ALAMEDA COUNTY

BEHAVIORAL HEALTH

Mental Health Services

SMARTCARE

SERVICE ENTRY MINI MANUAL

V1.1

ACBH – Information Systems

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SmartCare | ACBH Providers Website (acgov.org)

SmartCare Service Entry Training

This training covers how to manually enter service records in the SmartCare system. The training today will concentrate on the following objectives. Upon completion of the training, you should be proficient in the below areas:

Service Entry Training Objectives:

1. **SmartCare Overview and Basic Navigation**

    - Includes how to Access ACBH Web Portal and Logging into SmartCare System

2. **Service Entry Introduction and Workflow**

    - SmartCare System Setup Requirements for Successful Service Entry

    - Researching Client Registration and Program Enrollments

3. **Entering Services In SmartCare**

    - **Using the Service Detail Screen**

      ➢ Direct Service Entry Exercises
      ➢ Crisis Residential Service Entry Exercise
      ➢ Indirect Service Entry Exercise

    - **Using the Batch Services Entry Screen**

      ➢ Direct Service Entry Exercises
      ➢ Crisis Residential Service Entry Exercise
      ➢ Indirect Service Entry Exercise

4. **Service (My Office) List Page**
    - Learn How to Filter the List Page and Export information for Reporting Purposes
    - Learn How to Use the List Page to Troubleshoot Common Service Errors and Warnings

Service Entry Mini-Manual Table of Contents

Chapter 1: ACBH Web Portal & SmartCare Log In

Logging onto the ACBH Web Portal

You must log in to the ACBH Web Portal to access SmartCare.

➢ ACBH Staff will use the URL to open SmartCare in the Chrome browser once you log on to the County Secure Network using AlwaysOnVPN.
(https://alameda.smartcarenet.com/AlamedaSmartcareProd/Login.aspx?)

➢ CBO Agencies will use the ACBH Web Portal to access SmartCare.

If this is your first time logging in to the portal the system may prompt a Citrix Workspace installation message. Please follow the prompts and download the Citrix Workspace as needed. If this is a company managed PC/Laptop, you will need your support team to install the software, as they have Administrative Credentials. If assistance is needed, please contact the Help Desk for assistance.

1. The ACBH Web Portal address is: https://go.bhcsportal.org

2. Type your network Username, and press Tab.

3. Type your network password and press Return or click the Log On button. To protect password secrecy, the password is displayed on the screen as dots.
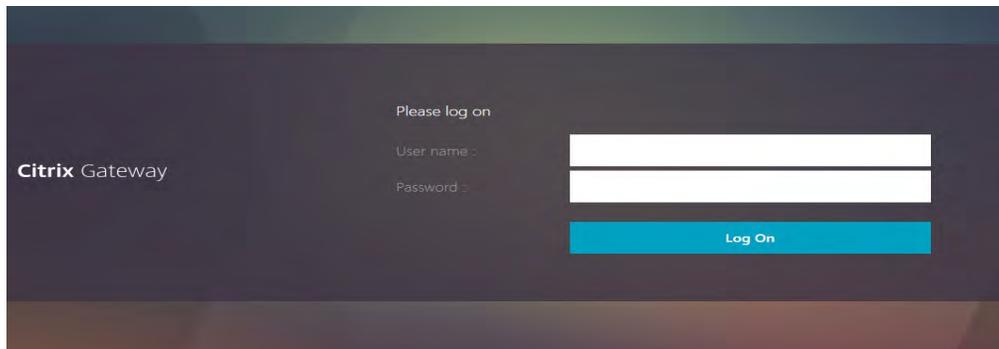
4. To log in to SmartCare choose the Apps option and select the SmartCare Train Icon.

5. Click the SmartCare icon to prompt a new Chrome Window to open the SmartCare Log on Screen.

Logging into the SmartCare System

The first time you log in to the SmartCare system, follow these steps:

1. At the login page, you will be required to enter your Username and Password. After entering these two pieces of information, click "Remember Me" so that you will not have to repeatedly enter your password each time you open the application.

2. Click the LOGIN button.

After logging in for the first time, the system will now ask you to set security questions.

These questions are to ensure security for logged in users. The answers you enter are case sensitive.

If you have logged on previously, the logon will take you directly to one of the security questions you have selected. Supply the answer and select the "Remember Me" radio button, then click the Submit button.

What is CDAG?

Clinical Data Access Groups (CDAG) ensure that staff only have access to Public Health Information (PHI) and data in SmartCare applicable to the service area (Mental Health Service or Substance Use Disorder) that they serve. Staff who support one service area are not required to select a CDAG Group when logging into the SmartCare system.

Organizations with both service areas Mental Health Services (MHS) and Substance Use Disorder (SUD) services will be assigned both MHS and SUD CDAG Groups. When logging into SmartCare a popup window

will prompt the user to select the CDAG group assigned by their Agency. The user will select the appropriate group from the drop-down menu. Then select OK. See below example.

Once you have selected your CDAG Group, you will be routed to the My Preferences Home Page.

Chapter 2: Basic Navigation & Overview of SmartCare System

Users will experience SmartCare as a series of connected modules, all accessible from the QuickLinks menu on the left side of the screen or from the Search function. SmartCare was designed to enhance the user experience and to provide new system users with tools to navigate easily.

My Preferences

Once the user is logged into the SmartCare system, the system's default home page is the My Preferences screen. On the General tab, the user can set up default Preferences to assist with navigation needs while in the SmartCare system. My Preferences are also where users can update their security questions and general settings.
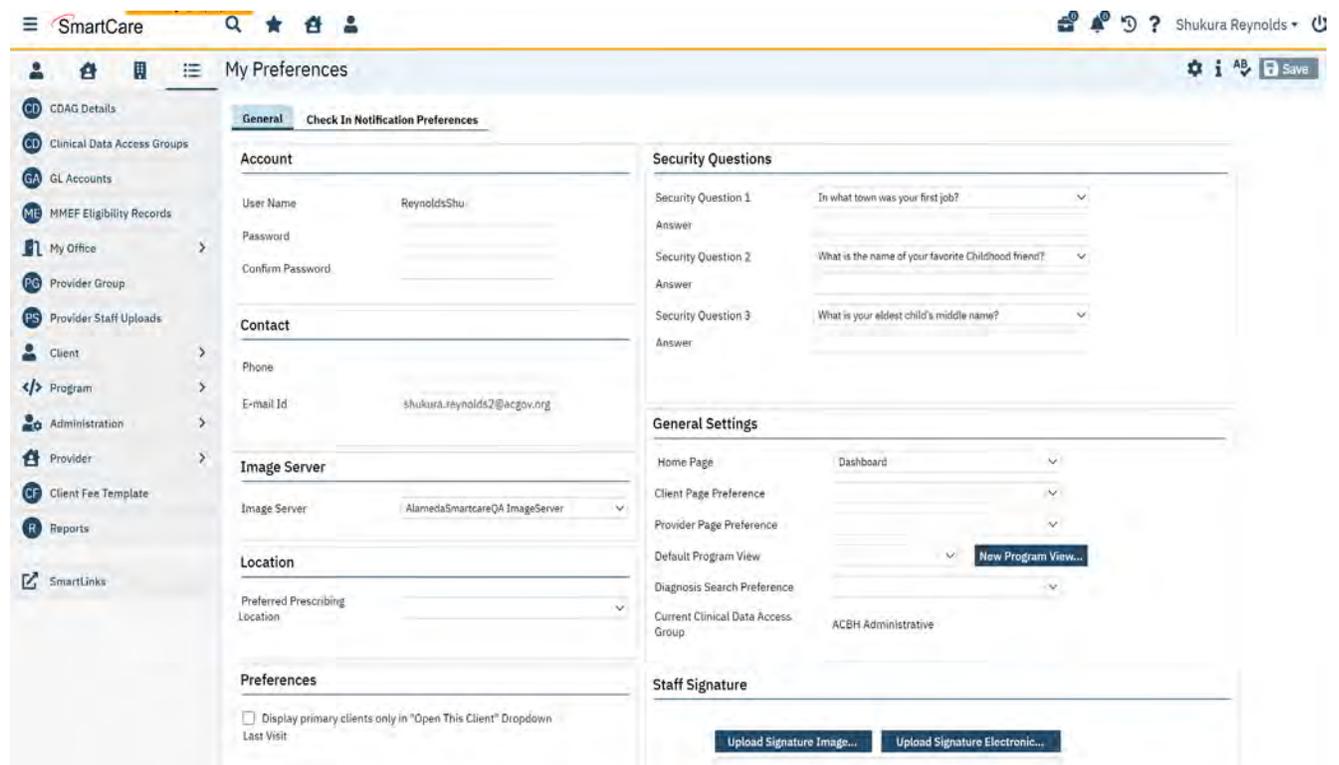
If the system does not default to the My Preferences home page, users can navigate to the "My Preferences" screen by clicking the drop-down list arrow next to their name in the top right corner of the screen and select "My Preferences" from the drop-down menu.
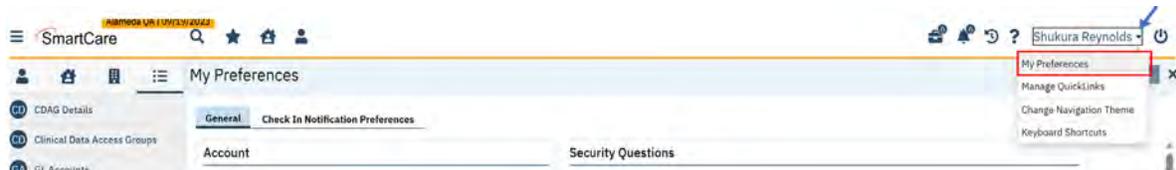
Clicking on SmartCare Icon   SmartCare   at any time will navigate the user back to their personalized homepage or to the default home page My Preferences.
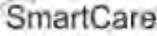
System Overview

The Toolbar is always located across the screen while in the SmartCare system. See below list of Tool Bar icons.

Alameda QA | 09/19/2023

☰ SmartCare   🔍 ★ ⌂ 👤   📁⁰ 🔔⁰ 🕘 ? Shukura Reynolds ▾ ⏻

SmartCare Toolbar Icons

Icon	Name	Description
🔍	**Quick search**	Allows the user to search and navigate to system modules.
☰	**Cascade Icon**	Cascades the QuickLinks pane with details or no details to enhance list view.
SmartCare	**SmartCare Icon**	Navigates the user back to their personalized homepage or to the default home page My Preferences.
★	**Favorite(s)**	Click this icon to display a hyperlinked list of favorite pages and windows you marked as favorites. Click the link to display the page or window. Use the New Favorite icon to save a favorite page. ▪ Filters are specific to a user. ▪ Filters are not specific to clients. ▪ To create a filter, enter all filter parameters in the list page and click Apply Filter, click on New Favorite(s). This will save the filter that is currently displayed on the list page, click OK button to complete.
📁	**Unsaved Changes Briefcase**	This briefcase contains items that have not been saved. If you have left pages where you entered or changed data and did not save the page, SmartCare holds onto the changes for a certain amount of time. The information on these pages is held to give you an opportunity to save your work. 1. You can discard these changes by clicking "Discard All" or leave the changes unsaved by clicking the "Review Later" button or you may click "Cancel". 2. Unsaved changes should NOT be used to track items user needs to work on, widgets can accomplish this. 3. These changes only remain in your suitcase for **48 hours**. **BEST PRACTICE:** Try not to have too many unsaved changes or keep a document under unsaved changes for too long as items can become corrupted and can no longer be accessed.

Icon	Name	Description
	Notification	The Bell icon lists active messages and notifications. Select each from the dropdown to read and resolve it.
	History	Allows you to quickly access the last screens or clients within a logged in session. Use to view all the pages you have accessed in this session in the sequence accessed. Click the tool to return to a specific page. 1. It will also list client records that have been opened within a logged-in session. 2. When you log out of the session, your history will be erased. 3. The history window displays the last 13 QuickLinks and/or clients you have accessed in your current SmartCare session.
	Client Search	Allows the user to search for Clients by Client Name or ID. The user can also use the Client search Icon to navigate to the Client Advance search screen.
	Logout	Displayed on the Title bar. Click the icon when you are ready to sign off and close your session in SC.
	Help	Displayed on all SC pages. Use this to display help on the specific SC module. **NOTE:** Not all Help sections contain current SC application information and currently does not contain ACBH work processes.

Based off the R6 Navigation User

Title Bar

The Title Bar is displayed below the toolbar and will include the title of the module the user is in and a set of icons that are available for use. Icons displayed on the title bar can vary by screen depending on what the user is working on.
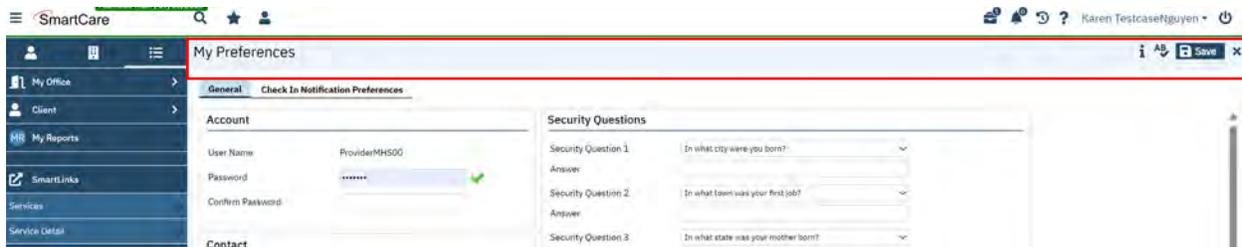
Below are some examples of tool bar icon variations by screen.

-or-

NOTE: Some tools are permissioned, disabled tools might still be visible, but they will appear grayed out and/or the user will receive an error message regarding there permissions.

TIP: Hover over a specific tool to display its name and function.

QuickLinks

QuickLinks are located on the left-hand side of the screen. QuickLinks provides the user with a quick way to navigate to specific screens and specific parts of the SmartCare system.

Navigation filters above the QuickLinks section allow you to sort by Client, Provider, Other and/or display all QuickLinks.

Icon	Name
👤	Client
🏠	Provider
▦	Other
☰	All

Users can customize their "QuickLinks" to their preference. To access and manage QuickLinks preferences follow the below steps:

1. Locate the drop-down arrow next to your username in the upper right-hand corner of the screen.
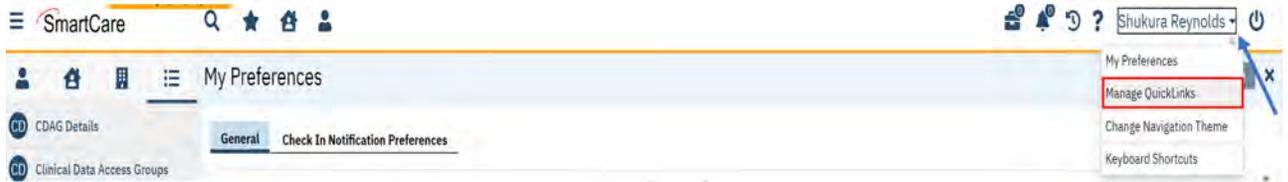
2. Click on the drop-down arrow to open a menu of options.

