

GROUP PROGRESS NOTE CORRECTIONS FOR ADMINISTRATIVE STAFF



Share of Cost/UMDAP:

Share of Cost/UMDAP may impact a program's ability to make progress note corrections. In most situations, once Share of Cost is cleared, a program will need to follow instructions below as if the encounter has been claimed to the State.

Billing Activity:

If you identify an encounter that is final approved and has billing activity but has not claimed to Medi-Cal, please contact MHBUS for instructions.

Billing Void, Replaces, and Deletion:

Refer to the Financial Billing Manual for additional instructions when submitting the Void, Replace, or Deletion forms.

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Introduction to Corrections

Administrative staff will have a primary role in the correction process. Once an encounter or progress note has been identified as needing a correction, administrative staff will act as a guide to assist the clinician or program manager on the next steps.

(Key terms: Void and Replicate (V&R) is a new function which duplicates the original note making it available to edit for a correction. This is not the same as voiding an encounter or replacing an encounter. Voiding or replacing an encounter is a function that is completed by the Mental Health Billing Unit (MBHU) for encounters that have been paid).

The first step in this process is checking on the status of the of the claim and reporting back to the clinical staff whether the encounter is in its original state, claimed and pending payment, or paid/denied. It is important to check the claim status of EACH client in the group.

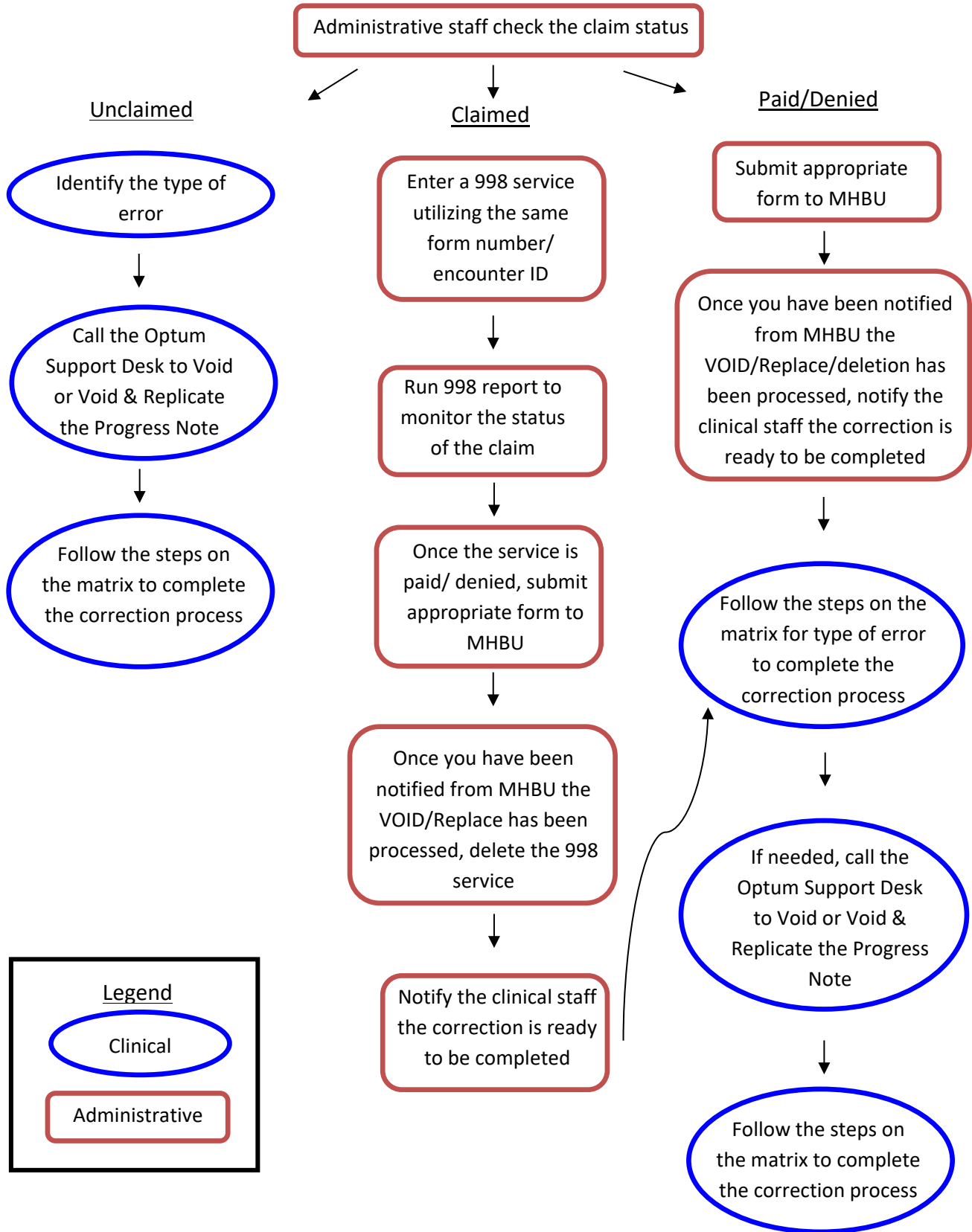
If an encounter is not claimed, clinical staff can request a void, or void and replicate from the Optum Support Desk. Administrative staff will have no further follow-up.

If an encounter is claimed and pending payment, administrative staff will monitor by entering a 998 service code and then monitoring the 998 Client Progress Note Audit Report. Once the encounter is adjudicated, administrative staff will submit the applicable form (Void Service Request, Disallowance & Delete Form, or Replacement Service Request) to MHBHU. Once it has been processed, administrative staff can remove the 998 service code and instruct the clinical staff to proceed with their correction process. In certain instances the administrative staff may re-enter the group service in Group Service Maintenance.

If an encounter is paid or denied, administrative staff will submit the applicable form (Void Service Request, Disallowance & Delete Form, or Replacement Service Request) to MHBHU. Once it has been processed, administrative staff will instruct the clinical staff to proceed with their correction process. In certain instances the administrative staff may re-enter the group service in Group Service Maintenance.

The progress note correction process will take collaboration amongst administrative staff, MHBHU, Optum Support Desk and clinical users. Please make sure all staff who touch encounters or progress notes have access to the correction packet for reference.

It's determined a progress note correction is needed...



****This will be the process for MOST progress note corrections, please consult the matrix or the Support Desk before making any edits.**

ADMIN CORRECTIONS 08/2018

GROUP PROGRESS NOTE CORRECTION MATRIX - MASTER

This matrix is used to identify which appendix to use for PN corrections.

Do not use this in place of the appendix instructions! This matrix does not include important items in the appendices.

Using the matrix you should work from left to right.

