Entering a Referral in Tapestry Link

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose

This document provides step-by-step instructions for submitting an authorization request, requesting an extension to an existing authorization, adding notes to an authorization, and checking the status of an existing authorization request in Epic Tapestry Link.

The names and authorization numbers contained in this document are fictional and are intended for training purposes only.

Table of Contents:

Helpful Hints

This document replaces the process for entering authorizations in iExchange. If you are entering an authorization in EviCore or CCUM, your process has not changed.

You may SSO from Epic Tapestry Link to EviCore and CCUM

You must be a registered user of Network Health's provider portal to access Epic Tapestry Link.

Attachments/Notes:

- The user has the option to add **Notes** by clicking the + Add sign on the **New Referral Tab** during authorization creation.
    - Notes may be added to inpatient authorizations in a pend **or** decisioned status.
    - Notes may only be added to outpatient authorizations in a pend status.
        - If notes need to be added to a decisioned authorization, please contact our UM team.
    - The user may add information specific to the admission such as the start date, or request their approval be sent via fax.
    - If the authorization was requested in error, the user may indicate in the **Notes** section to cancel or void the authorization request.
    - The user may **add a file** to support the authorization request, or to support concurrent review stays.
    - NOMNC's and POA's may be added to the **Notes** section.
    - Requests to have the referral faxed may be added to the **Notes** section.
    - The user also has the option to add notes by clicking the Add Note/Attachment link on the **Referral Search** tab *after* the authorization has been created.

Authorization Creation/Search:

- When searching for a Referral number, always search with a Capital "E".
- When searching for a Referral number, best practice is not to include the suffix, or you may receive the following message "No referrals found"
    - Correct way: E1234
    - Incorrect way: E1234-1
- There are multiple ways to create an authorization request- please refer to pages 6-16 in this document for additional details.
- When creating an authorization, the required fields are Priority, Type and Referral To.
    - Authorization Priority:
        - Concurrent Reviews: Select Concurrent (treatment or services are in progress)
        - *New* Skilled Nursing admissions: Select Non-Urgent Pre-Service (services not yet completed)
            - This category will be used for most requests
- Default Fields:
    - Number of visits should only be changed for outpatient services.
        - **Inpatient services should remain at 1 visit**, the visit(s) will be updated

by our UM team during the authorization review/approval.
    - Start date defaults to today's date.
        - The user should update accordingly.
    - Expiration date defaults to 90 days from the start date.
        - This should only be changed for **outpatient** services.
            - **Inpatient date(s)** will be updated **by our UM team** during the authorization review/approval.

Authorization Worklist:

- The **Authorization Worklist** will default to *Additional Information Needed* when there is an authorization that requires a response. The user may change the search options based on their needs.
- The Authorization Worklist is linked to the users approved NPI/TIN via Network Health's provider portal.
    - If you are unable to locate an authorization in the Authorization Worklist, you may search via the **Referral Search icon.**

New Referral Tab:

- The **Primary Procedure** is only required for outpatient services or pre-scheduled inpatient admissions.
- **IMPORTANT**: CPT/HCPC code(s) **should not be** entered for inpatient admissions or skilled nursing stays.
    - Doing so my result in a "No Authorization Required" notification on your request, which may not be correct as the determination was made on the CPT/HCPC code rather than the inpatient admission itself.
- The **Admission Type** is only required for inpatient services- including inpatient and skilled nursing admissions.
    - Refer to pages 16 & 17 for more information.

Patient Search:

- When searching for a Patient, you must enter the patient's complete first and last name, do not use abbreviations.
- You have the option to search by patient MRN, however please note the Epic Tapestry Link MRN will not match your internal MRN.
- If you are searching for an existing patient, utilize the **Search My Patients** tab.
- To search for all patients, utilize the **Search All Patients** tab from the Patient tab in the navigation menu.

Provider Search:

- The **Referral By** and **Referral To** are linked to the users approved NPI/TIN via Network Health's provider portal.
- The Network Level will indicate if the provider is In Network or Out of Network.

Session Timeout:

- The session timeout is currently set to ten (10) minutes. However, if you close your browser or navigate away from the application without logging out, your session will automatically expire after five (5) minutes, regardless of the configured timeout setting.

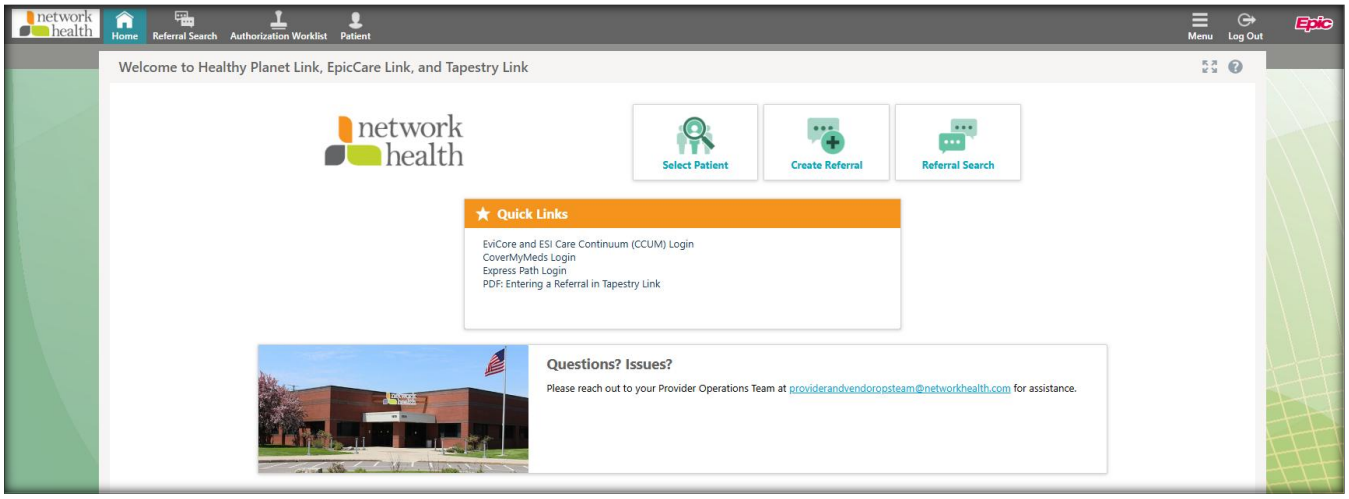
Registration:

To access Epic Tapestry Link, you must be a registered user of Network Health's secure Provider Portal.
If you are not currently a registered user, you may click HERE to begin the process.

- Navigate to the **I'm a provider** tab to complete your registration.

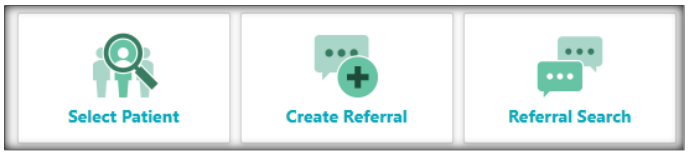
After completing your provider portal registration, you will arrive at the Network Health landing page. Navigate to the **Authorizations** tab and click on the Epic link from the drop-down menu.

You should now be directed to the Epic home page.



Located on the home page you will find three quick search icons for your convenience:

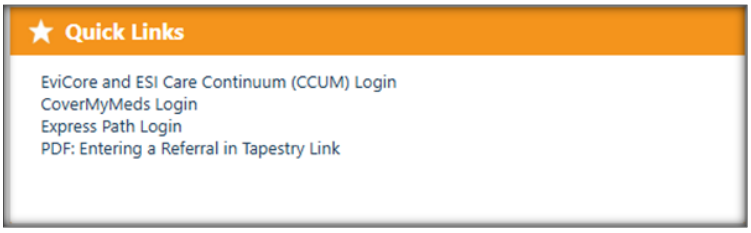
Select Patient, **Create Referral** and **Referral Search**.



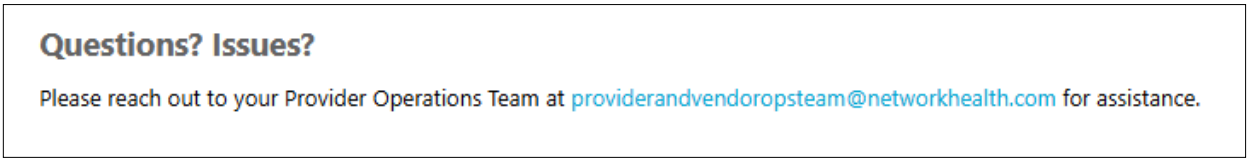
The home page also includes quick links allowing you to navigate directly to one of our vendor partners:

- EviCore and ESI Care Continuum (CCUM)
- CoverMyMeds
- Express Path

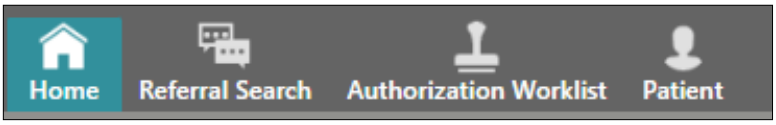
You may also view the PDF document on **Entering a Referral in Tapestry Link**.



If you would like assistance with the application, you may email our Provider Operations team directly.



Navigation Menu

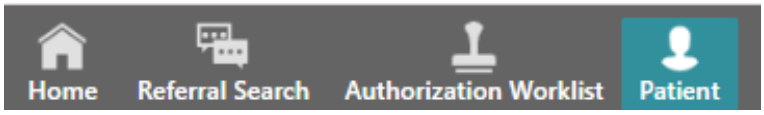


There are four options available on the navigation menu at the top left of your screen.

