

# 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 MHBU 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.

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.

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.

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. INDIVIDUAL NOTE CORRECTIONS FOR ADMIN 9/2022**

## PROGRESS NOTE CORRECTION MATRIX - Admin Staff

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												
						CHECK BILLING STATUS	ENTER 998 SERVICE	RUN 998 REPORT TO MONITOR CLAIM STATUS UNTIL PAID OR DENIED	SEND VOID SERVICE REQUEST TO MHBHU (IF PAID)	SEND DISALLOWANCE & DELETE FORM TO MHBHU (IF DENIED)	SEND REPLACEMENT SERVICE REQUEST TO MHBHU	HEAR BACK FROM MHBHU REQUEST WAS PROCESSED	NOTIFY PN STAFF NOTE IS READY FOR CORRECTION	DELETE THE INPUTTED 998 SERVICE				
Encounter did not occur	Y				1	1											2	
Encounter did not occur		Y			2	1	2	3	4	4						5	6	7
Encounter did not occur			Y		3	1			2							3	4	
Encounter did not occur				Y	3	1				2						3	4	
Wrong client chart/Wrong date of encounter	Y				1	1											2	
Wrong client chart/Wrong date of encounter		Y			2	1	2	3	4	4						5	6	7
Wrong client chart/Wrong date of encounter			Y		3	1			2							3	4	
Wrong client chart/Wrong date of encounter				Y	3	1				2						3	4	
Duplicate progress note & encounter	Y				1	1											2	
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											2	
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	
Change non-billable service code to an informational progress note	Y				1												1	
Wrong or insufficient info in client narrative	Y	Y	Y	Y	-	CONTACT QI MATTERS @ QIMatters.HHSA@sdcounty.ca.gov for questions												
Wrong billing indicator which affects billing (Lockouts, No-Show, DAS)	Y				1	1											2	
Wrong billing indicator which affects billing (Lockouts, No-Show, DAS)		Y			2	1	2	3	4	4						5	6	7
Wrong billing indicator which affects billing (Lockouts, No-Show, DAS)			Y		3	1			2							3	4	
Wrong billing indicator which affects billing (Lockouts, No-Show, DAS)				Y	3	1				2						3	4	
Wrong billing indicator which does NOT affect billing	Y	Y	Y	Y	1	1											2	
Wrong service code- same or different procedure code	Y				1	1											2	
Wrong service code- same procedure code		Y	Y	Y	1	1											2	
Wrong service code- different procedure code		Y			2	1	2	3							4	5	6	7
Wrong service code- different procedure code			Y	Y	3	1									2	3	4	
Time data entry error	Y				1	1											2	
Time data entry error		Y			2	1	2	3							4	5	6	7
Time data entry error			Y	Y	3	1									2	3	4	
No active client plan	Y				1	1											2	
No active client plan		Y			2	1	2	3	4	4						5	6	7
No active client plan			Y		3	1			2							3	4	
No active client plan				Y	3	1				2						3	4	
Change service code to non-billable service code	Y				1	1											2	
Change service code to non-billable service code		Y			2	1	2	3	4	4						5	6	7
Change service code to non-billable service code			Y		3	1			2							3	4	
Change service code to non-billable service code				Y	3	1				2						3	4	

### NOTES

Below is a quick description of the available appendices. However, you need to cross reference this matrix and/or use the Progress Notes Corrections packet in order to truly evaluate the correction and choose the appropriate Appendix to make your correction.

**Appendix 1** – Check the billing status

**Appendix 2** – Encounter is claimed but not paid or denied- 998 PROCESS

**Appendix 3** – Encounter is paid or denied

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.** 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):

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

#### **Claimed** (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen, utilizing the same encounter ID as the original encounter.
- 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 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 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 client chart/Wrong date of encounter**

If the wrong client chart or the wrong date of encounter was entered incorrectly and the encounter is:

#### **Unclaimed** (Appendix 1):

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

#### **Claimed** (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen, utilizing the same encounter ID as the original encounter.
- 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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- 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.

