



Tapestry Link Claim Entry

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Entering a Claim

CMS and UB Claims can now be entered within Tapestry Link.

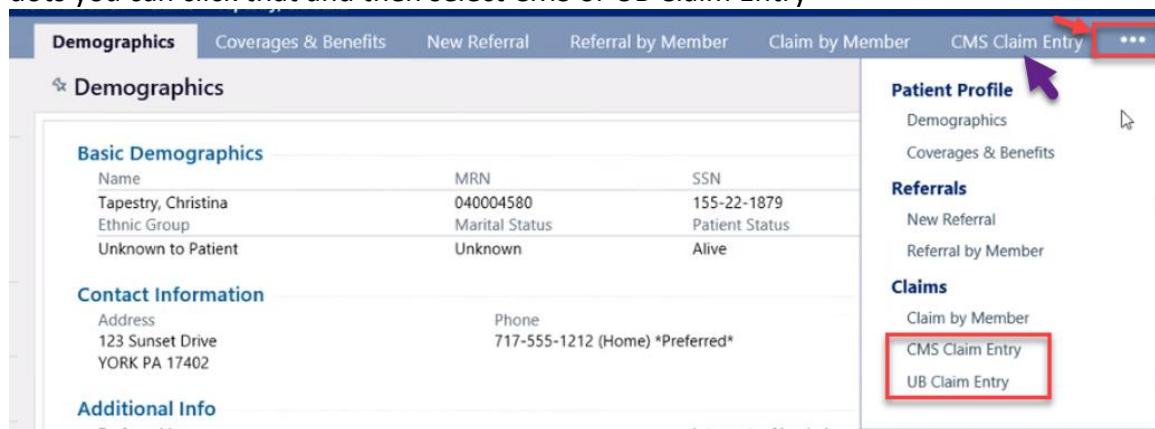
1. Click Select Patient from home page. This will jump you to your Patient List, which will store all of the patients seen at your practice. You can click on the letters of the alphabet to jump to your patient's last name.
2. Select patient from your **Patient List**
3. Select **correct coverage** for this claim by clicking on the **Name of the coverage**, see example in screenshot



The screenshot shows a 'Coverage Select' window with a title bar. Below the title bar is a text prompt 'Select a coverage.' followed by two links: 'Select Coverage' (with a green checkmark icon) and 'View Coverage Report' (with a document icon). Below these links is a section titled 'Payor/Plan' containing five radio button options:

- ☐ WELLSPAN POPULATION HEALTH / WELLSPAN PLUS
- ☐ WELLSPAN POPULATION HEALTH / EAP 6 PFPY
- ☐ QUEST BEHAVIORAL HEALTH / QUEST WELLSPAN STANDARD
- ☐ QUEST BEHAVIORAL HEALTH / QUEST WELLSPAN PLUS
- ☐ QUEST BEHAVIORAL HEALTH / QUEST EAP 3 PFPY

- a. You will now be jumped in the demographics screen for the selected patient.
4. Select either **CMS or UB Claim Entry** from the activities at the top of the screen. If you are showing 3 dots you can click that and then select CMS or UB Claim Entry



The screenshot shows the 'Demographics' screen. At the top is a navigation bar with tabs: 'Demographics', 'Coverages & Benefits', 'New Referral', 'Referral by Member', 'Claim by Member', 'CMS Claim Entry', and a three-dot menu icon. The 'Demographics' tab is active. Below the navigation bar is a section titled 'Demographics' with a star icon. It contains two main sections: 'Basic Demographics' and 'Contact Information'. The 'Basic Demographics' section has a table with three columns: Name, MRN, and SSN. The 'Contact Information' section has a table with two columns: Address and Phone. To the right of the main content is a sidebar with a 'Patient Profile' section containing links for 'Demographics' and 'Coverages & Benefits'. Below this is a 'Referrals' section with links for 'New Referral' and 'Referral by Member'. At the bottom is a 'Claims' section with links for 'Claim by Member', 'CMS Claim Entry', and 'UB Claim Entry'. The 'CMS Claim Entry' and 'UB Claim Entry' links are highlighted with a red box. A red arrow points to the three-dot menu icon in the navigation bar, and a purple arrow points to the 'Patient Profile' section in the sidebar.

