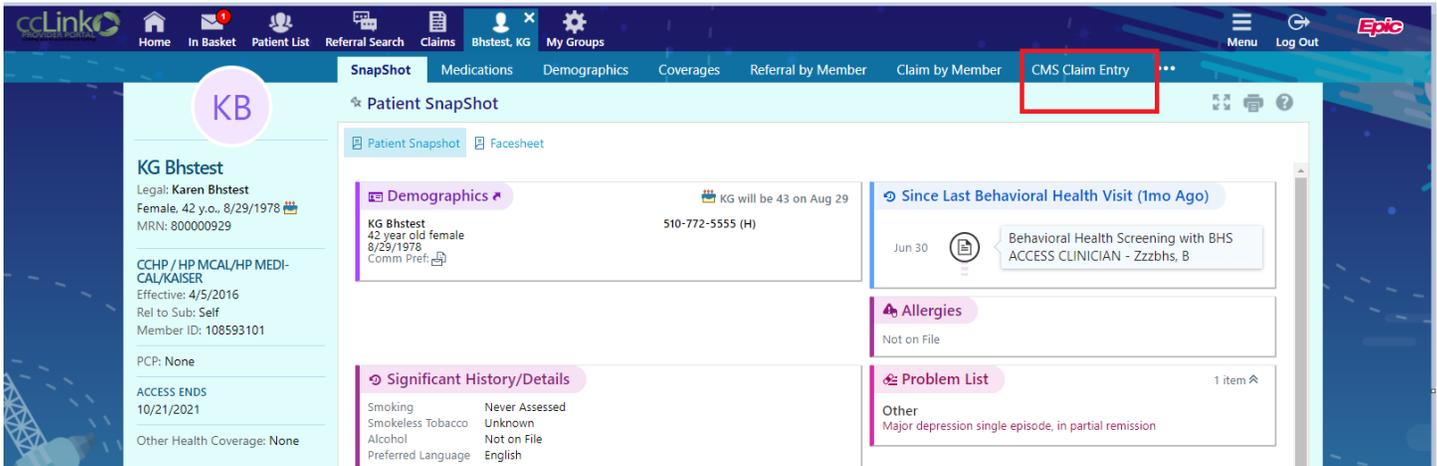# CMS 1500 Claim Entry-BH Tapestry Link

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
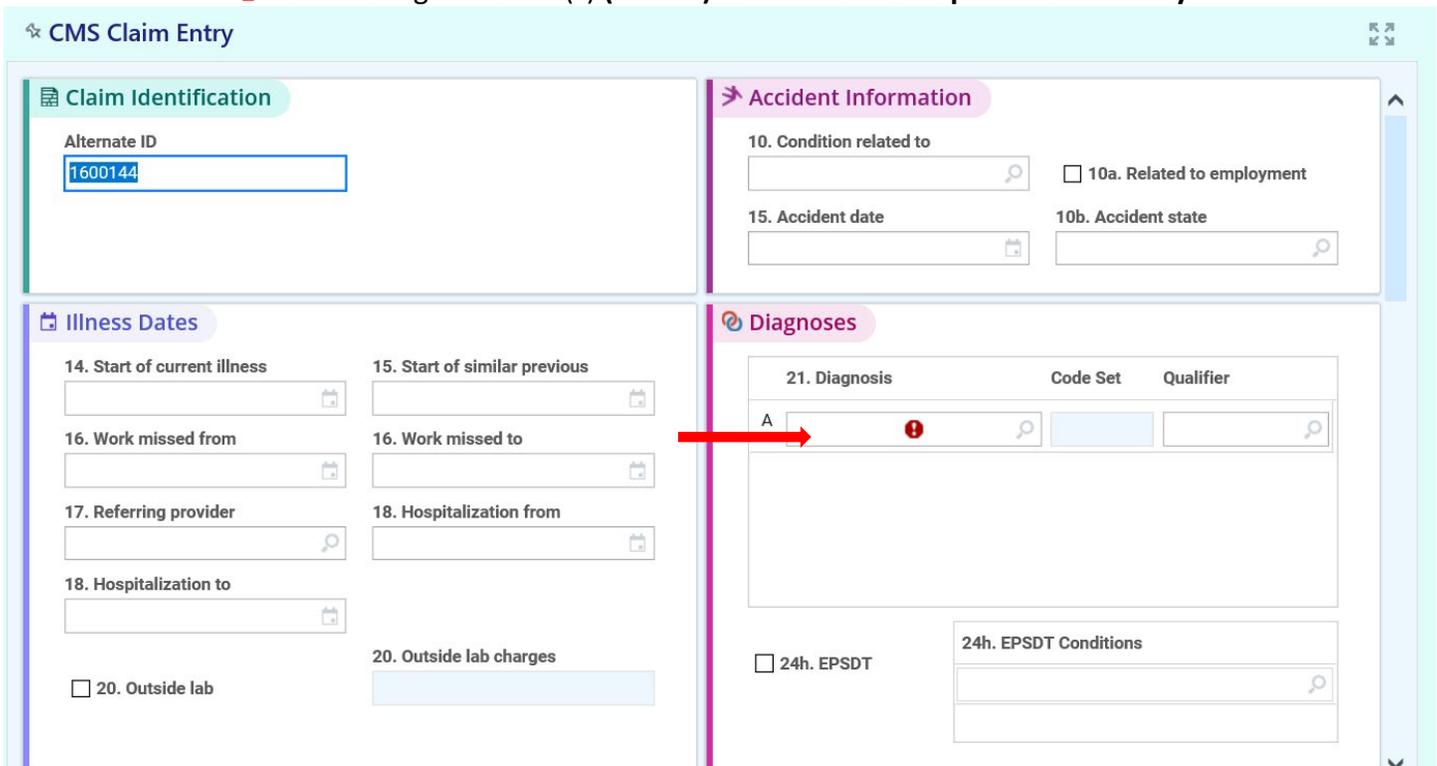

I.   CMS Claims

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**

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**

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**)

Encounter Information

33. Vendor	26. Account number with vendor	32. Place of service	24j. Provider

Specialty	Encounter date	Encounter time	33b. [ZZ] Vendor taxonomy

24j. [ZZ] Provider taxonomy	27. Provider accept assignment code	13. Benefit assignment indicator	

Condition Codes

Condition Codes

Miscellaneous Information

Box ID	Box Data Contents

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