**Duplicate progress note and encounter**

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

**Unclaimed** (Appendix 1):

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

**Claimed** (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen, utilizing the same encounter ID as the original encounter.
- 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 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 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.

**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):

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

**Claimed** (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen, utilizing the same encounter ID as the original encounter.
- 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 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 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 MHBUS. Let the PN staff know the note is ready for correction.

**Wrong or insufficient information in the client narrative**

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 ...):

- Once a note is final approved, no changes will be made to the client narratives.
- Let the PN staff know to enter a never-billable note to add the correct information.
- Let the PN staff know to contact QI Matters for questions.

**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 lock out, client was a no show and it is not indicated, or service has a wrong diagnosis attached and the encounter is:

**Unclaimed (Appendix 1):**

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

**Claimed (Appendix 2):**

- Enter a 998 service in the Individual Service Entry screen, utilizing the same encounter ID as the original encounter.
- 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 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 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.

**Wrong billing which does NOT affect billing:**

If the encounter has a wrong billing indicator which 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:**

If the incorrect service code is selected and the encounter is:

**The procedure code is the same or different, and unclaimed** (Appendix 1):

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

**The procedure code is the same, and claimed/paid/denied** (Appendix 1):

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

**The procedure code is different, and the encounter is claimed** (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen, utilizing the same encounter ID as the original encounter.
- 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.
- Send Replacement Service Request 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.
- Delete the 998 service that was created.

**The procedure code is different, and the claim is paid/denied** (Appendix 3):

- Send Replacement Service Request 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.

### **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):

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

**Claimed** (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen, utilizing the same encounter ID as the original encounter.
- 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.
- Send Replacement Service Request 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.
- Delete the 998 service that was created.

**Paid/denied** (Appendix 3):

- Send Replacement Service Request 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.

**No active client plan:**

If an encounter is documented and not covered by an active client plan (when a client plan is required), and the encounter is:

**Unclaimed** (Appendix 1):

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

**Claimed** (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen, utilizing the same encounter ID as the original encounter.
- 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 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 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 service code to a non-billable service code:**

If a non-billable service code (i.e. solely payee services, solely transportation, academic, vocational, recreation, or socialization) was provided and the encounter is:

**Unclaimed** (Appendix 1):

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

**Claimed** (Appendix 2):

- Enter a 998 service in the Individual Service Entry screen, utilizing the same encounter ID as the original encounter.
- 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 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):

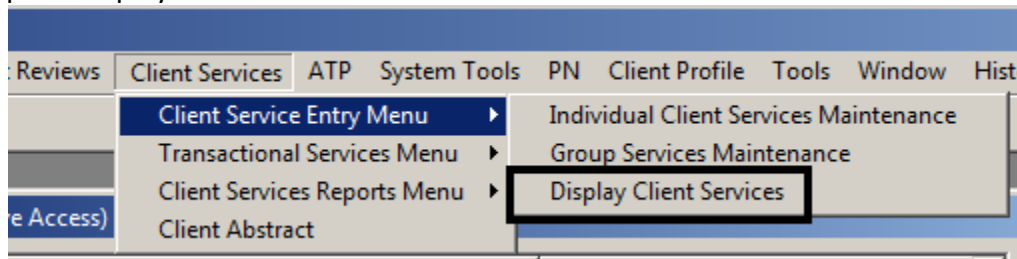
- Submit the Disallowance & Delete Form to MHBUS.
- The MHBUS will let you know via email once your request has been processed.
- Let the PN staff know the note is ready for correction.

