## Keying of the Referral Number into Payerpath



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 |

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|---|---|
| Referring Provider ID Qual | |
| Referring Provider 2ND ID Qualifier | |
| Referring Provider 2ND ID | |
| Referring Provider 3RD ID Qualifier | |
| Referring Provider 3RD ID | |
| Referring Provider Tax Type | |
| Referring Provider Tax Id | |
| Referring Provider Upin | |
| Referring Provider Id Indicator | |
| Referring Provider Referral Number | * |
| Referring Provider Referral Date | |

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

| | |
|---|---|
| ● 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 |

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|---|---|
| Referring Provider ID Qual | |
| Referring Provider 2ND ID Qualifier | |
| Referring Provider 2ND ID | |
| Referring Provider 3RD ID Qualifier | |
| Referring Provider 3RD ID | |
| Referring Provider Tax Type | |
| Referring Provider Tax Id | |
| Referring Provider Upin | |
| Referring Provider Id Indicator | |
| Referring Provider Referral Number | OA9999 |
| Referring Provider Referral Date | |

| | |
|---|---|
| ● 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.