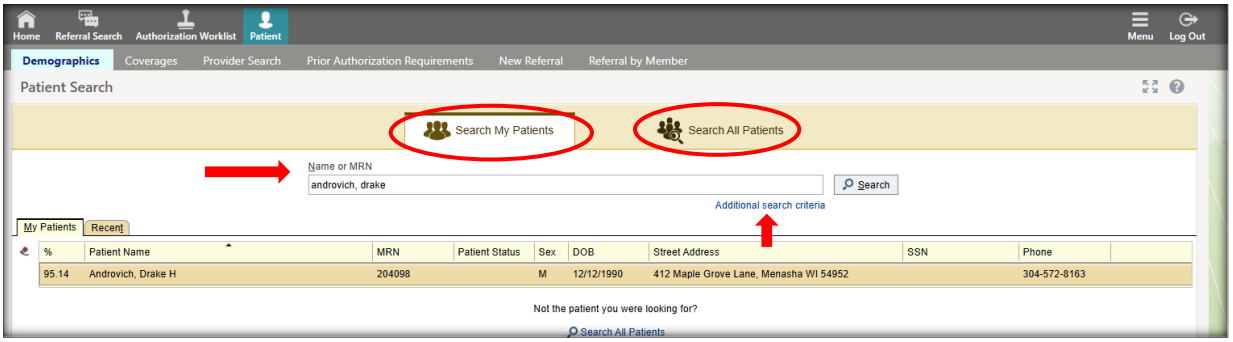
If you'd like to begin a new search, click the **Home** tab to be taken back to the landing page.

Searching for a Patient

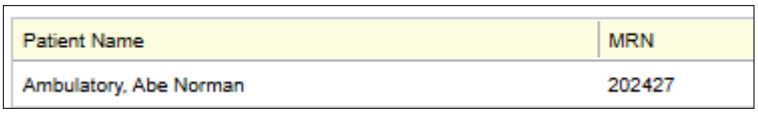
Click the **Patient** tab on the navigation menu to begin your search.



If you are searching for an existing patient, you may begin your search from the **Search My Patients** tab.
If you are searching for a new patient, you may begin your search from the **Search All Patients** tab.



- You may enter the patient's name in the **Name or MRN** and click the search button, however, please note the Epic Tapestry Link MRN will not match your internal MRN.



Patient Name	MRN
Ambulatory, Abe Norman	202427

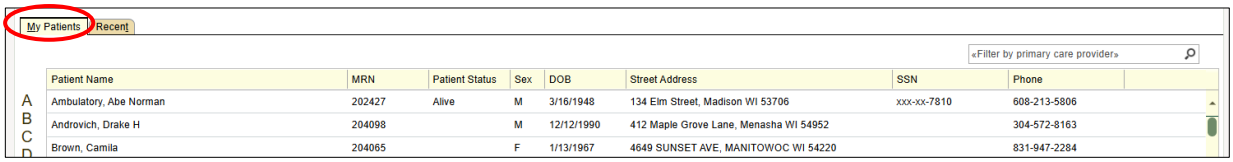
You may also add **Additional search criteria** such as sex, birth date (DOB) or social security number (SSN) by clicking the link near the search button.

- **Note**, you must enter the patient's complete first and last name as it appears on their member ID card.
- Do not use abbreviations or you will not be able to continue.

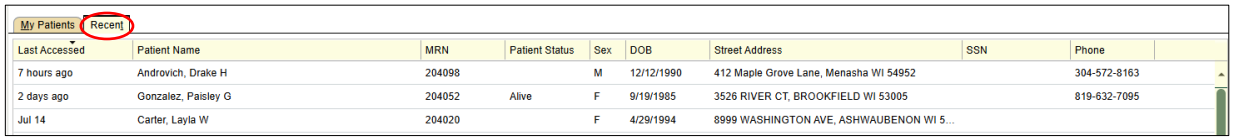
Once you have located the correct patient, you may double click on their name.

The **Search My Patient** list will display two tabs, *My Patients* and *Recent*.

The **My Patients** list will alphabetically display all patients for this provider.

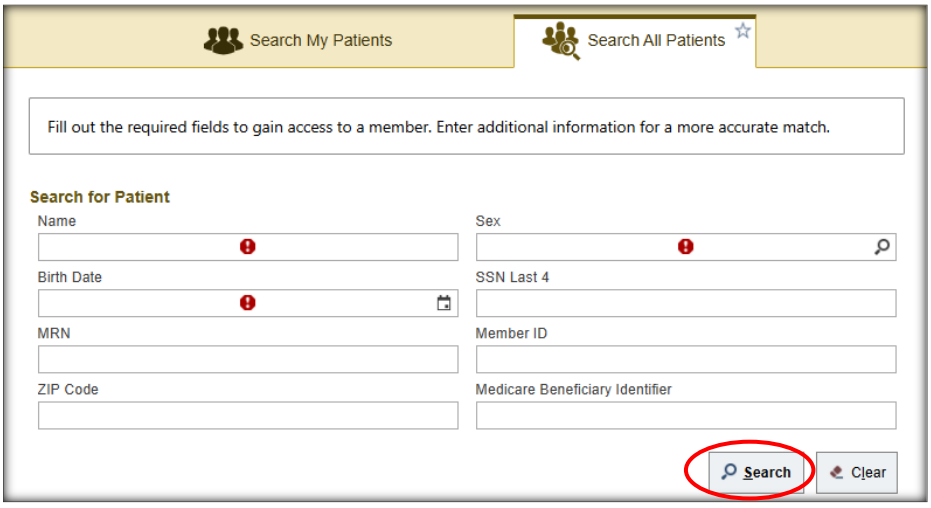


The **Recent** list will display the patient names and when they were Last Accessed.



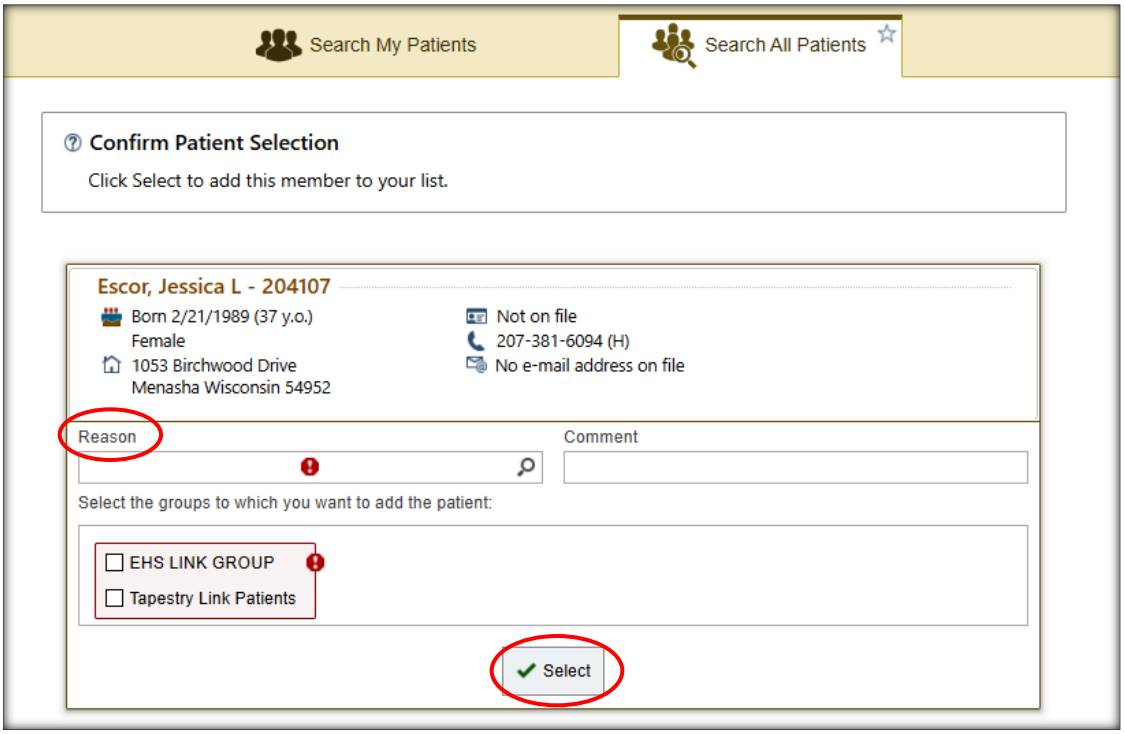
The **Search All Patients** tab has three required fields, **Name, Sex** and **Birth Date**.

Once you have the required information entered in these fields, you may click the **Search** box.

