CSI Correction Guide





Live Well San Diego

County of San Diego Behavioral Health Services

CSI Correction Guide

Client Service Information, also known as CSI, must be submitted to the State. Just like with billing, it will land in suspense if the information is not correct. This guide is to be used in conjunction with the CSI Validation Report to correct the suspense items so they can successfully be submitted to the State.

Table of Contents by Error Type:

3
4
5
6
7
8
9
9
12
14
16
17

The errors included in this packet are only the most common error types. If you have any questions, or need additional support, please STOP and call the Optum Support Desk at 800-834-3792.

✓ **Error:** Client's name contains non-alpha characters

Client name should not have any non-alpha characters. This includes the first name, middle name, last name, and suffix. Non-alpha characters are apostrophes, hyphens, spaces, or non-English letters.

Example of a wrong name:

CLIENT IDENTIFYING INFORMATION				
Client Name Last Name	TEST-UN'REAL	First FAKE	Middle Name	Suffix JR.
Birth Name (If d	ifferent from above)			
Last Name		First		
Middle	Suffix			

✓ Correction: Submit a FORM A to update the name removing any non-alpha characters.

Example of a correct name:

CLIENT IDEN	TIFYING INFORMATIO	N				
Client Name						
Last Name	TESTUNREAL	First	FAKE	Middle Name	Suffix	JR
Birth Name (If c	lifferent from above)	-				
Last Name		First				
Middle	Suffix					

✓ **Error:** Invalid Country of Birth

The selections made within the 5 individual questions (2 radio buttons and 3 selections) MUST be logical.

Example of illogical selections:

Born in U.S. 🗧 💿 Yes 🔘 No 🛛 <u>Place of Birth: Country</u> Unknown country	2
Born in California 💿 Yes 💿 No	
Place of Birth: County (If born in California); Unknown	2
Place of Birth: State (If born inside the U.S.) Unknown state	2
Born in U.S. Born in U.S. Born in U.S. Born in U.S.	
Born in California 🔘 Yes 💿 No	
Place of Birth: County (If born in California):	
Place of Birth: State (If born inside the U.S.) California	

 ✓ Correction: Add a new Demographic Form, dated today's date, and update either the radio button, or selections so the selections are logical.

Examples of logical selections:

Place of Birth Scenario 1 – Unknown Place of Birth

- Born in US: "NO"
- o Born in CA: Will be grayed out
- o Place of birth COUNTY: Will be grayed out
- Place of birth STATE: Will be grayed out
- Place of birth COUNTRY: 99 = Unknown Country

Place of Birth Scenario 2 - Know born in US but nothing else

- o Born in US: "Yes"
- o Born in CA: "No"
- Place of birth COUNTY: Will be grayed out
- Place of birth STATE: UN = Unknown State
- Place of birth COUNTRY: US = United States

Place of Birth Scenario 3 – Know born in US and CA but nothing else

- Born in US: "Yes"
- o Born in CA: "Yes"
- Place of birth COUNTY: 99 = Unknown
- Place of birth STATE: CA = California
- Place of birth COUNTRY: US = United States

✓ **Error:** Invalid Race Combination

There cannot be a true value in conjunction with "Unknown/Not Reported."

Example of illogical selection:

Ethnicity	Unknown]
<u>Race</u>		
	Other Non-White/Non-Caucasian	· 2
	Unknown/Not Reported	
		•

✓ Correction: Add a new Demographic Form dated today's date. If there are both an unknown value and a true value, delete the "Unknown/Not Reported."

Examples of logical selections:

Ethnicity	Not Hispanic]	<u>Et</u> ł	nicity	Other Hispanic Latino]	
Race			<u>Ra</u>	ce			
	White/Caucasian	▲ ²		-	Other Non-White/Non-Caucasian	-	2
		•				-	

✓ **Error:** Mother's name contains non-alpha characters

Mother's name should not have any non-alpha characters. This includes apostrophes, hyphens, spaces, non-English letters, and parentheses.

Example of a wrong name:

Mother's First Name	LISA (BIO) - LYNN (FOSTER)	2
Alias(es)		
Last		

 ✓ Correction: Add a new Demographic Form, dated today's date, and update the name removing any non-alpha characters.

