

**VOID/ REPLACE REASONS**

Reason	Void or Replace	Provider Re-enter Service
<b>Medical Necessity:</b>		
1. Documentation does not establish an included Title 9 diagnosis	Void	Re-enter as Non-billable
2. Documentation does not establish impairment criteria	Void	Re-enter as Non-billable
3. Documentation does not establish that the focus of the proposed intervention is to address the impairment	Void	Re-enter as Non-billable
4. Documentation does not establish the expectation that the proposed intervention will diminish impairment, prevent significant deterioration, or allow child to progress developmentally	Void	Re-enter as Non-billable
<b>Client/Service Plan:</b>		
5. Initial Client Plan not completed within 30 day time period	Void	Re-enter as Non-billable
6. Client Plan was not updated annually or at UM (CYF) within the time period.	Void	Re-enter as Non-billable
7. No documentation of client participation/agreement with Client Plan or written documentation of the client's refusal or unavailability to sign.	Void	Re-enter as Non-billable
8. For beneficiaries receiving TBS, no documentation of a plan for TBS.	Void	Re-enter as Non-billable
<b>Progress Notes:</b>		
9. No progress note for service claimed	Void	No re-entry
10. Time claimed greater than time documented on progress note	Replace	Replace
11. Service provided were ineligible for FFP (Federal Financial Participation) or in setting subject to lockouts (i.e. service provided while client was in an IMD, Jail, Juvenile Hall, etc.)	Void	Re-enter as Non-billable
12. Service provided in juvenile hall	Void	Re-enter as Non-billable
13. Service provided was solely academic, vocational, recreation, socialization or supportive service only.	Void	Re-enter as 815
14. Claim for group activity was not properly apportioned	Void	Contact QI Matters
15. Progress note was not signed (or electronic equivalent) by the person(s) providing the service.	Void	No re-entry
16. Service provided was solely transportation	Void	Re-enter as 815
17. Service provided was solely clerical	Void	No re-entry
18. Service provided was solely payee related	Void	Re-enter as 815
19. No service was provided (for example, "No Show" billed.)	Void	No re-entry
20. The service was claimed for a provider on the OIG list of Excluded Individuals and Entities.	Void	No re-entry
21. The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list	Void	No re-entry
22. The service was not provided within the scope of practice of the person delivering the service.	Void	Re-enter as Non-billable
23. For beneficiaries receiving TBS, the progress notes overall clearly indicate that TBS was provided solely for the convenience of family, caregivers, physician or teacher, to provide supervision or to ensure compliance with terms of probation; to ensure the child/youth physical safety or safety of others (e.g. suicide watch); or, to address conditions that are not part of the child/youth mental health condition.	Void	Contact QI Matters
24. For beneficiaries receiving TBS, progress note clearly indicates that TBS was provided to a beneficiary in a hospital MH unit, psychiatric health facility, nursing facility, or crisis residential facility.	Void	Re-enter as Non-billable
<b>Data Entry:</b>		
25. Data Entry Error - The wrong date of service	Void	Reprocess service with correct date
26. Data Entry Error - Wrong Service Indicator (excluding lock out)	Internal	Informational Note in Program Progress Note
27. Data Entry Error - Wrong procedure code	Replace	If procedure (HCPCS) code is different then replace/ if the same informational note only
28. Data Entry Error - Wrong therapist	Replace	Replace
29. Data Entry Error - Wrong Time Entered	Replace	Replace
30. Data Entry Error - Wrong client	Void	Re-enter on correct client
31. Data Entry Error - Wrong Unit/SubUnit	Internal	Contact QI Matters
32. Data Entry Error - Wrong location code (excluding lock out)	Internal	Informational Note in Program Progress Note
33. Data Entry Error - Client is absent	Void	No re-entry
34. Data Entry Error - Duplicate Entry	Void	No re-entry
<b>Other</b>		
35. Documentation completed/final approved 14 days after date of service	Void	Re-enter as Non-billable
36. At the time the services were provided, the beneficiary being treated did not have a final approved client plan.	Void	Re-enter as Non-billable
37. At the time the services were rendered, the provider did not have prior/initial authorization.	Void	Re-enter as Non-billable
<b>FFS ONLY (MCO)</b>		
38. FFS - Retro Medicare/OHC	Void	MCO Recoup from Provider
39. FFS- Claim Paid In Error	Void	MCO Recoup from Provider
40. FFS - The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list	Void	MCO Recoup from Provider