3. Look for the "Manage QuickLinks" section and click on it.
4. Once inside the "Manage QuickLinks" section, the user will have the ability to personalize the QuickLinks navigation according to their preferences.

Use this section to Reorder, Delete, and/or Edit the QuickLinks displayed names.
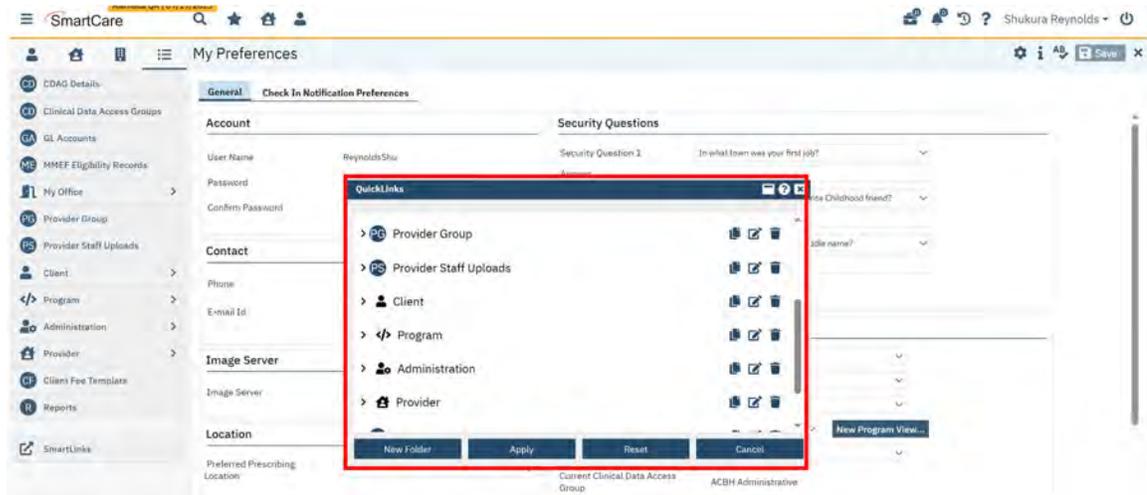
NOTE: Users may have core functions linked to specific screens, so please work with your organization to determine what the standards should be.

SmartLinks

SmartLinks are in the Navigation sidebar under the QuickLinks menu. As the user frequents various screens and modules in the SmartCare system, the system will generate a link to those frequented areas to assist the user with their navigation needs.

The links in the SmartLinks section change over time depending on the user's system usage and various screens utilized regularly.

Additional System Navigation Information

For additional information on navigating the SmartCare system, see Chapter two in the SmartCare MHS Mini Manual located on the Providers website. You can also review the Basic Navigation Training Video by selecting the hyperlink.

Chapter 3: Service Entry Introduction

This chapter informs on the SmartCare workflow to successfully record both Direct Client Services and Indirect Service Activity records in the SmartCare System, using the Service Detail Screen, and the Batch Entry Screen. Clinicians Gateway (CG), ACBH's Electronic Health Record (EHR) is also used to transfer services into SmartCare for the Community Based Organizations (CBOs) who utilize CG as their EHR system.

Entering Services

Services are entered using the following screens in the SmartCare system:

1. **Services (My Office) /Service Detail Screen**
2. **Batch Service Entry Screen**

SmartCare Screen	Purpose
Service Detail	- Record single service entry for all programs - Record indirect service activities - Manual Add-on Codes Entry - Manual and Automatic Service Modifiers, including Mode of Delivery - Modify and Update Billing Diagnosis - Capture Travel Time - Capture Face to Face Time - Capture Document Time
Batch Service Entry	- Multiple Service Entry, for multiple clients at a time - Multiple Indirect Service Activities - Mode of Delivery Telehealth Service Modifiers

The other system used to enter services into SmartCare is the Alameda County Electronic Health Record System (EHR) Clinicians Gateway (CG). Finalized service notes entered in Clinicians Gateway will transfer into SmartCare nightly.

ACBH EHR	Purpose
Clinicians Gateway	Transfers finalized notes nightly into SmartCare

Service Entry Workflow

Below is a chart which depicts the service entry workflow as it is performed in the SmartCare system. Before services can be recorded the client must be registered and enrolled in the program providing the service on the service date and have a signed diagnosis document. When a service is entered into the SmartCare system it will be placed into "Show" status indicating the service has been delivered. The service completion process validates the service and checks the service for any service completion errors or warnings.

Services that meet system setup requirements and have no validation errors or warnings, will move from a "Show" status to a "Complete" status (similar to the INSYST service posting workflow) and generate a charge. Once the charge is generated and the service status is "Complete", an additional nightly process runs to validate and check the charge for any claiming error messages or warnings. Charges that meet system setup requirements and have no claiming validation errors or warnings, will move from "Complete" status to "Ready to Bill" status for claim submission. Charges are then claimed to the State by ACBH.

SmartCare Service Entry Workflow
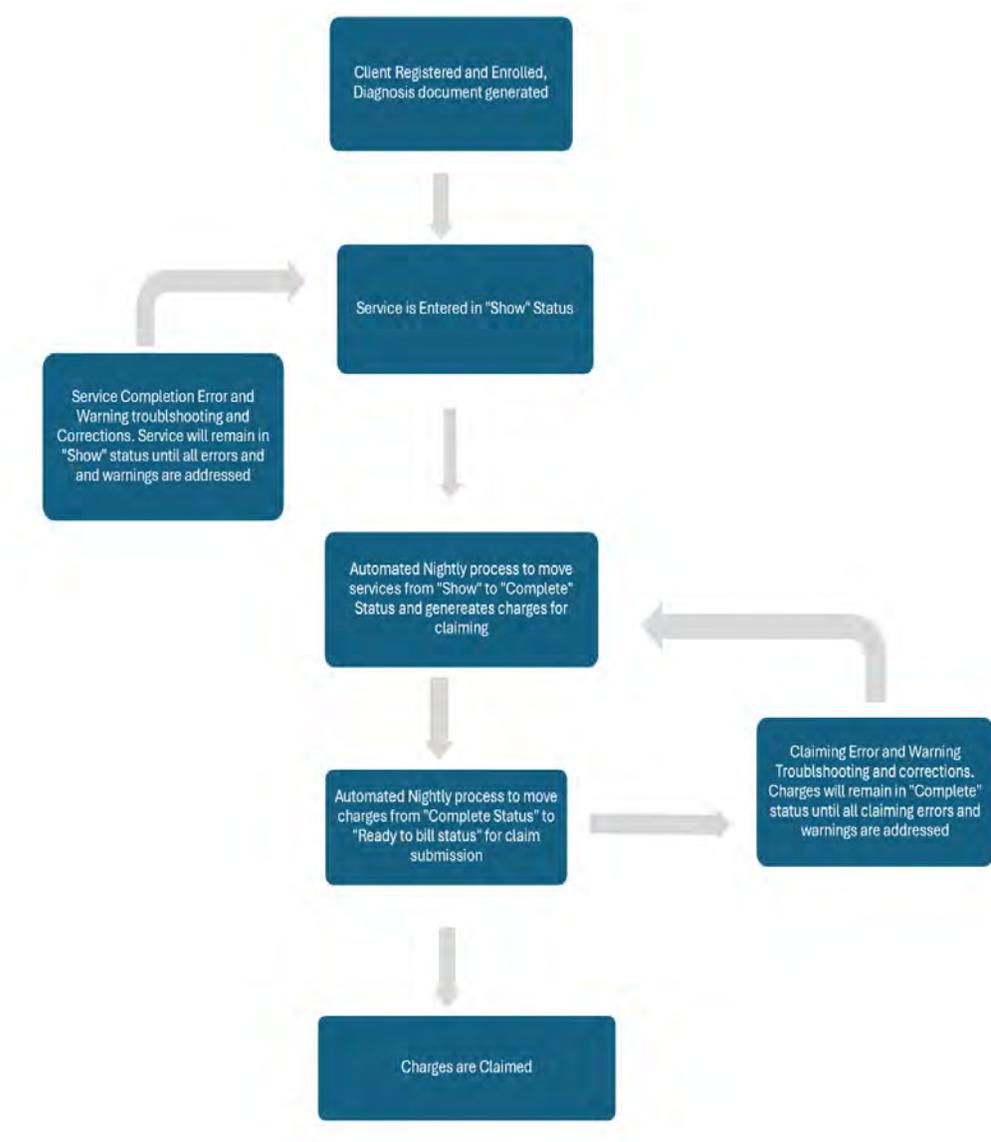
SmartCare System Setup Requirements for Successful Service Entry

To ensure successful Service Entry in SmartCare, the below factors and requirements should be validated before you begin to record services. These requirements include:

- Programs (previously known as Reporting Units) must be set up in SmartCare.
- Procedures codes must be setup in SmartCare.
    - The Clinical Staff license/degree (previously known as discipline) – will determine what procedure codes can be selected.

- SmartCare Staff Accounts

    - The clinical staff providing the services must have a SmartCare staff account, with appropriate permissions and be linked to the program.
    - The data entry staff entering the services must have a SmartCare staff account and be linked to the program.
    - Clinical Staff must have the correct license/degree for service entry in SmartCare. **NOTE:** Staffing license/degree changes for successful service entry can be reported via the Staff E-form.

- Client Registration and Program Enrollment (formerly known as episodes)
    - Clients must be Registered and Enrolled (formerly known as opening an episode) in the Program(s) you are entering services for. **NOTE:** For program updates and/or changes please contact the HIS Support desk for assistance.
    - Clients must have a SmartCare Diagnosis document on file within the program enrollment period updated with the diagnosis information as it pertains to the service provided.

Chapter 4: Researching Client Registration and Program Enrollments

A Program enrollment is a period of treatment for a client at a program. Before the user can enter a service for a client the client must be enrolled in a program. To review the client's enrollment history, the user will need to review the program enrollment status on the Programs/Tracks (Client) List Page.

List Pages

List Pages are built in reporting tables that synthesize data entered in SmartCare. Mostly all screens that require data have an associated list page that can be utilized for reporting purposes. Users can navigate to list pages by either the QuickLinks navigation pane or the quick search Q magnifying glass icon.

To navigate to the Program/Tracks (Client) List Page the user will need to select a client using the Client Search icon on the home screen Title Bar.

Begin Client Search

1. Click on the Client Icon located on the Tool Bar of the SmartCare home page to activate the client search option:

2. Click where it says <Client Search> in brackets to activate the Client Search screen as shown below:

Client Search Field Definitions

- **Client Name:** Clients Legal Name on Identification Document
- **Social Security Number:** The Social Security Number is the fastest way to find the client. If you have the client's SSN (not all 9's), enter the SSN in the SSN Search field, and click the SSN Search button `SSN Search`.
- **DOB:** Clients Date of Birth
- **Master Client ID Search:** SmartCare ID Number
- **Client ID Search:** SmartCare ID Number
- **Insured ID Search:** Enter in the Clients Insurance plan ID (e.g. Medi-Cal number or CIN number).

SmartCare allows multiple search options from the Client Search screen.

3. Enter the client's last name and first name and Click the "Broad Search" button.
   (**NOTE:** There is a minimum of 3 characters required to search) `Broad Search`

If the client's name search results in ❌ No Search Records Found

4. Enter the client's SSN and click the SSN Search button `SSN Search`

If the client's name search and the SSN search results in ❌ No Search Records Found

5. Enter the client's DOB and click the DOB Search button `DOB Search`

These three combinations will most likely provide results – the search results are found on the Records Found section of the Client Search screen:

Records Found

	ID	Master ID	Client Name △	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician
⦿	7521...	752118...	Test-Case, Miriam		5432	07/01/19...	Active	Dublin	

6. Carefully review the results in the Records Found list area to determine if the client you are searching for is listed. Once you have located your client in the list area, select your client by using the radio button as shown above.
7. Click on the Select button.

8. Your client will now appear at the top of the SmartCare Title Bar next to the Client Icon by client name and client ID.

Once the client is selected, use the Quick Search 🔍 icon to navigate to the Program/Tracks (client) List Page.

Program/Tracks (Client) List Page

When verifying a client has been registered and enrolled into a program the user can filter the Programs/Tracks (Client) List Page to research the client's enrollment history.

Below are the steps to navigate to the Programs/Tracks (Client)List page, where you can view existing Programs enrollments (formerly known as episode openings).

1.) Select the quick search magnifying glass icon and type in "Program". Select "Programs/Tracks (Client)" from the drop-down list.

2.) The Program/Tracks (Client) List Page will display.
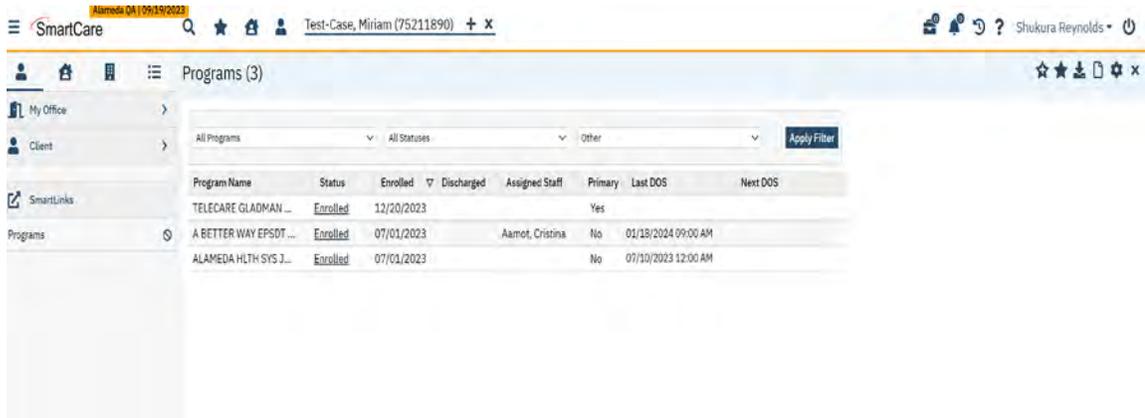
Program/Tracks (Client) List Page Filters

The Programs/Tracks (Client) List Page has two filter categories for use to return values in the List Area data table, These filters are:

Filter	Purpose/Description
All Programs	This filter will have all SmartCare programs listed. The user will only have access to the CDAG programs assigned to which they are assigned. Use this filter to select the Program assigned during the enrollment at time of Client Registration
All Status	This filter will have the list of "Statuses" used to inform on the client's program enrollment status e.g. enrolled, discharged, etc.
Other	N/A not using this filter/functionality currently.

3.) Using the applicable filters, select the applicable options from the drop-down lists and select the Apply Filter Button.
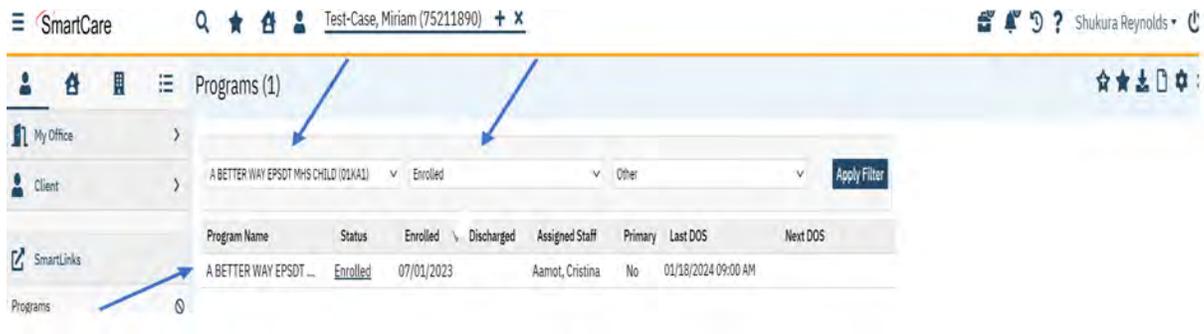
The return values and data will be displayed in the List Area table.

