CLAIM IT ANYWAY

Billing Submission and Self-Correction Webinar

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CLAIM IT ANYWAY WEBINAR OBJECTIVE

TODAY'S OBJECTIVE

- Understand the Claim It Anyway (CIA) Process.

- Research "y" codes to identify self-corrections and which can be submitted to CIA.

- Research "AQ" codes to identify self-corrections and which can be submitted to CIA.

- How to reinstate ended diagnosis.

- Identify resources for other suspense codes and reference guides for corrections.

MEDI-CAL BILLING

▪ Medi-Cal dictates how services can be claimed, what is billable and what is not billable. There are two situations in which a program would contact the Quality Management (QM) department for support which are the appearance of suspense codes "y" (lowercase y) and "AQ" on the program's third-party billing suspense report. These suspense codes indicate billing is suspended and are considered "Claim it Anyway" (CIA) situations. QM reviews incoming requests for clinical relevance then submits the approval to the Mental Health Billing Unit (MHBU).

HOW DO I GET STARTED?

- Programs run their billing suspense reports on a regular basis. They review the report for any "y" or "AQ" codes.

- The Program researches the origin of the "y" code and if eligible, sends a copy of the suspended "y" codes, ensure that each service is identified as needing CIA processing by writing "CLAIM IT ANYWAY", then please fax (619) 236-1953 or QI Matters (confidential e-mail), Subject: CIA.

- The Program researches the origin of the "AQ" code and will work to rectify the diagnostic issue independently but there are times when they cannot complete the task and the billing unit needs to be notified. This occurs when:

  - 1. An excluded diagnosis was used

  - 2. The service has already been claimed to the State for reimbursement

  - 3. ICD-9 codes were used

  - 4. Diagnosis Form updates are out of sequence

  - 5. A diagnosis that has been ended retroactively after the service was documented. Leaving a no longer valid diagnosis attached to the service.

  - 6. Diagnosis R69 was used after 10/1/2019

- In these cases, **the program must write the intended included ICD 10 diagnosis next to the suspended service** .QM requires the program's participation with documentation in order to clear "AQ" suspense codes. Before submission ensure that each service is identified as needing CIA processing by writing "CLAIM IT ANYWAY", then please fax (619) 236-1953 or QI Matters (confidential e-mail), Subject: CIA.

y Suspense: Indicates client is open to 24-hour program at same time as receiving outpatient treatment service.

- Program must review services and self-correct if billing indicators for provided at are labeled "office", "Community" etc. as they should always reflect the lock out setting. The one exception is services provided on the date of admission or discharge.

- If program reviews and both assignments and services are correct, identify services on the report as "CLAIM IT ANYWAY" and Fax# 619-236-1953 or send to QIMatters.HHSA@sdcounty.ca.gov for review and determination.

- QM will forward the approved report to MHBU for processing. Once processed, MHBU will fax the completed report to the program for continuation of internal process.

AQ Suspense – Indicates Service Diagnosis is Not Supported

- Program must research to identify why attached diagnosis is not valid.

- Correct diagnosis that has been ended or restarted by entering two diagnosis forms. We will discuss this in detail later in the presentation.

- Optum San Diego Help Desk will need to be contacted to access client electronic health record (800) 834-3792 to correct services that are suspending when the sole diagnosis is: a substance use disorder diagnosis, an excluded diagnosis, or an outdated diagnosis code.

- Lastly, if criteria is met for QMs review, identify services on the report to be claimed with "CLAIM IT ANYWAY" along with intended diagnosis and Fax# 619-236-1953 or email QIMatters.HHSA@sdcounty.ca.gov for assistance.

y CODES & LOCK OUT SETTINGS

- The first situation in which a program will submit a "Claim it Anyway" request is for services which took place while a client was housed in a "lockout" setting. These are categorized as either a Total lockout in which Medi-Cal suspends or becomes inactive or a Partial lockout where limited mental health services are available.

  - Total Lockout- Free Standing Psychiatric Hospital (Unless client is under 21 or over 64 years old), Institutes for the Mentally Diseased (I.M.D.s) (Unless client is under 21 or over 64 years old), and Correctional Institutions (Prisons and Jails). **Note: All outpatient services are NOT reimbursable except for the day of admission or day of discharge.**

  - Partial Lockout- Medi-Cal Funded Inpatient Hospitals, Medi-Cal Funded Nursing Facilities, and Crisis Residential Treatment. The guidelines are specific that no service can be claimed by programs while the client is in a partial lockout setting except for the following:

    - Case Management (Service Code 50) is billable only for the purpose of discharge planning. This can be claimed up to 30 days prior to the scheduled release date of the client from the lockout setting; Noting that the billing indicator on the progress note documents "Place of Service" as the lockout setting.

