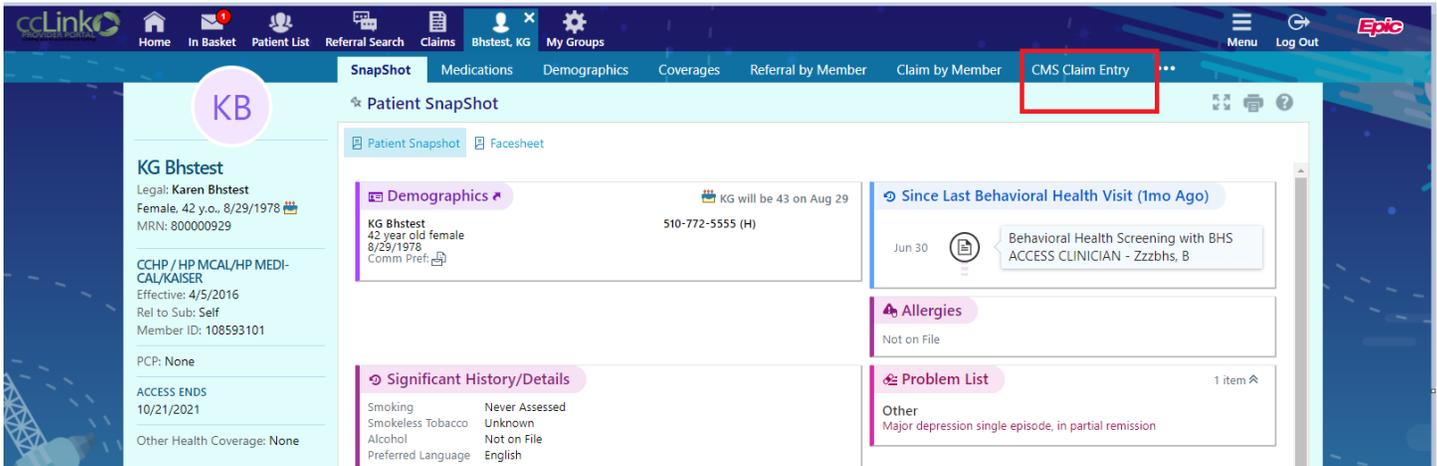


CMS 1500 Claim Entry-BH Tapestry Link

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



The screenshot shows the Epic patient snapshot for Karen Bhstest. The top navigation bar includes 'Home', 'In Basket', 'Patient List', 'Referral Search', 'Claims', 'Bhstest, KG', and 'My Groups'. The 'CMS Claim Entry' link is highlighted with a red box. The patient information on the left includes: Legal: Karen Bhstest, Female, 42 y.o., 8/29/1978, MRN: 800000929, CCHP / HP MCAL/HP MEDICAL/KAISER, Effective: 4/5/2016, Rel to Sub: Self, Member ID: 108593101, PCP: None, ACCESS ENDS: 10/21/2021, Other Health Coverage: None. The main area shows Demographics (KG will be 43 on Aug 29, 510-772-5555 (H)), Significant History/Details (Smoking: Never Assessed, Smokeless Tobacco: Unknown, Alcohol: Not on File, Preferred Language: English), and a Problem List (Major depression single episode, in partial remission).

