DCS Form Instructions

All forms must be submitted electronically followed by a signed printed copy. Contact the DCS Coordinator at 510-639-1305 if you have any questions.

Enter Legal Entity # and Entity Name at top of form

All input must exactly match data originally entered into INSYST

For each service, enter:

- Reporting Unit (RU) number
- Reporting Unit (RU) name
- Client Last Name
- Client First Name
- Client Number (with preceding zero(s))

In **Original Entry** Section:

- Date of service (e.g. 8/5/05)
- Procedure Code
    - Units or Time (units for 24 hour or day treatment service, time (minutes) for MHS service – include co-staff time in time calculation)
- Staff number
- Number in Group (if group therapy service)
- Reason Code (selection from options in Reason Code Box)
- Billing Action Box – **BHCS entry only**

If there is a correcting entry, enter correct data (as categorized above) in the **Corrected Service Info** section.

Enter preparer's name and telephone number with the submittal date and email to address listed on form.

Print complete form and complete the Provider Approval signature line. Mail to address indicated on form.