**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. This can occur in the following situations:

- ✓ Encounter did not occur- when the encounter is **not** claimed
- ✓ Wrong client chart- 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 billing indicator which affects billing (Lockouts, No-Show, DAS)- 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- same or different procedure code- when the encounter is **not** claimed
- ✓ Wrong service code- same procedure code- when the encounter is claimed/paid/ or denied
- ✓ Time data entry error- when the encounter is **not** claimed
- ✓ No active client plan- when the encounter is **not** claimed
- ✓ Change service code to non-billable service code- 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:  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 (00)	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
- Cross Test

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"> <li>Service Details</li> <li>Authorizations</li> <li>Claims</li> <li><b>Payments</b></li> <li>Bill Trace</li> <li>Cross Test</li> </ul>		<table border="1"> <thead> <tr> <th>Svc</th> <th colspan="2">100-MEDI-CAL P9112</th> <th>08/29/2012</th> <th>\$674.56</th> <th></th> <th></th> <th></th> <th></th> <th>\$674.56</th> <th>Replace</th> </tr> <tr> <th>Type</th> <th>Description</th> <th>Date</th> <th>Price</th> <th>Adj</th> <th>Slid/MAP</th> <th>Write Off</th> <th>Payment</th> <th>Balance</th> <th>Denial</th> <th></th> </tr> </thead> <tbody> <tr> <td>Clm</td> <td>Batch: Clm: Lr: 1 (5</td> <td>06/26/2013</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$674.56</td> <td></td> <td></td> </tr> <tr> <td>Den</td> <td>IN-219768,10</td> <td>07/09/2013</td> <td>\$0.00</td> <td>\$674.56</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>119</td> <td></td> </tr> </tbody> </table>										Svc	100-MEDI-CAL P9112		08/29/2012	\$674.56					\$674.56	Replace	Type	Description	Date	Price	Adj	Slid/MAP	Write Off	Payment	Balance	Denial		Clm	Batch: Clm: Lr: 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	
Svc	100-MEDI-CAL P9112		08/29/2012	\$674.56					\$674.56	Replace																																													
Type	Description	Date	Price	Adj	Slid/MAP	Write Off	Payment	Balance	Denial																																														
Clm	Batch: Clm: Lr: 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"> <li>Service Details</li> <li>Authorizations</li> <li><b>Claims</b></li> <li>Payments</li> <li>Bill Trace</li> <li>Cross Test</li> </ul>		<p>Currently Due From</p> <p>Pay Source 100 - MEDI-CAL Benefit Plan 9112 - OP CRF Billed Balance \$0.00</p> <table border="1"> <thead> <tr> <th>Batch #</th> <th>Claim #</th> <th>Line #</th> <th>Type</th> <th>Notes</th> <th>Date</th> <th>Pay Source</th> <th>Benefit Plan</th> <th>Claim Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1.00</td> <td>(5010P)</td> <td>Voided</td> <td>03/28/2016</td> <td>100 - MEDI-CAL</td> <td>9112 - OP CRF</td> <td>372.71</td> </tr> <tr> <td></td> <td></td> <td>1.00</td> <td>(5010P)</td> <td>Void</td> <td>08/16/2016</td> <td>100 - MEDI-CAL</td> <td>9112 - OP CRF</td> <td>372.71</td> </tr> </tbody> </table>										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
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The encounter has been **replaced** by the MHBU and the State:

Options		Currently Viewing Information for Claims																																				
<ul style="list-style-type: none"> <li>Service Details</li> <li>Authorizations</li> <li><b>Claims</b></li> <li>Payments</li> <li>Bill Trace</li> <li>Cross Test</li> </ul>		<p>Currently Due From</p> <p>Pay Source 100 - MEDI-CAL Benefit Plan 9112 - OP CRF Billed Balance \$0.00</p> <table border="1"> <thead> <tr> <th>Batch #</th> <th>Claim #</th> <th>Line #</th> <th>Type</th> <th>Notes</th> <th>Date</th> <th>Pay Source</th> <th>Benefit Plan</th> <th>Claim Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1.00</td> <td>(5010P)</td> <td>Replaced</td> <td>06/26/2013</td> <td>100 - MEDI-CAL</td> <td>9112 - OP CRF</td> <td>674.56</td> </tr> <tr> <td></td> <td></td> <td>1.00</td> <td>(5010P)</td> <td>Replace</td> <td>11/21/2013</td> <td>100 - MEDI-CAL</td> <td>9112 - OP CRF</td> <td>674.56</td> </tr> </tbody> </table>										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
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The encounter has been **deleted/ disallowed** by MHBU and the State:

Options		Currently Viewing Information for Payments																																																																
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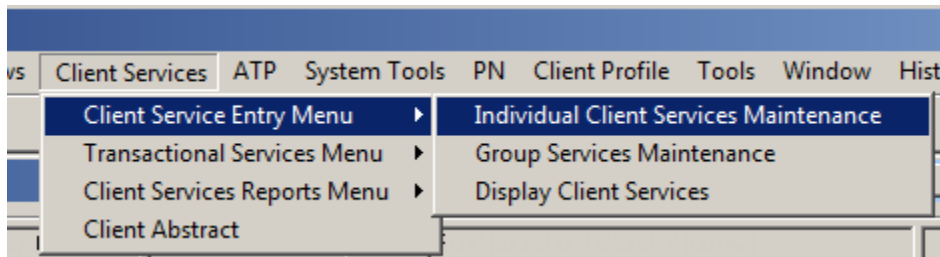
4. Inform the clinical staff of the status of the encounter.

**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. 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:

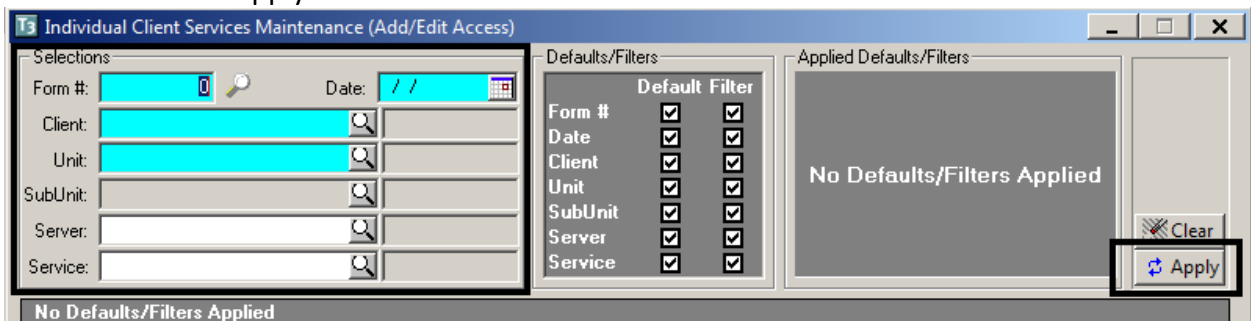
- ✓ Encounter did not occur- when the encounter is claimed
- ✓ Wrong client chart- when the encounter is claimed
- ✓ Wrong date of encounter- when the encounter is claimed
- ✓ Duplicate progress note and encounter- when the encounter is claimed
- ✓ Change encounter to never billable activity- when the encounter is claimed
- ✓ Wrong billing indicator which affects billing (Lockouts, No-Show, DAS) - when the encounter is claimed
- ✓ Wrong service code –different procedure code- when the encounter is claimed
- ✓ Time data entry error- when the encounter is claimed
- ✓ No active client plan- when the encounter is claimed
- ✓ Change service code to non-billable service code- 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.”

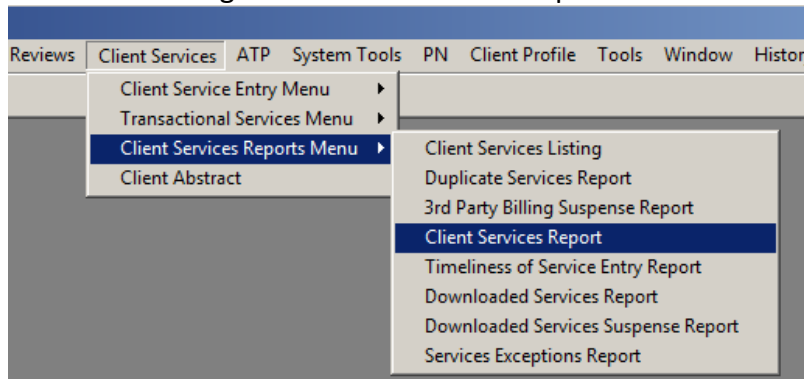


3. Enter the same form ID and date of encounter as the encounter needing correction. Enter in the client’s case number, Unit, Subunit, Server, and enter 998 as the Service Code. Select “Apply.”