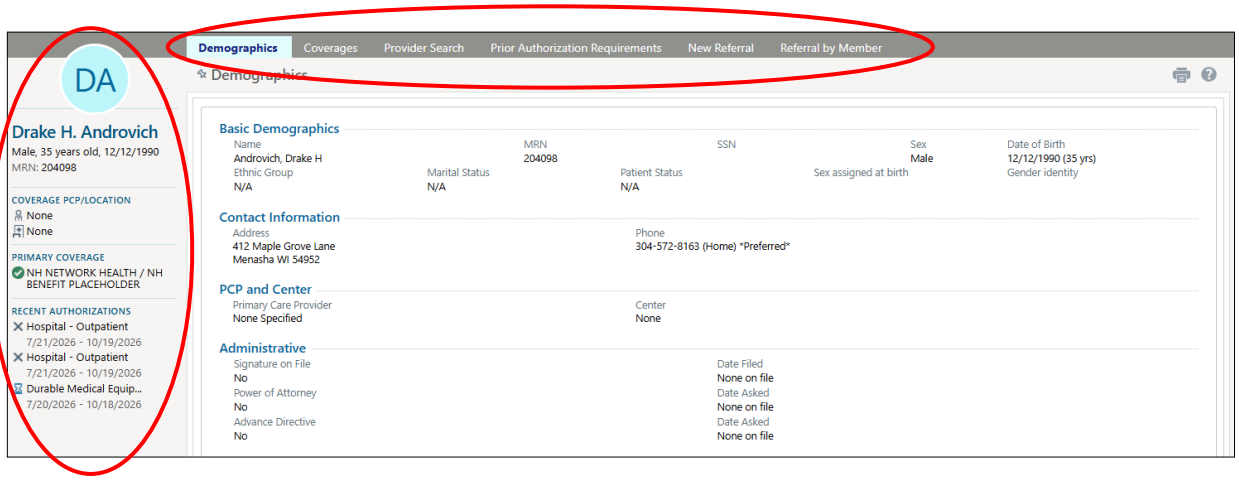


Next you have the option to add this member to your patient list.

Enter a **Reason** from one of the five options given, confirm the patient selection, then click **Select**.



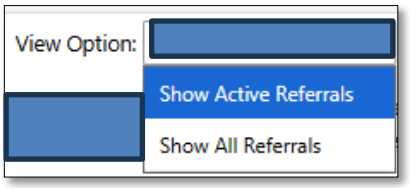
Once you have selected the patient, you will be taken to the **Demographics** tab, which displays basic demographic information in the center, as well as coverage and recent authorization information on the left side of the page.



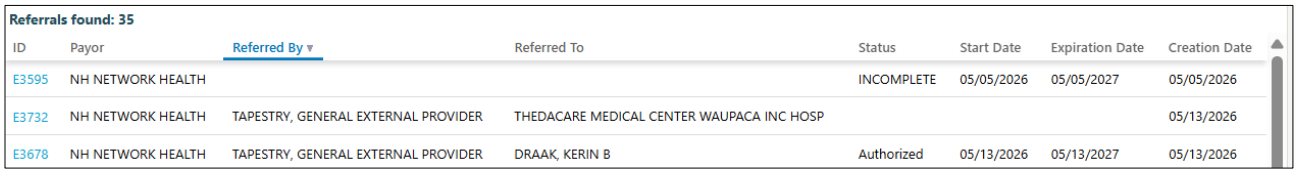
When you are viewing a specific patient, a navigation menu will display with the following options:

- **Demographics** – Provides basic patient demographic information.
- **Coverages** – Provides the plan information, member ID as well as the effective and term dates.
- **Provider Search** - Allows the user to search for a specific provider.
- **Prior Authorization Requirements** - Allows the user to search and determine whether a procedure requires prior authorization.
- **New Referral**- Allows the user to begin a new referral request.
- **Referral by Member** - The user has the option to view all referrals for a specific member. By default, the option will be on *Show Active Referrals.*

- To change the view, simply click the drop down and select **Show All Referrals.**



You may sort any of the column headings by clicking the heading name and choosing the sort option you prefer.



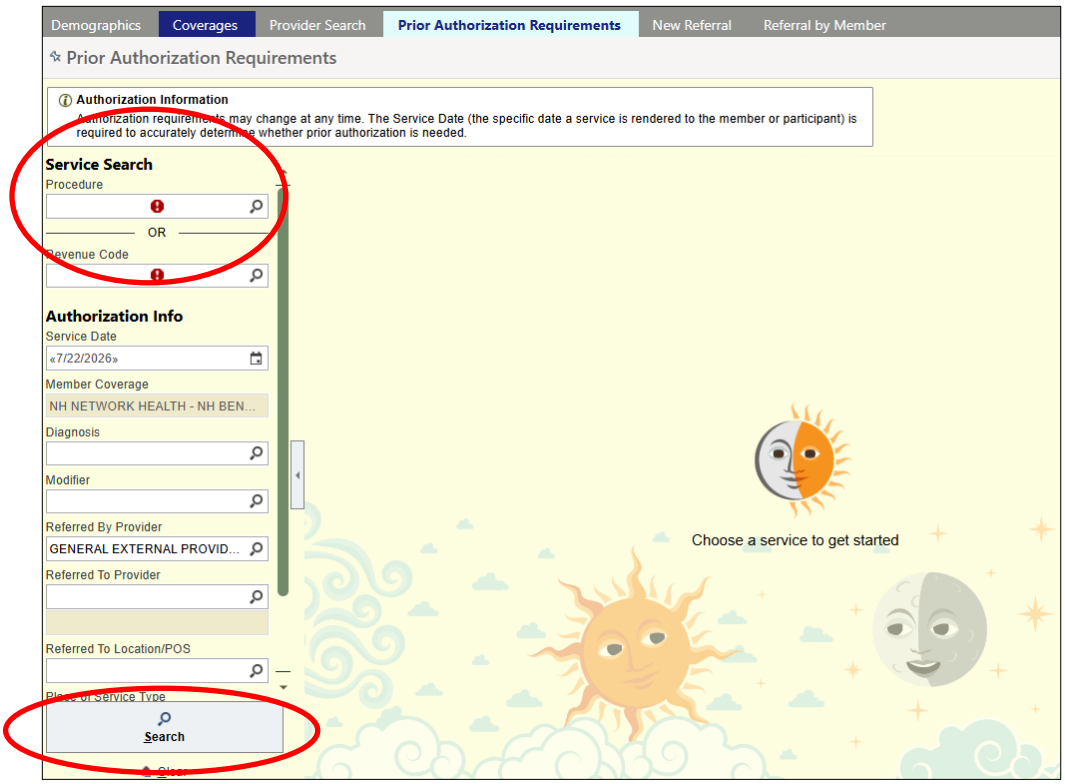
Referrals found: 35

ID	Payor	Referred By	Referred To	Status	Start Date	Expiration Date	Creation Date
E3595	NH NETWORK HEALTH			INCOMPLETE	05/05/2026	05/05/2027	05/05/2026
E3732	NH NETWORK HEALTH	TAPESTRY, GENERAL EXTERNAL PROVIDER	THEDACARE MEDICAL CENTER WAUPACA INC HOSP				05/13/2026
E3678	NH NETWORK HEALTH	TAPESTRY, GENERAL EXTERNAL PROVIDER	DRAAK, KERIN B	Authorized	05/13/2026	05/13/2027	05/13/2026

Prior Authorization Requirements

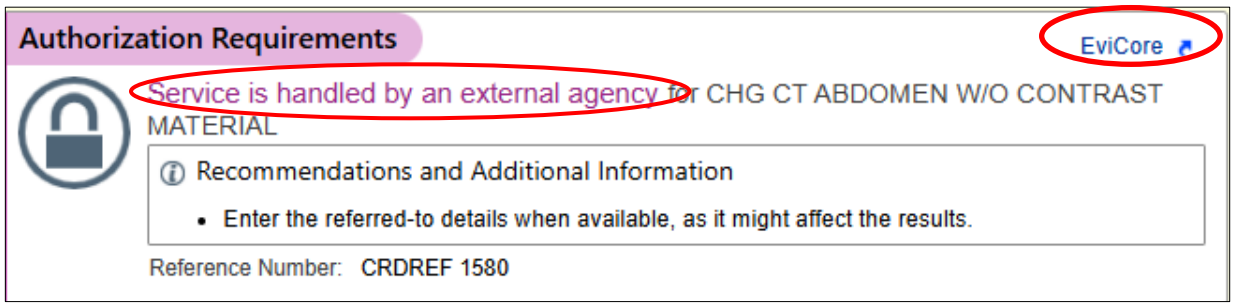
When you select the **Prior Authorization Requirements** tab, you will be required to enter in a Procedure or Revenue Code in the **Service Search** box to determine if the service requires prior authorization.

Click **Search** to see the results.



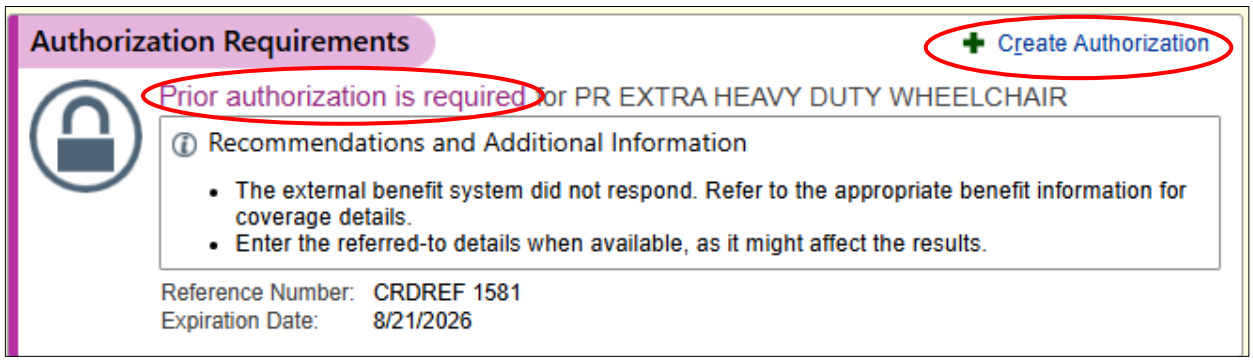
If the service is managed by one of our vendor partners EviCore or CCUM, a message with a link to the appropriate vendor partner will display.