TYPE OF ERROR	Billing Status				APPENDIX TO USE	BASIC CORRECTION STEPS														
	UNCLAIMED	CLAIMED	PAID	DENIED		Admin Staff														
Encounter did not occur	Y				1	1														
Encounter did not occur		Y			2	1	2	3	4	4					5	6	7			
Encounter did not occur			Y		3	1			2						3	3	4			
Encounter did not occur				Y	3	1				2				3	4					
Wrong date of encounter	Y				1	1														
Wrong date of encounter		Y			2	1	2	3	4	4					5	6	7			
Wrong date of encounter			Y		3	1			2						3	4				
Wrong date of encounter				Y	3	1				2					3	4				
Duplicate progress note & encounter	Y				1	1														
Duplicate progress note & encounter		Y			2	1	2	3	4	4					5	6	7			
Duplicate progress note & encounter			Y		3	1			2						3	4				
Duplicate progress note & encounter				Y	3	1				2					3	4				
Change encounter to never billable activity (clerical), etc	Y				1	1														
Change encounter to never billable activity (clerical), etc		Y			2	1	2	3	4	4					5	6	7			
Change encounter to never billable activity (clerical), etc			Y		3	1			2						3	4				
Change encounter to never billable activity (clerical), etc				Y	3	1				2					3	4				
Wrong or insufficient info in client narrative (within 14 days)	Y				1	1														2
Wrong or insufficient info in client narrative		Y				CONTACT QI MATTERS @ QIMatters.HHSA@sdcounty.ca.gov														
Wrong billing indicator, for one client, which affects billing (lockouts, No-Show, DAS)	Y				1	1														2
Wrong billing indicator, for one client, which affects billing (lockouts, No-Show, DAS)		Y			4	1	2	3	4	4					5	7	8			6
Wrong billing indicator, for one client, which affects billing (lockouts, No-Show, DAS)			Y		5	1			2						3	5				4
Wrong billing indicators, for one client, which affects billing (lockouts, No-Show, DAS)				Y	5	1				2					3	5				4

GROUP PROGRESS NOTE CORRECTION MATRIX - MASTER

This matrix is used to identify which appendix to use for PN corrections.
Do not use this in place of the appendix instructions! This matrix does not include important items in the appendices.
Using the matrix you should work from left to right.

TYPE OF ERROR	Billing Status				APPENDIX TO USE	BASIC CORRECTION STEPS														
	UNCLAIMED	CLAIMED	PAID	DENIED		Admin Staff														
Wrong billing indicator, for one client, which does NOT affect billing	Y				1	1														
Wrong billing indicator, for one client, which does NOT affect billing		Y			1	1														
Wrong service code for the entire group		Y			1	1														
Wrong service code for the entire group			Y		2	1	2	3					4	5	6	7				
Wrong service code for the entire group				Y	3	1						2	3	4						
Time data entry error	Y				1	1									2					
Time data entry error		Y			-															
Time data entry error			Y		-															
Time data entry error				Y	-															
Change service code for one client to non-billable service code/ One client needs to be disallowed	Y	Y			-	CONTACT MHBU @ 619-338-2612														
Change service code for one client to non-billable service code/ One client needs to be disallowed			Y		3	1		2					3	4						
Change service code for one client to non-billable service code/ One client needs to be disallowed				Y	3	1		2					3	4						
Change service code for one client to non-billable service code/ One client needs to be disallowed				Y	3	1			2					3	4					
Entire Encounter should be non-billable service code/ Progress note was final approved after 14 days	Y				1	1								2						
Entire Encounter should be non-billable service code/ Progress note was final approved after 14 days		Y			4	1	2	3	4	4	4		5	7	8					6
Entire Encounter should be non-billable service code/ Progress note was final approved after 14 days			Y		5	1		2					3	5	4					
Entire Encounter should be non-billable service code/ Progress note was final approved after 14 days				Y	5	1			2				3	5	4					
One Client included in the group that should not have been	Y				1	1								2						
One Client included in the group that should not have been		Y			4	1	2	3	4	4			5	7	8					6
One Client included in the group that should not have been			Y		5	1		2					3	5	4					
One Client included in the group that should not have been				Y	5	1			2				3	5	4					

Revised 8.27.18

The following pages will outline specific scenarios and will direct you to the correct action steps. Each of the action steps are outlined step by step in the appendix and are meant to walk you through the process. **Your first step when you hear that a correction need to be made, is to check Display Client Services for the claim status. You must check the claim status for EACH client in the group.** If at ANY time you cannot move forward with the included instructions, please contact the Optum Support Desk for assistance. ***If an encounter is non-Medi-Cal or has billing activity (such as share of cost, UMDAP or other health coverage), contact MHBU for specific instructions.***

Encounter did not occur

If the encounter documented did not occur and was entered in error and the encounter is:

Unclaimed (Appendix 1):

- If all clients are unclaimed, let the PN staff know the note is ready for correction.

Claimed (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen.
- Monitor the claim status by running the Client Services Report: 998 Client Progress Note Audit Report. Check the claim status of the original claim in Display Client Services. Continue to do this until the original claim has been paid or denied.
- **See applicable paid or denied steps below.**
- **IMPORTANT:** Once paid or denied steps below are complete delete the 998 service that was created.

Paid (Appendix 3):

- Submit the Void Service Request for the entire group, to MHBU.
- The MHBU will let you know via email once your request has been processed.
- Let the PN staff know the note is ready for correction.

Denied (Appendix 3):

- Submit the Disallowance & Delete Form for the entire group, to MHBU.
- The MHBU will let you know via email once your request has been processed.
- Let the PN staff know the note is ready for correction.

Wrong date of encounter

If the wrong date of encounter was selected and the encounter is:

Unclaimed (Appendix 1):

- If all clients are unclaimed, let the PN staff know the note is ready for correction.

Claimed (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen.
- Monitor the claim status by running the Client Services Report: 998 Client Progress Note Audit Report. Check the claim status of the original claim in Display Client Services. Continue to do this until the original claim has been paid or denied.
- **See applicable paid or denied steps below.**
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Paid (Appendix 3):

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- The MHBU will let you know via email once your request has been processed.
- Let the PN staff know the note is ready for correction.

Denied (Appendix 3):

- Submit the Disallowance & Delete Form for the entire group, to MHBUS.
- The MHBUS will let you know via email once your request has been processed.
- Let the PN staff know the note is ready for correction.

Duplicate progress note and encounter

If a second progress note was written for the same group for the same encounter and the encounter is:

Unclaimed (Appendix 1):

- If all clients are unclaimed, let the PN staff know the note is ready for correction.

Claimed (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen.
- Monitor the claim status by running the Client Services Report: 998 Client Progress Note Audit Report. Check the claim status of the original claim in Display Client Services. Continue to do this until the original claim has been paid or denied.
- **See applicable paid or denied steps below.**
- **IMPORTANT:** Once paid or denied steps below are complete delete the 998 service that was created.

Paid (Appendix 3):

- Submit the Void Service Request for the entire group, to MHBUS.
- The MHBUS will let you know via email once your request has been processed.
- Let the PN staff know the note is ready for correction.

