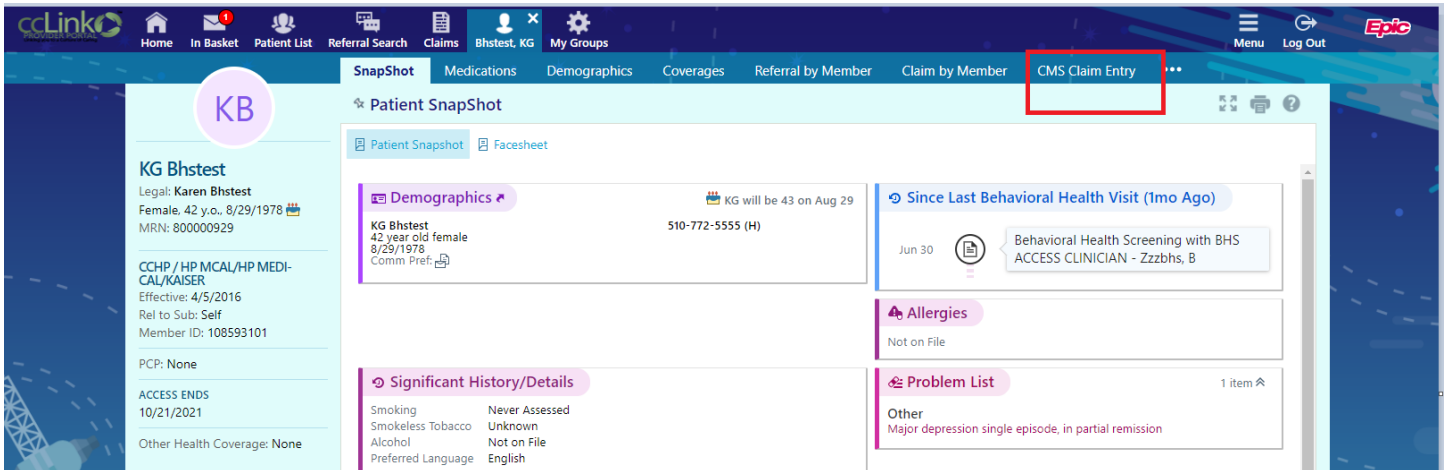


## CMS 1500 Claim Entry-BH Tapestry Link

After you have selected your patient from the “Patient List”

Navigate to and click on “CMS Claims Entry” – this will open the CMS Claims Entry Screen



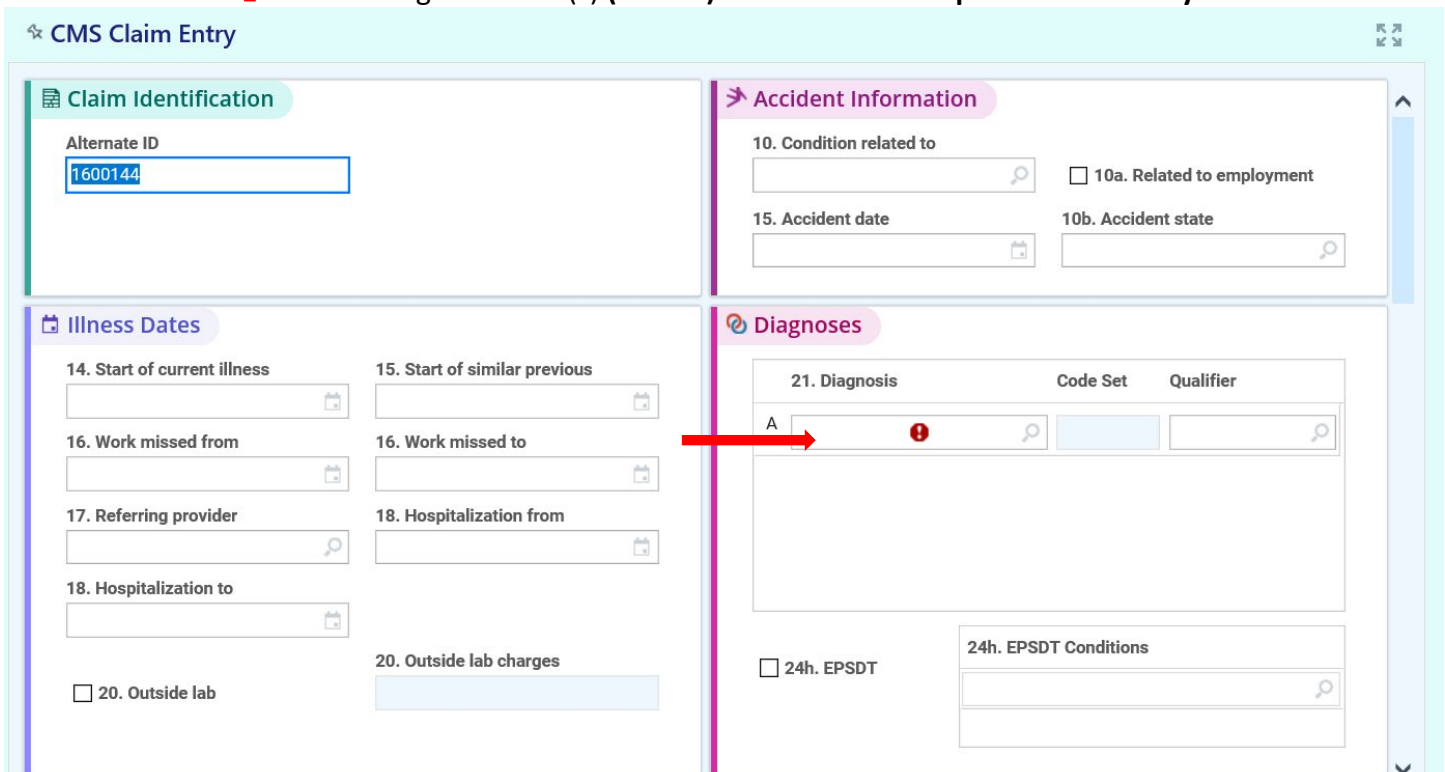
### I. CMS Claims

#### 1. Claim Identification

- a. Write down the claim number (**Alternate ID**)

#### 2. Diagnoses

- a. Enter diagnosis code(s) (**Box 21**) – No code set or qualifier necessary



Continued on next page.