Example, CPT Code 74150:



If the service is managed by Network Health, you will receive a message allowing you to Create Authorization.

Example, HCPC Code K0007:

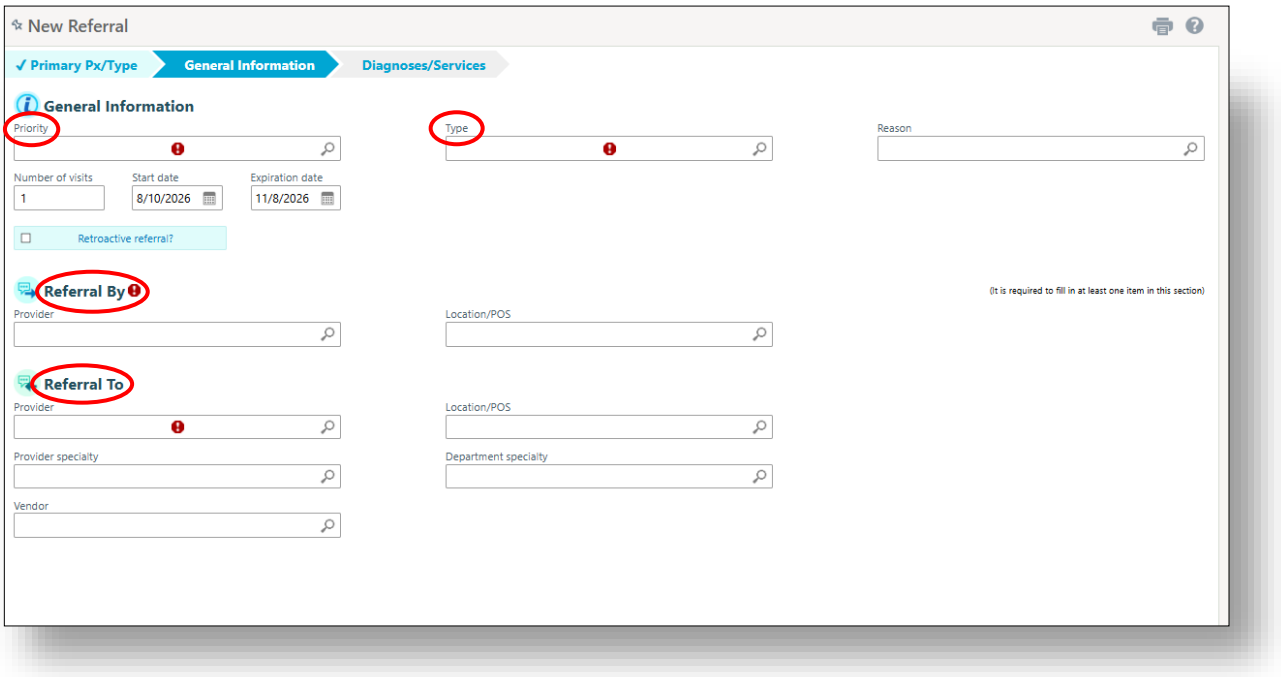


To Create the Authorization, you must complete all required fields that display the **red** exclamation mark icon before you submit your authorization request.

- The Number of visits will default to 1.
  - This should only be changed for outpatient services.
    - **Inpatient services should remain at 1 visit**, the visit(s) will be updated by our UM team during authorization review/approval.
- The Start date will default to today's date.
  - The user should update accordingly.
- The Expiration date will default 90 days from the Start date.
  - This should only be changed for outpatient services.
    - **Inpatient date(s)** will be updated **by our UM team** during the authorization review/approval.
- The Retroactive referral box will not be checked
  - It is important to update the Number of visits, Start date and/or check the Retroactive referral box if needed.

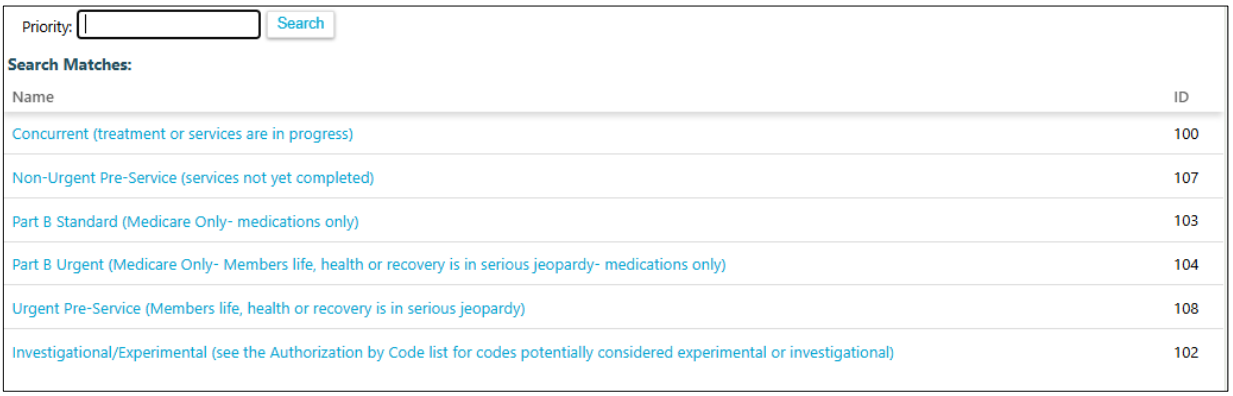
Next, click on the magnifying glass "search icon" to choose the **Priority, Type,** and **Referral To** for the prior authorization request.

- **Note**, the steps to create an authorization are the same whether you select the patient from the navigation menu and create the authorization from the Prior Authorization Requirements tab, from the New Referral Tab, or if you Create a Referral from the Landing Page.



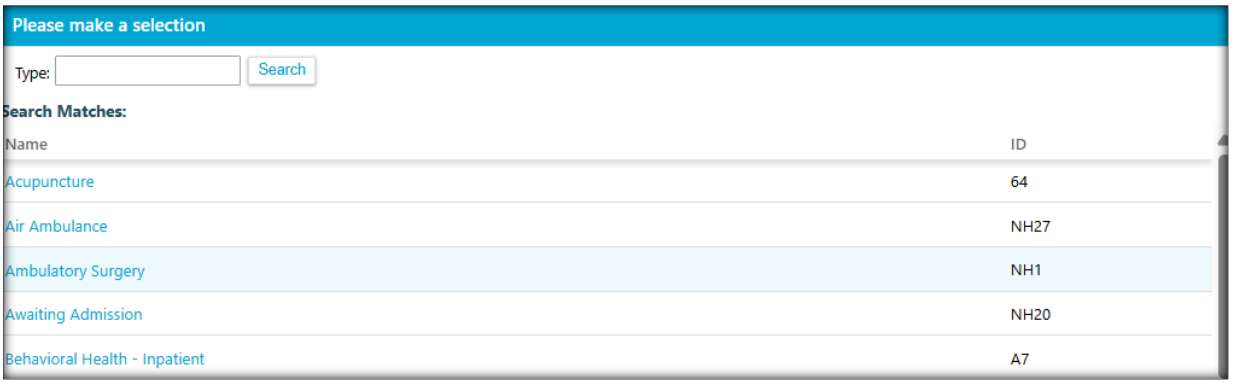
Priority options are as follows:

- **Note**, select Concurrent (treatment or services are in progress) for all concurrent reviews.
- Select Non-Urgent Pre-Service (services not yet completed) for all **new** Skilled Nursing admissions.



Type options are as follows:

- **Note**, you may need to use the scroll bar on the right-hand side to view all 32 options.



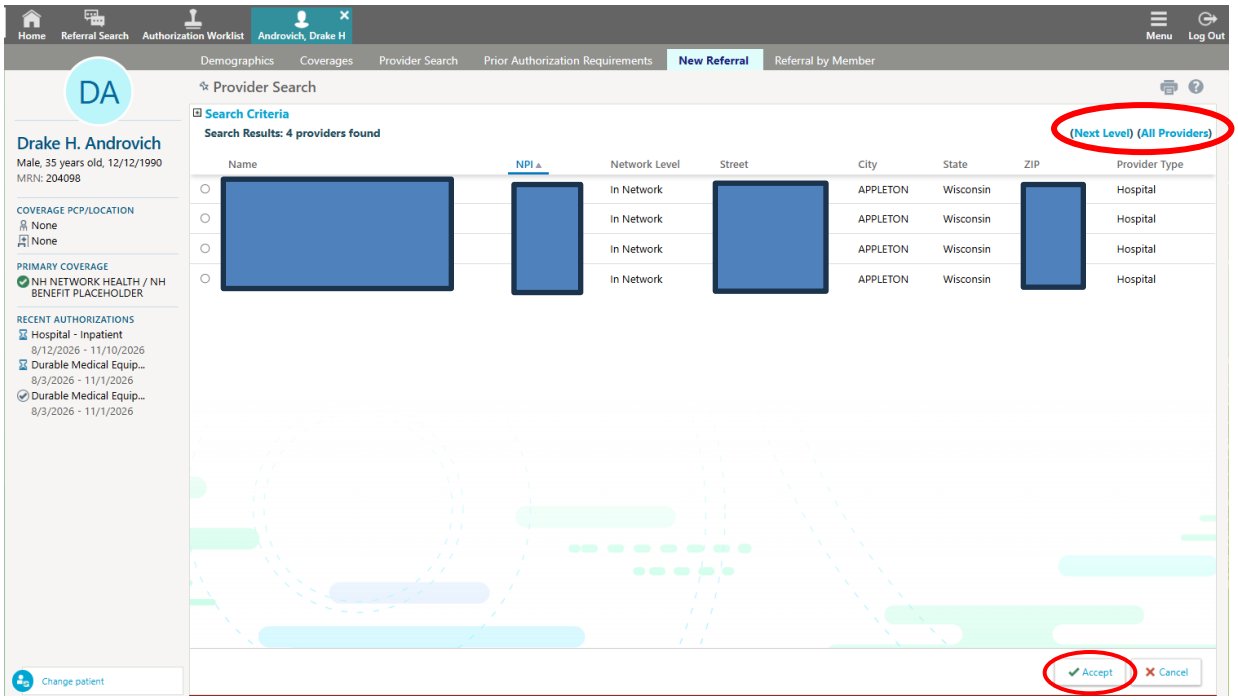
Next, enter the name of the provider who will be performing the service, or the name of the facility where the services will be performed in the **Name, ID or NPI field** and click the search icon.