Denied (Appendix 3):

- Submit the Disallowance & Delete Form for the entire group, to MHBUS.
- The MHBUS will let you know via email once your request has been processed.
- Let the PN staff know the note is ready for correction.

Change encounter to never billable activity

If never-billable activity (for example: clerical, payee service such as completing forms, filing CPS/APS reports, leaving a voice message or faxing information) was provided and the encounter is:

Unclaimed (Appendix 1):

- If all clients are unclaimed, let the PN staff know the note is ready for correction.

Claimed (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen.
- Monitor the claim status by running the Client Services Report: 998 Client Progress Note Audit Report. Check the claim status of the original claim in Display Client Services. Continue to do this until the original claim has been paid or denied.
- **See applicable paid or denied steps below.**
- **IMPORTANT:** Once paid or denied steps below are complete delete the 998 service that was created.

Paid (Appendix 3):

- Submit the Void Service Request for the entire group, to MHBUS.
- The MHBUS will let you know via email once your request has been processed.
- Let the PN staff know the note is ready for correction.

Denied (Appendix 3):

- Submit the Disallowance & Delete Form for the entire group, to MHBUS.
- The MHBUS will let you know via email once your request has been processed.
- Let the PN staff know the note is ready for correction.

Change non-billable service code to an informational progress note

- The non-billable codes' series will always be in their original state - never claimed or paid/denied. Therefore, you will never submit a request to the MHBU. Let the PN staff know the note is ready for correction.

Wrong or insufficient information in the client narrative (within 14 days)

If there is wrong or insufficient information in the client narrative (for example: incomplete documentation, blank narratives, a different client's full name is mentioned) and the note is within 14 days of the DOS and the encounter is:

Unclaimed (Appendix 1):

- Let the PN staff know the note is ready for correction.

Claimed/Paid/Denied – post 14 days from the DOS:

- Let the PN staff know to contact QI Matters via email for correction.

Wrong billing indicator which affects billing (Lockouts, No-Show, DAS)

If the encounter has a wrong billing indicator which affects billing such as it was provided during a lockout, the client was a no show and it is not indicated, or the service has a wrong diagnosis attached and the note is:

Unclaimed (Appendix 1):

- If all clients are unclaimed, let the PN staff know the note is ready for correction.

Claimed (Appendix 4):

- Enter a 998 service in the Individual Service Entry screen.
- Monitor the claim status by running the Client Services Report: 998 Client Progress Note Audit Report. Check the claim status of the original claim in Display Client Services. Continue to do this until the original claim has been paid or denied.
- **See applicable paid or denied steps below.**
- **IMPORTANT:** Once paid or denied steps below are complete delete the 998 service that was created.

Paid (Appendix 5):

- Submit the Void Service Request for the entire group, to MHBU.
- The MHBU will let you know via email once your request has been processed.
- Reenter the entire group service with the correct billing indicators in the Group Service Maintenance screen. The original note has billing activity attached to it, and cannot be voided.
- Let the PN staff know the note is ready for correction.

Denied (Appendix 5):

- Submit the Disallowance & Delete Form for the entire group, to MHBU.
- The MHBU will let you know via email once your request has been processed.
- Reenter the entire group service with the correct billing indicators in the Group Service Maintenance screen. The original note has billing activity attached to it, and cannot be voided.
- Let the PN staff know the note is ready for correction.

Wrong billing indicator which does NOT affect billing:

If the wrong billing indicator is selected and it does not affect billing such as, scheduled vs not scheduled or language used and the encounter is:

Unclaimed/Claimed/Paid/Denied (Appendix 1):

- Let the PN staff know the note is ready for correction.

Wrong service code for the entire group:

If the incorrect service code is selected for the entire group and the encounter is:

Unclaimed (Appendix 1):

- If all clients are unclaimed, let the PN staff know the note is ready for correction.

Claimed (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen.
- Monitor the claim status by running the Client Services Report: 998 Client Progress Note Audit Report. Check the claim status of the original claim in Display Client Services. Continue to do this until the original claim has been paid or denied.
- See applicable paid or denied steps below.
- **IMPORTANT:** Once paid or denied steps below are complete delete the 998 service that was created.

Paid/Denied (Appendix 3):

- Submit the Replacement Service Request for the entire group, to MHBHU.
- The MHBHU will let you know via email once your request has been processed.
- Let the PN staff know the note is ready for correction.

Travel or Documentation Time data entry error:

This correction should not be used to fix unsubstantiated time. It should only be used to fix a data entry error when, the amount of time entered on the encounter portion is greater than the time documented within the content of the narrative and the encounter is:

Unclaimed (Appendix 1):

- If all clients are unclaimed, let the PN staff know the note is ready for correction

Claimed/Paid/Denied:

- Contact MHBHU at 619-338-2612. The steps will vary depending on the different insurance coverages the clients in the group have.

Change service code for one client to a non-billable service code/ One client needs to be disallowed:

If you need to change a service code for one client to be non-billable, or one client needs to be disallowed; for example the encounter documented is not covered by an active client plan (when a client plan is required) and the encounter is:

Unclaimed/Claimed:

- You must wait for the encounter to be paid or denied to complete the correction process.

Paid (Appendix 3):

- Submit the Void Service Request for the one client, to MHBHU.
- The MHBHU will let you know via email once your request has been processed.
- Let the PN staff know the note is ready for correction.

Denied (Appendix 3):

- Submit the Disallowance & Delete Form for the one client, to MHBHU.

- The MHBUS will let you know via email once your request has been processed.
- Let the PN staff know the note is ready for correction.

Change service code, for the entire group to a non-billable service code:

If the entire group should be a non-billable service code; for example the service was non-billable, or the note was final approved after 14 days and the encounter is:

Unclaimed (Appendix 1):

- If all clients are unclaimed, let the PN staff know the note is ready for correction.

Claimed (Appendix 4):

- Enter a 998 service in the Individual Service Entry screen.
- Monitor the claim status by running the Client Services Report: 998 Client Progress Note Audit Report. Check the claim status of the original claim in Display Client Services. Continue to do this until the original claim has been paid or denied.
- **See applicable paid or denied steps below.**
- **IMPORTANT:** Once paid or denied steps below are complete delete the 998 service that was created.

Paid (Appendix 5):

- Submit the Void Service Request for the entire group, to MHBUS.
- The MHBUS will let you know via email once your request has been processed.
- Reenter the entire group service with the 802 service code in Group Service Maintenance. Ensure the non-billable service code is entered with the correct billing indicators and actual service, travel and documentation time. The original note has billing activity attached to it, and cannot be voided.
- Let the PN staff know the note is ready for correction.

Denied (Appendix 5):

- Submit the Disallowance & Delete Form for the entire group, to MHBUS.
- The MHBUS will let you know via email once your request has been processed.
- Reenter the entire group service with the 802 service code in Group Service Maintenance. Ensure the non-billable service code is entered with the correct billing indicators and actual service, travel and documentation time. The original note has billing activity attached to it, and cannot be voided.
- Let the PN staff know the note is ready for correction.