Name	MRN	SSN
Tapestry, Christina	040004580	155-22-1879
Ethnic Group	Marital Status	Patient Status
Unknown to Patient	Unknown	Alive

Address	Phone
123 Sunset Drive YORK PA 17402	717-555-1212 (Home) *Preferred*

5. Fill out **ALL fields** of the information for the claim. These fields coordinate with the CMS and UB forms.
 - a. Reference the numbers and letters associated on the CMS/UB form.
6. Fields marked with a Red stop sign with exclamation point and Yellow yield sign are **required**; claims can't be adjudicated if these fields are blank

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- a. Not all fields are required to process a claim are indicated with a red stop sign or yellow yield sign. Please see Appendix A for a complete list of fields required for Quest Behavioral Health HCFA 1500 claims, and Appendix B for a complete list of fields required for Quest Behavioral Health UB04 claims. Please see Appendix C for a complete list of fields required for WellSpan EAP CMS HCFA 1500 claims.

7. When paying as a Secondary claim

- a. Select the **secondary option** under the Adjudication Options section

Title	Number
Primary	1
Secondary	2
Tertiary	3

- b. Additional fields will populate that need filled out

8. Required field 24e Associated Diagnosis

- a. This field should be filled out coordinating with the diagnosis letter from the diagnosis entered

21. Diagnosis	Code Set	Qualifier
A Other general symptoms a...	ICD-10-C...	
B		

9. Field 24g Quantity = Number of Units

10. Fill out **all boxes below** with data

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Service Entry - Line 1 - PR THER PX 1/> AREAS EACH 15 MINUTES MASSAGE

24a. Service from date 4/6/2021	24a. Service to date 4/6/2021	24b. Place of service type 11 - Office	24d. Service 97124 - PR THER PX 1/> A...
24d. Modifiers	24e. Associated diagnosis A	24f. Amount billed ⚠	24g. Quantity 1.00

Time Info NDC Info Ambulance Info + New X Delete ↓ Next ↑ Previous

11. To fill out more than one service line select the **+New** tab

12. For Quest Behavioral Health EAP and WellSpan EAP Claims **ONLY**

- Field 24d Modifiers - enter HJ and select the Employee Assistance Program modifier to enter here

Service Entry - Line 1

24a. Service from date	24a. Service to date
24d. Modifiers hj	24e. Associated diagnosis ⚠

Recent
EMPLOYEE ASSISTANCE PROGRAM [HJ]

X Delete

13. Fill out **required fields** Vendor, Place of Service and Provider

- If you are unable to find the correct Place of Service and Provider you may check Override Restrictions box. Please do a thorough search of these fields before checking this box.
- The Override Restrictions should not be used when submitting claims for Quest Behavioral Health and WellSpan EAP. Please see Appendix A and B for further information for Quest Behavioral Health Claims and Appendix C for WellSpan EAP claims.
 - Once you have submitted your initial claims setup then you should no longer click the override restrictions box as the information will already be in the system

Encounter Information

33. Vendor ⚠	26. Account number with vendor	32. Place of service	24j. Provider
Specialty	Encounter date	Encounter time	33b. [ZZ] Vendor taxonomy

☐ Override restrictions

14. Once the claim is filled out in its entirety Click **Accept** on bottom right

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CMS Claim Entry

Time Info NDC Info Ambulance Info New Delete Next Previous

Claim Level Information

28. Total billed
700.00

Encounter Information ☒ Override restrictions

33. Vendor: HAGEY [4501]
26. Account number with vendor:
32. Place of service: 04 KENNEDY [16419681]
24j. Provider: 105002, CANDY DIAZ [105002]
Specialty:
Encounter date:
Encounter time:
24j. [ZZ] Provider taxonomy:
33b. [ZZ] Vendor taxonomy:
27. Provider accept assignment code:
13. Benefit assignment indicator:

Condition Codes

Condition Codes

Miscellaneous Information

Box ID Box Data Contents

Ambulance Information

Accept Cancel

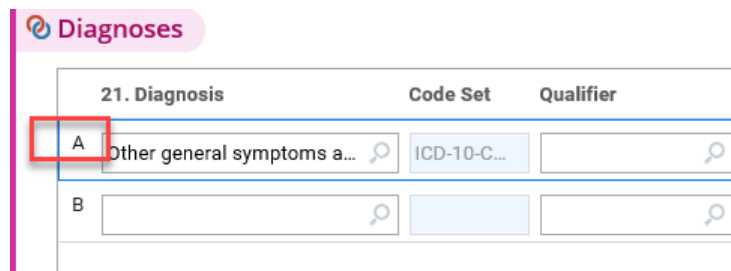
15. Claim will now show under Claim by Member tab

Appendix A

Enter subheadings in Subtopic style to divide up topics. "Administer medications" is one example of a subtopic. Add explanatory text or answers to questions in Normal, Step, or Bullet style. You can also add tables.

Required Fields for Quest Behavioral Health HCFA 1500 Claims **ONLY**

1. **Claim Identification** - This field will automatically populate - this is your claim number.
 - a. DO NOT CHANGE THIS NUMBER.
2. **Accident Information** - This field can be left blank.
3. **Illness Dates** - This field can be left blank.
4. **Diagnoses** - Box 21 "Diagnoses" is a **required field**.
 - a. Please use ICD-10 format **ONLY**.
 - b. Primary diagnosis must be listed in the box that corresponds with "A".
 - c. Use the Tab key to generate additional fields if more than one diagnosis is necessary.



21. Diagnosis	Code Set	Qualifier
A	Other general symptoms a...	ICD-10-C...
B		

1. Adjudication Options

- a. This field can be left blank if Quest is primary.
- b. If billing to Quest as secondary coverage, type "Secondary".
 - i. This will open new fields under Service Entry – see #7 below.

2. Services

- a. Service Entry - Line 1
 - i. 24a "Service from date" and "Service to date" **are required fields**
 - ii. 24b "Place of Service Type" is the POS code, **is a required field**. For example (not an inclusive list):
 1. 11=office
 2. 02=telehealth other than patient home
 3. 10=telehealth patient home
 - iii. 24d "Service" is the CPT code, **is a required field**.
 1. 24d "Modifiers" may be used but are only required for Quest EAP claims.
 2. For Quest EAP claims - enter HJ and select the Employee Assistance Program modifier.

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Service Entry - Line 1

24a. Service from date

24a. Service to date

24d. Modifiers

hj

Recent

EMPLOYEE ASSISTANCE PROGRAM [HJ]

24e. Associated diagnosis

!

W X Delete

iv. 24e “Associated Diagnosis” is a **required field**.

1. DO NOT enter the diagnosis code here; enter the letter from the diagnoses code that corresponds to box 21.

Service Entry - Line 1 - PR THER PX 1/> AREAS EACH 15 MINUTES MESSAGE

24a. Service from date

4/6/2021

24a. Service to date

4/6/2021

24b. Place of service type

11 - Office

24d. Service

97124 - PR THER PX 1/> A...

24d. Modifiers

24e. Associated diagnosis

A

24f. Amount billed

!

24g. Quantity

1.00

Time Info NDC Info Ambulance Info + New X Delete Next Previous

i. 24f “Amount Billed” is a **required field**.

1. Enter the amount billed for each individual service.
- ii. 24g “Quantity” should default to 1. Do not change unless appropriate (do not bill outpatient therapy for more than 1 unit per DOS).

If you have more than one service OR dates of service to be billed, click +New to add additional service entry lines.

Time Info NDC Info Ambulance Info + New X Delete Next Previous

5. If billing to Quest as the **secondary coverage**, “Prior insurance amount” and “Prior patient portion” will be visible.

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- a. Enter info from primary EOB.
- b. These are required fields when Quest is secondary coverage.

- c. The primary EOB cannot be attached within Tapestry Link. Please write the Tapestry Link claim number on the EOB and submit to Quest using one of the following options:
 - i. Fax to 717-851-1414.
 - ii. Email to claims@questbh.com

6. Claim Level Information - "Total billed" is a required field

- a. Enter the total of all Service entry lines.