IMPORTANT TIP: It is recommended to always check your filter area and update your filter drop-down selections prior to selecting the `Apply Filter` button. List Page filters will default to the last values used, so it is important for the user to **ALWAYS** check their filters to ensure their search criteria is accurate.

Programs List Area Data Table Columns and Return Values

Once the user has selected the applicable filters, review the client's program enrollment information. The List Area data table has six columns of applicable information.

Data Column	Purpose/ Description
Program Name	This column returns the enrollment program selected at the time of Client Registration.
Status	This column returns the clients current enrollment status e.g. enrolled or discharged.
Enrolled	This column returns the enrollment date used at the time of Client Registration.
Discharged Date	This column returns the date used at the time of Client Discharge.
Assigned Staff	This column returns the assigned staff at the time of Client Registration.
Primary	This column is not applicable. ACBH is not using the "Primary" program functionality in SmartCare. Whether you see a "Yes" or "No" in this column, This information can be disregarded.
Last Date of Service (DOS)	This column will reflect the last date of service entered for the client.
Next Date of Service (DOS)	This column is not applicable. ACBH is not using the Next DOS functionality in SmartCare. Information in this column can be disregarded.

TIP: Data field columns can be sorted in ascending or descending order by double clicking in the right-hand corner of the column header field. See below example.
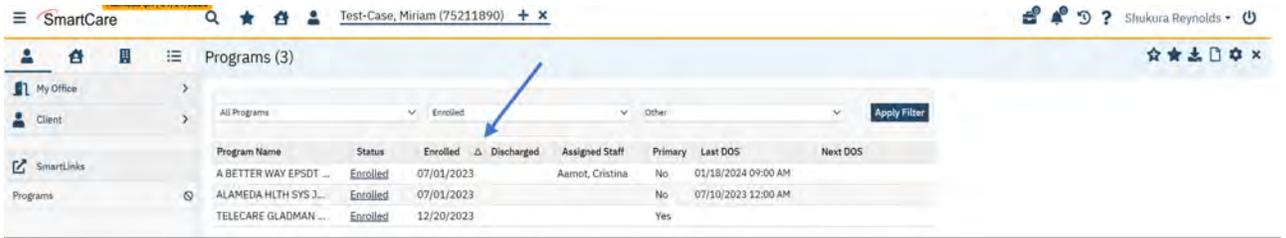
4.) Review the client enrollment status is accurate and within the service delivery dates.

If you are unable to locate your clients' program enrollment, see Chapter 6 in the SmartCare MHS Mini Manual on the Providers website which informs how to register and enroll your client into a Program (formerly open an Episode). You can also reference the Client Registration and Enrollment training video on the Providers Website.

Documents (Client) List Page

Clients must have a SmartCare Diagnosis document on file within the program enrollment period updated with the diagnosis information as it pertains to the service provided.

Use the Document (Client) List Page to research client Diagnosis information. Below are the steps to navigate to the Documents (Client) List page, where you can view the clients existing diagnosis document.

1.) With the Client still selected in the Client search field, Type "Document" in the Quick Search 🔍 navigation bar. Select "Documents (Client)" from the drop-down list.
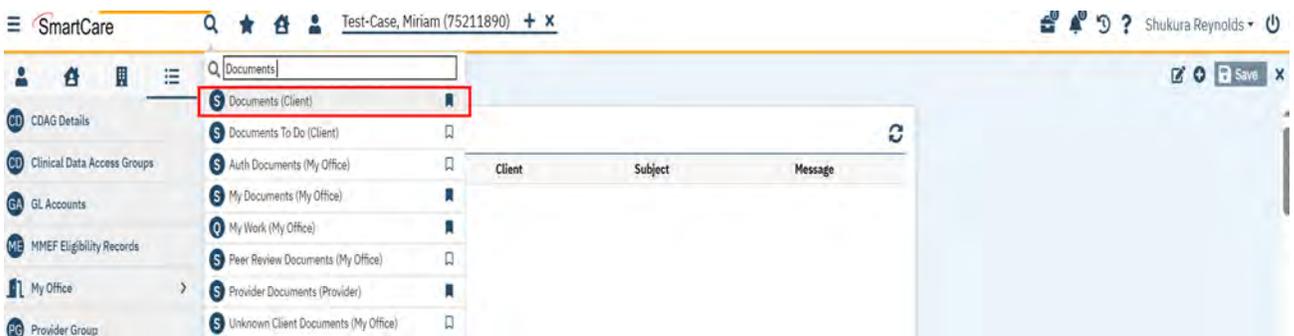
2.) The Document List Page will display on the Screen.
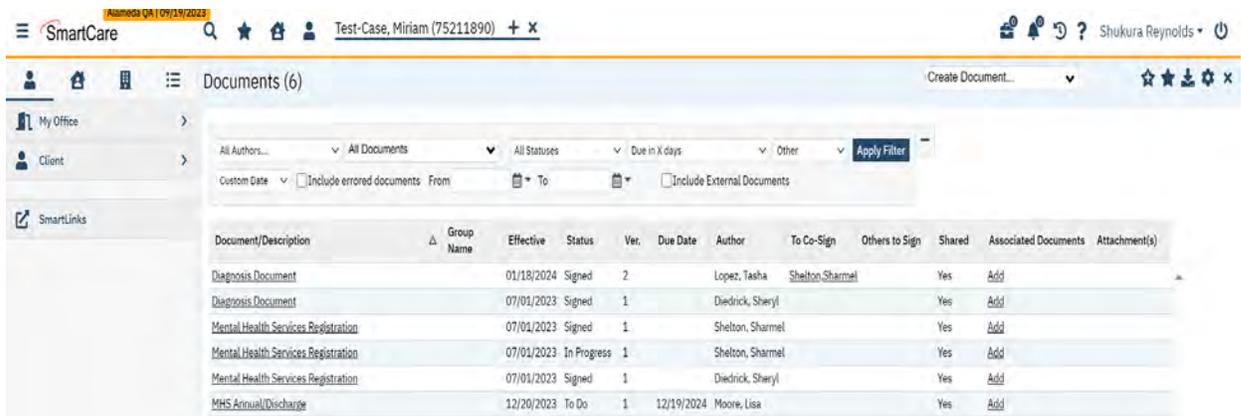
Documents (Client) List Page Filters

The Documents (Client) List Page has nine filter categories for use to return values in the data table,
These filters are:

Filter	Purpose/Description
All Authors	This filter will display the Author of the completed document.
All Documents	This filter will have a list of SmartCare Documents names, select the applicable document to display this information in the data table. To research treatment information, select the Diagnosis Document.
All Statuses	This filter will have the list of "Statuses" used to inform on the document's status e.g. In-Progress, Signed, etc.
Due in X Days	This filter displays due date assigned by client flags.
Other	This filter is not currently being used.
Custom Date	Use this filter to display a custom date range, this date is referring to the documents effective date located in the document's status bar.
Include Errored Documents	Check this box to display documents which have been errored out of the SmartCare system.
From and To	Manually enter date ranges to display client documents entered in SmartCare. This date range is referring to the documents effective date located in the document's status bar.
Include External Documents	This filter is not currently being used. ACBH is currently not using the Scanning or Document Attachment functionality in SmartCare.

3.) Using the applicable filters, select the applicable options from the drop-down lists and select the
Apply Filter Button.
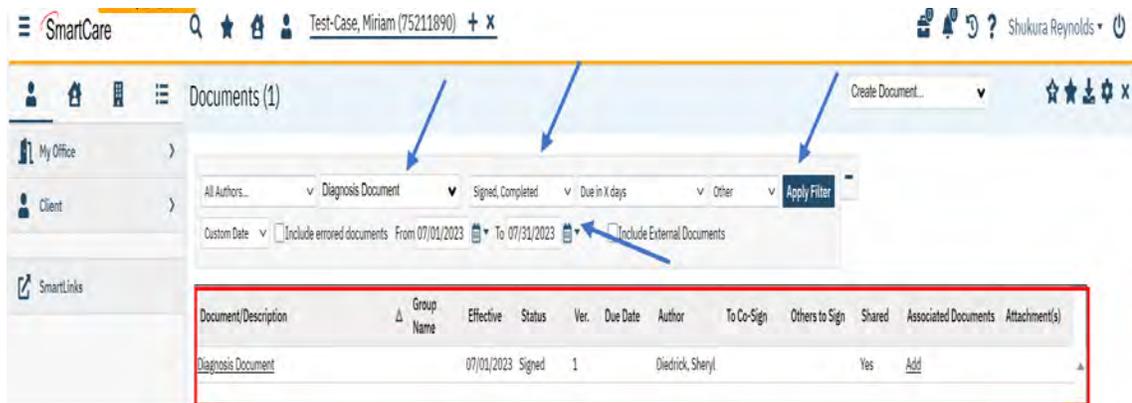
The return values and data will be displayed in the List Area table.

IMPORTANT TIP: It is recommended to always check your filter area and update your filter drop-down selections prior to selecting the [Apply Filter] button. List Page filters will default to the last values used, so it is important for the user to **ALWAYS** check their filters to ensure their search criteria is accurate.

Documents List Page Data Table Columns and Return Values

Once the user has selected the applicable filters, review the client's diagnosis information. The List Page has twelve columns of information.

Data Column	Purpose/ Description
Document/Description	This column returns the enrollment program selected at the time of Client Registration.
Group Name	This column is not applicable. ACBH is not using the Group Name functionality in SmartCare. Information in this column can be disregarded.
Effective	Displays the document's effective date.
Status	Displays the document's status e.g. In-Progress, Signed, etc.
Ver	Displays the document version control, versions are created when documents are edited.
Due Date	Displays the document due date as assigned in the client flag screen.
Author	Displays the Author of the document.
To Co-Sign	This column is not applicable. ACBH is not using the Co-Sign functionality in SmartCare currently. Information in this column can be disregarded.
Others to Sign	This column is not applicable. ACBH is not using the Others to Sign functionality in SmartCare. Information in this column can be disregarded.
Shared	This column is not applicable.
Associated Documents	This column is not applicable.
Attachments	This column is not applicable.

TIP: Data field columns can be sorted in ascending or descending order by double clicking in the right-hand corner of the column header field.

4.) Locate the correct Diagnosis Document by "Effective" date. Review the "Status" column to ensure the document is in a "Signed" status.

5.) Select the "Document/Description" column's hyperlink to prompt the Diagnosis document to open to review diagnosis and program information.

If you are unable to locate your clients' diagnosis document, and/or need to update your client's diagnosis information to the services being delivered, please follow the below steps. Users can also find this information in Chapter 7 of the SmartCare MHS Mini Manual on the Providers website which informs on how to enter a Diagnosis Document in SmartCare.

How to enter the client's ICD-10 Diagnosis code/codes using the Diagnosis Document at time of Client Registration and Program Enrollment

Program Enrollment is equivalent to the InSyst Episode opening, which required a diagnosis at time of initial treatment. The SmartCare workflow is the same requirement at time of Program Enrollment. Complete the Client Diagnosis Document after the Client Registration/Program Enrollment process, by

populating the effective date with the same date as the Program Enrollment date on the Diagnosis Document meets the ACBH business rules for capturing the client diagnosis at time of initial treatment.

NOTE: The Diagnosis Document is not unique to the client but is unique to the client's individual Program Enrollments.

To enter Diagnosis information at time of Client Registration and Program Enrollment follow the below instructions:

1.) Using the Quick Search 🔍 icon type "Diagnosis" to navigate to the Diagnosis Document.

NOTE: The Diagnosis Document is a client-initiated page so the user will be prompted to select a client first prior to navigation.

