

Keying of the Referral Number into Payerpath

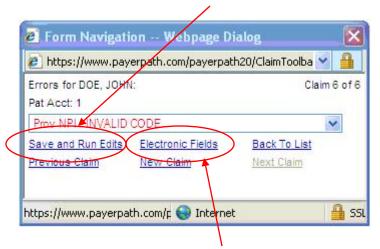
1. MEDICARE / MEDICAID / CHAMPUS / CHAMPVA / GROUP / FECA / OTHER		1a. INSUREDS I.D. NUMBER 0600999999
2. PATIENTS name (Last, First, MI) DOE JOHN	3. PAT BIRTHDATE / SEX 01/01/2010	4. INSUREDS NAME (L, F, M) DOE JOHN
5. PATIENTS ADDRESS (No., Street)	6. PATIENT RELATIONSHIP 18 SIf=18 Sp=01 Chd=19 Oth=G8	7. INSUREDS ADDRESS (No., Street) 123 MAIN STEET
CITY STATE	8. PATIENT STATUS S C M C O C	ANCHORAGE AK
ZIP / TELEPHONE	EMPLOYMENT / STUDENT STATUS Full-Time C Part-Time C	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 C N C
12. PATIENTS OR AUTHORIZED PERSONS SIGNATURE / DATE		13. INSUREDS SIGNATURE
14. DATE OF CURRENT	15. SIMILAR ILLNESS DATE	16. DATES PAT UNABLE TO WORK
X X X	17a. REFERRING PHYS ID/ NPI 1234567890	18. HOSPITALIZATION DATES
19. RESERVED FOR LOCAL USE		20. LAB CHARGES: Y C N C
21. DIAGNOSIS 1	DIAGNOSIS 3	22. CLAIM FREQ / ORIG. REF NO
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
Ocodes 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 F
Billing Provider	Display Charge F
Codes	Display Charge F
Coordination of Benefits Additional Adjustments B	Display Charge F
Coordination of Benefits Additional Adjustments C	Display Charge F
Coordination of Benefits-Other Payer B	Display Charge F
Coordination of Benefits-Other Payer C	<u>Display Charge F</u>
• Facility	Display Charge F
• Information	Display Charge F
lnsured	Display Charge F
Legal Representative Other Insured-1	<u>Display Charqe F</u> Display Charqe F
Patient	Display Charge F
Pay To Provider	Display Charge F
Payer A	Display Charge F
Payer A Additional Fields	Display Charge F
Payer B Additional Fields	Display Charge F
Payer C Additional Fields	<u>Display Charge F</u>
Provider Provider	Display Charge F
Purchased Service Provider	<u>Display Charge F</u>
Referring Provider	<u>Display Charqe F</u>
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.



Referring Provider Id Indicator	DA9999	
Referring Provider Upin		
Referring Provider Tax Id		
Referring Provider Tax Type		
Referring Provider 3RD ID	A Committee of the Comm	
Referring Provider 3RD ID Qualifier		
Referring Provider 2ND ID		
Referring Provider 2ND ID Qualifier		
Referring Provider ID Qual		
Referring Provider		Display Charge F
Purchased Service Provider		Display Charge F
Provider Provider		Display Charge F
Payer C Additional Fields		Display Charge F
Payer B Additional Fields		Display Charge F
Payer A Additional Fields		Display Charge F
Pay To Provider Payer A		Display Charge F
Patient		Display Charge F
Other Insured-1		<u>Display Charge F</u> Display Charge F
Legal Representative		Display Charge F
lnsured		Display Charge F
Information		Display Charge F
• Facility		Display Charge F
Coordination of Benefits-Other	Payer C	Display Charge F
Ocoordination of Benefits-Other Payer B		Display Charge F
Ocordination of Benefits Additional Adjustments C		Display Charge F
Coordination of Benefits Additional Adjustments B		Display Charge F
Description of the Britain of the Br		Display Charge F



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