If you do not know the name of the provider or facility, you may enter criteria in ***any of the bold*** fields, then click the search icon.

- The bold fields are **Name, ID or NPI, Internal Department, Provider Specialty**, and **Clinical Interest.**

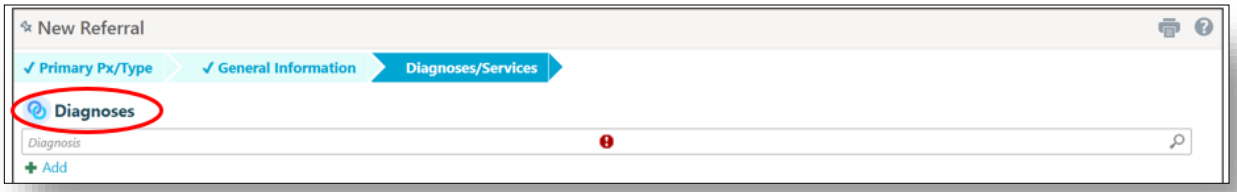
We entered the provider's name in the Name, ID, or NPI field and click the search icon. When we confirmed our provider was correct, we clicked the **Accept** button.

The current search results display 4 providers; the user has the option to click **Next Level** or **All Providers** for additional search results.



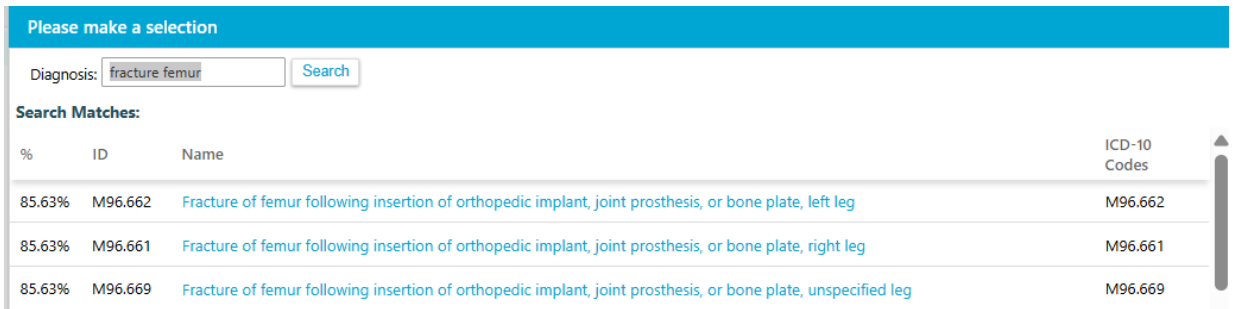
Next, you are required to enter the **Diagnoses** that are associated with the service.

- You may type in the ICD-10 code or enter a word description and click on the search icon.

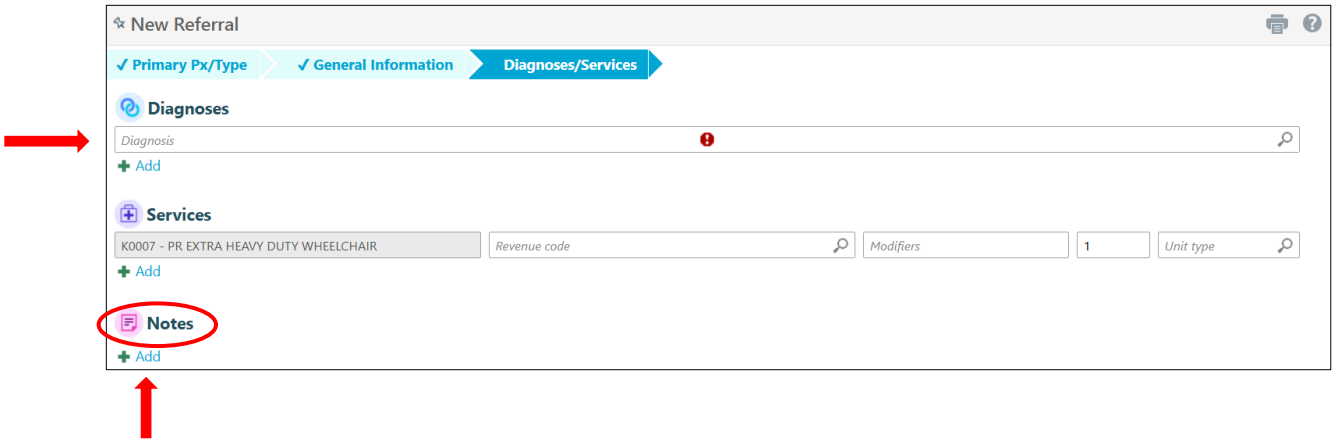


We typed in *fracture femur* and clicked on the search icon. Below are a few of the diagnosis options we were provided with:

Once you locate the diagnosis code from the list, **single click** to add it to your request.



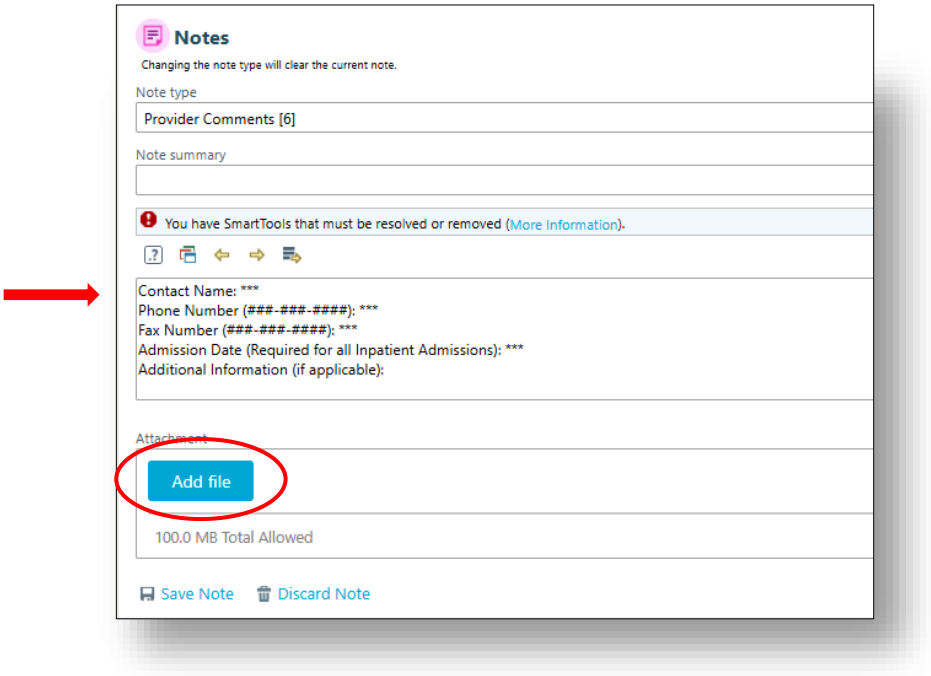
You have the option to enter additional **Services** by clicking the + Add sign, see pages 16 & 17 for additional information.



You also have the option to add **Notes** by clicking the + Add sign.
After you select the + Add sign, additional options will display that allow the user to add a file.

