



PROVIDER NEWSLETTER

Winter 2026

We are pleased to announce a new payment option with the QUEST EPAYMENT CENTER

If you aren't receiving your Quest payments electronically (direct deposit), we encourage you to reach out to Zelis Payments to sign up for the Quest **EPAYMENT CENTER**. Through our **EPAYMENT CENTER**, you will also have electronic access to your Quest Explanation of Payment (EOP) and 835 file delivery.

Get set up Today and Get Paid Faster!!

Zelis Payments Network http://questbh.zelisenroll.com	1-855-496-1571	Direct deposit or virtual credit card Consolidates electronic claims payments and remittances from Quest BH and 550+ additional payers in a single, secure portal
Quest ePayment Center email: help@epayment.center	1-855-774-4392	Direct deposit ONLY Electronic claims payments and remittances from Quest BH ONLY



REMINDER:

Be on the lookout for your 1099's.

If you have any questions or concerns, please contact Zelis at 877-828-8770.

If you receive a letter from **Smart Data Solutions** requesting your W-9, this is being requested on behalf of our payment vendor (Zelis).

Please be sure to respond to ensure accurate and timely delivery of future 1099's.

INCIDENTAL OR SUPERVISORY BILLING

Quest does not support incidental, “incident to” or supervisory billing practices.

Quest Behavioral Health requires that the **rendering provider’s NPI** be reported in **Box 24j** on all standard outpatient behavioral health claims. Claims submitted without the appropriate rendering provider information may be denied.

Accordingly, Quest Behavioral Health respectfully requests that all practices **immediately discontinue** the use of “incident to” or supervisory billing. Quest members should be scheduled only with providers who meet Quest’s credentialing and reimbursement standards.

Please do not resubmit claims using a different rendering provider for the purpose of obtaining reimbursement when the treating provider does not meet Quest’s participation requirements.

Quest Behavioral Health reimburses services rendered by **state-licensed providers**, with the exception of bachelor’s-level licensed providers, including:

- **Psychiatrists** (board certification required for in-network participation)
- **Psychiatric Mental Health Nurse Practitioners**
- **Physician Assistants** with a Certificate of Added Qualification (CAQ) in Psychiatry
- **Psychologists**
- **Independent and Associate Master’s level clinicians**
 - **Certified Alcohol and Drug Counselors**, for substance-use-only diagnoses

TAPLINK CLAIM SUBMISSION / REMINDERS

Quest Behavioral Health offers an online portal that allows providers to submit claims AND view claims status, eligibility, and benefits for your Quest members.

If you would like more information regarding our Tapestry Link portal, please send an email to questtaplink@questbh.com.

If there have been any changes to your practice information, such as a billing address update or practice location change. Please notify the Quest TapLink team so that a Site Access Request (SAR) Form may be completed.

When submitting EAP claims through TapLink, ensure that the appropriate modifiers are included. If EAP coverage is not reflected for the member, please discontinue claim entry and contact Quest Membership Services to verify eligibility before proceeding.

CLAIMS INFORMATION

EXPLANATION OF PAYMENTS

Please ensure that your billing service receives all Explanation of Payments (EOPs) issued by Quest. Providing these documents will help minimize inquiries regarding payments that have already been cashed or settled.

PLEASE NOTE: Quest will not reproduce EOPs, as this is duplicative and resource intensive.

RENDERING PROVIDER

Quest does not accept “Signature on File” in Box 31 when using a CMS 1500 form. Please ensure that the rendering provider’s signature (or printed name) is entered in this field.

CORRECTED CLAIMS

Corrected claims should be submitted using **resubmission code “7”** along with the original claim number in **Box 22** when using a CMS 1500 form.

Corrected claims must include **all original lines**, with the necessary corrections applied to the appropriate line(s).

NOTE: A single-line corrected claim cannot be submitted for a claim that was originally submitted with multiple lines.

VOIDED CLAIMS

Voided or canceled claims should be submitted using **resubmission code “8”** along with the original claim number in **Box 22** when using a CMS 1500 form. Please note that **individual lines of a multi-line claim cannot be voided or canceled separately**. If you need to remove a single line, it is recommended to submit a **corrected claim** with that line removed.

AUTHORIZATION NUMBER

To facilitate timely claims processing, please ensure the **current authorization number** is entered in **Box 23**, if applicable.



TELEHEALTH ONLINE

To support accurate claims processing and regulatory compliance, please review the following telehealth reminders:

- **State Licensure Requirement:**
Providers must be licensed in the **state where the member is physically located at the time of service**, not the provider's location. Services rendered without proper licensure may be denied.
- **Member Location Verification:**
Please verify and document the member's physical location at each telehealth visit, as this information may be required for auditing or compliance review.
- **Accurate Member Address on Claims:**
Ensure the member's **current address**—reflecting their location at the time of service—is accurately reported on the claim. Discrepancies may result in claim delays or denials.
- **Telehealth Modifiers and Place of Service:**
Confirm that the appropriate telehealth modifiers and place-of-service codes are applied in accordance with payer requirements.



LICENSED PSYCHOLOGISTS:

Please notify Quest if you have an active **Authority to Practice Interjurisdictional Telepsychology (APIT)** granted from the **PSYPACT Commission**.

CREDENTIALING UPDATES



AUTISM ROSTERS EFFECTIVE AUGUST 28, 2025

Quest implemented a semi-annual roster-based credentialing process!

When billing, please use the **PRACTICE NPI NUMBER** in **BOX 24J** and apply the appropriate **MODIFIER** to **IDENTIFY THE PROVIDER TYPE**.

NOTE: Providers who join your practice between submissions are permitted to begin treating Quest members immediately.

A modifier is required in **BOX 24D**

BCBA/BCBA-D = AH

LBS/MT – AJ or HO

RBT/BT – HN

TSS – HM

The **authorization number** must be entered in **Box 23**
Services should be billed in accordance with the authorize services.

BOXES 32 and 32a require the service facility location and place of service NPI number.

BOXES 33 and 33a require the billing provider information and NPI number.

QUEST BEHAVIORAL HEALTH

PO Box 1032 York, PA 17405

Phone: 800-364-6352

Fax: 717-851-1414

Administrative Hours:
8:00 AM – 5:00 PM
Monday - Friday

Care Management Hours:
24 hours per day
7 days a week

CONTACT US:

Tapestry Link: questtaplink@questbh.com

Claims: claims@questbh.com

Provider Relations: provider@questbh.com

Member Services: membership@questbh.com

PROVIDER MANUAL: <https://questbh.com/providers/>