2.) Because the Diagnosis Document is linked to the clients individual Program Enrollments the user will need to select the Program Enrollment associated with the Diagnosis Document from the drop-down list. Then Select "OK" to link your Program Enrollment (formerly known as Episode) to the Diagnosis Document.
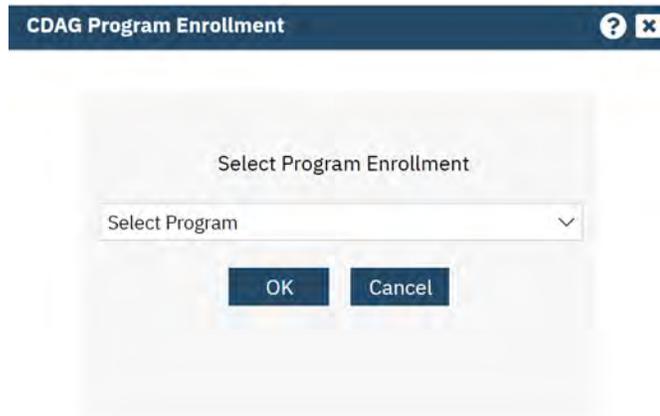
3.) The Diagnosis Document will be prompted to open.
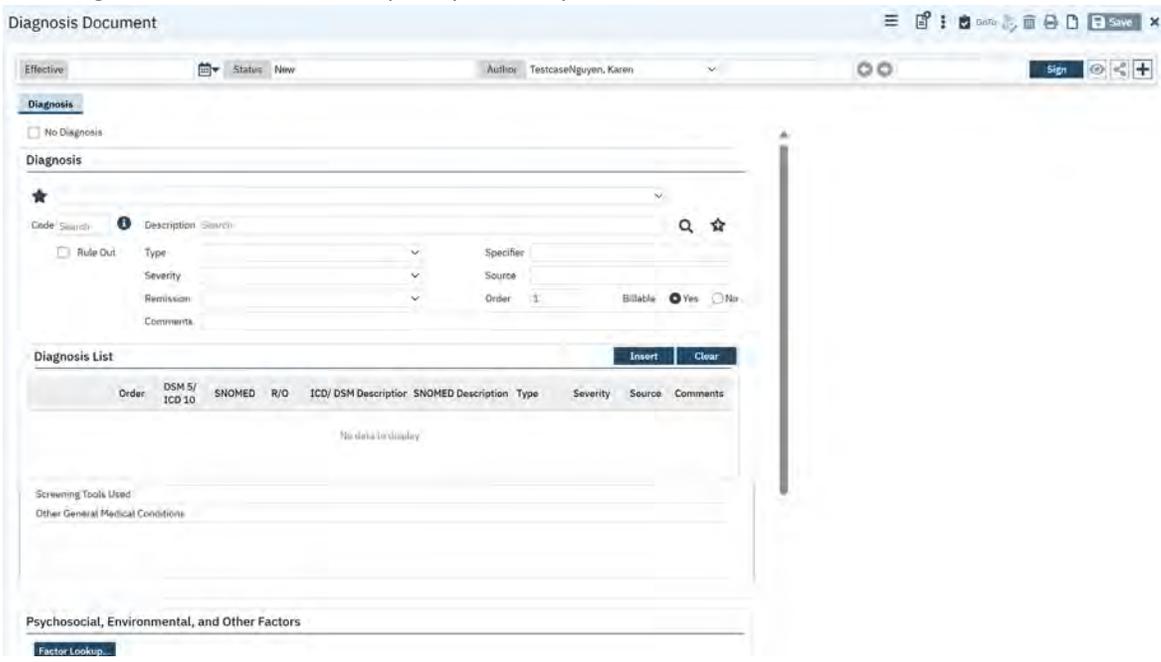
4.) When entering a Diagnosis document at time of **Program Enrollment**, the documents **"Effective Date" on the document status bar** is same date as the **"Program Enrollment"** date.
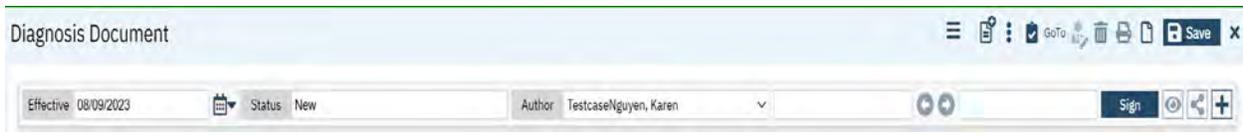
5.) In the "Code" Field Enter the applicable ICD Code, the "Code" drop-down list will populate with applicable **ICD-10** diagnosis Codes and descriptions.
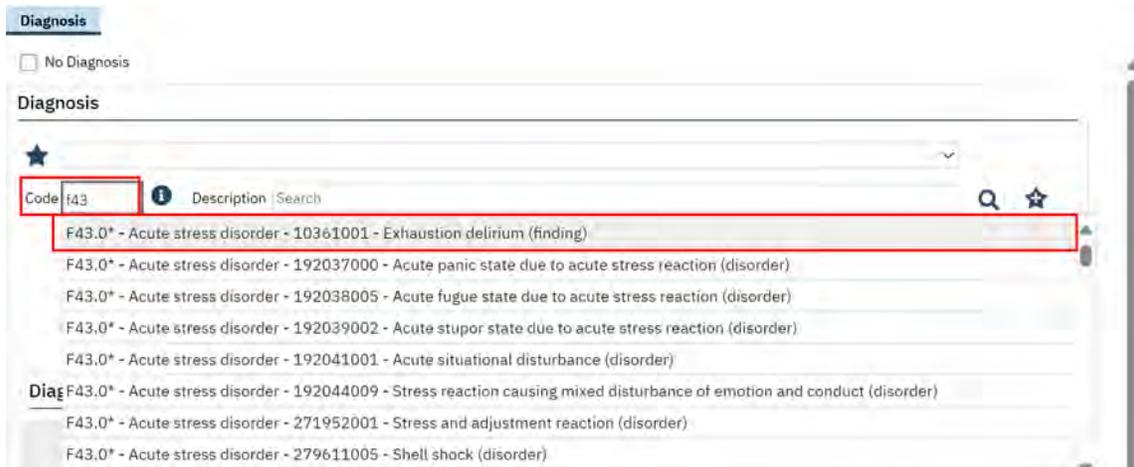
NOTE: ICD-10 diagnosis codes with an asterisk (e.g., F43.0*) mean the diagnosis is in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Since the SD/MC and DMC-ODS Medi-Cal rules requires providers use the DSM for diagnostic criteria, it is recommended that the codes with the asterisks are prioritized. Regardless, for the purposes of selecting the primary ICD-10 billable diagnosis code in SmartCare, it's important that the correct ICD-10 diagnosis code be selected, regardless of the description, as the ICD-10 diagnosis code is what is submitted to and validated by DHCS for Medi-Cal claiming.

6.) When entering the ***Primary Diagnosis*** select "Primary" as the "Type". Users can use the "Source" field to enter the "Clinical Staffs" First and Last Name. The Oder will default to "1" -as shown in the screenshot below:
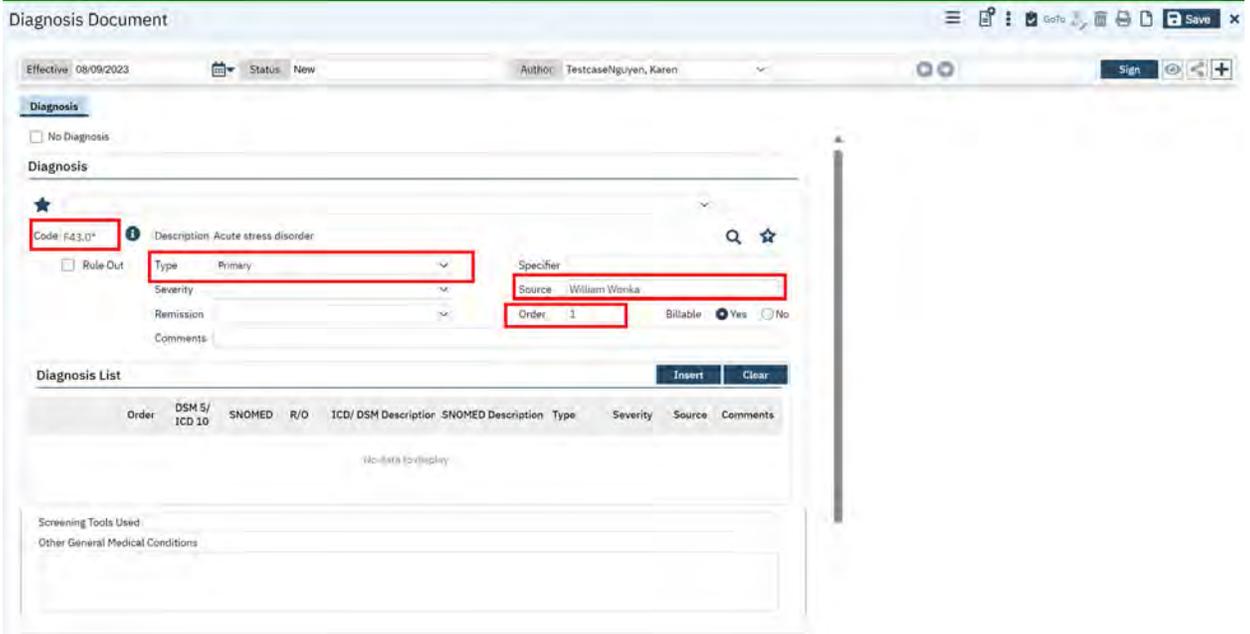
NOTE: The Diagnosis document **MUST** have at least a Primary diagnosis. Only the fields outlined above are **REQUIRED**, all other fields are **NOT REQUIRED**. The Billable field will auto-populate to "Yes".

7.) Once all **REQUIRED** fields are entered, select [Insert] to add the diagnosis information to the "Diagnosis List" Area

8.) To add an *Additional* ICD 10 diagnosis code, Enter the next applicable ICD Code in the "Code" field – as shown on the screenshot below:
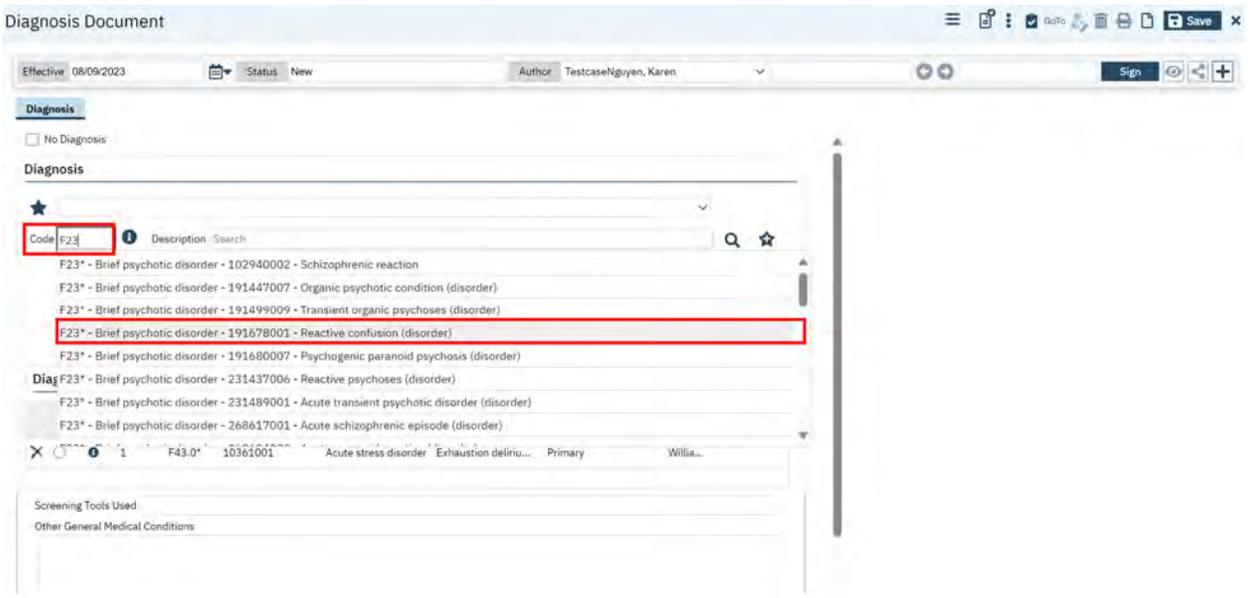
9.) When entering **Additional ICD 10 Diagnosis Code** select "Additional" as the "Type". Users can use the "Source" field to enter the "Clinical Staffs" First and Last Name. The Oder sort will continue to default to the next sequential number depending on the number of applicable additional codes – as shown on the screenshot below:
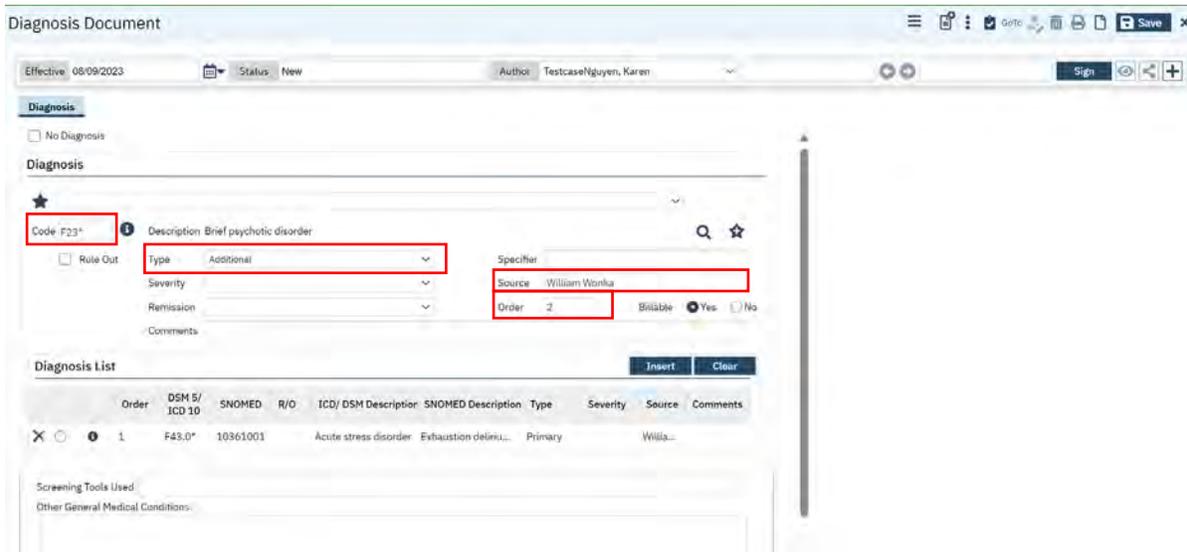
10.) Select [**Insert**] to add the diagnosis information to the "Diagnosis List" Area – as shown on the screenshot below:
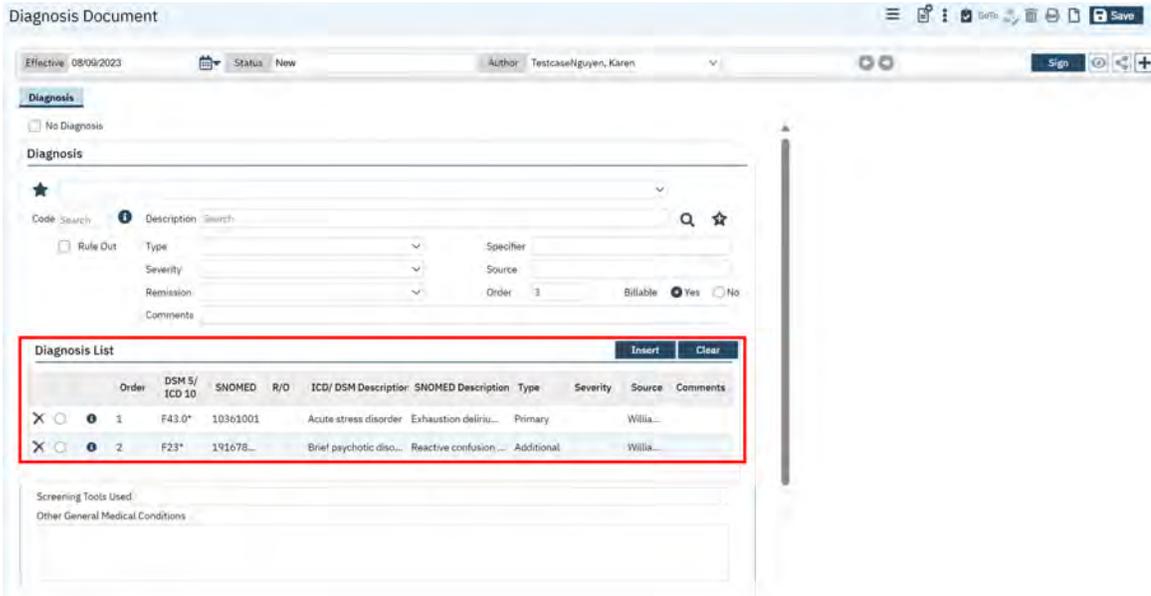
11.) Repeat steps numbers 9 and 10 as applicable until all ICD-10 diagnosis Codes are inserted into the Diagnosis List area.

