

DMC Client Tracking Form

REQUIRED FORM:

This form is a required document in the client file for Drug Medi-Cal providers only

WHEN:

At client's first DMC billable service and every billable visit thereafter

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

- **ODF/IOT:** Check appropriate box for Outpatient Drug Free (ODF) or Intensive Outpatient Treatment (IOT).
- **Client Name:** Complete with client's full name.
- **Client ID#:** Complete the client ID number as determined by agency guidelines.
- **Admit Date:** Complete the date of admission.
- **Date DMC Billing Began:** Complete the date of client's first face-to-face billable service.
- **M/C (BIC#):** Complete client's Medi-Cal, Benefit Identification Card (BIC) number.
- **Birth Date:** Complete client's month/day/year of birth.
- **DSM & ICD-10 Dx:** A diagnosis label from the current version of the DSM is required. An ICD-10 diagnosis code is required for billing. List the ICD-10 code that best matches the DSM diagnosis label documented.
- **Gender:** Complete with appropriate answer.
- **Race:** Complete with appropriate answer.
- **Tracking Chart:**
 - (1) **Service Date:** Complete each date of client's DMC billable services.
 - (2) **Service Type & Counselor (CO):** Complete the type of service client received from County billing activity codes (e.g., Code 2-Individual Counseling/Intake, Code 3-Individual Counseling/Planning, Code 4-Individual Counseling/Crisis/Intervention, Code 6-Group Counseling, Code 19-Day Treatment.)
 - (3) **Date Billed:** Complete the date Medi-Cal billing was submitted to the County.
- **Review Date:** The date tracking form is reviewed at Quality Assurance Review (QAR).
- **QA Reviewer Signature:** QAR representative must sign after reviewing tracking form.
- **QAR Determination:** QAR representative must select and check the appropriate box according to the review determination.
- **Upcoming Review Dates:** QAR representative must check the box for "no more review dates" or select upcoming review dates.

NOTES: Must be reviewed by QAR for an initial, stay, extension, and discharge.