    - Any service that takes place on the day of admission or discharge from the lockout setting is billable.

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UNDERSTANDING y CODES

- Cerner Community Behavioral Health (CCBH) automatically bills services through progress note entry, thus all outpatient services provided to the client while that client is in a lockout setting will be suspended.

- This generates a billing block in CCBH for outpatient programs despite the eligible exceptions. In this scenario it is necessary to submit a CIA request for the day of admission or discharge from a lock out setting.

- One important exemption to outpatient billing capability is in the case of discharge planning. Outpatient programs may bill service code 50 for discharge planning within 30 days of the client's discharge date.

BILLING LOCKOUT SETTINGS AND NON-REIMBURSABLE / REIMBURSABLE ACTIVITIES

SETTINGS WHERE MEDI-CAL SUSPENDS OR BECOMES INACTIVE	SETTINGS WHERE LIMITED MENTAL HEALTH SERVICES ARE BILLABLE
• *Complete lockout settings. All outpatient services are NOT reimbursable except for the day of admission or day of discharge.***	• The day of admission or day of discharge is billable. *Only* Case Management, for discharge planning, is reimbursable 30 days prior to date of discharge**

Free Standing Psychiatric Hospital
(Unless client is under 21 or over 64 years old)
- Aurora Behavioral Health
- A.P.I (Alvarado Parkway Institute)
- San Diego Psychiatric Hospital
- Sharp – Mesa Vista Hospital

Institutes for the Mentally Diseased (I.M.D.s)
(Unless client is under 21 or over 64 years old)
- Alpine Special Treatment Center
- Crestwood - Chula Vista and San Diego
- State Hospitals

Jail
- George Baily Detention Center
- Juvenile Hall
- Las Colinas Women's Detention
- Psychiatric Security Unit
- All Prisons

Medi-Cal Funded Inpatient Hospitals
- Bayview B.H
- Scripps Mercy
- Palomar Medical Center
- Paradise Valley Hospital
- Pomerado Hospital
- Sharp – Grossmont
- Rady Children's - CAPS
- U.C.S.D. Medical Center
- Veterans Administrative Hospital

Medi-Cal Funded Nursing Facilities
- Euclid Convalescent Center
- El Cajon Valley Convalescent Center
- Lakeside Special Care

Crisis Residential Treatment
- Del Sur
- Halcyon
- New Vistas
- Vista Balboa
- Esperanza
- Jary Barreto
- Turning Point

Outpatient services provided while a client resides in a lockout setting shall be documented with the following:

1. Appropriate Service Code for service provided (see case management exception below)*
2. *Place of Service* = lockout setting (This stops services from claiming)

All outpatient services provided, including Case Management, while a client resides in the above lockout settings are non-reimbursable as these facilities are considered complete lockouts.

**Outpatient services provided on the day of admission or the day of discharge from the above listed facilities are reimbursable as long as the *Place of Service* is not the lockout location.

Most outpatient services provided while a client resides in the above lockout settings are non-reimbursable.

*Case Management services continue to claim to Medi-Cal, for the above listed lockout settings, regardless of *Place of Service* selected.

It is important to know when to use a billable SC50 versus a non-billable SC800.
- Case Management for discharge planning = billable SC50
- All other Case Management = non-billable SC800

**Case Management for discharge planning is allowed 30 days prior to discharge date. If discharge is delayed, case management is not claimable until a new discharge date is set. Once the new discharge date is identified, case management for discharge planning may then resume, up to a maximum of 3 nonconsecutive periods, per stay.

IDENTIFYING y SUSPENSE CODES

The Process to identify y codes is as follows:

• Reference the 3ʳᵈ Party Suspense Report to locate the date of service that is in y suspense and check the client's assignments within the assignment tab in clinicians home page.

• If the date of service is the same as the day of admission or the day of discharge from the 24-hour facility – it CAN BE CLAIMED ANYWAY

• If the service falls in between the day of admission and day of discharge the program will need to self- correct the progress note to accurately reflect the place of service as the lock out setting.

IDENTIFYING AQ SUSPENSE CODES

The process of resolving the AQ codes begins with referencing the 3rd Party Suspense report to locate the billing details of the suspending service.