12.) Once the diagnosis information is complete. Select the [Sign] button on the document status bar to sign and complete the Diagnosis Document – as shown on the screenshot below:
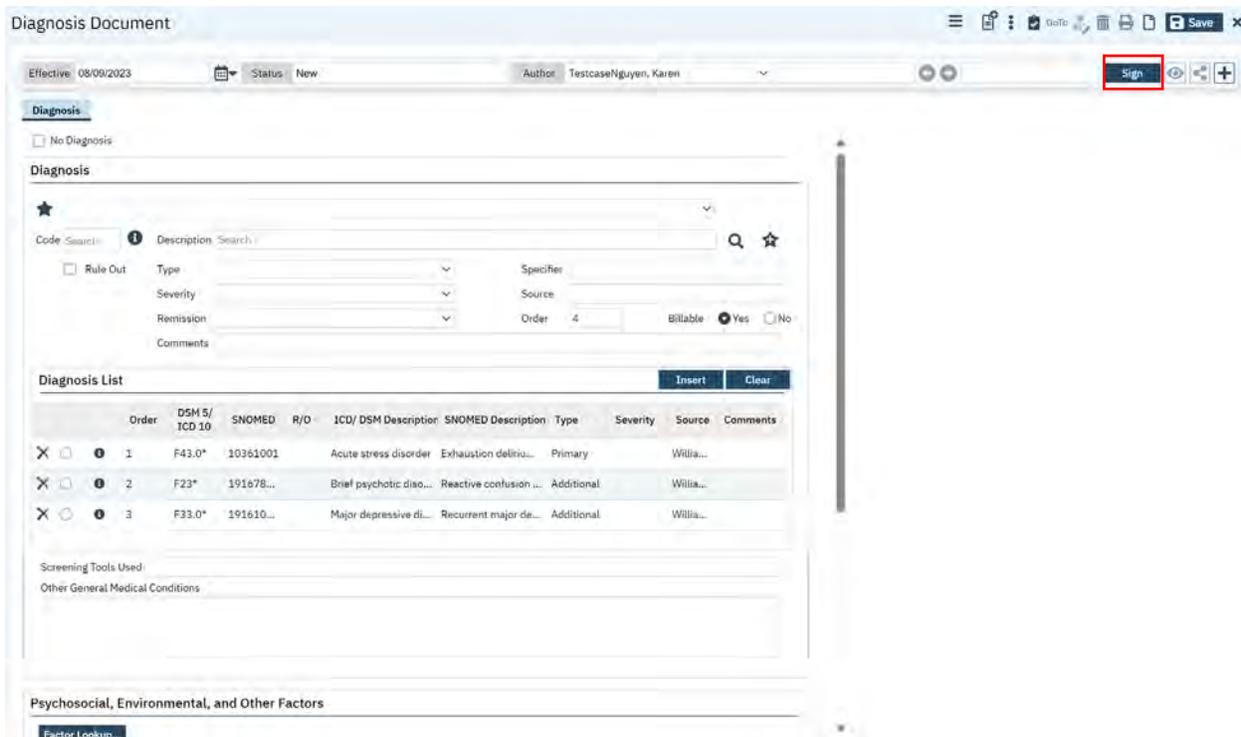
A PDF diagnosis document will be prompted on the screen informing the user the signed Diagnosis Document has been completed for the client Program Enrollment – as shown in the screenshot below:
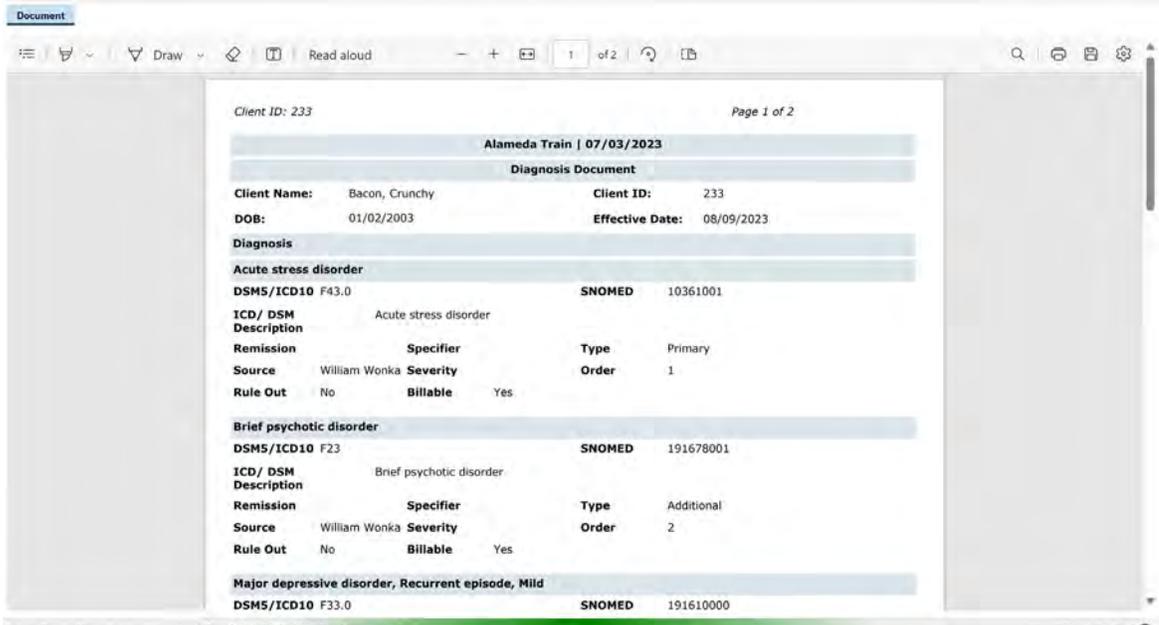
How to enter ICD-10 diagnosis code changes using the client Diagnosis Document at time of Service Entry or any time during the client's treatment period for the unique Program Enrollment.

The ACBH business rules for diagnosis changes throughout a client's treatment period has not changed. What has changed, is how to document in SmartCare the diagnosis changes for the client's unique Program Enrollment period. And, SmartCare requires the client's diagnosis at time of treatment for the service by uniquely identifying valid ICD-10 billable diagnosis code/s for an individual service or a Diagnosis Document that covers the service entry period.

If a Diagnosis Document does not cover the client's service entry period, the service/s will not successfully process. To generate a billable claim to Medi-Cal. Instead the system will generate a Diagnosis Required at Time of Service Entry Error; requiring correction. Until the diagnosis Error is corrected the service will not process and will not generate a claim to submit to Medi-Cal.

NOTE: The Diagnosis Document is not unique to the client but is unique to the client's individual Program Enrollments**.**

Please follow the **NEW** workflow below anytime a client's ICD-10 diagnosis code changes throughout the period of the unique Program Enrollment:

1.) Using the Quick Search $\mathcal{Q}$ icon type "Diagnosis" to navigate to the Diagnosis Document.

NOTE: The Diagnosis Document is a client-initiated page so the user will be prompted to select a client first prior to navigation.

2.) To enter client diagnosis changes for the Program Enrollment period, select the "NEW" Icon in the upper right-hand of the document's status bar.

1.) Because the Diagnosis Document is linked to the clients individual Program Enrollments the CDAG Program Enrollment popup blocker will prompt the user to select the applicable Program Enrollment from the drop-down menu – as shown on the screenshot below:
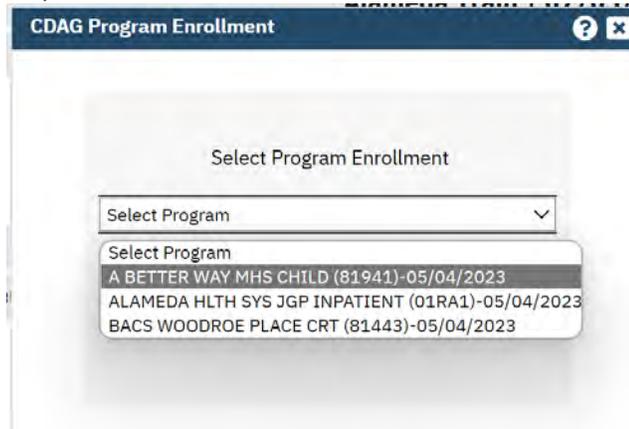
2.) Enter the date the client's diagnosis changed for the Program Enrollment by using the "Effective date" on the new Diagnosis Document. The client diagnosis change could align with the service treatment period. However, keep in mind a Diagnosis Document is required for the service entry

period, and can be unique to the individual treatment service period – as shown in the example below:
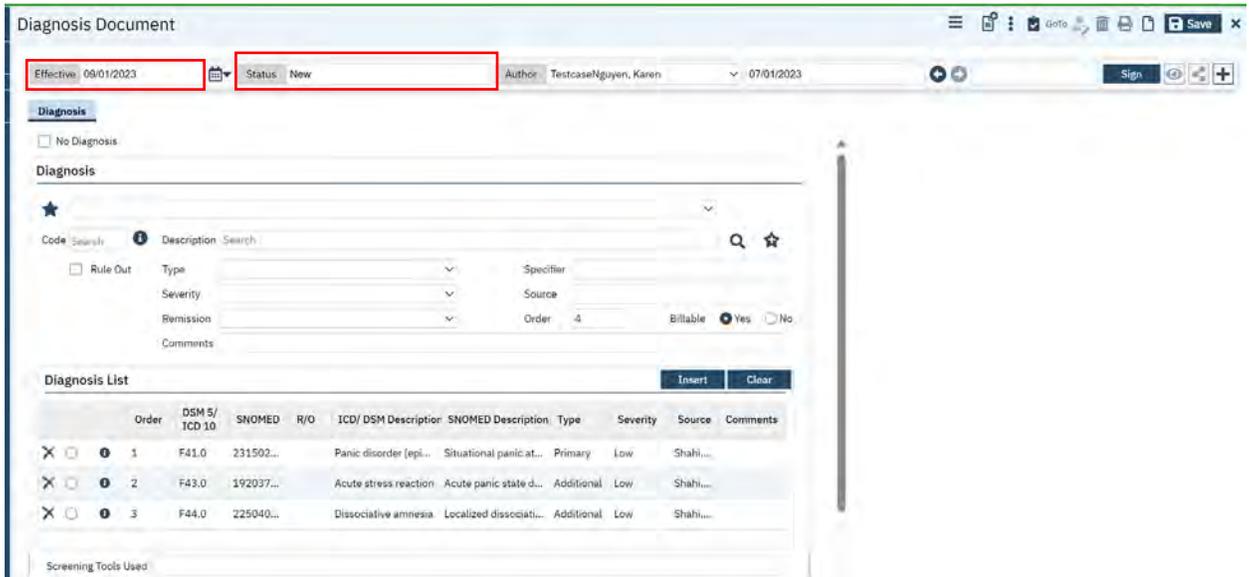
3.) To update the **primary diagnosis** code, select the applicable radio button next to the diagnosis in the Diagnosis list area. This will populate the information in the Diagnosis section of the document to be changed/modified. Update the "Type" from "Primary" to "Additional" update the order sort – as shown on the screenshot below:
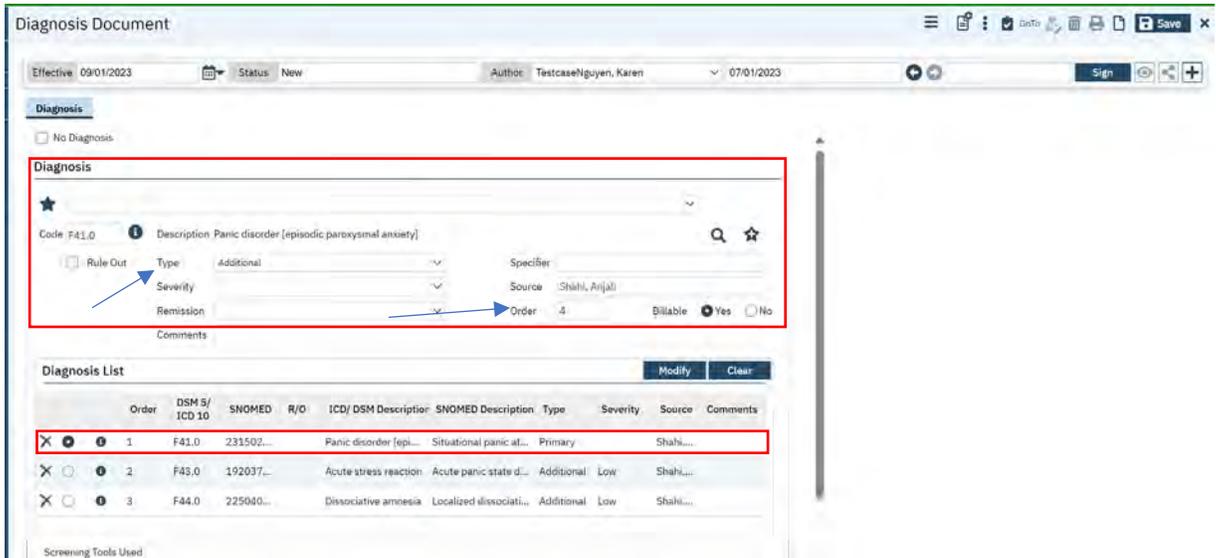
NOTE: When updating the diagnosis information there MUST be a primary diagnosis code on the document to save and sign the diagnosis document. Delete the ICD-10 diagnosis code by selecting the ✕ next to the applicable diagnosis in the Diagnosis List area.

4.) Select [Modify], to update the Diagnosis information in the Diagnosis list area.

5.) To add the new **Primary Diagnosis** code, Enter the applicable ICD code, update the "Type" to "Primary" and select Insert to add the new Primary Diagnosis code to the Diagnosis List area – as shown on the screenshot below:

6.) The Diagnosis list will be updated with the new ***primary diagnosis*** code – as shown on the screenshot below:
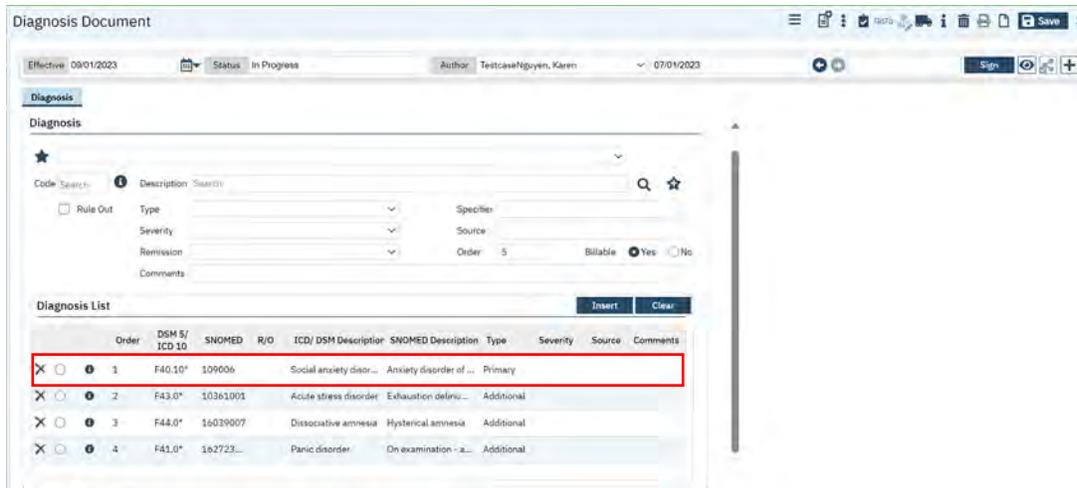
7.) Once the diagnosis information is complete. Select the [Sign] button on the document status bar to sign and complete the NEW "Diagnosis Document" with the NEW "Effective date".

A PDF diagnosis document will be prompted on the screen informing the user the signed Diagnosis Document has been completed for the client Program Enrollment that may also cover the service entry period– as shown in the screenshot below:

Chapter 5: Service Detail Screen

The Services Detail screen allows the user to record single services for all programs and indirect service activity records. This screen also includes the ability to do the following actions: Use add-on codes, Service Modifiers, Update/Add billing diagnosis, enter travel time, face to face time, document time, as well as mode of delivery.