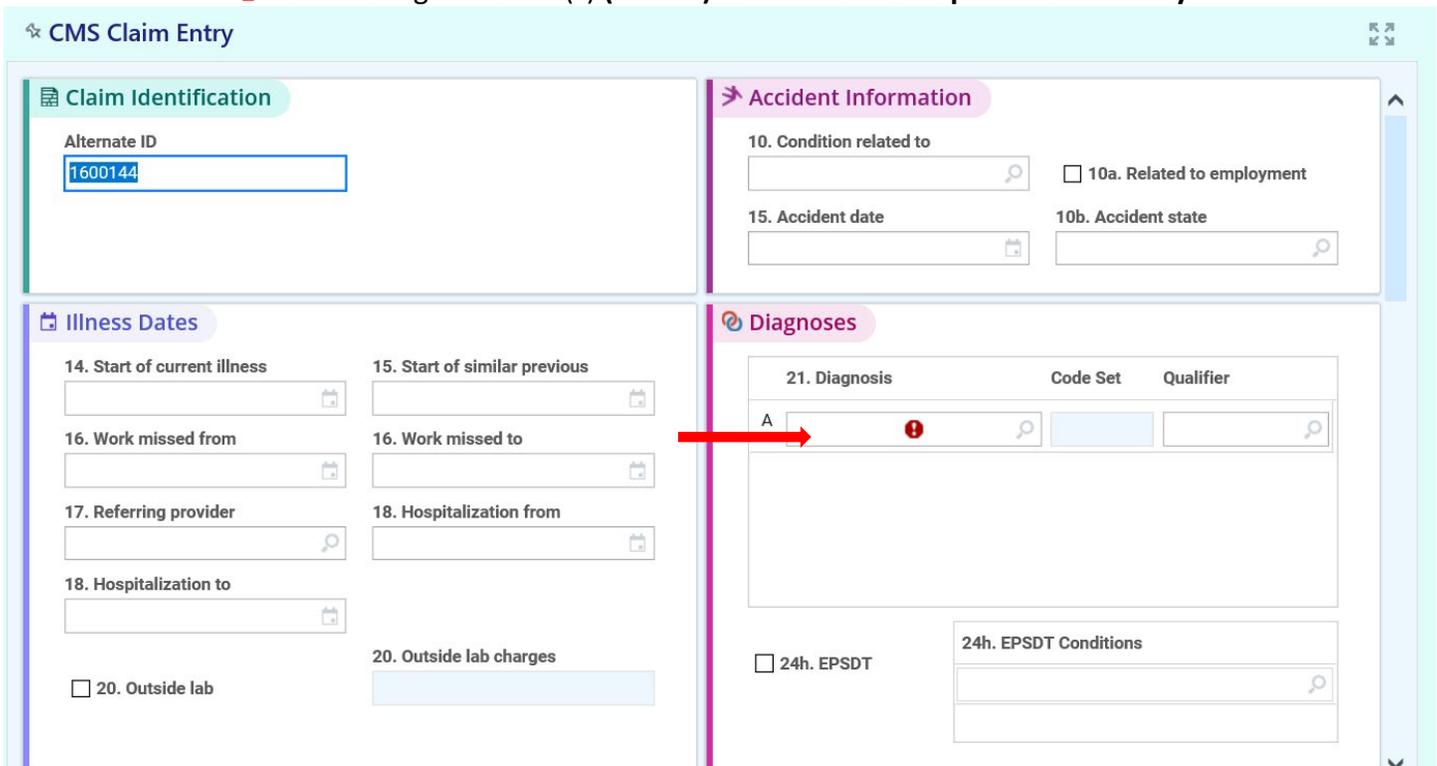
I. CMS Claims

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



The screenshot shows the CMS Claim Entry form. The 'Claim Identification' section has an 'Alternate ID' field containing '1600144'. The 'Diagnoses' section has a table with columns for 'Diagnosis', 'Code Set', and 'Qualifier'. The 'Diagnosis' column contains the letter 'A', and a red arrow points to this entry. Below the table, there is a checkbox for '24h. EPSDT' and a section for '24h. EPSDT Conditions'.

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 fields: 24a. Service from date, 24a. Service to date, 24b. Place of service type, 24d. Service, 24d. Modifiers, 24e. Associated diagnosis, 24f. Amount billed, and 24g. Quantity. Red arrows point to each of these fields.
- At the bottom of the form are buttons: Time Info, NDC Info, Ambulance Info, **New** (circled in red), Delete, Next, and Previous.

Claim Level Information Section:

- A field labeled '28. Total billed' with a red arrow pointing to it.

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 shows 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.
- 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.
- 27. Provider accept assignment code:** A search field.
- 13. Benefit assignment indicator:** A search field.
- 33b. [ZZ] Vendor taxonomy:** A search field.

Miscellaneous Information Section:

- Condition Codes:** A search field.
- 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 _____