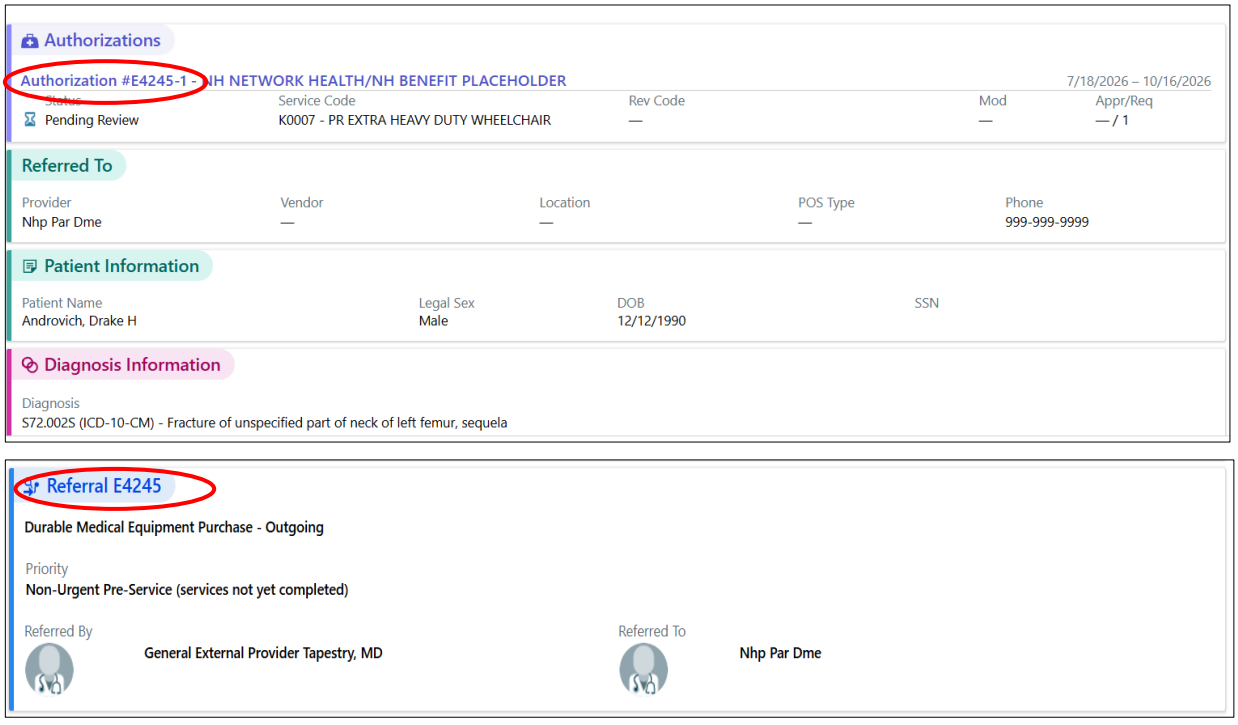
IMPORTANT:

- The user may add the admission start date in the notes section.
- The user may request the authorization decision be sent via fax.
- The user may add a note to request their request be cancelled or voided.
- The user may **add a file** to support the authorization request, or documentation to
- support a concurrent review.
    - **Note**, SmartTools are available to assist with the authorization request- please follow the guidance of the SmartTools and add the following information to ensure accurate and timely processing of your authorization.
        - Contact Name
        - Phone Number
        - Fax Number
        - Admission Date
        - Additional Information (if applicable), such as faxing the authorization letter.



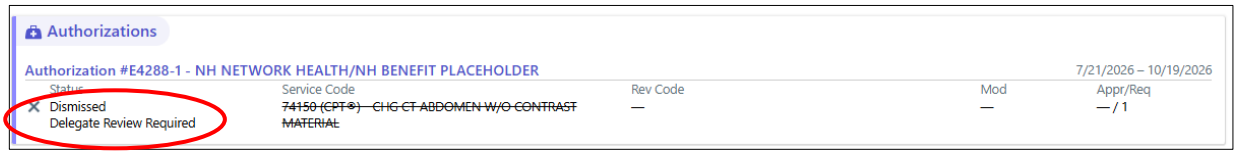
When the information on the page looks correct, click **Request Referral** to submit your referral request.

You will now be provided with a summary of your Referral by Member, including your Authorization #.



Dismissed Authorizations

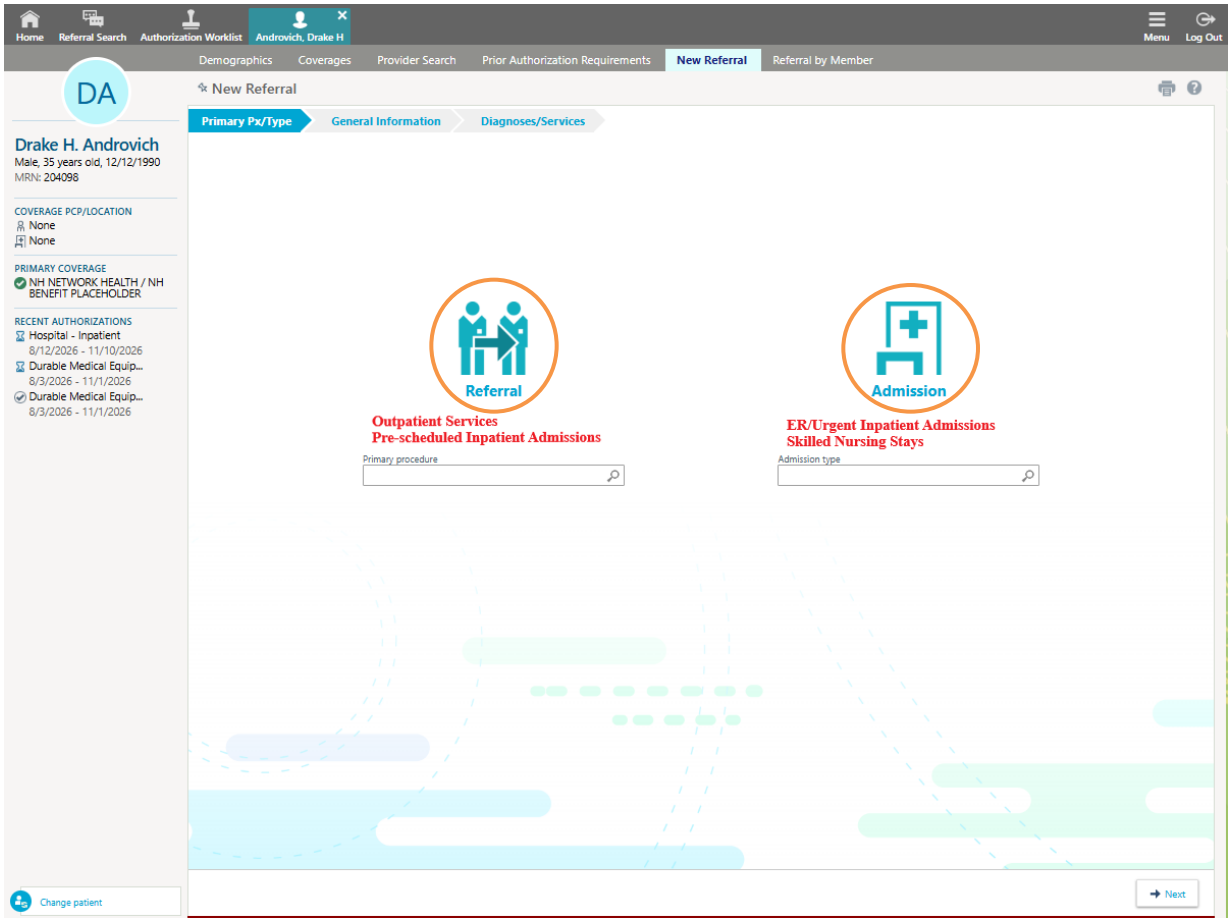
If the service you request is for one of our vendor partners (EviCore or CCUM), your authorization status will be **Dismissed Delegate Review Required**.



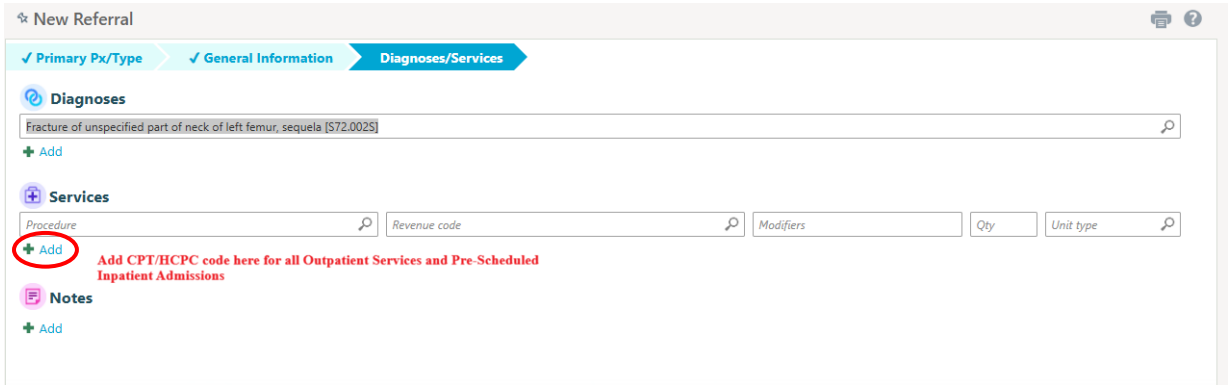
New Referral

Under the **Referral** or **Admission** *icon*, enter the service you wish to prior authorize in the box.

- **Note**, the **Primary Procedure** is only required for outpatient services or pre-scheduled inpatient admissions.
    - CPT/HCPC code(s) **should not be** entered for inpatient admissions or skilled nursing stays.
    - Doing so my result in a "No Authorization Required" notification on your request, which may not be correct as the determination was made on the CPT/HCPC code rather than the inpatient admission itself.
- The **Admission Type** is only required for inpatient services- including inpatient and skilled nursing admissions.

