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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 <input type="radio"/> M <input type="radio"/> O <input type="radio"/> | CITY STATE ANCHORAGE AK |
| ZIP / TELEPHONE | EMPLOYMENT / STUDENT STATUS Full-Time <input type="radio"/> Part-Time <input type="radio"/> | 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: <input type="text"/> | a. INSUREDS BIRTHDATE / SEX / M / F |
| b. OTHER INS BIRTHDATE / SEX / M / F | a. Accident Indicator 1: <input type="checkbox"/> | b. EMPLOYERS NAME OR SCHOOL |
| c. EMPLOYERS NAME OR SCHOOL | b. Accident Indicator 2: <input type="checkbox"/> | c. INSURANCE PLAN NAME MEDICAID |
| d. INSURANCE PLAN NAME | c. Accident Indicator 3: <input type="checkbox"/> | d. ANOTHER HEALTH PLAN? Y <input type="radio"/> N <input type="radio"/> |
| 10d. RESERVED FOR LOCAL USE | | |
| 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 <input type="radio"/> N <input type="radio"/> |
| 21. DIAGNOSIS 1 | DIAGNOSIS 3 | 22. CLAIM FREQ / ORIG. REF NO 1 |
| DIAGNOSIS 2 | DIAGNOSIS 4 | 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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|--|---------------------------------------|
| Ambulance | Display Charge Fields |
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| 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" value="0A9999"/> |
| Referring Provider Referral Date | <input type="text"/> |
| Rendering Provider | Display Charge Fields |
| Supervising Provider | Display Charge Fields |

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