Examples of correct names:

Mother's First Name TRISHA	Mother's First Name UNKNOWN
Alias(es)	Alias(es)
Last	Last

✓ Error: Invalid Legal Consent, Client is >17/Invalid Legal Consent, Client is >25

The client's legal consent/conservatorship status MUST align with their current age.

Examples of invalid legal consent:

LEGAL INFORMATION	LEGAL INFORMATION
Legal Content Legal Rep Probate Conservator of Person Legal Rep Prysical Address Prysical Pr	Legal Consent Legal Rep Bep Bep Betalationship Physical Address Be Phone Cli 398 Employment Phone Other Information LLCOM B
PARENTAL_SCHOOL INFORMATION	PARENTAL_SCHOOL INFORMATION IS CLIENT UNDER 18? 🌓 Yes 💿 No Client's age today 37

 ✓ Correction: Add a new Demographic Form, dated today's date, and update the legal consent field to be consistent with the client's age.

Example of a valid legal consent:

Legal Consent	Self/Not Applicable		12				/
Legal Rep				Relationsh	ie 🛛		E al
Physical Address				Phone		P	C/t 89
City/State/Zip						CK (D
Employment Phone		Other Informatio	n [100.	-

✓ Error: Under 18 was not selected but client is under 18/Under 18 is selected but client is >= 18

The radio button asking if the client is under 18 MUST be answered correctly. The client's current age was recently added next to this question for ease of answering.

Example of incorrect selection:

PARENTAL SCHOOL INFORMA	TION	
IS CLIENT UNDER 18?	🖲 No	Client's age today 12

✓ Correction: Add a new Demographic Form, dated today's date, and update the radio button to be consistent with the client's age.

Example of a correct selection:



✓ **Error:** No principal MH Diagnosis

There several reasons this error will appear:

- A. The date of the diagnosis form does not cover the actual date of service (DOS). Note: There has to be a diagnosis form with a form date on or before the DOS.
- B. The start date of the mental health diagnosis does not cover the actual DOS. Note: There has to be a mental health diagnosis in effect on the DOS.
- C. The diagnosis is not a mental health diagnosis. Note: The diagnosis covering the date of service MUST be mental health.

Error A: Example of the diagnosis FORM not covering the actual DOS:

The report states the DOS is 3/28/19:



The client's chart reflects that the first diagnosis form entered was 4/2/19. *Reminder: change your filters if you are looking for an older DOS.*

Assessments	
Date 🔺	Description
03/28/2019	Demographics Form
03/28/2019	Client Plan Confirmation Page
03/28/2019	Eligibility for Pathways
04/02/2019	Psychiatric Assessment
04/02/2019	Diagnosis Form
01/15/0010	

Reminder: A diagnosis form can be embedded in other assessments, such as the Psychiatric Assessment. You may also check the diagnosis pane to see form dates of assessments that include diagnoses.

Hint: When using "Show Next," a blank diagnosis screen will display in-between the most recent diagnosis and the very first assessment entered.

				acte of the assessing	DIR	Diagnosis Assessmen
Priority A	ICD	Description	Begin	End		Expanded Mode
Axis: 1 / Dis	sorders and	Conditions (Primary)				C Show Previous
1 (Primary)	F90.9	Attention-deficit hyperactivity	disorder, uns 12/16/2014			Show Next
2	F91.3	Oppositional defiant disorder	12/16/2014			Show the next Diagnosi

✓ Correction A:

- **1.** Add a new Diagnosis Form, dated the DOS.
- 2. Ensure there is a mental health diagnosis covering the DOS and final approve the form.

- 3. If when a form is back dated a notification stating it was not the most recent diagnosis form appears, add a second diagnosis form, dated today's date, and make the same changes to it as the back dated diagnosis form.
- 1. Add a new Diagnosis Form, dated the DOS.

5		Ado	ing Assessme	ent for		
	Assessme	nt		2	Confirmation	x
Refresh	Save	Request Assessment	Prospective Planning Tiers	Progr Indica	has a more recent Diagnosis Form dated 10/31/2019 that contains a Diagnosis Review Page.	
Refresh	Actions Save to co	nfirm selectio	Clinical	ew Asse	Continue with potential out of sequence addition of Diagnosis Form dated 03/28/2019?	
	Assessmen	<u>t Type</u> Diagno	sis Form		Yes No	
		Date 03/28/	19			

Hint: It may be helpful to change your view to view all active and inactive diagnoses to be able to determine if there is a mental health diagnosis covering the DOS.

