

Completing the Additional Provider Information Panel For Ordering, Referring or Prescribing Provider

Step 1: In the Detail Panel click on **Additional Provider Information**

Item	FDOS	Units	Charges	Medicaid Allowed Amount	Status	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Final EAPG
A	4	01/02/2017	16.00	\$50.00		12	T1019					
A	3	01/02/2017	16.00	\$50.00		12	T1019					
A	2	01/01/2017	16.00	\$50.00		12	T1019	U2				
A	1	01/01/2017	16.00	\$50.00		12	T1019					

Select row above to update -or- click add an item button below.

delete add an item copy

Item 4

*From DOS 01/02/2017

To DOS 01/02/2017

*Units 16.00

*Charges \$50.00

Medicaid Allowed Amount \$0.00

Rendering Provider

Submitted EAPG

Initial EAPG

Status

*Place Of Service 12 [Search]

*Procedure Code T1019 [Search]

Emergency

Referred EPSDT Service/
Family Planning

Diagnosis Code

Pointer

Modifiers U2 [Search] [Search]

Final EAPG

Pay Action

NDC Detail - Other Payer ClaimCheck **Additional Provider Information**

Step 2: Click on **add an item**

Additional Provider Information

*** No rows found ***

Select row above to update -or- click Add button below.

delete **add an item**

Step 3: Select a detail item from the drop down box (ORP information must be entered for each detail on the claim)

Additional Provider Information

Detail Item	Type of Provider	Provider #	Last Name	First Name, MI
A	0			

Type data below for new record.

delete add an item

*Detail Item

*Type of Provider

*Provider #

*Last Name

*First Name, MI

Step 4: Choose the appropriate **Type of Provider** from the drop down box

Step 5: Click on the blue line and then enter **Provider #, Last Name, First Name,** and **Middle Initial** (if applicable.) Enter the name exactly as shown on the ORP search panel. When you've finished, click on blue line again to save.

Additional Provider Information				
Detail Item	Type of Provider	Provider #	Last Name	First Name, MI
A 0				

Type data below for new record.

delete add an item

*Detail Item 1 ▾

*Type of Provider Ordering Provider ▾

*Provider #

*Last Name FITZ

*First Name, MI DANI

Ordering Provider
Referring Provider
Supervising Provider

Additional Provider Information				
Detail Item	Type of Provider	Provider #	Last Name	First Name, MI
A 1	Ordering Provider		FITZ	DANI J

Type data below for new record.

delete add an item

*Detail Item 1 ▾

*Type of Provider Ordering Provider ▾

*Provider #

*Last Name FITZ

*First Name, MI DANI J

Provider # is 10 digit NPI #

Step 4: Continue steps 2, 3, 4, and 5 as needed until all detail lines have an assigned provider.

Additional Provider Information				
Detail Item	Type of Provider	Provider #	Last Name	First Name, MI
1	Ordering Provider		FITZ	DANI J
2	Ordering Provider		FITZ	DANI J
3	Ordering Provider		FITZ	DANI J
4	Ordering Provider		FITZ	DANI J

Select row above to update -or- click Add button below.

delete add an item

Detail Item ▾

Type of Provider ▾

Provider #

Last Name

First Name, MI