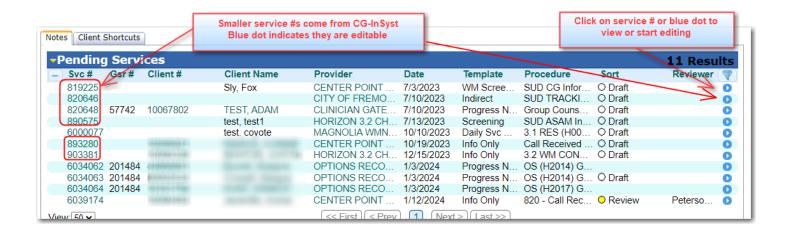
DIRECT SERVICE NOTES

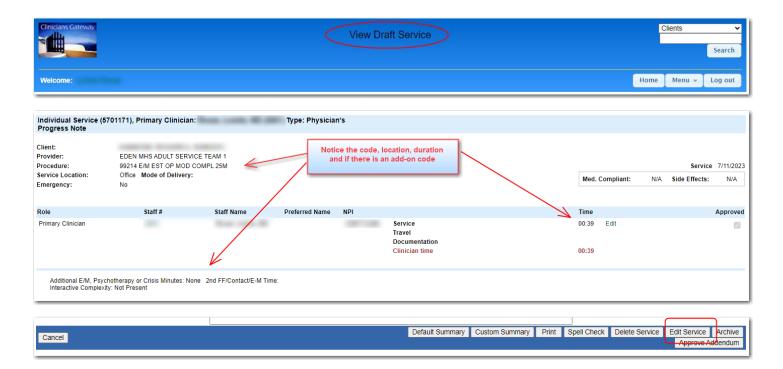
- 1. After notes are migrated from CG-InSyst (CG-I) to CG-SmartCare (CG-S), they will be in the Pending Services

 List on the Home page of the author. Notes migrated from CG-I will have a blue dot and service numbers

 smaller than those from CG-S (e.g. 800,000 versus 6,000,000). All migrated notes will have the status of **Draft** to
 indicate that work is needed to adapt to the new CalAIM procedure codes and billing formats.
- 2. **To Edit the note, click on the service # or the blue dot** to move to the View Service Screen.



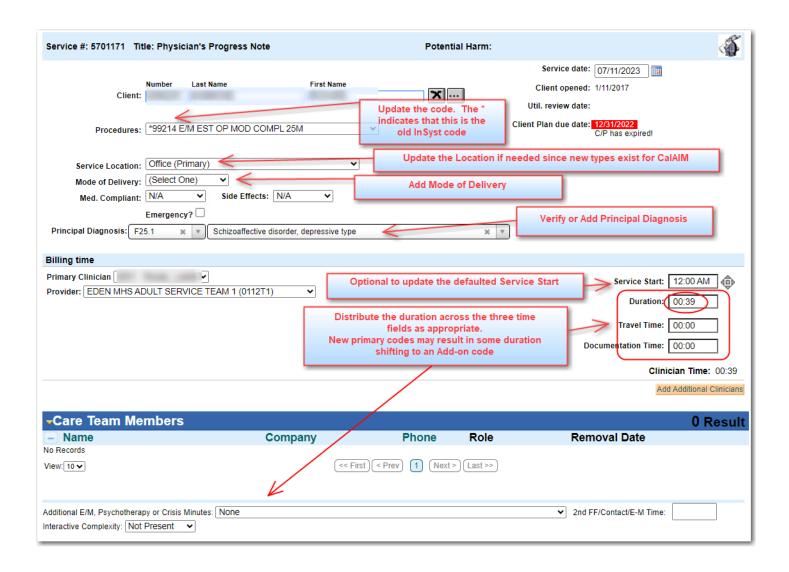
3. <u>Note the procedure code, service location, duration</u> and if there are any **add-on codes** on the migrated notes before proceeding to Edit. Then click "<u>Edit Service"</u> on the bottom right of the screen.



4. Update the billing details

- a. A new code must be chosen on each note. The * indicates that the displayed code came from InSyst. It needs to be re-chosen to get a SmartCare code ID in the CG-SmartCare database.
- b. Reference the CPT code guidance from ACBH QA and BBS units for which codes are allowed for your staff type and for code combinations that cannot be used on the same day (lock-outs). CPT Code training and code charts can be found on the Providers Website in the Quality Assurance Training page.

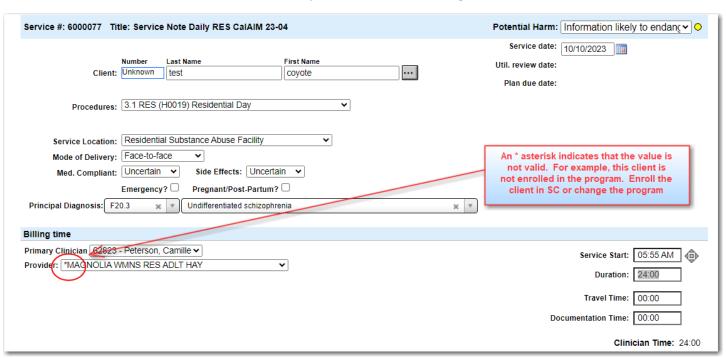
 ACBH Providers Website Quality Assurance Training (acbhcs.org) Some restrictions have not yet been applied in SmartCare so they are not available yet in CG.
- c. Verify the Service Location. SmartCare has different choices, so it may need to be changed.
- d. Add Mode of Delivery
- e. Verify or add the Principal Diagnosis
- f. A Service Start of midnight was defaulted. You may leave it or update it as you wish.
- g. The service Duration may need to be spread across the Duration, Travel and Documentation fields.
- h. Sometimes the new primary Procedure Code accepts less time than the old code. If the new primary code doesn't allow the amount in the service duration, you will get an error message when you try to Submit, Save as Pending, or Finalize.
- i. You may need an Add-On code. Is so, spread the service Duration across the primary and add-on codes.