Form	Server	Unit SUnt	Svc Procedure	Scr	Date	Units	Orig Price	Payments	Adj's	Balance	Bill Amount	Suspense
				IS	11/16/18	20.00	4,681.40			4,681.40	4,681.40	AQ

IDENTIFYING AQ SUSPENSE CODES

DISPLAY CLIENT SERVICES TO LOCATE THE DATE OF SERVICE AND ACCESS THE SERVICE DETAILS

* Ensure the date filter is unchecked

click to highlight service that is in suspense

Click to see the service details

IDENTIFYING AQ SUSPENSE CODES

IN SERVICE DETAILS, SELECT DIAGNOSIS DETAIL, MAKE A NOTE OF THE DIAGNOSIS ATTACHED

IDENTIFYING AQ SUSPENSE CODES

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OPEN CLINICIAN'S HOME PAGE, SELECT DIAGNOSIS TAB, CLICK ON THE FILTER ▼ ON THE TOP RIGHT CORNER OF THE DIAGNOSIS WINDOW, UNCHECK ACTIVE DIAGNOSIS ONLY

Diagnoses Pane Filters

Filters

Refresh | Save and Close | Close Panel

Actions | Close

Changes to the following filters will update the display of the Diagnoses Pane.

General Filters
☑ Include Active Diagnoses only

Uncheck **Include Active Diagnosis only**
Save and Close

Diagnoses - /

Priority ▲	ICD	Description	Begin	End
Axis: I / Disorders and Conditions (Primary)				
1 (Primary)	F20.9	Schizophrenia, unspecified	04/29/2019	
2	F29	Unspecified psychosis not due to a substance or known physiologi...	11/21/2018	
3	F39	Unspecified mood [affective] disorder	09/16/2017	
4	F60.2	Antisocial personality disorder	09/06/2018	
5	F19.20	Other psychoactive substance dependence, uncomplicated	09/06/2016	
6	Z59.0	Homelessness	11/18/2018	
7	F32.9	Major depressive disorder, single episode, unspecified	01/20/2019	
8	Z59.1	Inadequate housing	11/17/2018	
9	Z59.9	Problem related to housing and economic circumstances, unspecified	11/16/2018	
10	F20.0	Paranoid schizophrenia	09/06/2018	
11	F25.9	Schizoaffective disorder, unspecified	09/15/2017	
12	F41.0	Panic disorder [episodic paroxysmal anxiety]	09/16/2017	
13	F15.10	Other stimulant abuse, uncomplicated	09/15/2017	
14	F25.0	Schizoaffective disorder, bipolar type	03/03/2016	
15	F15.20	Other stimulant dependence, uncomplicated	01/21...	
16	F19.151	Other psychoactive substance abuse with psychoactive substanc...	/11/2019	

Click on this and select **Filters** to pull up the **Diagnosis Pane Filters**

Go to the Diagnosis tab

Face Sheet | Pre-Intake | Assessments | Assignments | Diagnoses - Assessed 05/... | Substance Abuse - Assess... | Client Plans | Progress Notes | Authorizations | Insurance Coverages | Services | Medical Conditions | Medications | Client Attachments

IDENTIFYING AQ SUSPENSE CODES

NEW UNFILTERED
VIEW DOCUMENTS A
FULL HISTORY OF
DIAGNOSIS SHOWING
ACTIVE AND ENDED
DIAGNOSIS.

Priority ▲	ICD	Description	Begin	End
Axis: I / Disorders and Conditions (Primary)				
1 (Primary)	F20.9	Schizophrenia, unspecified	04/29/2019	
2	F29	Unspecified psychosis not due to a substance or known physiological condition	11/21/2018	
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7	F32.9	Major depressive disorder, single episode, unspecified	01/20/2019	
8	Z59.1	Inadequate housing	11/17/2018	
9	Z59.9	Problem related to housing and economic circumstances, unspecified	11/16/2018	
10	F20.0	Paranoid schizophrenia	09/06/2018	
11	F25.9	Schizoaffective disorder, unspecified	09/15/2017	
12	F41.0	Panic disorder [episodic paroxysmal anxiety]	09/16/2017	
13	F15.10	Other stimulant abuse, uncomplicated	09/15/2017	
14	F25.0	Schizoaffective disorder, bipolar type	03/03/2016	
15	F15.20	Other stimulant dependence, uncomplicated	01/21/2019	
16	F19.151	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder ...	04/11/2019	
99	244.9	HYPOTHYROIDISM, ACQUIRED, UNSPECIFIED	03/21/2014	09/30/2015
99	295.30	SCHIZOPHRENIA, PARANOID TYPE	06/20/2013	03/21/2014
99	296.64	BIP I,MRE MIX,SEV W/PSY FEAT	03/21/2014	09/30/2015
99	296.89	BIPOLAR II D/O	11/14/2013	02/12/2014
99	298.9	PSYCHOTIC DISORDER, NOS	02/11/2014	02/12/2014
99	298.9	PSYCHOTIC DISORDER, NOS	03/20/2014	03/21/2014
99	298.9	PSYCHOTIC DISORDER, NOS	09/13/2015	09/30/2015
99	301.7	ANTISOCIAL PERSONALITY D/O	11/14/2013	03/21/2014
99	304.40	AMPHET. DEPEND, UNSPECIFIED	11/14/2013	03/21/2014