7. Encounter Information - Required fields are marked (red stop signs).

- a. Box 26 "Account number with vendor" is not required but may be used to indicate your internal patient account number if desired.
- b. Box 33 "Vendor" - use the magnifying glass to select or start to enter vendor name to populate.
- c. Box 32 "Place of service" - use the magnifying glass to select.
 - i. Selection should be made by ADDRESS
 - 1. **If street address is correct, the place of service is correct regardless of the associated name.**
- d. Box 24j, "Provider" - use the magnifying glass to select provider or start to enter provider name to populate.
- e. ***If you are unable to find the correct Vendor, Place of Service and/or Provider, this indicates they are not yet built in our system. You will need to cancel the claim entry and contact Quest at questtaplink@questbh.com for further assistance.***

No other fields should be completed. Select "Accept" (bottom right) to finish the claim. You will then be able to track your claim under Claim by Member tab using the assigned claim number from #1.

Appendix B

Required Fields for Quest Behavioral Health UB04 Claims ONLY

1. **Claim Identification** - This field will automatically populate - this is your claim number.
 - a. DO NOT CHANGE THIS NUMBER.
2. **Claim Periods and Days**
 - a. Type of Bill **is a required field.**
 - b. Statement Covers From **is a required field.**
 - c. Statement Covers To **is a required field.**
3. **Admission Information**
 - a. Admission Date **is a required field.**
 - b. Admission Type **is a required field.** Use the magnifying glass to select from a list or enter manually.
 - c. Admission Source **is a required field.** Use the magnifying glass to select from a list or enter manually.
 - d. Patient Discharge Status **is a required field.** Use the magnifying glass to select from a list or enter manually.
4. **Codes & Dates** - These fields can be left blank.
5. **Adjudication Options**
 - a. This field can be left blank if Quest is primary.
 - b. If billing to Quest as secondary coverage, type "Secondary".
 - i. This will open new fields under Service Entry – see #10 below.
6. **Services**
 - b. Service Entry - Line 1
 - i. "Revenue Code" **is a required field**
 - ii. "HCPCS" is not a required field but should be entered if being used.
 - iii. "Modifiers" are not a required field but should be entered if being used.
 - iv. "Service from date" and "Service to date" **are required fields**
 - v. "Place of Service Type" **is a required field.** Use the magnifying glass to select from a list or enter manually.
 - vi. "Quantity" **is a required field.** Please be sure to enter an accurate number of units for each service.
 - vii. "Amount Billed" **is a required field.** Enter the amount billed for each individual service.
 - viii.

If you have more than one service OR dates of service to be billed, click +New to add additional service entry lines.



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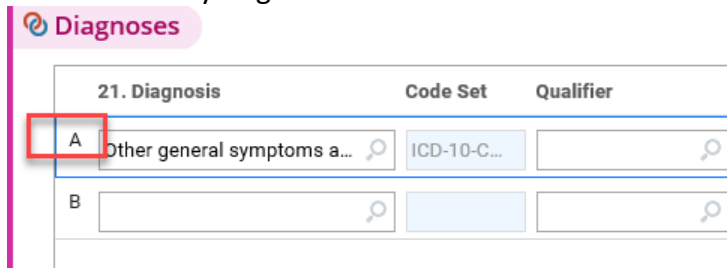
7. **Claim Level Information** - "Total billed" is a required field.
 - a. Enter the total of all Service entry lines.
8. **Encounter Information** - Required fields are marked (red stop signs).
 - a. "Vendor" - use the magnifying glass to select or enter tax ID as "ti.NNNNNNNNNN".
 - b. "Account number with vendor" is not required but may be used to indicate your internal patient account number if desired.
 - c. "Place of service" - use the magnifying glass to select the appropriate place of service.
 - i. Selection should be made by ADDRESS.
 1. **If the street address is correct, the place of service is correct regardless of the associated name.**
 - d. "Provider" - use the magnifying glass to select provider or start to enter provider name to populate.
 - e. "Attending Physician" is a required field for outpatient services.
 - i. Use the magnifying glass to select provider or start to enter provider name to populate.
 - f. ***If you are unable to find the correct Vendor, Place of Service and/or Provider, this indicates they are not yet built in our system. You will need to cancel the claim entry and contact Quest at questtaplink@questbh.com for further assistance.***
3. Enter **secondary** in the "Pay As" field if billing to Quest as the **secondary coverage**. "Prior insurance amount" and "Prior patient portion" will be visible.
 - a. Enter info from primary EOB.
 - b. These are **required fields** when Quest is secondary coverage.