To enter direct client services and indirect service activities using the Service Detail screen follow the below instructions.

Creating A Single Service Entry Using The Service Detail Screen.

1. Click on the magnifying glass and type Services (My Office)

2. The Services (My Office) List Page will display.
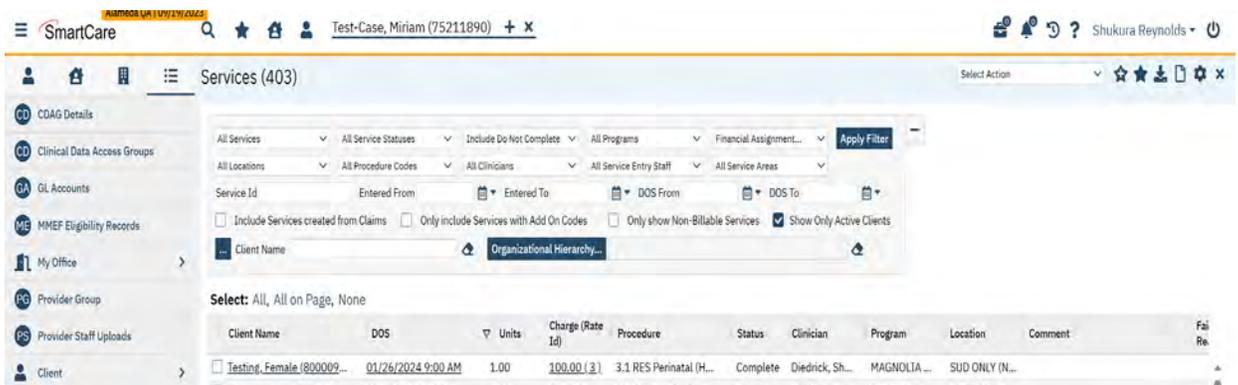
3. To create a new service record, select the "New" icon button in the upper right-hand corner of the screens title bar.

4. A new Service Detail screen will appear. This screen allows you to enter the service information.
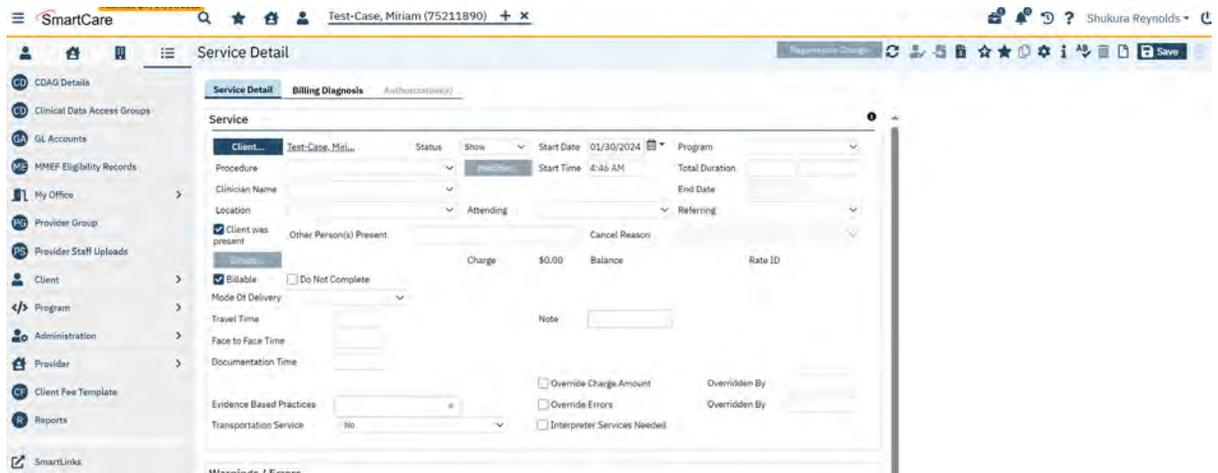
The following tabs are associated with the Service Detail screen:

I.   **Service Detail Tab-** Required for service entry.
II.   **Billing Diagnosis –** Required for service entry.
III.   **Add-On-Codes Tab–** Will only appear depending on procedure code.
IV.   **Authorization(s) Tab-** Will only appear depending on procedure code.

Service Detail Tab

 IMPORTANT Service entry must be completed in the following order to successfully enter the service based on system configuration and functionality.

1. Start Date
2. Clinician Name
3. Program
4. Procedure Code
5. Start Time
6. Duration
7. Location
8. Attending (if applicable)
9. Mode of Delivery
10. Travel Time
11. Face to Face Time
12. Documentation Time
13. Emergency Indicator (if applicable)
14. Pregnancy Indicator (Yes or No)
15. Billing Diagnosis Tab
16. Authorizations Tab (if applicable)

Status field (Required) – When a service is underway, the user **MUST** change the status field to **"Show"** to indicate that the service was delivered.

⚠️ **IMPORTANT NOTE:** Users will have the following drop-down options in the "Status field": Show, Complete, Error, and Cancel. Services in "Show" status can be altered or changed, but not deleted. Saving in a "Show" status allows the user the flexibility to make any updates or edits to service records, prior to the service completion nightly job.

Services that are in "Complete" status that have no errors or warning will generate a charge. Once a charge generates the service record cannot be altered or changed by the user once it is in the "Complete" status.

1. **Start Date (Required)** – Enter the start date of the service. Enter a date in the format MM/DD/YYYY. You cannot enter a future date. The service date must be within the Program Enrollment enrollment/discharge date.
   NOTE: The system defaults to today's date.

2. **Clinician Name (Required)** – Select the provider of service. The Clinician Name validations drive the program and procedures fields and must be selected first. **NOTE:** Client must be pre-selected, you cannot open this record without choosing a client ID first.

3. **Program (Required)** – Select the program of service (this ties to the Clinician's affiliation) from the dropdown list, the system validates that the service data is not prior to the Program Enrollment date. If nothing populates, be sure the Clinician, Client and Procedure are all associated with the Program.

4. **Procedure (Required)** – Select the allowable procedure of the service from the dropdown list.

NOTE: Once the primary procedure has been selected, if applicable the Add-On Code Tab will be displayed. Below are additional details on Add-On codes.

5. **Start Time (Required)** – enter the start time. If the service starts at the top of the hour, as a shortcut you can enter e.g. 9a, 2p, etc. and the system will format it correctly. Otherwise, you must enter at 9:15a, 2:30p to capture the exact time.

6. **Total Duration (Required)** – Enter the number of minutes/units for the service. Per DHCS Billing Manual, this is the service delivery time which does **NOT** include travel and documentation time. **NOTE:** There are validations on allowable duration based on the procedure setup in SmartCare and the DHCS Billing Manual.

7. **Location (Required)** – Select the ACBH defined location of service from the dropdown list, which is based on the procedure setup.
   NOTE: The ACBH defined location will be mapped to the corresponding CMS standard place of service code for claiming.
   NOTE: The latest Client Address record must be the Client's current address if **Location** is **Home**. Verify that the Client Address record contains the Client's current address. If the Client's Address record does not show the Client's current address, please insert the current address into the Client's Address record.

8. **Attending (If applicable)** –When the rendering clinician is a Student/Intern, and for Inpatient/Residential services use this field to indicate the attending physician.

9. **Mode Of Delivery (Required)** – Select the appropriate option. e.g. Telephone, Video/Conference, and Other. **NOTE:** This will identify the appropriate modifier for telehealth services.

10. **Travel Time (Required when service has travel time) –** Enter the travel time for the service. See the Reimbursement Section on page 9 of the [SmartCare and Payment Reform Reference Guide](#) for more information on documentation and travel time tracking and reimbursement.

11. **Face to Face Time (Required)** – Enter face to face time for the service. **NOTE:** This is the service delivery time and should amount to the total duration field and include any applicable manually added add-on code duration.

12. **Documentation Time (Required when service has documentation time)** - Enter documentation time for the service. See the Reimbursement Section on page 9 of the [SmartCare and Payment Reform Reference Guide](#) for more information on documentation and travel time tracking and reimbursement.

13. **Emergency Indicator (Required if Applicable)** – This is a conditional field, based on the Procedure Code. This field will only appear if the procedure code is set up as requiring an emergency indicator. Enter "Yes" when the client meets the Emergency definition.

14. **Pregnancy Indicator (Required)** – Enter "Yes" when the client meets the Client Pregnant definition or select No.

Pregnancy Indicator

Pregnancy Indicator ○ Yes ○ No

> *Definition Update: Medi-Cal Eligibility Division Information Letter No.: I 21-13, which is referenced in BHIN-23-030. Reads:*
> *"The 12-month postpartum coverage period for Medi-Cal eligible pregnant individuals will begin on the day following the last day of the pregnancy and will end on the last day of the month in which the 365th day occurs."*

Billing Diagnosis Tab:

The previous chapter informed on how to research the client's chart for the Diagnosis information on file. Diagnosis information can change or be modified during the client's treatment period.

Each service record (excluding indirect services) must have a billing diagnosis on the Billing Diagnosis Tab. Use the Billing Diagnosis Tab to select applicable diagnosis, and/or add or modify the service records billing diagnosis.

Service Detail	**Billing Diagnosis**	Authorization(s)

Billing Diagnosis

ICD 10...

Re-Order Diagnosis   Refresh Diagnosis

To successfully enter a service, the information on the Billing Diagnosis Tab should include ICD 10 code(s) aligned with the client's treatment plan on file per the service being recorded. The ICD 10 code(s) must be ordered correctly and aligned to the service record.

⚠ **IMPORTANT NOTE:** Service records entered that do not have a billing diagnosis will result in an error message.

⚠ **IMPORTANT NOTE:** Service records that do not have billing diagnosis codes in the correct order will result in an error message.

To add or modify a Billing Diagnosis on the service record follow the below steps:

1. Select the Billing Diagnosis Tab. If there is a diagnosis document on file and the codes are not listed, select the "Refresh Diagnosis" hyperlink. This will populate the diagnosis information on file for the enrollment period.
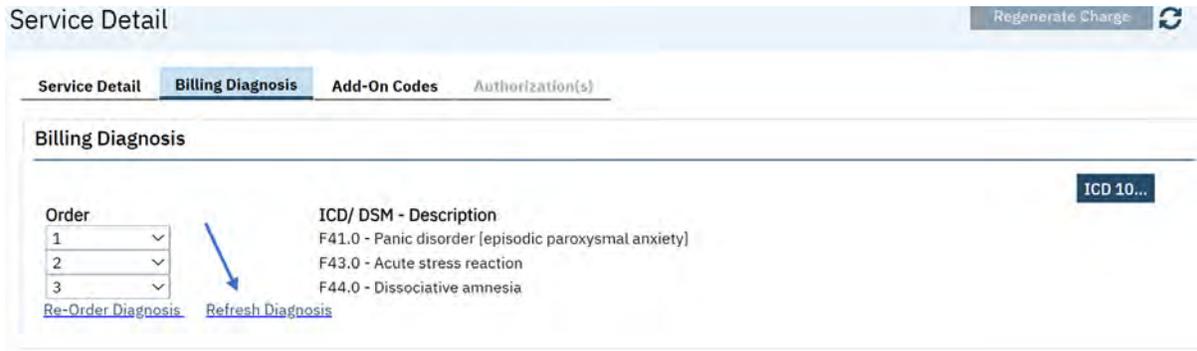
2. To reorder the diagnosis information. Under "Order" select the dropdown arrow next to the order number and select the correct order number.
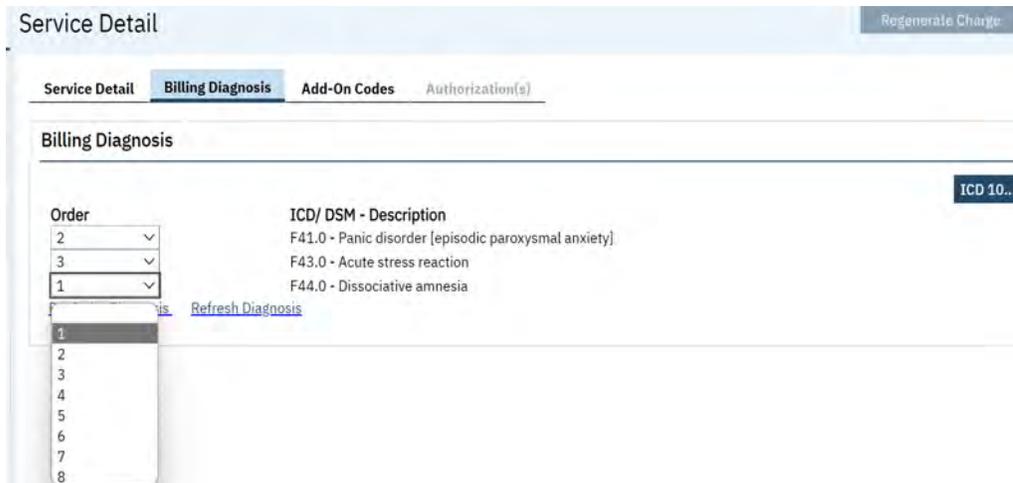
3. Select "Reorder Diagnosis" hyperlink to reorder the diagnosis codes.
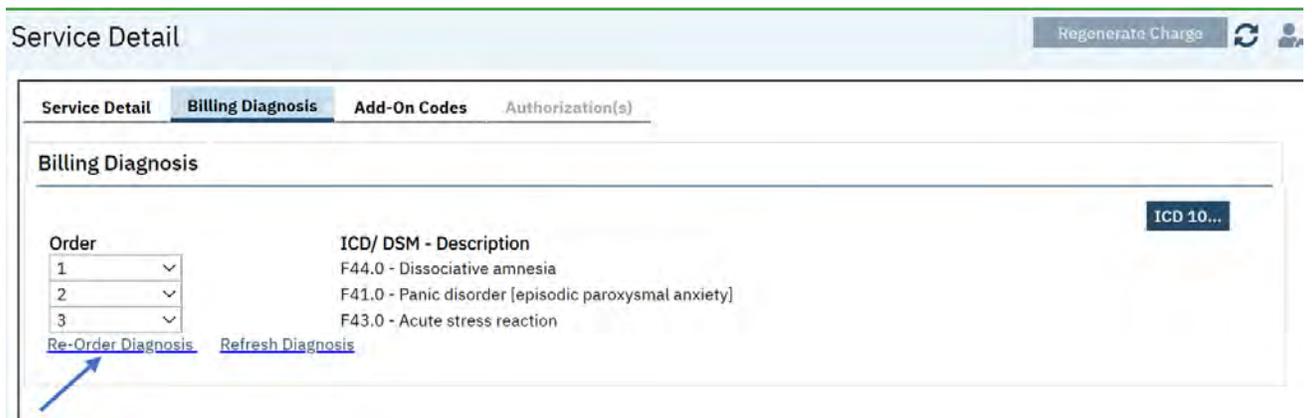
4. To remove a billing diagnosis code from the list, select the blank space above number 1 in the order sort drop-down list.

To add a billing diagnosis to the service record, follow the below steps.