One client was included in the group that should not have been:

If one client was included in the group and should not have been and the encounter is:

Unclaimed (Appendix 1):

- If all clients are unclaimed, let the PN staff know the note is ready for correction

Claimed (Appendix 4):

- Enter a 998 service in the Individual Service Entry screen.
- Monitor the claim status by running the Client Services Report: 998 Client Progress Note Audit Report. Check the claim status of the original claim in Display Client Services. Continue to do this until the original claim has been paid or denied.
- **See applicable paid or denied steps below.**
- **IMPORTANT:** Once paid or denied steps below are complete delete the 998 service that was created.

Paid (Appendix 5):

- Submit the Void Service Request for the entire group, to MHBU.
- The MHBU will let you know via email once your request has been processed.
- Reenter the entire group service with the correct clients in Group Service Maintenance. The original note has billing activity attached to it, and cannot be voided.
- Let the PN staff know the note is ready for correction.

Denied (Appendix 5):

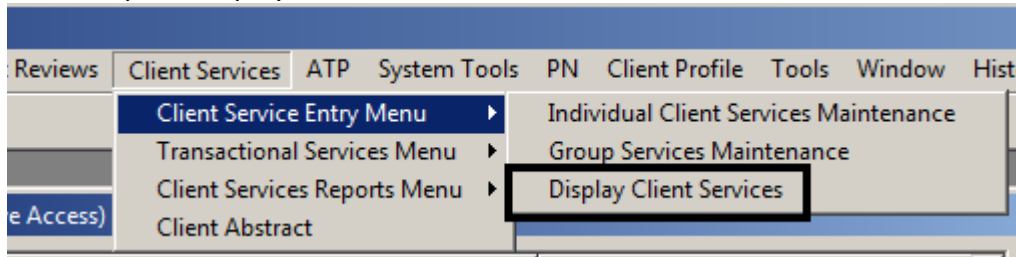
- Submit the Disallowance & Delete Form for the entire group, to MHBU.
- The MHBU will let you know via email once your request has been processed.
- Reenter the entire group service with the correct clients in Group Service Maintenance. The original note has billing activity attached to it, and cannot be voided.
- Let the PN staff know the note is ready for correction.

Check the billing status- there are several instances in which no action will be needed from the administrative staff. At most, administrative staff will need to check the billing status. It is important to **check the billing status of EACH client in the group**. This can occur in the following situations:

- ✓ Encounter did not occur- when the encounter is **not** claimed
- ✓ Wrong date of encounter- when the encounter is **not** claimed
- ✓ Duplicate progress note and encounter- when the encounter is **not** claimed
- ✓ Change encounter to never billable activity- when the encounter is **not** claimed
- ✓ Change non-billable service code to an informational progress note
 - *800 codes are never claimed; the note is always ready for correction*
- ✓ Wrong or insufficient information in the client narrative- when the encounter is **not** claimed
- ✓ Wrong billing indicator which affects billing- when the encounter is **not** claimed
- ✓ Wrong billing indicator which does NOT affect billing- when the encounter is **not** claimed/ claimed/ paid/ denied
- ✓ Wrong service code for the entire group- when the encounter is **not** claimed
- ✓ Travel or Documentation Time data entry error- when the encounter is **not** claimed
- ✓ Change service code to non-billable service code for the entire group- when the encounter is **not** claimed
- ✓ One client was included in the group that should not have been – when the encounter is **not** claimed

To check the status of an encounter-

1. Open “Display Client Services.”



2. Enter the client’s case number, uncheck the box to filter by the last 30 days (if more than 30 days from the date of encounter), and locate the encounter (sort by form number or date of encounter).

Display Client Services (Administrative Access)

Client: **FAKE, TEST** Admitted SAI

Form #	Date	Thru	Time	Unit	SUnit	Server	Name	Service	Desc	Proc	Price	Balance	PSrc	Plan
	08/02/2016	8/02/2016		9900	9901	1057	HANSEN, STEPHAN 10	ASSESSMENT - PSYCH			\$0.00	\$0.00	9999	0
	12/20/2016	2/20/2016	10:00 AM	9900	9901	6236	AILSHIE, DOUGLAS 31	PSYCHOTHERAPY - G			\$0.00	\$0.00	9999	0
	12/01/2016	2/01/2016	04:15 PM	9900	9901	7013	GRUSS, DAWN (001 31	PSYCHOTHERAPY - G			\$0.00	\$0.00	9999	0

Primary Filters: Services in the past 0 Days Balances: All Services Balance Only Current Payer: All Private Pay Third Party

Options: **Currently Viewing Information for Service Details**

- Service Details
- Authorizations
- Claims
- Payments
- Bill Trace

3. Under "Options", click on the 'Payments'/'Claims' branch from billing status.

Options: **Currently Viewing Information for Payments**

- Service Details
- Authorizations
- Claims
- Payments**
- Bill Trace
- Cross Test

Svc	9999-Private Pay Source	08/02/2016	\$0.00						\$0.00	
Type	Description	Date	Price	Adj	Slid/MAP	Write Off	Payment	Balance	Denial	
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

The encounter has **not** been claimed yet:

Options: **Currently Viewing Information for Payments**

- Service Details
- Authorizations
- Claims
- Payments**
- Bill Trace
- Cross Test

Svc	100-MEDI-CAL P9112	05/05/2016	\$595.00						\$595.00	
Type	Description	Date	Price	Adj	Slid/MAP	Write Off	Payment	Balance	Denial	
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

The encounter has been **claimed** and is pending payment or denial:

Options: **Currently Viewing Information for Payments**

- Service Details
- Authorizations
- Claims
- Payments**
- Bill Trace
- Cross Test

Svc	100-MEDI-CAL P9112	04/19/2016	\$60.20						\$60.20	
Type	Description	Date	Price	Adj	Slid/MAP	Write Off	Payment	Balance	Denial	
Clm	Batch: Clm: Ln: 1	06/23/2016	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$60.20		

The encounter has been **claimed** and paid:

Options: **Currently Viewing Information for Payments**

- Service Details
- Authorizations
- Claims
- Payments**
- Bill Trace
- Cross Test

Svc	100-MEDI-CAL P9112	01/21/2016	\$177.24						\$177.24	
Type	Description	Date	Price	Adj	Slid/MAP	Write Off	Payment	Balance	Denial	
Clm	Batch: Clm: Ln: 1	03/28/2016	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$177.24		
Pay	0064470476,5237	05/18/2016	\$0.00	\$88.62	\$0.00	\$0.00	\$88.62	\$0.00		

The encounter has been **claimed and denied**:

Options		Currently Viewing Information for Payments									
<ul style="list-style-type: none"> Service Details Authorizations Claims Payments Bill Trace Cross Test 		Svc	100-MEDI-CAL P9112	08/29/2012	\$674.56					\$674.56	Replace
		Type	Description	Date	Price	Adj	Std/MAP	Write Off	Payment	Balance	Denial
		Clm	Batch: Clm: Lrn: 1 (5	06/26/2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$674.56	
		Den	IN-219768,10	07/09/2013	\$0.00	\$674.56	\$0.00	\$0.00	\$0.00	\$0.00	119