F33.1 F43.12 F90.9	Major depressive disorder, recurrent, moderate Post-traumatic stress disorder, chronic				
F43.12 F90.9	Post-traumatic stress disorder, chronic				
F90.9			2	04/15/2019	
	Attention-deficit hyperactivity disorder, unspecified type		3	12/16/2014	
		Add <u>N</u> ew Edit Sho <u>w</u> Delete			
		Active and Inactive			

2. Ensure there is a mental health diagnosis covering the DOS and final approve the form.

Due to the fact the DOS is currently covered by both F90.9 and F91.3, both mental health diagnoses, just sign and final approve the assessment.

If there was not a mental health diagnosis to cover the DOS, either change the start date of an applicable diagnosis early enough to cover the DOS or enter in the deferred diagnosis. If a deferred diagnosis is used, both the begin and end date must be entered, as there are already valid diagnoses in this client's chart. [Reminder: NEVER change the start date to be a more recent date than what is already displaying].

Clinical Disorders/Conditions That May Be a Focus of Clinical Attention |Active||Inactive|-

ID	Diagnosis	Priority	Beg Date	End Date	
F43.12	Post-traumatic stress disorder, chronic	2	04/15/2019		
F33.1	Major depressive disorder, recurrent, moderate	1	10/31/2019		
F90.9	Attention-deficit hyperactivity disorder, unspecified type	3	12/16/2014		
F91.3	Oppositional defiant disorder	Inactive	12/16/2014	10/24/2019	9

3. If when a form is back dated a notification stating it was not the most recent diagnosis form appears, add a second diagnosis form, dated today's date, and make the same changes to it as the back dated diagnosis form.

When the back dated form was entered the notification displayed. Enter a new form dated today and make the same changes that were made in the back dated form.

	5		Add	ing Assessme	nt for I
		Assessme	nt		
Confirmation ×					2
has a more recent Diagnosis Form dated 10/31/2019 that contains a Diagnosis Review Page.	Refresh	Save	Request Assessment	Prospective Planning Tiers	Progr Indicat
Continue with potential out of sequence addition of Diagnosis Form dated 03/28/2019?	Refresh	Actions		Clinical	
Yes No	Click	Save to co	nfirm selection	ns and add a ne	ew Asse
		Assessmen	<u>t Type</u> Diagno: <u>Date</u> 11/27/	sis Form 19	

No changes were made in the back dated form, as there was a mental health diagnosis that covered the DOS. Just sign and final approve the assessment.

Error B: Example of the diagnosis START DATE not covering the actual DOS:

The report states the DOS is 6/12/17							
Record Type	Case	Client Name	DOS/				

Record Type	Case	Client Name	DOS/	Error Message
*	Numbe 🝸	▼	Form Da 🝸	.
Service		and the second se	6/12/2017	No Principal MH Diagnosis (Please enter a
				Mental Health diagnosis code in the Diagnosis
				form)

The client's chart reflects there is a diagnosis form covering that DOS, 6/12/17. *Reminder: change your filters if you are looking for an older DOS.*

Assessments	
Date 🔺	Description
05/17/2017	Demographics Form
06/03/2017	Diagnosis Form
06/03/2017	Diagnosis Form
06/12/2017	Diagnosis Form
07/10/2017	Demographics Form
07/10/2017	Diagnosis Form

Reminder: A diagnosis form can be embedded in other assessments, such as the Psychiatric Assessment. You may also check the diagnosis pane to see form dates of assessments that include diagnoses.