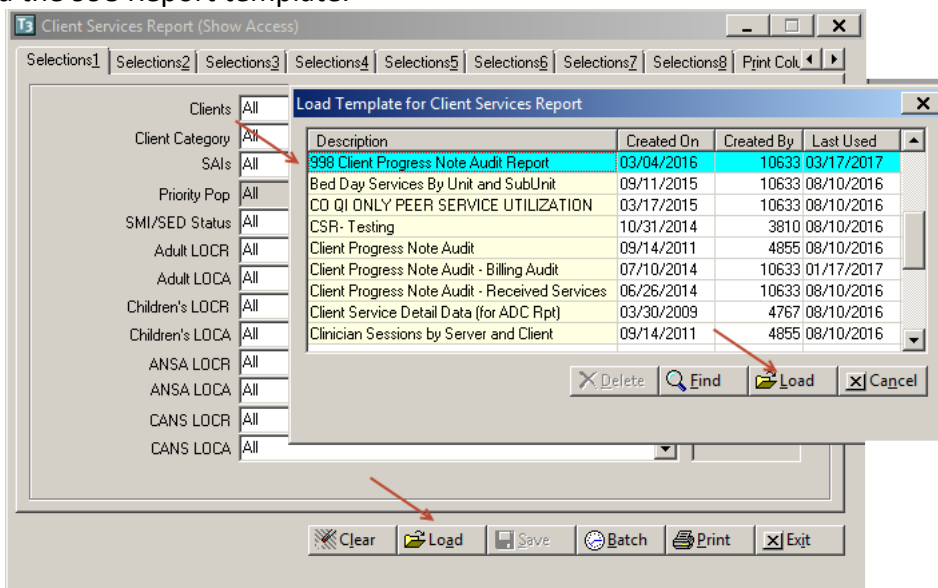


- All of the information will pre-populate in the bottom portion of the window. Enter in the service time, travel time, documentation time, and billing indicators as they were on the original service. Then select "Save."

- 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.

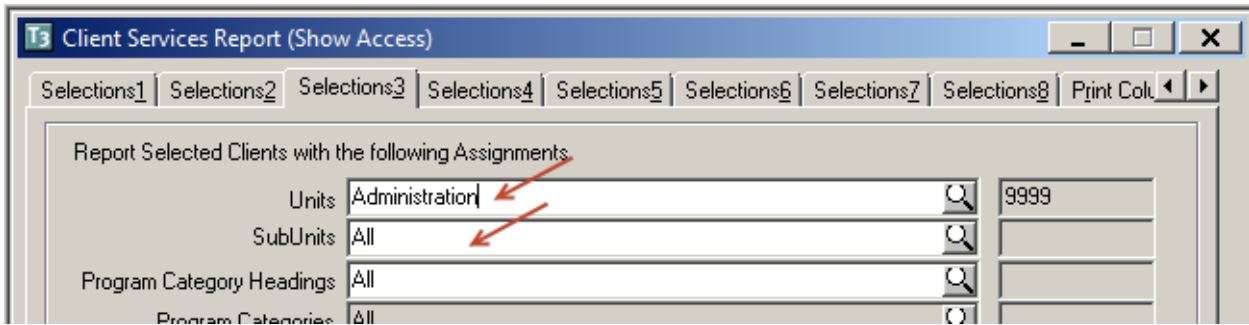


- Load the 998 Report template.