The encounter has been **voided** by the MHBU and the State:

Options		Currently Viewing Information for Claims									
<ul style="list-style-type: none"> Service Details Authorizations Claims Payments Bill Trace Cross Test 		Currently Due From Pay Source 100 - MEDI-CAL Benefit Plan 9112 - OP CRF Billed Balance \$0.00									
		Batch #	Claim #	Line #	Type	Notes	Date	Pay Source	Benefit Plan	Claim Amount	
				1.00	(5010P)	Voided	03/28/2016	100 - MEDI-CAL	9112 - OP CRF	372.71	
				1.00	(5010P)	Void	08/16/2016	100 - MEDI-CAL	9112 - OP CRF	372.71	

The encounter has been **replaced** by the MHBU and the State:

Options		Currently Viewing Information for Claims									
<ul style="list-style-type: none"> Service Details Authorizations Claims Payments Bill Trace Cross Test 		Currently Due From Pay Source 100 - MEDI-CAL Benefit Plan 9112 - OP CRF Billed Balance \$0.00									
		Batch #	Claim #	Line #	Type	Notes	Date	Pay Source	Benefit Plan	Claim Amount	
				1.00	(5010P)	Replaced	06/26/2013	100 - MEDI-CAL	9112 - OP CRF	674.56	
				1.00	(5010P)	Replace	11/21/2013	100 - MEDI-CAL	9112 - OP CRF	674.56	

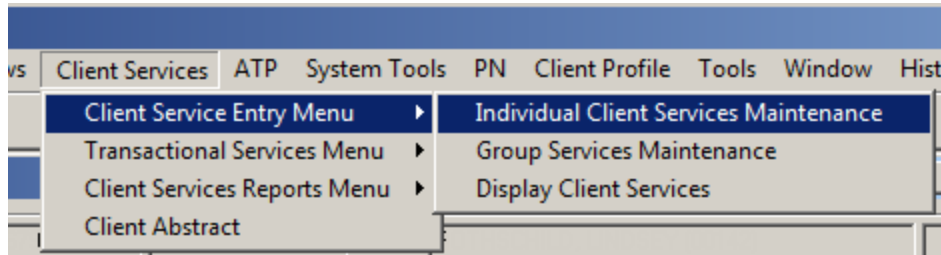
The encounter has been **deleted/ disallowed** by the MHBU and the State:

Options		Currently Viewing Information for Payments									
<ul style="list-style-type: none"> Service Details Authorizations Claims Payments Bill Trace Cross Test 		Svc	100-MEDI-CAL P9112	05/22/2018	\$739.73					\$739.73	
		Type	Description	Date	Price	Adj	Std/MAP	Write Off	Payment	Balance	Denial
		Clm	Batch: Clm: Lrn: 1 (07/06/2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$739.73	
		Den	INC-505568,39	07/24/2018	\$0.00	\$739.73	\$0.00	\$0.00	\$0.00	\$0.00	16
		Den	DEL.9112.08212018.CB,2	08/21/2018	(\$739.73)	\$739.73	\$0.00	\$0.00	\$0.00	\$0.00	33

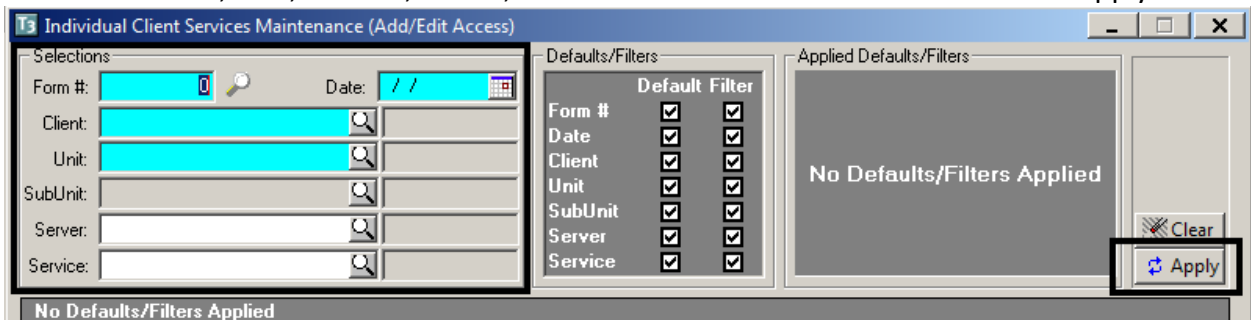
4. Inform the clinical staff of the status of the encounter.

Encounter is claimed but not paid or denied – 998 process- When an encounter has been claimed (or batched for billing), but has not been paid or denied yet, corrections cannot be made to the group. We must wait for the State to either pay or deny the claim first. The 998 service code is entered as a reminder to continue to check the billing status. This can occur in the following situations:

- ✓ Encounter did not occur- when the encounter is claimed
 - ✓ Wrong date of encounter- when the encounter is claimed
 - ✓ Duplicate progress note and encounter- when the encounter is claimed
 - ✓ Change encounter to never billable activity- when the encounter is claimed
 - ✓ Wrong service code for the entire group- when the encounter is claimed
1. When an encounter is claimed but not paid or denied from the State and a correction is needed, enter a 998 service code in as a reminder to continue to check the billing status.
 2. Open “Individual Client Services Maintenance.”

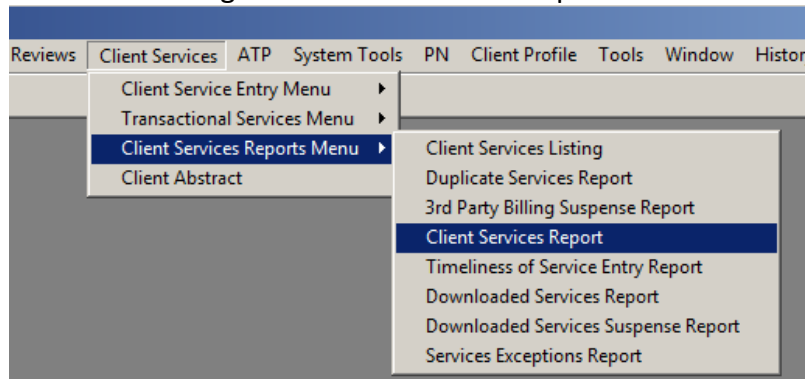


3. Enter the date of encounter as the encounter needing correction. Enter in the client’s case number, Unit, Subunit, Server, and enter 998 as the Service Code. Select “Apply.”