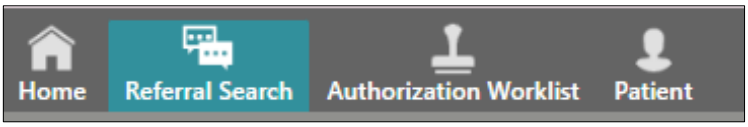


Note, if you are authorizing an **Outpatient Service, or Pre-Scheduled Inpatient Admission**, best practice is to select your admission type and enter the specific CPT/HCPC code under the Services section on the following page.



Remember! You have the option to create an authorization from multiple tabs, depending on how you begin your search. Please refer to pages 6-16 in this document to find details on the steps to take when creating the authorization requirements.

Navigation Menu – Referral Search



Next to the Home tab, users have the **Referral Search** option.

This tab allows the user to search with the following criteria:

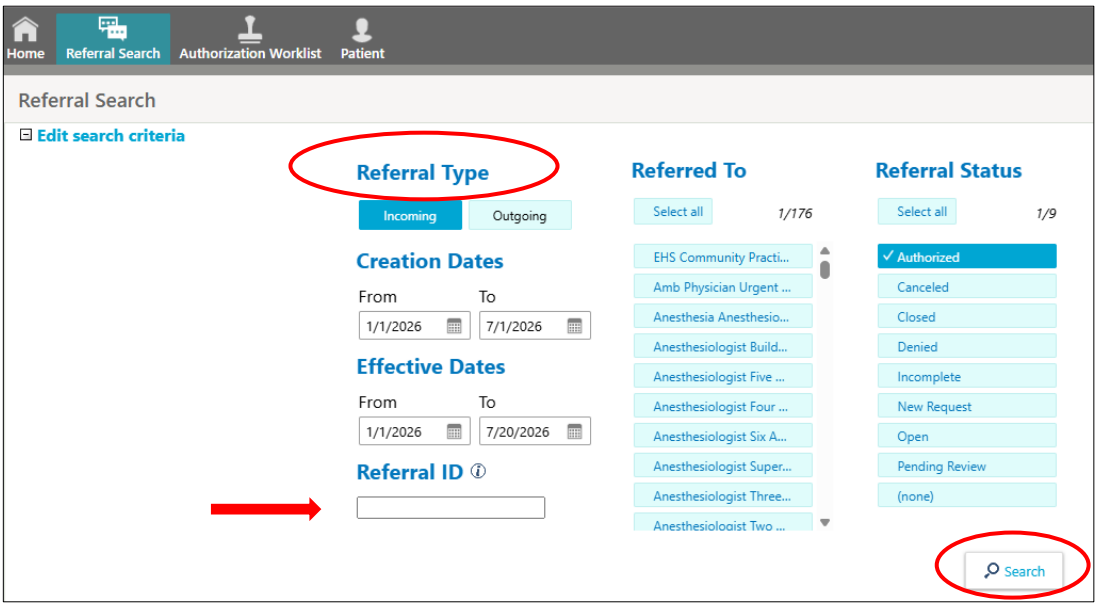
- Referral Type (Incoming or Outgoing referrals)
- Referral creation date
    - After you select the Incoming or Outgoing box, the effective dates box will appear.
- Referral ID
- Referred By
- Referral Status

Please note that **Select all** is the default. If you would like to choose one of the options below, you need to deselect the Select all button.

There are nine options to choose from:

- Authorized
- Canceled
- Closed
- Denied
- Incomplete
- New Request
- Open
- Pending Review
- None

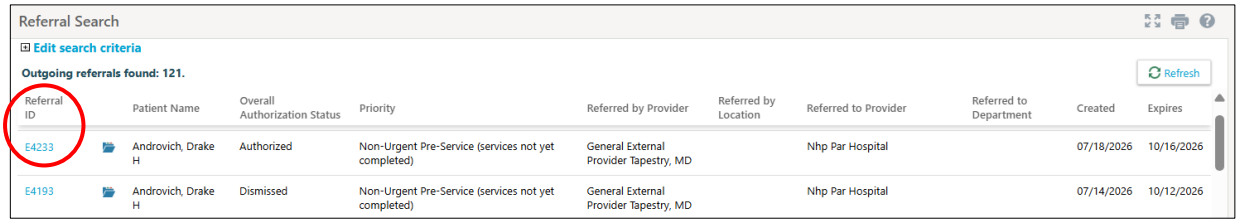
After you have selected your desired criteria, you may click the **Search** button.



Next, you will receive a list of referrals that match your search criteria.

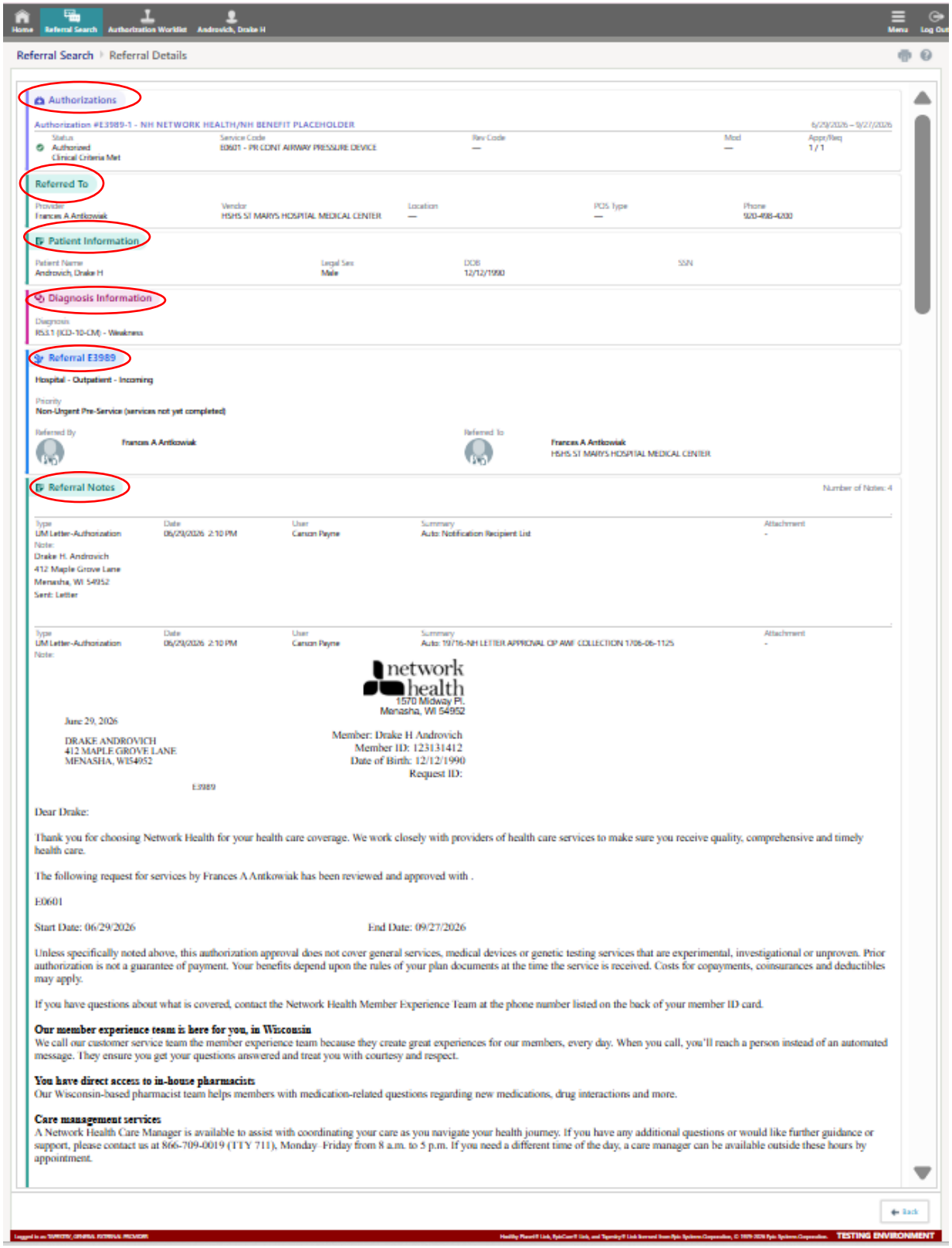
If you would like to view a specific referral, you may click on the **Referral ID.**

- **Note,** when entering a specific Referral ID, you must use a Capital "E" and omit any suffix that is on your referral, or you will receive the following message: "No referrals found".



The **Referral Details** provides six separate sections of information.