### 3. Services - Service Entry

- a. Enter "Svc from date" (Box 24.A)
- b. Enter a Place of Service Type (Box 24.B)
- c. Enter Procedure Service code (Box 24.D)
- d. Enter "Modifier(s)" (Box 24.D) – 1 per box
- e. Enter "Assoc Dx" (Box 24.E) – THIS WILL BE THE LETTER FROM #21 UNDER DIAGNOSIS
- f. Enter "Amt billed" (Box 24.F)
- g. Enter "Quantity" (Box 24.G)

\*\* FOR EACH DATE OF SERVICE CLICK "NEW"

### 5. Claim Level Information Box

- c. Enter "Total Billed" (Box 28) – FOR ALL SERVICES BILLED UNDER SERVICES

The screenshot displays a software interface with two main sections: 'Services' and 'Claim Level Information'.

**Services Section:**

- A table with columns: #, From Date, To Date, POS Type, Service, Code Ty, Modifiers, Associ, Amount Bill, Quantit, Prior Insur, Prior Patie. Row 1 is highlighted with a blue background.
- Below the table is the 'Service Entry - Line 1' form with the following fields:
  - 24a. Service from date (calendar icon)
  - 24a. Service to date (calendar icon)
  - 24b. Place of service type (dropdown with error icon)
  - 24d. Service (dropdown with search icon)
  - 24d. Modifiers (dropdown with search icon)
  - 24e. Associated diagnosis (dropdown with error icon)
  - 24f. Amount billed (dropdown with warning icon)
  - 24g. Quantity (input field with value 1.00 and calendar icon)
- Buttons at the bottom: Time Info, NDC Info, Ambulance Info, **New** (circled in red), Delete, Next, Previous.

**Claim Level Information Section:**

- 28. Total billed (input field with error icon)

Red arrows indicate the following interactions:

- Pointing to the 'From Date' field in the table.
- Pointing to the 'Service from date' field.
- Pointing to the 'Place of service type' field.
- Pointing to the 'Service' field.
- Pointing to the 'Modifiers' field.
- Pointing to the 'Associated diagnosis' field.
- Pointing to the 'Amount billed' field.
- Pointing to the 'Quantity' field.
- Pointing to the 'New' button.
- Pointing to the 'Total billed' field.

## 6. Encounter Information

- a. Enter “Vendor” “VENDOR ID Number must start with a “7” unless if you are a shared provider in this instance the Vendor ID Number will start with a “6”- **if you are a Shared Provider, You MUST ALSO COMPLETE STEP #7 below**
- b. Enter “Place of Service”- Click on magnifying glass and select correct address from the dropdown menu **(Box 32)**
- c. Enter “Provider”- Type in provider’s name or select the provider from the dropdown menu. **(Box 24j)**
- d. Enter the provider’s “Specialty” – **If you are in the “Provider” box, press Enter, and the “Specialty” will automatically populate**

## 7. Miscellaneous Information Box: If you are a SHARED PROVIDER (Please Follow the step below to ensure that your claim is sent to BH and NOT CCHP)

- **Please enter “BH” in both the Box ID field and the Box Data Contents**
  - a. Box ID – “BH” (not case sensitive)
  - b. Box Data Contents – “BH” (not case sensitive)

The screenshot displays a digital form with two main sections: "Encounter Information" and "Miscellaneous Information".

**Encounter Information Section:**

- 33. Vendor:** A search field with a red arrow pointing to it.
- Specialty:** A search field with a red arrow pointing to it.
- 24j. [ZZ] Provider taxonomy:** A search field with a red arrow pointing to it.
- 26. Account number with vendor:** A text input field with a red arrow pointing to it.
- 32. Place of service:** A dropdown menu with a magnifying glass icon and a red arrow pointing to it.
- 24j. Provider:** A search field with a red arrow pointing to it.
- Encounter date:** A date picker field.
- Encounter time:** A time picker field.
- 33b. [ZZ] Vendor taxonomy:** A search field.
- 27. Provider accept assignment code:** A search field.
- 13. Benefit assignment indicator:** A search field.

**Miscellaneous Information Section:**

- Box ID:** A text input field with a red arrow pointing to it.
- Box Data Contents:** A text input field with a red arrow pointing to it.

8. To complete the claim, click **“Accept”** or ALT+A.

**Ambulance Information**

Pickup Location \_\_\_\_\_ Dropoff Location \_\_\_\_\_

Address \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City (or ZIP) \_\_\_\_\_ City (or ZIP) \_\_\_\_\_

State ZIP \_\_\_\_\_ State ZIP \_\_\_\_\_

County \_\_\_\_\_ County \_\_\_\_\_

Country \_\_\_\_\_ Country \_\_\_\_\_

Transport Information \_\_\_\_\_ Conditions \_\_\_\_\_

Weight \_\_\_\_\_ Distance \_\_\_\_\_ Yes/no condition \_\_\_\_\_

Reason \_\_\_\_\_ Conditions \_\_\_\_\_