1. Select the dark blue **ICD 10...** ICD 10 button.

2. In the pop-up window, enter the ICD 10 code in the appropriate field or enter the description. Select the **Search Button** **Search** to select available list of ICD 10 Codes. Select the radio button next to code.

3. Click **OK**

4. Select Save [Save] button in the upper right-hand corner to update the service entry record with the billing diagnosis information.

IMPORTANT **NOTE: ALL** changes made on the Billing Diagnosis Tab on the service record are not bi-directional and WILL ONLY UPDATE the diagnosis information for that service record.

Any additional service requiring this information will need to be updated following the above steps.

Add-On Codes Tab

If the procedure code entered on the Service Detail tab is set up to allow add-on codes, the Add-On Codes tab will be enabled. Add-On Codes are codes which can prolong the service time (e.g. G2212 prolonged E/M each add'l 15min) or are Supplementary Codes tied to the primary service (e.g. 90785 Interactive complexity).

To add an Add-On Code to the service record, follow the below steps.

1. **Add-On Codes tab (As Required**) - Click on the tab and use the available fields to add one or more codes as appropriate.
    I. **Select Add-On Code (Required)** - Using the dropdown menu, select the applicable add-on code.
    NOTE: The drop-down list will only present valid codes tied to the service records primary procedure code.

II. **Start Time** (**Not Required**) – The Add-on Codes start time will default from the primary service.

III. **Duration (Required)** – Depending on the Add-On Code, add the duration e.g. units/minutes.

IV. Click **the Add button.** The SmartCare system will then automatically calculate the number of units for the Add-On Code. The Add-On Code will now appear on the Add-On Code List Area.
   NOTE: The User can add as many Add-On Codes as applicable using the Add-On Code Tab. To Add an Additonal Add-On Code, repeat steps I-IV.

V. If you need to delete an Add-On Code click the ✕ icon to delete.

VI. Click [Save]

Automatic Add-On Codes

Automatic Add-On codes have been configured for Procedures Codes that have designated Add-On Codes in SmartCare.

To add an automatic Add-On code to the service record. Follow the below steps.

1.) Enter the service as outlined in the order above, Choose the applicable Procedure code. In the below example see Procedure code 90839 which has a designated Add-On code of 90840.

2.) Enter the total duration of the service including the Add-on code time.

3.) Select ![Save]

4.) Select the Add-on Code tab. Notice the Add-on code has been automatically added to the tab without manual entry.
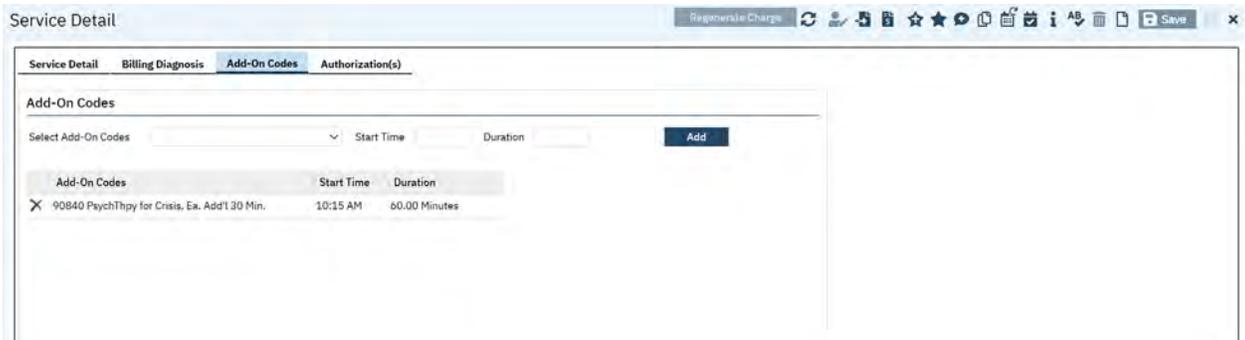
Duplicate Service Modifier

Duplicate Service Modifiers will be required on services which are distinct because they are provided to the same client on the same date, have the same procedure code, and/or were provided by a separate practitioner.

When entering services using the Service Detail screen providers will be required to add Duplicate Service Modifiers (similar to the INSYST Duplicate Indicator process). For a list of Service Modifiers and their definitions see Appendix at the back of the Service Entry Manual.

Follow the below steps when prompted to add a Duplicate Service Modifier.

1.) When the system validates a service to require a Duplicate Service Modifier the user will receive a validation prompt.
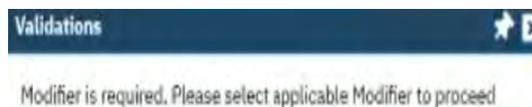
⚠ **IMPORTANT NOTE:** It is recommended that the Administrative staff first validate the service record and confirm the service record is not a duplicate. If the service is not a duplicate, continue to Step 2 to add the Duplicate Service modifier.

2.) On the Service Detail Screen select the [Modifier...] Button. This will prompt the SmartCare Modifier box to open for the user to select the applicable duplicate service modifier.
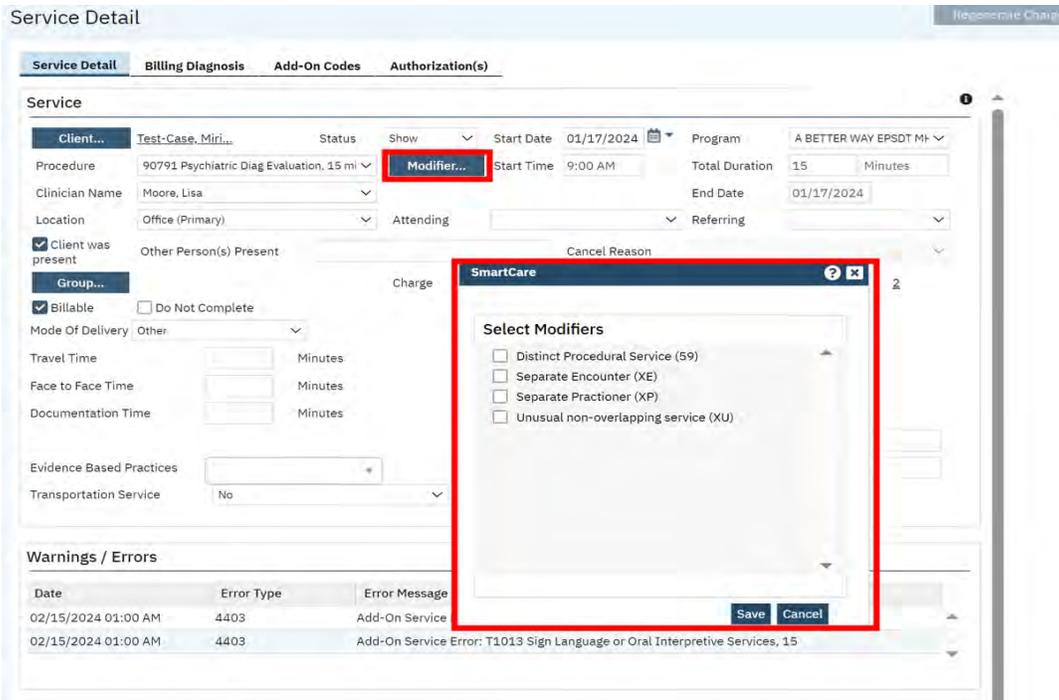
3.) Select the applicable Modifier by checking the check box next to the Modifer type. Then select Save.
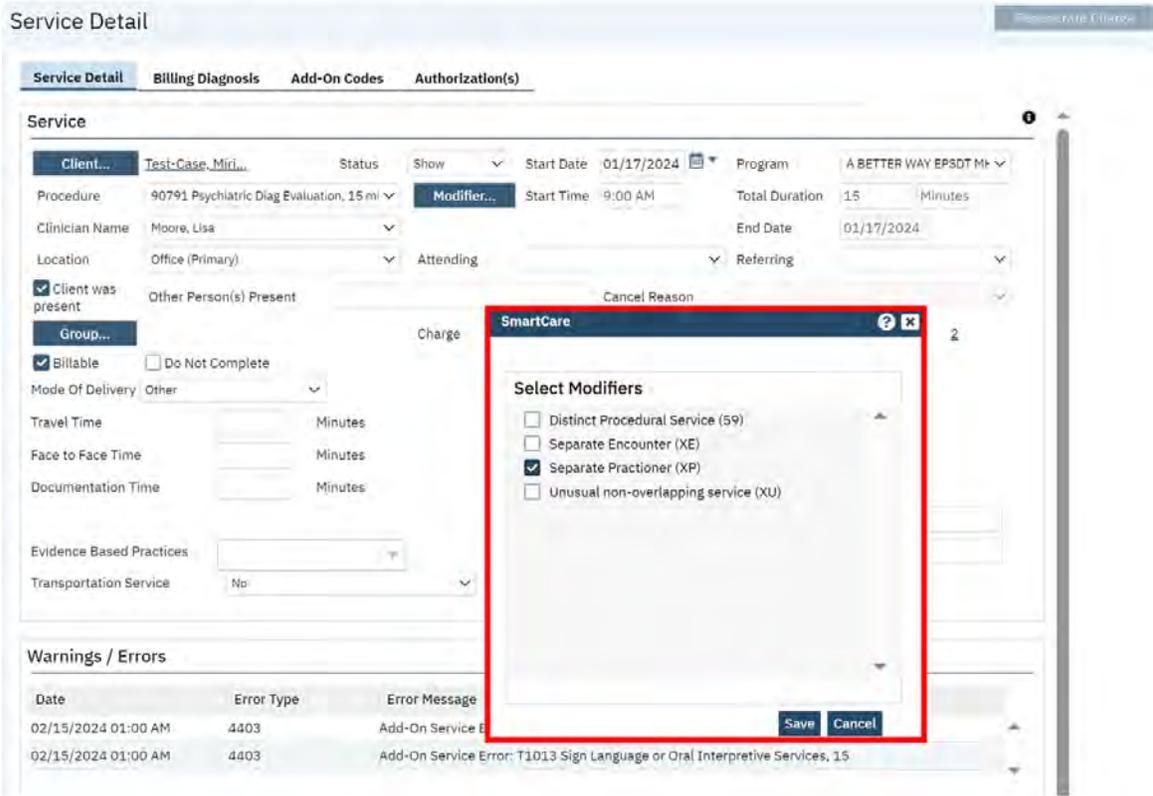
4.) Once you select Save notice the [Modifier...] button will be updated to reflect the Modifier Type that was selected from the Modifer list.

Authorization Tab (Not Required)

Warnings/Errors Section

Save Button (Required) - Once you have completed the service entry the user must click on the [Save] button to validate the service and create the service record.

IMPORTANT NOTE: Failure to click save will result in the service not being captured for invoicing and claiming purposes.

TIP: To find services which have not been saved. Select the Unsaved Changes Icon from the Screens Toolbar.

The system goes through a validation process once a service is saved. A list of validation errors will be displayed in the Warnings and Errors section that will need to be resolved. Some errors messages will require the end user to fix, other errors may need to be addressed by ACBH.

NOTE: SmartCare currently does not indicate what fields are required with an asterisk (*). Until this is implemented, use this section to identify required fields.

Warnings / Errors

Date	Error Type	Error Message	Next Step
02/01/2024 01:00 AM	4403	Add-On Service Error: G2212 Prolonged E/M (each add'l 15min) - Unable to fi	▲
02/01/2024 01:00 AM	4403	Add-On Service Error: 90785 + Interactive Complexity - Unable to find a matc	▼

Field Requirement Errors and Warnings

The Service Detail Screen does not have a validation button. However, there are validation checks configured in each of the required fields on the Service Detail screen.

Field Requirement Errors and Warnings will reflect upon entering data in field and/or when the user is trying to [Save] and record the service. Below is a list of errors and warning messages which may appear when recording services in the Service Detail Screen.

> 1 - Please select Clinician Name
>
> 2 - Please select Procedure
>
> 3 - Please Enter Start Time
>
> 5 - Please select Mode of Delivery *(this will only occur if the procedure is set to require this value)*
>
> 7 - Please select Location
>
> 8 - Please enter Total Duration
>
> 9 - Please select Emergency Indicator *(this will only occur if the procedure is set to require this value)*
>
> 10 - Pregnancy Indicator is required
>
> 11 - Modifier is required. Please select applicable Modifier to proceed *(This will occur when a duplicate service rule is broken)*

IMPORTANT Warnings and Errors must be resolved before a service can be moved from "Show" status to "Complete" status. When the error or warning is user related the user must resolve the issue timely for the service to record accurately and be processed for invoicing and claiming.

Indirect Services

Indirect Services are non-client services such as consultation, outreach, overhead time, or other non-billable activities. They may include presentations to schools, community outreach and public service radio broadcasts.

In SmartCare indirect services will be entered using an Organizational Client which has been created in

the SmartCare Environment and assigned to each Providers program(s).

An Organizational Client in SmartCare is used when the following is applicable:

- Billing for a service that's not rendered to an actual/existing client record.
- Used as a generic client/organization. e.g. prevention services.

⚠️ **IMPORTANT** **The "Indirect Service" Organizational Client record** *MUST NEVER* **be altered by a Providers agency.** ACBH will manage the Organizational client account and are the only users permitted to make account updates if needed or necessary.

Provider agencies do not need to request this client in their programs. The indirect client has been added to active programs in the SmartCare System and ACBH will continue to add the indirect client to all NEW programs ongoing.

NOTE: Indirect services will not require: Diagnosis information, should not generate charges, and should not require a pregnancy or emergency indicator during data entry.

Entering Indirect Services

1. Click on the magnifying glass and type Service (My Office)

2. The Services (My Office) List Page will display.
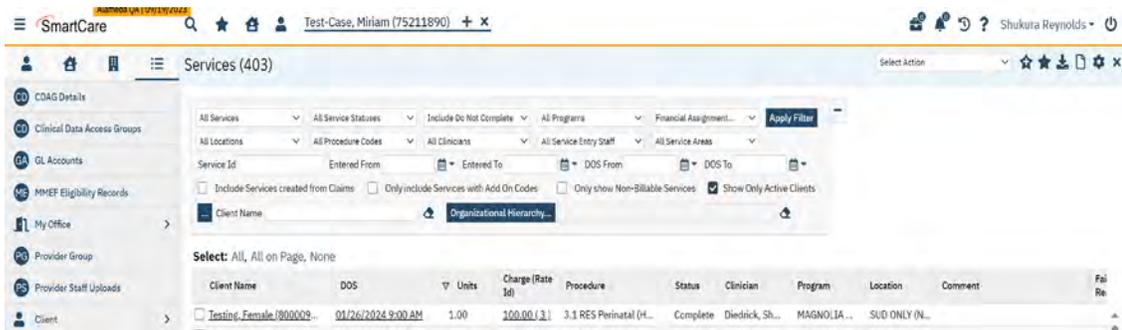
3. On the title bar, in the upper right-hand corner of the screen you can create a new entry using the "New" icon button.
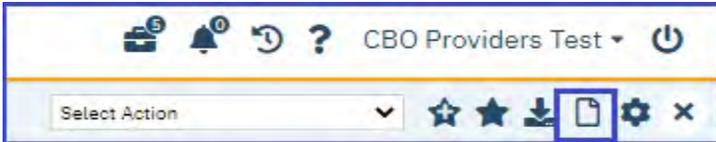
4. The "Client Search" window will open. Select the radio button next to "Organization" field. The name field will update to enter the "Organization Name". Enter "AAA-Indirect Service" to search for the Indirect client and select narrow search. The Organizational client will appear in the Records Found list area.