Face Sheet | Pre-Intake | Assessments | Assignments | Diagnoses - Assessed 05/29/2019 | Substance Abuse - Assessed 05/20/2019 | Client Plans | Progress Notes | Authorizations

IDENTIFYING AQ SUSPENSE CODES

SELECT THE ASSESSMENT TAB TO VIEW DIAGNOSIS FORMS ENTERED AROUND THE SUSPENDED SERVICE DATE TO LOCATE POSSIBLE CHANGES TO THE ATTACHED DIAGNOSIS.

11/12/18 Diagnosis Form

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

ID	Diagnosis	Priority	Beg Date	End
F29	Unsp psychosis not due to a substance or known physiol cond	1	11/12/2018	
F39	Unspecified mood [affective] disorder	2	09/16/2017	
F60.2	Antisocial personality disorder	3	09/06/2018	
F20.0	Paranoid schizophrenia	4	09/06/2018	
F19.20	Other psychoactive substance dependence, uncomplicated	5	09/06/2016	
F25.9	Schizoaffective disorder, unspecified	6	09/15/2017	
F41.0	Panic disorder [episodic paroxysmal anxiety]	7	09/16/2017	
F15.10	Other stimulant abuse, uncomplicated	8	09/15/2017	
F25.0	Schizoaffective disorder, bipolar type	9	03/03/2016	

Assessments

Date	Description ▲
09/07/2018	Diagnosis Form
11/11/2018	Diagnosis Form
11/12/2018	Diagnosis Form
11/16/2018	Diagnosis Form
11/17/2018	Diagnosis Form
11/18/2018	Diagnosis Form
01/20/2019	Diagnosis Form
01/23/2019	Diagnosis Form
01/24/2019	Diagnosis Form
02/03/2019	Diagnosis Form
03/11/2019	Diagnosis Form
04/03/2019	Diagnosis Form
04/05/2019	Diagnosis Form
04/18/2019	Diagnosis Form
04/29/2019	Diagnosis Form
05/27/2019	Diagnosis Form
09/06/2016	Discharge Summary
06/11/2018	Discharge Summary
06/15/2018	Discharge Summary
11/28/2015	FFS Hosp Admission Request
02/18/2016	FFS Hosp Admission Request
03/03/2016	FFS Hosp Admission Request
05/20/2016	FFS Hosp Admission Request
11/21/2018	FFS Hosp Admission Request
01/09/2019	FFS Hosp Admission Request
01/25/2019	FFS Hosp Admission Request

1/20/19 Diagnosis Form

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

ID	Diagnosis	Priority	Beg Date	End Date
F32.9	Major depressive disorder, single episode, unspecified	1	01/20/2019	
F29	Unsp psychosis not due to a substance or known physiol cond	2	11/21/2018	
F39	Unspecified mood [affective] disorder	3	09/16/2017	
Z59.0	Homelessness	4	11/18/2018	
F60.2	Antisocial personality disorder	5	09/06/2018	
F19.20	Other psychoactive substance dependence, uncomplicated	6	09/06/2016	
Z59.1	Inadequate housing	7	11/17/2018	
Z59.9	Problem related to housing and economic circumstances, unsp	8	11/16/2018	
F20.0	Paranoid schizophrenia	9	09/06/2018	
F25.9	Schizoaffective disorder, unspecified	10	09/15/2017	
F41.0	Panic disorder [episodic paroxysmal anxiety]	11	09/16/2017	

Face Sheet | Pre-Intake | Assessments | Assignments | Diagnoses - Assessed 05/29/2019 | Substance Abuse - Assessed 05/2

To reinstate an ended or restarted diagnosis you must enter two diagnosis forms.

