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 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.
# TABLE OF CONTENTS

Table of Contents .................................................................................................................. 2  
Introduction to Corrections ..................................................................................................... 3  
Basic Flow Chart of Correction Process .............................................................................. 4  
Admin Correction Matrix ...................................................................................................... 5  
Encounter did not occur ....................................................................................................... 7  
Wrong date of encounter ...................................................................................................... 7  
Duplicate progress note & encounter ................................................................................. 8  
Change encounter to never billable activity ...................................................................... 8  
Change non-billable service code to informational note .................................................... 9  
Wrong or insufficient information in the narrative .............................................................. 9  
Wrong billing indicator which affects billing ..................................................................... 9  
Wrong billing indicator which does NOT affect billing ....................................................... 10  
Wrong service code for the entire group ............................................................................ 10  
Time data entry error .......................................................................................................... 10  
Change service code for one client to a non-billable service code .................................. 10  
Change service code for the entire group to a non-billable service code ......................... 11  
One client was included in the group that shouldn’t have been ....................................... 11
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 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 MBHU. 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 MBHU. 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, MBHU, 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...

**Legend**
- Clinical
- Administrative

**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
<table>
<thead>
<tr>
<th>CONTACT AT MATTERS @ GWINNETT FPD</th>
<th>A</th>
<th>A</th>
<th>A</th>
<th>A</th>
<th>A</th>
<th>A</th>
<th>A</th>
<th>A</th>
<th>A</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Writings on instruction into clean narrative (within 2 days)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Change encounters to nearest chrome activity (error)</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Change encounters to nearest chrome activity (error)</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Change encounters to nearest chrome activity (error)</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Change encounters to nearest chrome activity (error)</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Change encounters to nearest chrome activity (error)</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Change encounters to nearest chrome activity (error)</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

**ADMIN CORRECTIONS 08/2018**

**GROUP PROGRESS NOTE CORRECTION MATRIX - MASTER**

---

**BASIC CORRECTION STEPS**

1. Identify the errors.
2. Correct the errors.
3. Submit the corrected document.

---

**BILLING STATUS**

- * Due
- * Paid
- * Unpaid

**ERROR**

- Type of error:

---

Note: This matrix is used to identify, track, and correct errors in the provided documents.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event/Action Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/5/2018</td>
<td>Created the ticket for the service call.</td>
</tr>
<tr>
<td>4/6/2018</td>
<td>Service call completed successfully. Service was billed appropriately.</td>
</tr>
<tr>
<td>4/7/2018</td>
<td>Review of the ticket and confirmation of billing sent.</td>
</tr>
<tr>
<td>4/8/2018</td>
<td>Confirmation of billing received and approved by the client.</td>
</tr>
<tr>
<td>4/9/2018</td>
<td>Follow-up call made to ensure satisfaction with the service.</td>
</tr>
<tr>
<td>4/10/2018</td>
<td>Client provided feedback on the service quality.</td>
</tr>
</tbody>
</table>

**Contact:** MHBG & D9-398-2012

**Billing Status:**
- **Pending:** The bill is awaiting payment.
- **Paid:** The bill has been paid in full.
- **Unpaid:** The bill is outstanding.

**Type of Correction:**
- **Error:** A mistake in the data or information that needs to be corrected.
- **Correction:** An adjustment made to correct an error or issue.

**Basic Correction Steps:**
1. Identify the error.
2. Review the relevant documents.
3. Identify the correct data.
4. Update the system.
5. Verify the corrected data.

**Billing Guidelines:**
- Ensure all charges are billed accurately and according to the agreements.
- Follow up with clients to address any discrepancies or concerns.
- Maintain clear communication throughout the billing process.

This document is used to keep track of all service calls and related billing information.
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.
  - **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):
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 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.

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 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.
**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.
  - **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 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.

**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 MHBU 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 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 one client, 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 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 MHBU.
• The MHBU 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 MHBU.
• The MHBU 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).

The encounter has not been claimed yet:

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

The encounter has been claimed and paid:
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.”
4. 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.”

5. 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.

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.”
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.
   - 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.
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

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.”
4. 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.”

5. 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.

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.”

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.
   - 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.

3. 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.