- **Authorizations** - Includes Authorization #, Status, Service/Revenue Code/Modifier and Approval dates
- **Referred To** - Includes Provider/Vendor name, Location information and phone number
- **Patient Information** - Includes patient's name, legal sex, DOB and SSN if available
- **Diagnosis Information** - Includes ICD-10 code
- **Referral** - Includes Referral number, Referral type, Priority, Referred By and Referred To
- **Referral Notes** – Includes the full approval or denial authorization letter


Home
Referral Search
Authorization Worklist
Androvich, Drake H
Menu
Log Out
Referral Search
Referral Details
Authorizations
Authorization #E3989-1 - NH NETWORK HEALTH/NH BENEFIT PLACEHOLDER
Status
Authorized
Clinical Criteria Met
Service Code
E0601 - PR CONT AIRWAY PRESSURE DEVICE
Rev Code
Mod
Appr/Req
1 / 1
Referred To
Provider
Frances A Antkowiak
Vendor
HSHS ST MARYS HOSPITAL MEDICAL CENTER
Location
POS Type
Phone
920-498-4200
Patient Information
Patient Name
Androvich, Drake H
Legal Sex
Male
DOB
12/12/1990
SSN
Diagnosis Information
Diagnosis
R53.1 (ICD-10-CM) - Weakness
Referral E3989
Hospital - Outpatient - Incoming
Priority
Non-Urgent Pre-Service (services not yet completed)
Referred By
Frances A Antkowiak
Referred To
Frances A Antkowiak
HSHS ST MARYS HOSPITAL MEDICAL CENTER
Referral Notes
Number of Notes: 4
Type
UM Letter-Authorization
Date
06/29/2026 2:10 PM
User
Carson Payne
Summary
Auto: Notification Recipient List
Attachment
Note:
Drake H. Androvich
412 Maple Grove Lane
Menasha, WI 54952
Sent: Letter
Type
UM Letter-Authorization
Date
06/29/2026 2:10 PM
User
Carson Payne
Summary
Auto: 19716-NH LETTER APPROVAL CP AWI COLLECTION 1706-06-1125
Attachment
Note:
network health
1570 Midway Pl.
Menasha, WI 54952
June 29, 2026
DRAKE ANDROVICH
412 MAPLE GROVE LANE
MENASHA, WI54952
Member: Drake H Androvich
Member ID: 123131412
Date of Birth: 12/12/1990
Request ID:
E3989
Dear Drake:
Thank you for choosing Network Health for your health care coverage. We work closely with providers of health care services to make sure you receive quality, comprehensive and timely health care.
The following request for services by Frances A Antkowiak has been reviewed and approved with .
E0601
Start Date: 06/29/2026
End Date: 09/27/2026
Unless specifically noted above, this authorization approval does not cover general services, medical devices or genetic testing services that are experimental, investigational or unproven. Prior authorization is not a guarantee of payment. Your benefits depend upon the rules of your plan documents at the time the service is received. Costs for copayments, coinsurances and deductibles may apply.
If you have questions about what is covered, contact the Network Health Member Experience Team at the phone number listed on the back of your member ID card.
Our member experience team is here for you, in Wisconsin
We call our customer service team the member experience team because they create great experiences for our members, every day. When you call, you'll reach a person instead of an automated message. They ensure you get your questions answered and treat you with courtesy and respect.
You have direct access to in-house pharmacists
Our Wisconsin-based pharmacist team helps members with medication-related questions regarding new medications, drug interactions and more.
Care management services
A Network Health Care Manager is available to assist with coordinating your care as you navigate your health journey. If you have any additional questions or would like further guidance or support, please contact us at 866-709-0019 (TTY 711), Monday - Friday from 8 a.m. to 5 p.m. If you need a different time of the day, a care manager can be available outside these hours by appointment.
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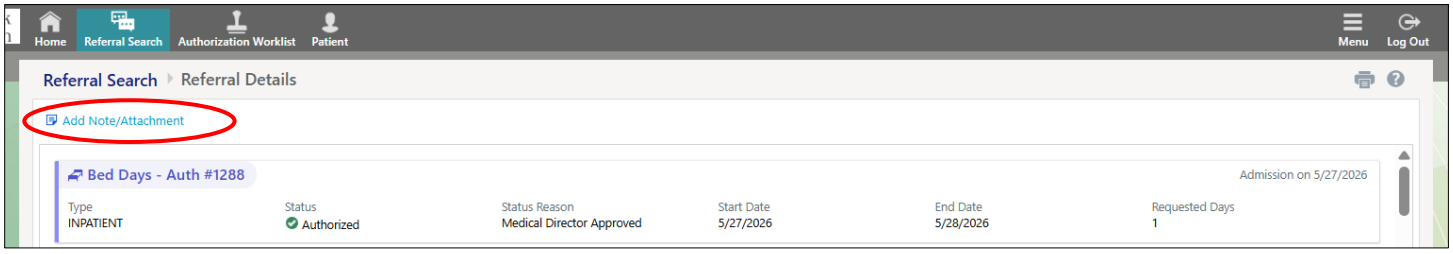
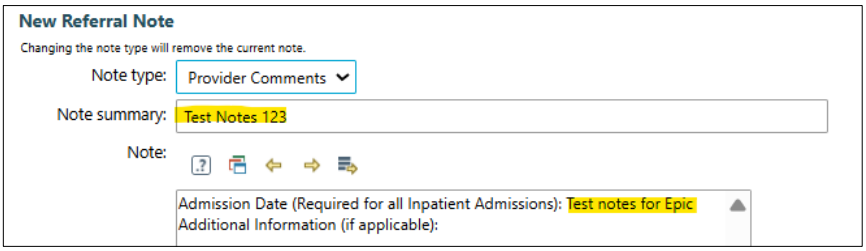
TESTING ENVIRONMENT

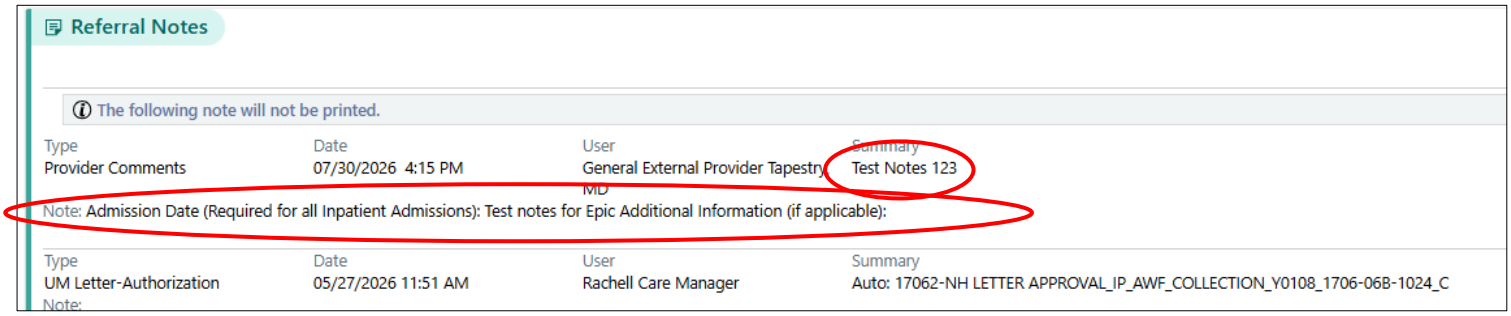
If the user would like to enter notes in the referral, they may click **Add Note/Attachment** from the Referral Search tab.



The following box will display which allows the user to add notes along with an attachment. Once the notes are completed, they will display in the Referral Notes section.

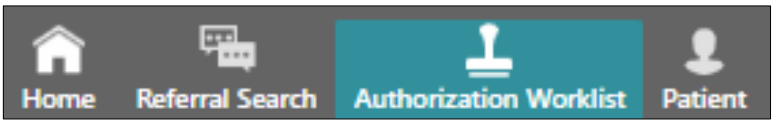
- **Note,** the Add Note/Attachment may be used after the authorization is finalized to request changes.





Navigation Menu – Authorization Worklist

Next to the Referral Search is the **Authorization Worklist** tab:



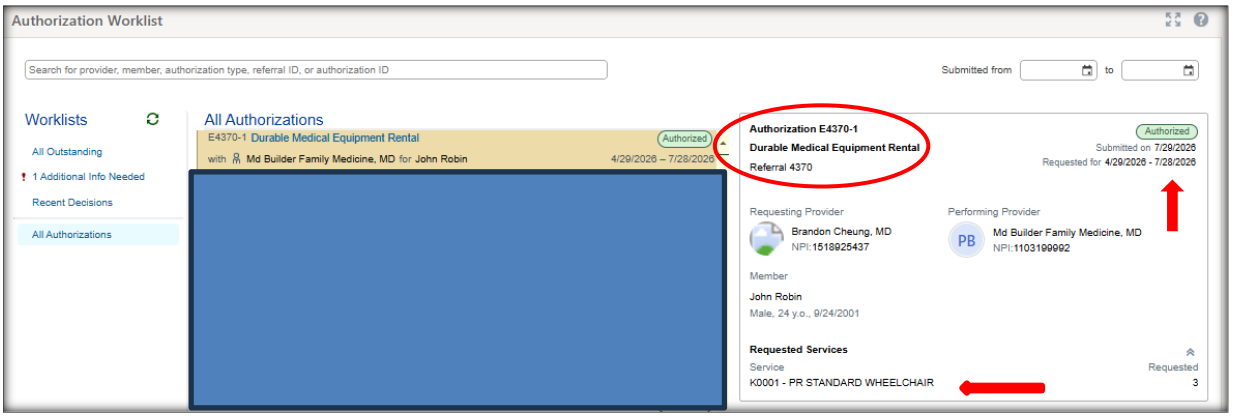
The user can click in the Search bar and search for their authorization by provider, member, authorization type, referral ID or authorization ID.

Note, the system will default your search option to **! 1 Additional Info Needed** when there is an authorization that requires a response. You may also change your search criteria to one of the following:

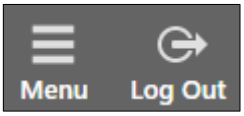
- All Outstanding
- Recent Decisions
- All Authorizations

We have changed the search criteria to **All Authorizations** and entered Referral ID **E4370.**

Once you select the correct ID number, it will display a summary of the request, providing the **Authorization** and **Referral** number, the **Requesting and Performing Provider**, Status, Authorization dates and **Requested Services**.



On the far right-hand side, the navigation menu displays two options.



The Menu tab provides the same options as the Navigation menu, except in a different search format.