Diagnosis Form One:

Enter a Diagnosis Assessment with a form date of the **first date of service.** Ensure a **MENTAL HEALTH** diagnosis covers the first date of service prior to final approval.

First, right click within the diagnosis box to select the filter "Active and Inactive".

Then, highlight the diagnosis and right click to edit the diagnosis add a begin date to cover the first day of service and leave the end date open to avoid affecting other program's billing. You may add an end date ONLY if the client is closed to other programs, in this case the diagnosis end date should correspond to the assignment end date.

Last, sign and final approve.

To reinstate an ended or restarted diagnosis you must enter two diagnosis forms.

Diagnosis Form Two:

Enter a Diagnosis Assessment with a form date of **today's date.** Ensure a **MENTAL HEALTH** diagnosis covers the first date of service prior to final approval.

Today's Date.

Note: Edits made in the first diagnosis form will not pre-populate you must repeat the same steps on the second form.

First, right click within the diagnosis box to select the filter "Active and Inactive".

Then, highlight the diagnosis and right click to edit the diagnosis add a begin date to cover the first day of service and leave the end date open to avoid affecting other program's billing. You may add an end date ONLY if the client is closed to other programs, in this case the diagnosis end date should correspond to the assignment end date.

Last, sign and final approve.

Run 3rd Party Billing Suspense Report to Verify AQ errors have Dropped

SUSPENSE CODES DEFINED

Correcting Items in Suspense

The following table summarizes how to correct errors identified by each suspense code listed in the Program Billing Suspense Report. The table only includes those suspense codes activated for current use or planned for future use in BHS MIS.

Suspense Code	Suspense Description	How To Correct
A	No Valid Diagnosis	Enter Diagnostic Review with a valid diagnosis covering date of service. If unable to fix call OPTUM help desk at (800) 834-3792
B	No Diagnosis of Billing Type	
D	No Final – Approved Progress Note	Program should run suspense reports daily to ensure progress notes are approved within the 14 days. **(When D is showing progress note has not been final approved)**
E	No Policy Number	Program can fix. Enter Policy # for all payers in 3rd Party Coverage Maintenance.
F	Service is older than # days	No correction for this item but indicates another suspense item needs to be corrected ASAP. Call BHS BU at (619) 338-2612
J	No active insurance coverage	Program can fix. Enter coverage in 3rd Party Coverage Maintenance View with effective date covering date of service.
L	Server 3rd Party Billing Suspended	Find out why QI ordered suspension of billing for the server, correct problem and request resumption of billing. Call BHS-MIS at (619) 584-5090.
M	Unit 3rd Party Billing Suspended	Find out why County ordered suspension of billing. Call assigned COTR.
V	No Assignment of Benefits (AOB) signed	Obtain signed AOB for Private Insurance and fax BHS BU an updated CA Client Financial Review Form with AOB box checked. Indicate what insurance the AOB is for in the comments section. BHS BU fax#(858) 467-9682
W	Insurance Flagged as Unbillable	Program can fix. Determine why insurance flagged as unbillable, if done in error, turn off flag 3rd Party Coverage Maintenance screen. If unable to correct call BHS BU at (619)338-2612.
Z	Not Authorized	For Medi-Cal day treatments follow up to obtain authorization from ASO/OPTUM. Program to check Client Abstract - Authorizations to verify there is an authorization. If a day treatment authorization is showing or not showing for your program contact OPTUM at (800) 798-2254 Option 4 to find out why the services are in suspense.
1	No Server provider number	For Medicare – Program must obtain Medicare Server provider number and fax to BHS MIS unit at (858) 467-0411 to be recorded in staff record.
2	Requires Re-calculation	May be corrected when BHS BU runs monthly re-calculation process. Please contact BHS BU at (619) 338-2612 if recalculation process has occurred and still showing suspended.

