No., Street)	6. PATIENT RELATIONSHIP 18 Sif=18 Sp=01 Chd=19 Oth=G8	7. INSUREDS ADDRESS (No., Street) 123 MAIN STEET
CITY STATE	8. PATIENT STATUS S M O	CITY STATE ANCHORAGE AK
ZIP / TELEPHONE	EMPLOYMENT / STUDENT STATUS Full-Time Part-Time	ZIP / TELEPHONE 995041234
9. OTHER INSUREDS NAME (L, F, M)	10. CONDITION RELATED TO: Auto Accident=AA Employment=EM Other=OA	11. INS POLICY GROUP OR FECA #
a. OTHER INSUREDS POLICY	State: a. Accident Indicator 1:	a. INSUREDS BIRTHDATE / SEX
b. OTHER INS BIRTHDATE / SEX	b. Accident Indicator 2:	b. EMPLOYERS NAME OR SCHOOL
c. EMPLOYERS NAME OR SCHOOL	c. Accident Indicator 3:	c. INSURANCE PLAN NAME MEDICAID
d. INSURANCE PLAN NAME	10d. RESERVED FOR LOCAL USE	d. ANOTHER HEALTH PLAN? Y N
12. PATIENTS OR AUTHORIZED PERSONS SIGNATURE / DATE Y		13. INSUREDS SIGNATURE Y
14. DATE OF CURRENT	15. SIMILAR ILLNESS DATE	16. DATES PAT UNABLE TO WORK
17. NAME OF REFERRING PHYS X X	17a. REFERRING PHYS ID/ NPI 1234567890	18. HOSPITALIZATION DATES
19. RESERVED FOR LOCAL USE		20. LAB CHARGES: Y N
21. DIAGNOSIS 1 DIAGNOSIS 2	DIAGNOSIS 3 DIAGNOSIS 4	22. CLAIM FREQ / ORIG. REF NO 1
		23. PRIOR AUTHORIZATION NUMBER

In Field 17 on the CMS 1500 claim form, enter an “X” in the field marked “Name of Referring Physician.”

In Field 17A, enter the NPI number of the Referring Provider.

Once complete, click “Save and Run Edits” within the Form Navigation pop-up.




Next, click on “Electronic Fields” within the Form Navigation pop-up.

This will take you to the following screen.

Ambulance	Display Charge Fields
Billing Provider	Display Charge Fields
Codes	Display Charge Fields
Coordination of Benefits Additional Adjustments B	Display Charge Fields
Coordination of Benefits Additional Adjustments C	Display Charge Fields
Coordination of Benefits-Other Payer B	Display Charge Fields
Coordination of Benefits-Other Payer C	Display Charge Fields
Facility	Display Charge Fields
Information	Display Charge Fields
Insured	Display Charge Fields
Legal Representative	Display Charge Fields
Other Insured-1	Display Charge Fields
Patient	Display Charge Fields
Pay To Provider	Display Charge Fields
Payer A	Display Charge Fields
Payer A Additional Fields	Display Charge Fields
Payer B Additional Fields	Display Charge Fields
Payer C Additional Fields	Display Charge Fields
Provider	Display Charge Fields
Purchased Service Provider	Display Charge Fields
Referring Provider	Display Charge Fields
Rendering Provider	Display Charge Fields
Supervising Provider	Display Charge Fields

Click on the “Referring Provider” yellow arrow. This will open the Referring Provider fields.

▶ Ambulance	Display Charge Fields
▶ Billing Provider	Display Charge Fields
▶ Codes	Display Charge Fields
▶ Coordination of Benefits Additional Adjustments B	Display Charge Fields
▶ Coordination of Benefits Additional Adjustments C	Display Charge Fields
▶ Coordination of Benefits-Other Payer B	Display Charge Fields
▶ Coordination of Benefits-Other Payer C	Display Charge Fields
▶ Facility	Display Charge Fields
▶ Information	Display Charge Fields
▶ Insured	Display Charge Fields
▶ Legal Representative	Display Charge Fields
▶ Other Insured-1	Display Charge Fields
▶ Patient	Display Charge Fields
▶ Pay To Provider	Display Charge Fields
▶ Payer A	Display Charge Fields
▶ Payer A Additional Fields	Display Charge Fields
▶ Payer B Additional Fields	Display Charge Fields
▶ Payer C Additional Fields	Display Charge Fields
▶ Provider	Display Charge Fields
▶ Purchased Service Provider	Display Charge Fields
▼ Referring Provider	Display Charge Fields
Referring Provider ID Qual	<input type="text"/>
Referring Provider 2ND ID Qualifier	<input type="text"/>
Referring Provider 2ND ID	<input type="text"/>
Referring Provider 3RD ID Qualifier	<input type="text"/>
Referring Provider 3RD ID	<input type="text"/>
Referring Provider Tax Type	<input type="text"/>
Referring Provider Tax Id	<input type="text"/>
Referring Provider Upin	<input type="text"/>
Referring Provider Id Indicator	<input type="text"/>
Referring Provider Referral Number	<input type="text"/> *
Referring Provider Referral Date	<input type="text"/> 

Once the “Referring Provider” tab is opened, enter your referral number in the Referring Provider Referral Number field.



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Information	Display Charge Fields
Insured	Display Charge Fields
Legal Representative	Display Charge Fields
Other Insured-1	Display Charge Fields
Patient	Display Charge Fields
Pay To Provider	Display Charge Fields
Payer A	Display Charge Fields
Payer A Additional Fields	Display Charge Fields
Payer B Additional Fields	Display Charge Fields
Payer C Additional Fields	Display Charge Fields
Provider	Display Charge Fields
Purchased Service Provider	Display Charge Fields
Referring Provider	Display Charge Fields
Referring Provider ID Qual	<input type="text"/>
Referring Provider 2ND ID Qualifier	<input type="text"/>
Referring Provider 2ND ID	<input type="text"/>
Referring Provider 3RD ID Qualifier	<input type="text"/>
Referring Provider 3RD ID	<input type="text"/>
Referring Provider Tax Type	<input type="text"/>
Referring Provider Tax Id	<input type="text"/>
Referring Provider Upin	<input type="text"/>
Referring Provider Id Indicator	<input type="text"/>
Referring Provider Referral Number	<input type="text" value="0A9999"/>
Referring Provider Referral Date	<input type="text"/>
Rendering Provider	Display Charge Fields
Supervising Provider	Display Charge Fields

09/08/2010

Once you have completed this step, click “Save and Run Edits” within the Form Navigation pop-up.