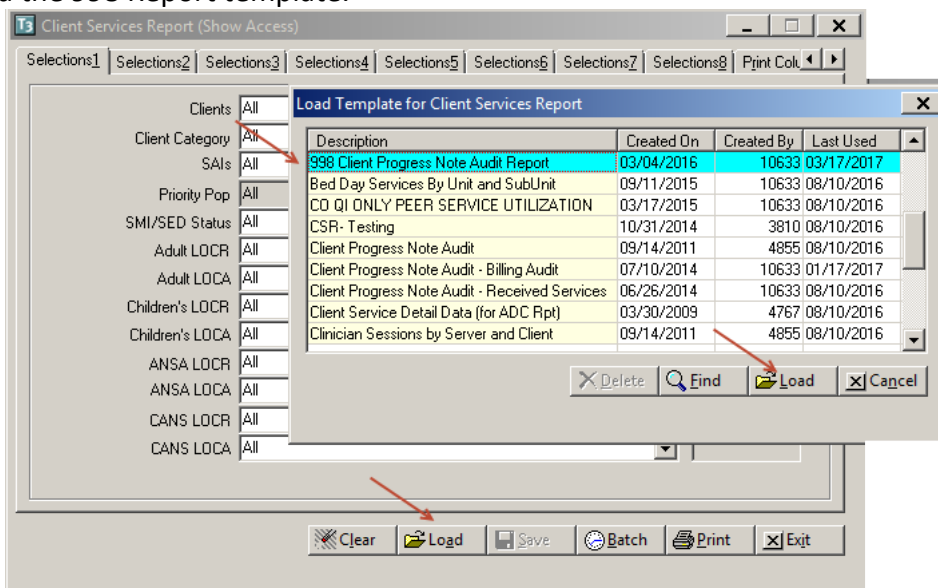


- All of the information will pre-populate in the bottom portion of the window. Enter in the service time, travel time, documentation time, and billing indicators as they were on the original service. Then select "Save."

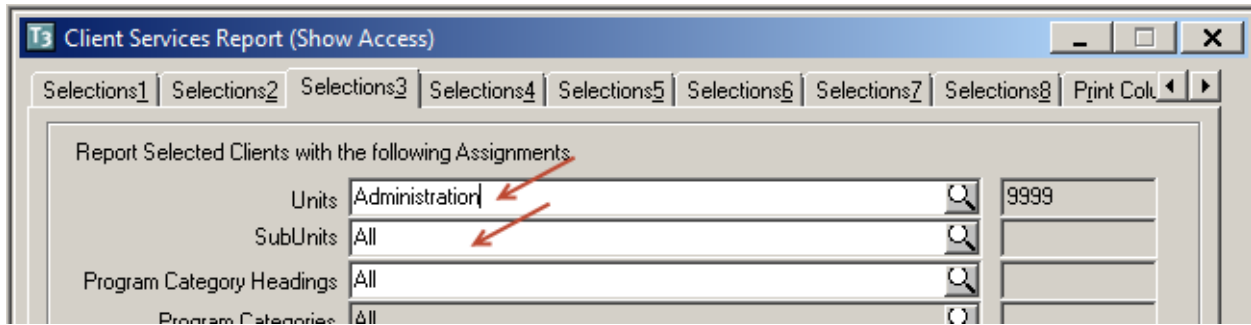
- Run the "998 Client Progress Note Audit Report- Client Services Report" on regular basis to check and see if the original encounter has been paid or denied.



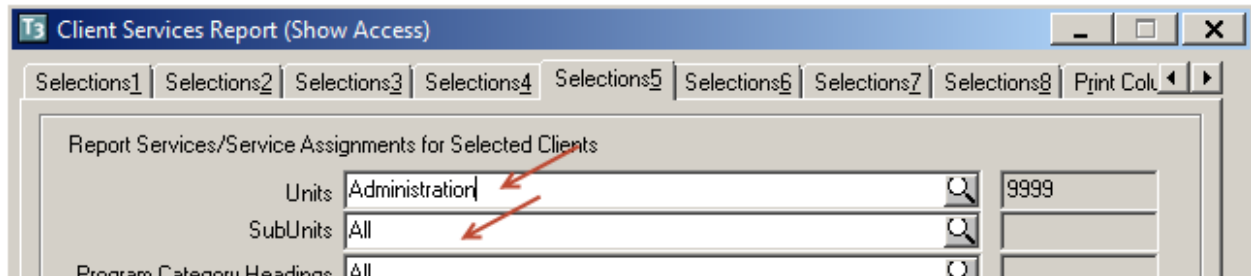
- Load the 998 Report template.



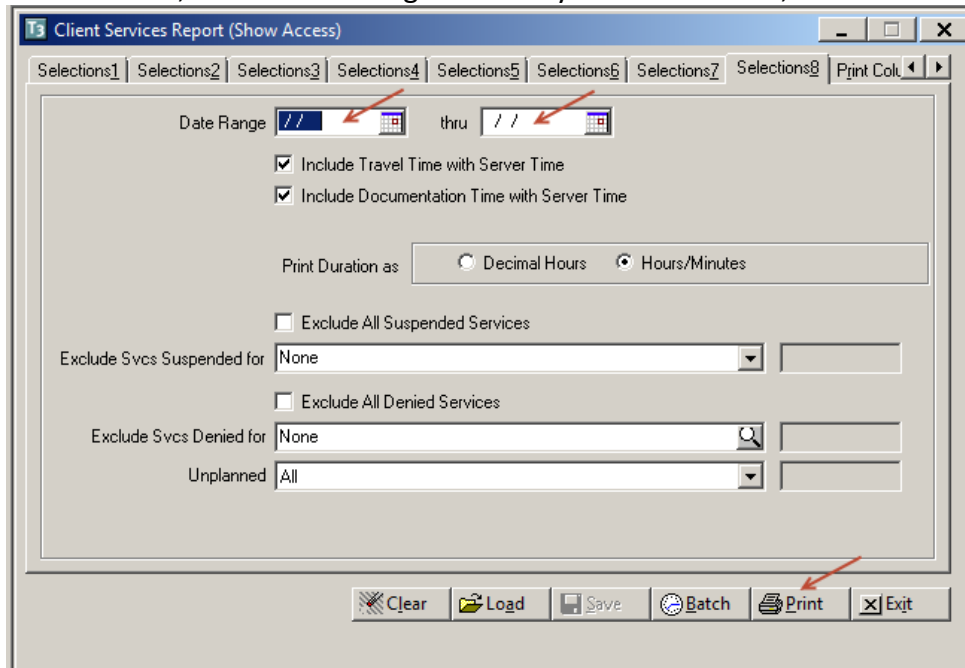
7. On "Selection 3", enter Unit/Subunit.



8. On "Selection 5", enter Unit/Subunit.



9. On "Selection 8", enter a date range to cover your 998 services, and select "Print."



10. The report will show you all services entered for that unit/subunit, within that date range, with a service code of 998. Look up each of the original encounters to check the billing status. Repeat this until the original encounter has been paid or denied.