No other fields should be completed. Select "Accept" (bottom right) to finish the claim. You will then be able to track your claim under Claim by Member tab using the assigned claim number from #1.

Appendix C

Required Fields for WellSpan EAP CMS HCFA 1500 Claims

1. **Claim Identification** - This field will automatically populate - this is your claim number.
 - a. DO NOT CHANGE THIS NUMBER.
2. **Accident Information** - This field can be left blank.
3. **Illness Dates** - This field can be left blank.
4. **Diagnoses** - Box 21 "Diagnoses" is a required field.
 - a. Please use ICD-10 format ONLY.
 - b. Primary diagnosis must be listed in the box that corresponds with "A".
 - c. Use the Tab key to generate additional fields if more than one diagnosis is necessary.



21. Diagnosis	Code Set	Qualifier
A	Other general symptoms a...	
B		

5. **Adjudication Options**
 - a. This field can be left blank.
6. **Services**
 - a. Service Entry - Line 1
 - i. 24a "Service from date" and "Service to date" are required fields
 - ii. 24b "Place of Service Type" is the POS code, is a required field. For example (not an inclusive list):
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 - iii. 24d "Service" is the CPT code, is a required field.
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 2. For WellSpan EAP claims - enter HJ and select the Employee Assistance Program modifier.

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Service Entry - Line 1

24a. Service from date

24a. Service to date

24d. Modifiers

hj

Recent

EMPLOYEE ASSISTANCE PROGRAM [HJ]

24e. Associated diagnosis

W Delete

- iv. 24e “Associated Diagnosis” is a required field.
 - 1. DO NOT enter the diagnosis code here; enter the letter from the diagnoses code that corresponds to box 21.

Service Entry - Line 1 - PR THER PX 1/> AREAS EACH 15 MINUTES MESSAGE

24a. Service from date

4/6/2021

24a. Service to date

4/6/2021

24b. Place of service type

11 - Office

24d. Service

97124 - PR THER PX 1/> A...

24d. Modifiers

24e. Associated diagnosis

A

24f. Amount billed

24g. Quantity

1.00

Time Info NDC Info Ambulance Info + New X Delete Next Previous

- v. 24f “Amount Billed” is a required field.
 - 1. Enter the amount billed for each individual service.
- vi. 24g “Quantity” should default to 1. Do not change unless appropriate (do not bill outpatient therapy for more than 1 unit per DOS).

If you have more than one service OR dates of service to be billed, click +New to add additional service entry lines.

Time Info NDC Info Ambulance Info + New X Delete Next Previous

- 7. **Claim Level Information** - “Total billed” is a required field
 - a. Enter the total of all Service entry lines.
- 8. **Encounter Information** - Required fields are marked (red stop signs).
 - a. Box 26 “Account number with vendor” is not required but may be used to indicate your internal patient account number if desired.
 - b. Box 33 “Vendor” - use the magnifying glass to select or start to enter vendor name to populate.
 - c. Box 32 “Place of service” - use the magnifying glass to select.
 - i. Selection should be made by ADDRESS
 - 1. If street address is correct, the place of service is correct regardless of the associated name.

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- d. Box 24j, "Provider" - use the magnifying glass to select provider or start to enter provider name to populate.
- e. **If you are unable to find the correct Vendor, Place of Service and/or Provider, this indicates they are not yet built in our system. You will need to cancel the claim entry and contact WellSpan EAP at wellspaneap@wellspan.org for further assistance.**

No other fields should be completed. Select "Accept" (bottom right) to finish the claim. You will then be able to track your claim under Claim by Member tab using the assigned claim number from #1.

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