Hint: When using "Show Next," a blank diagnosis screen will display in-between the most recent diagnosis and the very first assessment entered. Although there is a FORM date covering the DOS, there are no mental health diagnoses covering the DOS.

and the second second second	1			in date of th						D	Diagnosis Assessi
Priority A	ICD	Description	Begi	n	End					V	Expanded Mode
Axis: 1 / Dis	orders and	Conditions (Primary)								0	Show Previous
1 (Primary)	F43.20	Adjustment disorder, unspec	ified 07/1	0/2017					(0	Show Next
2	T74.02.	Child neglect or abandonme	nt, confirmed, i 06/0	3/2017						2	how the next Diagr Refresh Pane Con
										-	
Face Sheet P	re-Intake	Assessme Assignme	Diagn Substanc	Client Plans	Progress A	Authoriza	Insuranc	Services	Medical C	Medic	ations Client Att.

✓ Correction B:

- 1. Add a new Diagnosis Form, dated the DOS.
- 2. Ensure there is a mental health diagnosis covering the DOS and final approve the form.
- If when a form is back dated a notification stating it was not the most recent diagnosis form appears, add a second diagnosis form, dated today's date, and make the same changes to it as the back dated diagnosis form.

12

1. Add a new Diagnosis Form, dated the DOS.





Hint: It may be helpful to change the view to see all active and inactive diagnoses to be able to determine if there is a mental health diagnosis covering the DOS.

linical Dis	orders/conditions mat may be a rocus of chinical Act	Circle	In [Active] [current mactive	acions		
ID	Diagnosis			Priority	Beg Date	End Date
F43.20	Adjustment disorder, unspecified			1	07/10/2017	
T74.02XA	Child neglect or abandonment, confirmed, initial encounter			2	06/03/2017	
		•	Add <u>N</u> ew			
		1	Edit			
			Sho <u>w</u>			
		×	<u>D</u> elete			
			Active			
			Active and Inactive			
		\checkmark	Act Display Active and Inactive	e records		

Clinical Disorders/Conditions That May Be a Focus of Clinical Attention |Active||Current Inactivations

2. Ensure there is a mental health diagnosis covering the DOS and final approve the form.

In this case, there was not a mental health diagnosis to cover the DOS. Either change the start date of an applicable diagnosis early enough to cover the DOS or enter in the deferred diagnosis. If a deferred diagnosis is used, both the begin and end date must be entered, as there are already valid diagnoses in this client's chart. [Reminder: NEVER change the start date to be a more recent date than what is already displaying].

Clinical Dis	orders/Conditions That May Be a Focus of Clinical Attention Active	Inactive			
ID	Diagnosis	Priority	Beg Date	End Date	
F43.20	Adjustment disorder, unspecified	1	07/10/2017		
T74.02XA	Child neglect or abandonment, confirmed, initial encounter	2	06/03/2017		-
R69	Iliness, unspecified	Inactive	06/12/2017	06/12/2017	

3. If when a form is back dated a notification stating it was not the most recent diagnosis form appears, add a second diagnosis form, dated today's date, and make the same changes to it as the back dated diagnosis form.

When the back dated form was entered the notification displayed. Enter a new form dated today and make the same changes that were made in the back dated form.



In the back dated form a deferred diagnosis was added to cover the DOS. Do the same in this assessment to cover the DOS. Then sign and final approve the assessment.



Error C: Example of a non-mental health diagnosis. The report states the DOS is 4/23/19.

		, ,		
Record Type	Case	Client Name	DOS/	Error Message
*	Numbe 🝸	▼	Form Da 🔻	ज
Service		ALL DR. PROBATI	4/23/2019	No Principal MH Diagnosis (Please enter a Mental Health diagnosis code in the Diagnosis
				form)

The client's chart reflects there is a diagnosis form covering that DOS, 4/23/19. *Reminder: change your filters if you are looking for an older DOS.*

Assessments	
Date 🔺	Description
04/23/2019	Demographics Form
04/23/2019	Diagnosis Form
06/10/2019	Demographics Form

Reminder: A diagnosis form can be embedded in other assessments, such as the Psychiatric Assessment. You may also check the diagnosis pane to see form dates of assessments that include diagnoses.

Hint: When using "Show Next," a blank diagnosis screen will display in-between the most recent diagnosis and the very first assessment entered. Although there is a FORM date covering the DOS, there are no mental health diagnoses covering the DOS.