11. Once the encounter has been paid/ denied by the State, check the matrix to see which request needs to be sent to the MHBU (Void Service Request, Disallowance and Delete Form, or the Replacement Service Request ~ which can be located on the Optum San Diego website). There will be a waiting period until your request is processed.
 - *For instructions on filling out these forms, please refer to the Financial Billing Manual. For questions regarding these forms, please contact the MHBU directly.*

12. When the MHBU has completed your request, they will notify you. You can also check in Display Client Services to verify the status. Inform the clinical staff the progress note is now ready for correction.

13. Open “Individual Client Services Maintenance” and locate the client and the 998 service code that was entered to track billing (see steps 2-3). Delete the 998 service code, by selecting “Delete.”

The screenshot displays a software interface for managing client services. Key elements include:

- Form #:** [Empty]
- Date:** 1/11/2016
- Client:** [Redacted]
- Unit:** CRF IMPACT FSP (3400)
- SubUnit:** CRF IMPACT FSP MHSA (3401)
- Service:** PENDING VOID AND REENTRY 998
- S. Time:** 0:54
- D. Time:** 0:13
- Person:** D
- Place:** A
- C. Type:** N
- A. Type:** 1
- B. Type:** 1
- I. Type:** K
- Diagnoses:** [Empty]

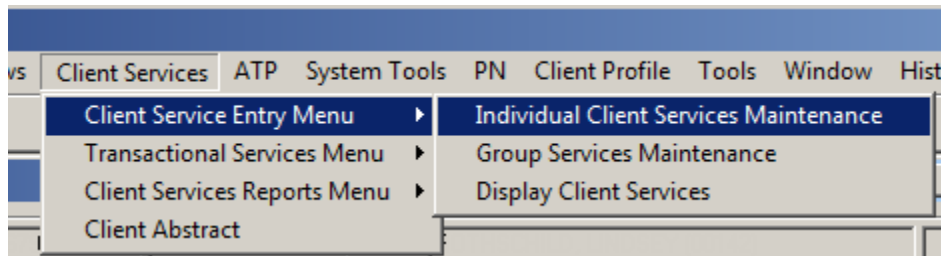
At the bottom of the interface, there are several action buttons: **Payment**, **Save**, **Clear**, **Delete** (highlighted with a red box), and **Exit**.

Correct the billing with MBHU- in most instances when an encounter has been paid or denied the administrative staff needs to take care of the original encounter before the correction to the note can take place. This can occur in the following situations:

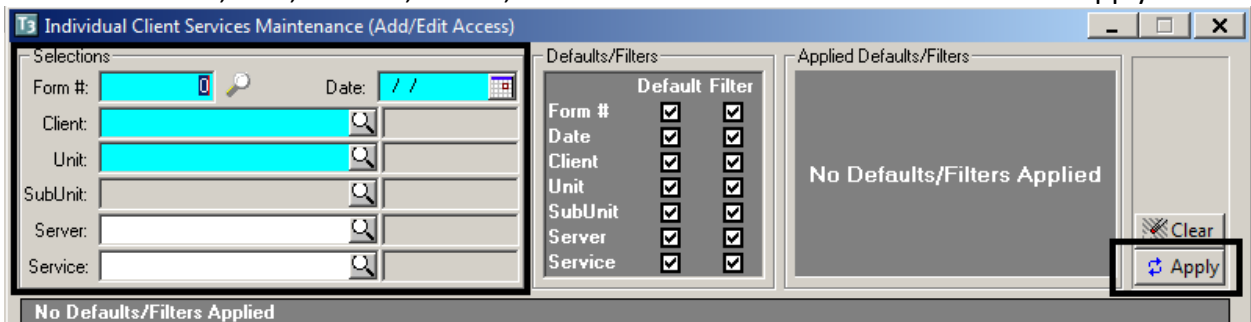
- ✓ Encounter did not occur- when the encounter is paid/or denied
 - ✓ Wrong date of encounter- when the encounter is paid/or denied
 - ✓ Duplicate progress note and encounter- when the encounter is paid/or denied
 - ✓ Change encounter to never billable activity- when the encounter is paid/or denied
 - ✓ Wrong service code for the entire group- when the encounter is paid/or denied
 - ✓ Change service code for one client to non-billable - when the encounter is paid/or denied
1. Once the encounter has been paid/ denied, by the State, check the matrix to see which request needs to be sent to the MHBU (Void Service Request, Disallowance and Delete Form, or the Replacement Service Request ~ which can be located on the Optum San Diego website). There will be a waiting period until your request is processed.
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Encounter is claimed but not paid or denied – 998 process, needs to be reentered- When an encounter has been claimed (or batched for billing), but has not been paid or denied yet, corrections cannot be made to the group. We must wait for the State to either pay or deny the claim first. The 998 service code is entered as a reminder to continue to check the billing status. This can occur in the following situations:

- ✓ Wrong billing indicator which affects billing- when the encounter is claimed
 - ✓ Entire encounter should be entered as non-billable- when the encounter is claimed
 - ✓ One client was included in the group that should not have been- when the encounter is claimed
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 2. Open “Individual Client Services Maintenance.”

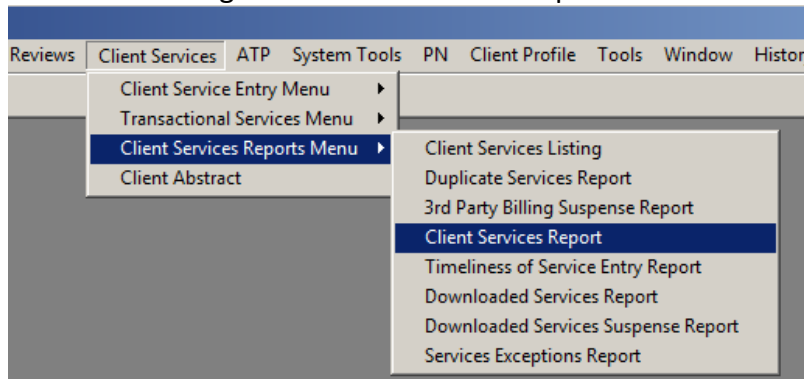


3. Enter the date of encounter as the encounter needing correction. Enter in the client’s case number, Unit, Subunit, Server, and enter 998 as the Service Code. Select “Apply.”