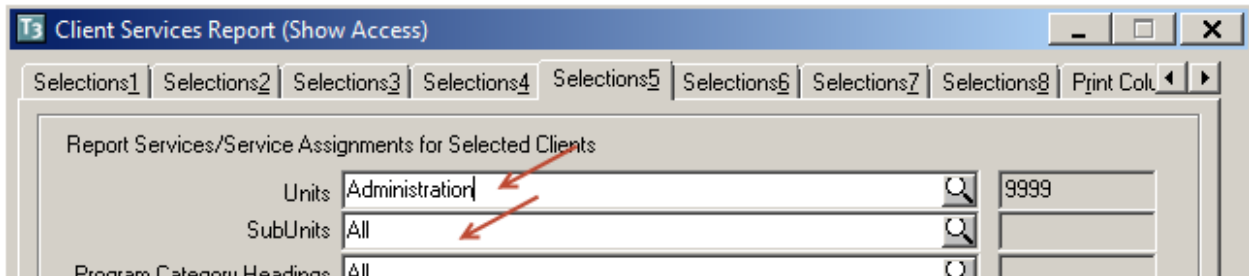




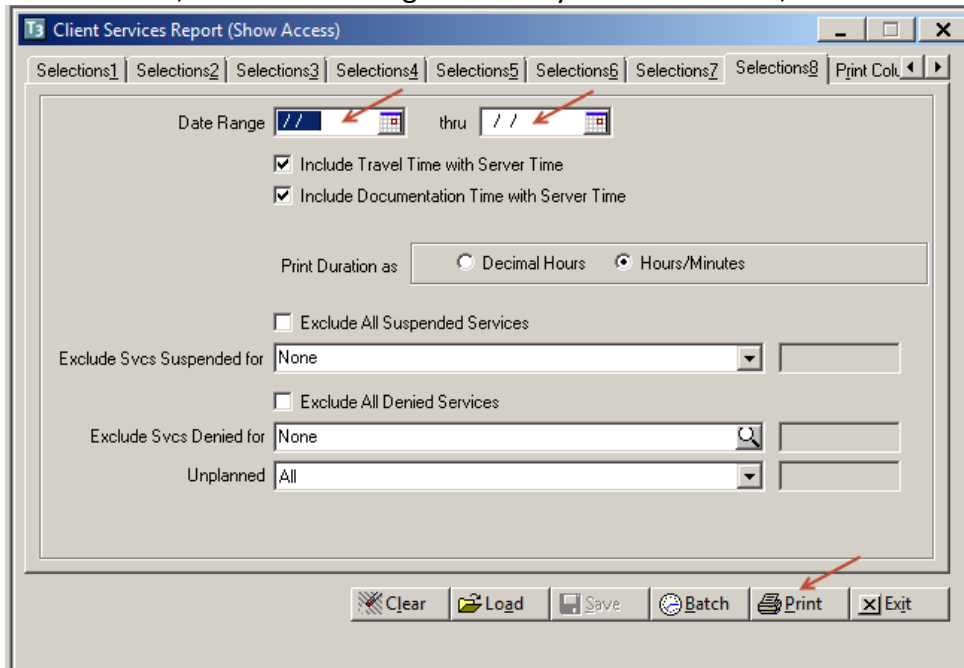
7. On "Selection 3", enter Unit/Subunit.



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
- T. Time:** [Empty]
- D. Time:** 0:13
- Person:** D
- Place:** A
- C. Type:** N
- A. Type:** 1
- B. Type:** 1
- I. Type:** K

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

**Encounter is paid or denied-** 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 client chart- 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 billing indicator which affects billing (Lockouts, No-Show, DAS) - when the encounter is paid/or denied
  - ✓ Wrong service code- different procedure code- when the encounter is paid/or denied
  - ✓ Time data entry error- when the encounter is paid/or denied
  - ✓ No active client plan- when the encounter is paid/or denied
  - ✓ Change service code to non-billable service code- 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.
    - *For instructions on filling out these forms, please refer to the Financial Billing Manual. For questions regarding these forms, please contact the MHBU directly.*
  2. 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.