Priority A	ICD	Description	Begin	End	1	Diagnosis Assecomer
			1			Expanded Mode
Axis: 1 / D	Disorders and	Conditions (Primary)			C	Show Previous
(Primary)	Z03.6	Encounter for observation for	suspected toxi 04/23/2019			Show Next
						Eilters
					E	Refresh Pane Conter

✓ Correction C:

- **1**. Add a new Diagnosis Form, dated the DOS.
- 2. Ensure there is a mental health diagnosis covering the DOS and final approve the form.
- 3. If when a form is back dated a notification stating it was not the most recent diagnosis form appears, add a second diagnosis form, dated today's date, and make the same changes to it as the back dated diagnosis form.

1. Add a new Diagnosis Form, dated the DOS.



Hint: It may be helpful to change the view to see all active and inactive diagnoses to be able to determine if there is a mental health diagnosis covering the DOS.



2. Ensure there is a mental health diagnosis covering the DOS and final approve the form.

In this case, there was not a mental health diagnosis to cover the DOS. Either change the start date of an applicable diagnosis early enough to cover the DOS or enter in the deferred diagnosis. If a deferred diagnosis is used, both the begin and end date must be entered, as there are already valid diagnoses in this client's chart. [Reminder: NEVER change the start date to be a more recent date than what is already displaying].

ID	Diagnosis	Priority	Beg Date	End Date	
Z03.6	Encntr for obs for susp toxic eff from ingest sub ruled out	1	04/23/2019		•
R69	Illness, unspecified	Inactive	06/12/2017	06/12/2017	

3. If when a form is back dated a notification stating it was not the most recent diagnosis form appears, add a second diagnosis form, dated today's date, and make the same changes to it as the back dated diagnosis form.

No notification was received when the form was back dated, making the back dated form the most recent form. No additional form is necessary.

✓ **Error:** Invalid Service time

Services should not have zero time indicated, unless it is also indicated that the service was cancelled by the program/client, or if the client was a no show. This error will also populate if it seems excessive time was entered in the service (EX: hours instead minutes).

Example of incorrect service time:

(Zero time without cancellation or r	no-show indicator)
--------------------------------------	--------------------

Service	PSYCHOTHERAPY - INDIVIDUAL 30	Q	30	Lab				9	
S Start	Duration 0:00	Stop [Days	Quantity	Fee	Pa	rticipants
T Start	Duration	Stop							
D Start	Duration 0:00	Stop [Provided To	Client			9	С
Outside Facility		Q		Provided At	Office			9	A
Арр. Туре	Scheduled	Q	1	Contact Type	Telehealth	1		9	E
Intensity Type	NOT APPLICABLE	Q	N	Billing Type	English			9	1

(Excessive time)

Service REHAB-INDIVIDUAL 34	9	34	Lab				9
S Start Duration 18:00	Stop 🗌		[Days	Quantity	Fee	Participants
T Start Duration 0:00	Stop 🗌		ſ			5607.00	
D Start Duration 17:00	Stop 🗌		Provided To	Client			9
Outside Facility	9		Provided At	Office			A A
App. Type Unscheduled/Walk-in	9	2	Contact Type	Telephone			Q T
Intensity Type BILINGUAL PROGRAM STAFF	9	В	Billing Type	Spanish			2 2

✓ Correction: Review the service and follow the progress note correction guide as applicable. Usually this involves contacting Optum Support Desk to void and replicate the note.

Example of now zero	service time should	a be ei	ner	eu.						
Service PSYCHOTH	HERAPY - INDIVIDUAL 30	Q		30	Lab				Q	
S Start	Duration 0:00	Stop 🗌				Days	Quantity	Fee	F	^o articipants
T Start	Duration	Stop 🗌								
D Start	Duration 0:00	Stop 🗌			Provided To	Client			Q	С
Outs. acility		Q			Provided At	Teleheal	th		Q	T
App. Type No Show		Q	5		Contact Type	Teleheal	th		Q	E
Intensity Type NOT APPL	ICABLE	Q	Ν		Billing Type	English			Q	1

Example of how zero service time should be entered:

✓ **Error:** CIN Error

The CIN number, or medi-cal ID number, was entered incorrectly. This error will populate if what is entered does not meet standard formatting guidelines.

 ✓ Correction: Correct the medi-cal policy number in the client's chart. If you are unsure how to do this, contact MHBU, and they will assist you.