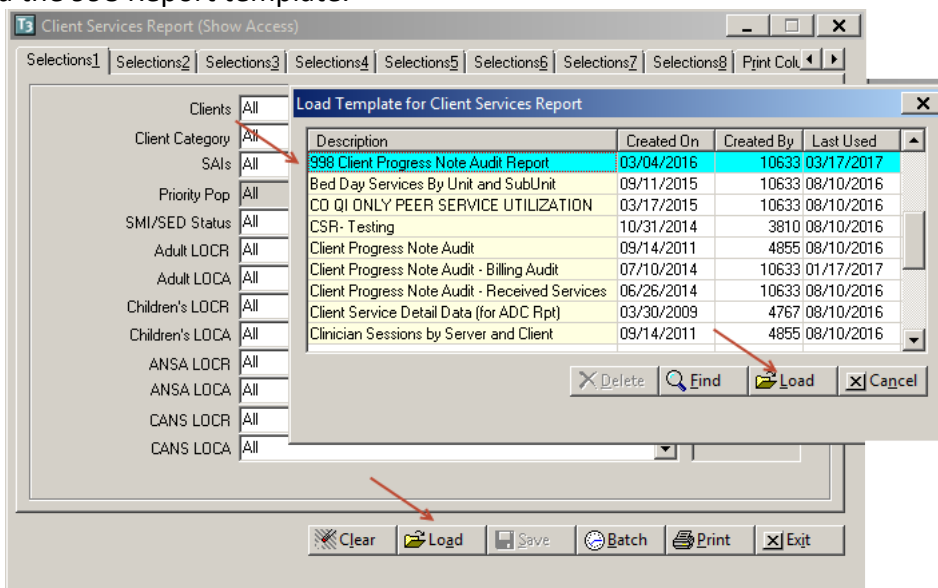


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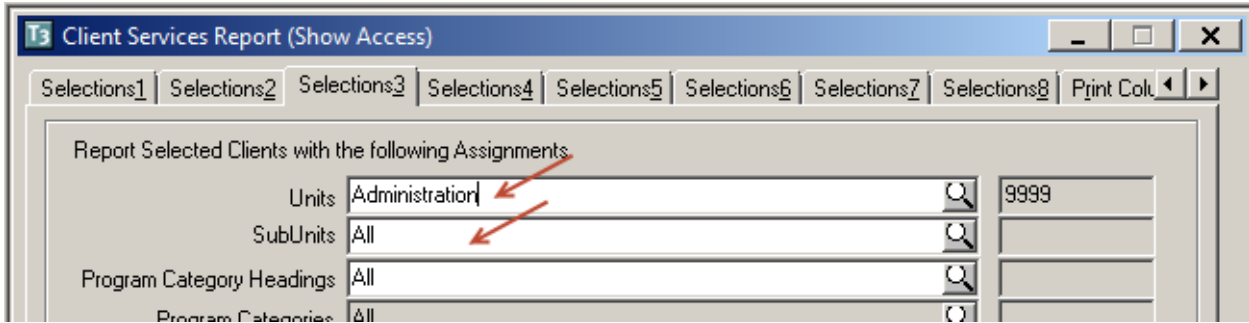
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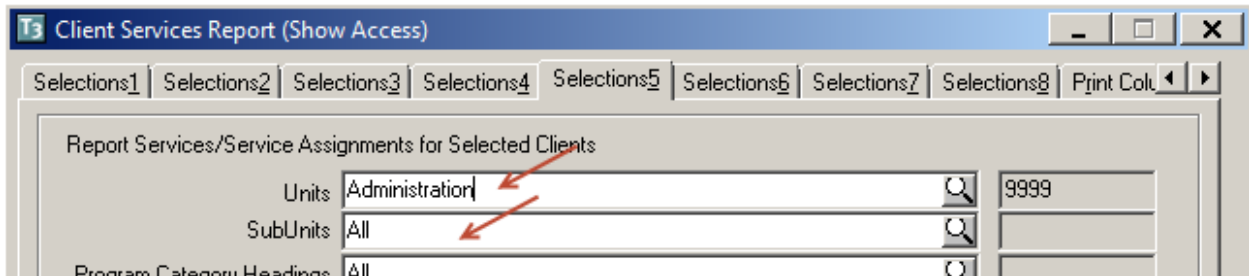
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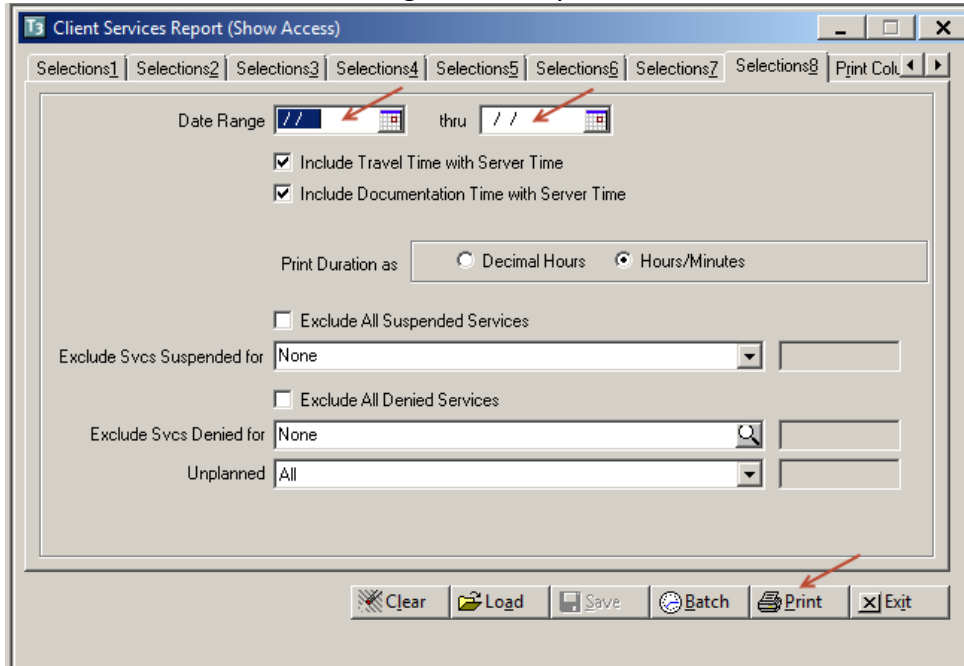
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8. On "Selection 5", enter Unit/Subunit.



9. On "Selection 8", enter a date range to cover your 998 services, and select "Print."



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- Person:** D
- Place:** A
- C. Type:** N
- A. Type:** 1
- B. Type:** 1
- I. Type:** K
- Diagnoses:** [Empty]

At the bottom of the interface, there are several buttons: **Payment**, **Save**, **Clear**, **Delete** (highlighted with a red box), and **Exit**.

14. Reenter the group encounter in Group Service Maintenance with the correct elements. The original note has billing activity attached to it, and cannot be voided.

Correct the billing with MBHU, need to be reentered- in most instances when an encounter has been paid or denied the administrative staff needs to take care of the original encounter before the correction to the note can take place. Due to the fact the original note has billing activity attached, and cannot be voided, the administrative staff will be responsible for entering in the correct encounter. This can occur in the following situations:

- ✓ Wrong billing indicator which affects billing- when the encounter is paid/ or denied
 - ✓ Entire encounter should be entered as non-billable - when the encounter is paid/ or denied
 - ✓ One client was included in the group that should not have been- when the encounter is paid/ or denied
1. Once the encounter has been paid/ denied, by the State, check the matrix to see which request needs to be sent to the MHBU (Void Service Request, Disallowance and Delete Form, or the Replacement Service Request ~ which can be located on the Optum San Diego website). There will be a waiting period until your request is processed.
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