Suspense Code	Suspense Description	How to correct
3	No NPI	Program needs to obtain server NPI and fax to BHS MIS unit at (858) 467-0411 to be recorded in staff record.
!	Duplicate Service	Programs can fix. For 24-hour programs only-research why client is showing open to two 24-hour programs at the same time. Make corrections as needed to assignments.
p	Service Not Authorized	Program should FAX the suspense report with code P to the BHS BU for correction. BHS BU FAX # (858) 467-9682
r	Authorized Limits Exceeded	For Medi-Cal Day Treatment follow up to obtain authorization from ASO/ OPTUM. Program is authorized to provide day treatment services for a specific number of days. If you feel there is an error check with the Optum Health Provider Line phone # (800) 798-2254 Option 4, to ensure your program is authorized to provide day treatment for the days that are suspending
t	More than 20 hours of Service Billed for Crisis Stabilization to this Benefit Plan. More than 4 hours of medication services provided on the same day	For Crisis Stabilization, if total hours exceed 20 hours in a day, correct data entry of service duration by re-entering up to a total of 20 hours of billable service. Anything over 20 hours can be fixed by re-entering service as non-billable. For Medication Services, program should check the total medication services for the day. If total exceeds 4 hours, program should correct and only re-enter the service time that totals up to 4 hours for the day. All other medication services that exceed the 4 hours total, should be re-entered as non-billable.
y	Service concurrent with an Admission Assignment	Indicates client is open to 24-hour program at same time as receiving outpatient treatment service. Program must research and make corrections to the assignment or services as needed. If assignments and services are correct, identify services on the report to be claimed with "CLAIM IT ANYWAY" and fax to QI Matters at Fax # 619-236-1953 for determination. QI Matters will forward the approved report to BHS BU for processing. Once processed, BHS BU will fax the completed report to the Program for continuation of internal process, if needed.
AQ	Service Diagnosis Not Supported	Program must research and make corrections to the Diagnosis Sheet for corresponding date of service. If unable to correct contact OPTUM help desk (800) 834-3792.

DIAGNOSIS FORM REMINDERS

	CLIENT IS ONLY ASSIGNED/OPEN TO YOUR PROGRAM	CLIENT IS OPEN TO OTHER PROGRAM(S) AND YOURS
End a diagnosis that is not being used by your program.	YES (Do not backdate the end date)	NO! Consult with the other program(s) prior to making any changes to the diagnoses.
Restart a diagnosis that is already active.	NEVER!	NEVER!

WHO CAN I CONTACT ?

Who to Contact for CCBH Issues – PUBLIC USE

	Issue	Who to Contact	Contact Info
E.H.R. Access and Navigation	Citrix or CCBH Password Resets CCBH System Outages CCBH Navigation Progress Note Corrections Close FFS Hospital Assignments A, B, AB, y Suspense Codes Optum Website / SOC Access Reports Available on Optum Website NACT Monthly Website Reports	**Optum Support Desk**	Phone: 800-834-3792 Fax: 855-840-5398 sdhelpdesk@optum.com
CCBH or SanWITS Training Inquiries	CCBH or SanWITS Training Reservations CCBH or SanWITS Training Reschedule Virtual Training	**Optum Training**	Phone: 800-834-3792, Opt. 3 sdu_sdtraining@optum.com
Billing Issues	UMDAP M/Cal Eligibility Third Party Insurance Claimed & Paid Services Service Void, Replace & Disallowance 9998 – Update Insurance Policy Medicare, OHC & Medicare Risk EOB Posting Medi-Cal Denial Report Medicare & Insurance Unbilled Report	**MH Billing Unit**	Phone: 619-338-2612 Fax: 858-467-9682 mhbillingunit.hhsa@sdcounty.ca.gov
User Account Inquiries	Account Request Forms (ARF) / Status NPI Updates PTAN Updates Licensure Updates Last Login +90 Days	**MH MIS**	Phone: 619-584-5090 Fax: 858-467-0411 MISHelpDesk.hhsa@sdcounty.ca.gov
Clinical Issues	Form Documentation Billable Services Medical Record Review NOABD Claim It Anyway for Suspended Services Custom Report Requests	**QI Matters**	Phone: N/A Fax: 619-236-1953 qimatters.hhsa@sdcounty.ca.gov

WHAT DOCUMENTS TO REFERENCE

AVAILABLE ON HTTPS://WWW.OPTUMSANDIEGO.COM

- CCBH Correction Packets (for Clinical and Administrative Staff)

- CSI Correction Guide

- Billing Lock-Out Guide

- ICD-10 Outpatient Included Diagnosis

- Admin Data Entry Resource Packet

Please feel free to send questions or requests for help finding reference guides to QI Matters:

Qimatters.hhsa@sdcounty.ca.gov

For Billing Questions specific to codes other than "AQ" and "y" contact the Mental Health Billing Unit:

(619)338-2612 or Mhbilllingunit.hhsa@sdcounty.ca.gov