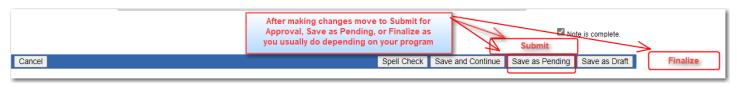
Add the Primary code duration + the Add-On code duration to calculate the Contact Time duration.

Billing time	
Primary Clinician 10904 - Peterson, Camille E ▼ Provider: VALLEY ADULT MEDICATION ONLY (0132M1)	Service Start: 12:00 AM
	The new Primary procedure code might allow less time so you may need to split the time
	across the primary and an add-on code 15 min Primary + 14 min Add-on = 39 minutes Documentation Time: 00:00
	Documentation Time: 00:00
	Clinician Time: 00:15
	Add Additional Clinicians
Add-on Codes: G2212 Prolonged E/M (each add'l 15min) Add-On Time: 00:14 Enter the total duration for the add-on code. Units will be calculated.	
Interactive Complexity: None	
Instructions and Pre-Existing Diagnoses	
Respond to problems/goals/objectives of treatment plan and functioning. If there is little progress, include an explanation	signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's of the limited progress.
	Episode Diagnosis Information
Services were prov	ded in English Primary Secondary Tertiary SU GMC
Primary FF/Contact/E-M Time: 00.39	ICD-10:
Hours:Minutes by interpreter	or clinician DSM 5:

An * asterisk indicates that the value is not valid. Update SmartCare or change the value to correct it.



5. <u>Move to Finalization:</u> After making changes to the billing header, process as your program normally does. Either Submit for Review, Save as Pending, or Finalize.



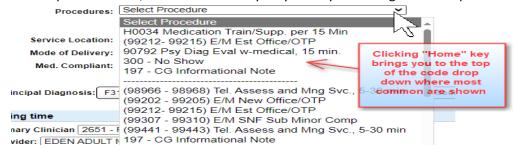
HELPFUL HINT:

Use the Home and End keys on your keyboard to quickly move to the top or bottom of a screen or to the top or bottom of a drop-down menu.

When you first land on the View Draft Service screen, hit "End" key to fly to the bottom of the screen where the
Edit button is.



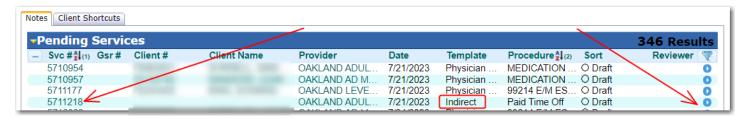
In a drop-down menu, hit the "Home" key on your keyboard to go to the top of the list.



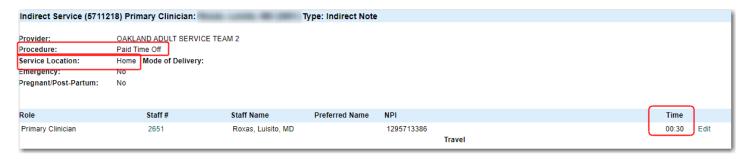
INDIRECT SERVICE NOTES

Indirect Services are processed in the same manner as Direct Service notes, but with fewer fields.

1. Click on the blue dot or the Service # to View the Note.



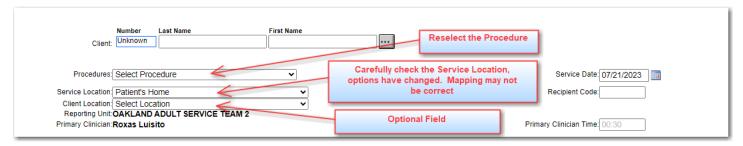
2. Note the Procedure, Location, and Time (Sometimes the Procedures don't get displayed on the edit screen. If the procedure doesn't forward to the edit screen, you can arrow back to see it.)



3. Click Edit Service



4. Verify and update the billing data for Procedure and Location. The time is not editable.



5. <u>Move to Finalization:</u> After making changes to the billing header, process as your program normally does. Either Submit for Review, Save as Pending, or Finalize.



CLIENTS WHO WERE REGISTERED IN INSYST AFTER THE CUT-OFF DATE:

Clients as of 7/1/23 were last migrated from InSyst to SC. Providers were informed that clients should no longer be registered in InSyst. A few clients were registered and opened in InSyst after the cutoff date. Those clients IDs and enrollments do not exist in SmartCare and therefore also do not exist in CG-SC.

- When the InSyst client IDs and enrollments do not exist in CG-SmartCare, their notes will migrate but the client ID # will not be included on the note.
- The clients will need to be registered in SmartCare to obtain an SC client ID # and enrolled in the program.
- Those IDs and enrollments will then transfer to CG-SC.
- After the new SmartCare client ID # and program enrollment has transferred to CG-SC, clinicians will need to find the notes in in CG-SC and add the new SmartCare client ID # using the ellipsis button



NOTES BY STAFF WHO HAVE LEFT YOUR ORGANIZATION:

We are researching a possible solution for notes that were completed by a staff person who has left your organization.
We will post a separate notice when the issue has been resolved.