5. A new Service Detail screen will appear. This screen allows you to enter the service activity information.

   Indirect Service entry must be completed in the following order to successfully enter the service based on system configuration and functionality.

1. Start Date
2. Clinician Name
3. Program
4. Procedure Code
5. Start Time

6. Duration
7. Location
8. Mode of Delivery (auto-populates)
9. Pregnancy Indicator

Status field (Required) – When a service is underway, the user **MUST** change the status field to **"Show"** to indicate that the service was delivered.

IMPORTANT NOTE: Users will have the following drop-down options in the "Status field": Show, Complete, Error, and Cancel. Services in "Show" status can be altered or changed, but not deleted. Saving in a "Show" status allows the user the flexibility to make any updates or edits to service records, prior to the service completion nightly job.
Services that are in "Complete" status that have no errors or warning will generate a charge. Once a charge generates the service record cannot be altered or changed by the user once it is in the "Complete" status.

6. Save the activity by selecting the ⊟ Save save button in the upper right-hand corner. **NOTE:** Save validation errors and warning will prompt upon saving the indirect service activity.

IMPORTANT Warnings and Errors must be resolved before a service can be moved from "Show" status to "Complete" status. When the error or warning is user related the user must resolve the issue timely for the service to record accurately and be processed for invoicing and claiming.

Chapter 6: Batch Service Entry Screen

The Batch Service Entry screen allows the user to enter multiple services at one time. Drop-down list values and default selection options make it easy for end users to enter service information and copy the information down for multiple service record lines. The Batch Screen allows the user to change most service information all at once, e.g. procedure, date, location. Like the multiple services and weekly services screens in INSYST.

To enter services using the Batch Entry Screen follow the below steps.

1. Type in Batch Service, into the Quick search magnifying glass.
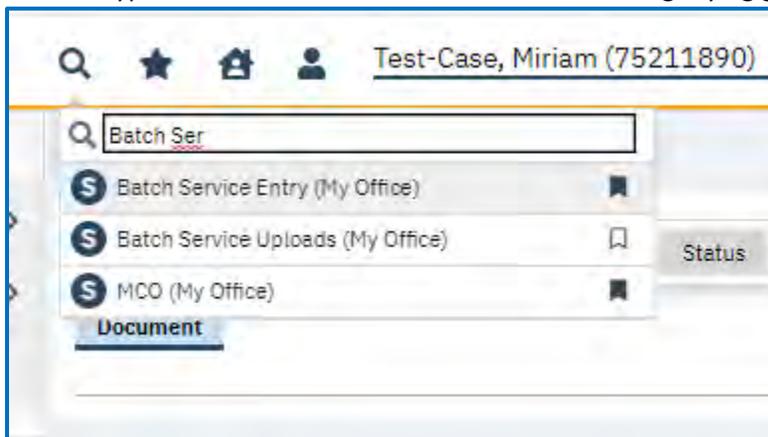
2. Click on the Batch Service Entry Screen (My Office).
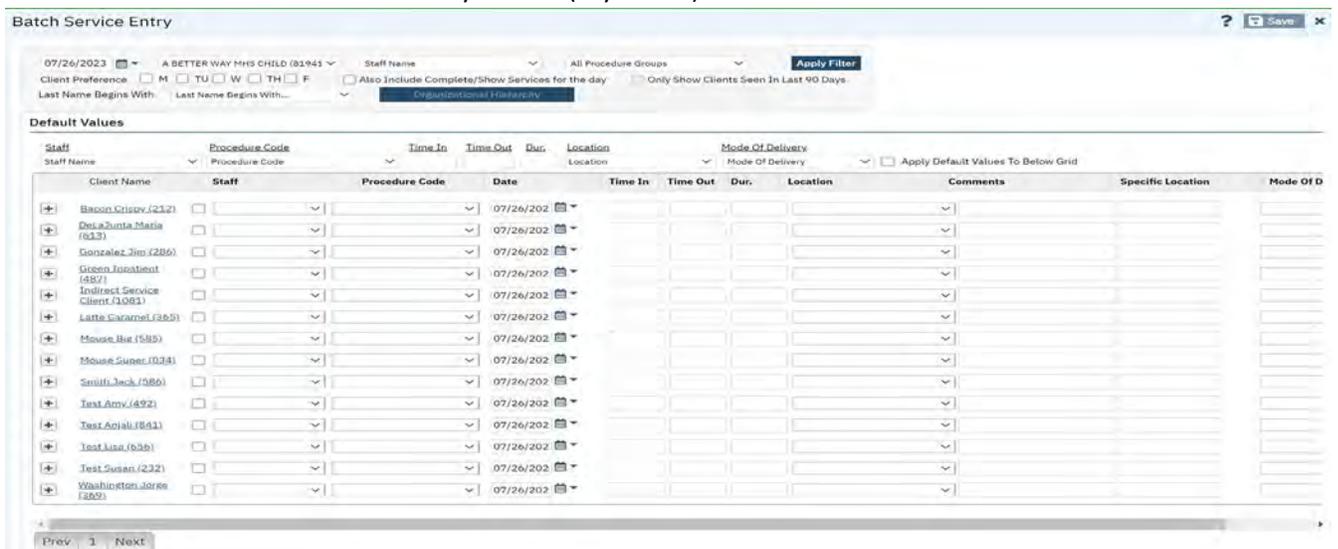
There are three major sections to the Batch Service Entry screen:

1) Filter Section

2) Default Values Section

3) Service Line Section

Filter Section:

Filter the list to determine the records that are displayed in the Service Line Section. The Filter Section of the screen allows you to filter services by e.g. Program, Date, Staff Name, etc.

The Filter section has **two required fields** that need to be completed. Using these two fields will help you eliminate unnecessary data, by filtering out non pertinent information.
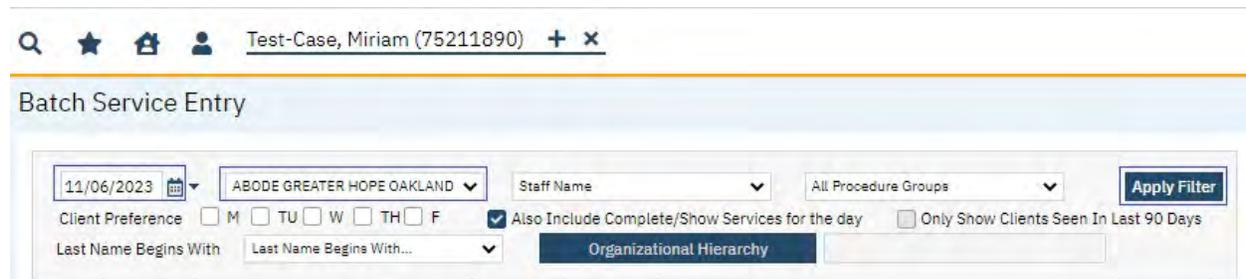
1. Select the **Date** (**Required**) – Click the calendar icon and select a Date which will be used to list all clients enrolled in a specific program as of that date. This will show any services the client has depending on the filter date.

2. **Program** field **(Required)-** Select the appropriate program you wish to record services in.
    NOTE: If you select a program and you do not have security access to the Program, no clients will be listed on the page.
    NOTE: If the client is not enrolled in the program on the date selected the client will not be reflected in the Service Line Section.

3. Make sure to click the [Apply Filter] button after setting your filters.

NOTE: You can use the rest of the Filter fields as needed, they are **Optional.** Select any other applicable information you wish to filter on.

4. **Staff Name (Not Applicable)** - this field should not be used.

5. **Last Name Begins With (Optional) -** Users can limit their filtered list of clients by using the first letter of their last name.
    a. **NOTE:** If the user searches for a client using this feature, many clients with the same set of letters entered may appear under the Client Name. Currently, there is no way to remove the client. The client will always be there. The user can keep adding new

clients, but the old ones cannot be removed. **TIP:** Check this filter is not defaulted with any letters prior to selecting apply filter. This will limit your client list to ONLY clients whose last name starts with the defaulted letter.

b. Please make sure that you <u>do not</u> check the box next to their name.

6. **Also include Complete/Show services (Uncheck) -** Uncheck this checkbox. This will show the Services that have been saved in "Show" or "Complete" Status on the filtered date.
NOTE: User may want to check this box, Should they want to include saved services per the filtered date in "Show" or "Complete" Status in the Service Line section. This is a good way to check for duplicate service entries.

Default Values Section:

The use of the Default Values is *Optional*, but highly recommended. You only want to include the information that you want applied to the Service Line Section. The information entered in the default values fields will be applied to "all" clients listed in the Service Line Section.

The user can set one of the default values, or all the default value fields, and this information will populate in the Service line section. This will save the user time and reduce clicks when populating the service records.

Default Values								
Staff		Procedure Code		Time In	Time Out	Dur.	Location	Mode Of Delivery
Staff Name	∨	Procedure Code	∨				Location ∨	Mode Of Delivery ∨	☐ Apply Default Values To Below Grid

Enter the information in the Default Values fields that will be applied to all services selected in the Service Line section.

1. **Select Staff** – Select the provider of service. The Clinician Name validations drive the program and procedures fields and <u>must be selected first</u>. **NOTE:** Client must be pre-selected, you cannot open this record without choosing a client ID first.

2. **Procedure** – Select the allowable procedure of the service from the dropdown list.

3. **Time In** – enter the start time. If the service starts at the top of the hour, as a shortcut you can enter e.g. 9a, 2p, etc. and the system will format it correctly. Otherwise, you must enter 9:15am, 2:30pm to capture the exact time.

4. **Time Out** – This will auto calculate based on the "time in" and "duration" entered in the system.

5. **Total Duration** – Enter the number of minutes/units for the service. Per the DHCS Billing Manual, this is the service delivery time which does **NOT** include travel and documentation time. **NOTE:** There are validations on allowable duration based on the procedure setup in SmartCare.

6. **Location (Required)** – Select the ACBH defined location of service from the dropdown list, which is based on the procedure setup.
    NOTE: The ACBH defined location will be mapped to the corresponding CMS standard place of service code for claiming.
    NOTE: The latest Client Address record must be the Client's current address if **Location** is **Home**. Verify that the Client Address record contains the Client's current address. If the Client's Address record does not show the Client's current address, please insert the current address into the Client's Address record.

7. **Mode of Delivery (Required)-** Select the appropriate option. e.g. Telephone, Video/Conference, and Other. **NOTE:** This will identify the appropriate modifier for telehealth services.

8. **Apply Default Values to Below Grid-** Select the **"Apply Default Values"** checkbox to apply the default values to "all" Clients listed in the Service Line area.

9. **The AAA-Indirect Client will be at the top of the Batch entry service line area. When entering direct services. Deselect the AAA-Indirect client checkbox so that NO direct services are recorded for this client.**
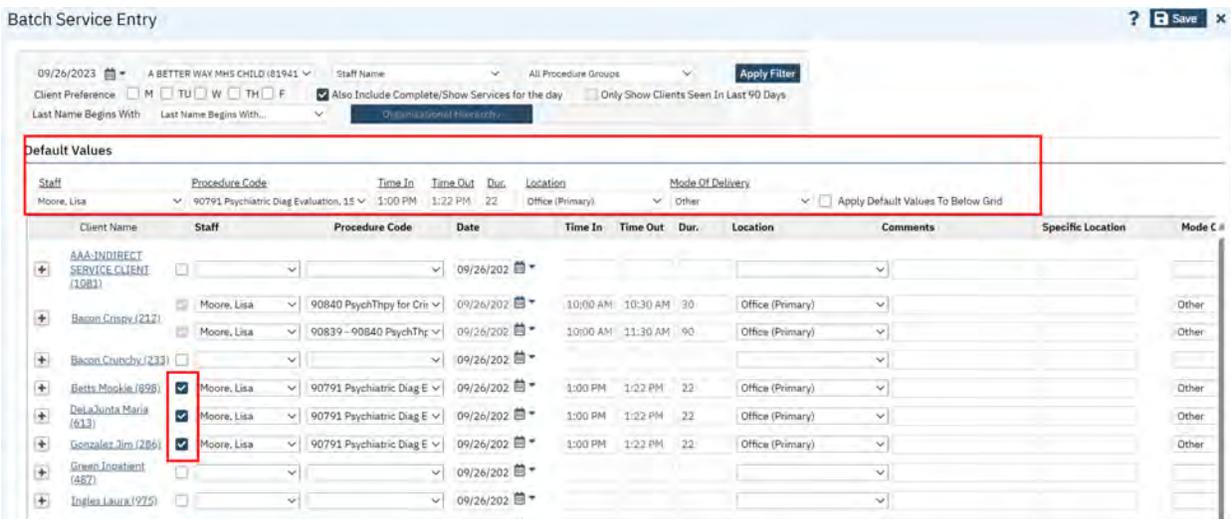
TIP: Make sure that you scroll all the way to the right, as there are additional columns to be populated.

NOTE: Defaulted values are editable at the service line level, as long as you have NOT SAVED the record.

Service Line Section

1. **Checkbox (Required)** – Click to the right of each client's name who should have the service. Continue with entries for applicable clients until you are done.

Plus (+) sign (Optional) – Click the button to the left of the client's name to add additional services to a client or another row to the client to capture additional lines of services for data entry.

NOTE: The default values you entered will populate and fill in any rows that you check. Update the information as applicable.

1. **Select Staff** – Select the provider of service. The Clinician Name validations drive the program and procedures fields and must be selected first. **NOTE**: Client must be pre-selected, you cannot open this record without choosing a client ID first.

2. **Procedure (Required)** – Select the allowable procedure of the service from the dropdown list.

3. **Time In –(Required) –** enter the start time. If the service starts at the top of the hour, as a shortcut you can enter e.g. 9a, 2p, etc. and the system will format it correctly. Otherwise, you must enter 9:15am, 2:30pm to capture the exact time.

4. **Time Out –** This will auto calculate based on the "time in" and "duration" entered in the system.

5. **Total Duration (Required) –** Enter the number of minutes/units for the service. Per DHCS Billing Manual, this is the service delivery time which does NOT include travel and documentation time. **NOTE**: There are validations on allowable duration based on the procedure setup in SmartCare.

6. **Location (Required) –** Select the ACBH defined location of service from the dropdown list, which is based on the procedure setup.
   > **NOTE:** The ACBH defined location will be mapped to the corresponding CMS standard place of service code for claiming.
   > **NOTE:** The latest Client Address record must be the Client's current address if **Location** is **Home**. Verify that the Client Address record contains the Client's current address. If the Client's Address record does not show the Client's current address, please insert the current address into the Client's Address record.

7. **Comments** – This screen does not have a place to capture the Pregnancy and Emergency Indicators, as an interim workaround enter the word in the Comments field.

   Acceptable entries in the comment section include: 1) Pregnant, 2) Emergency, OR you can enter both, 3) Emergency, Pregnant.

   ⚠️ **IMPORTANT NOTE**: Spelling these words correctly is important.

   I.   Pregnant - Enter the word Pregnant to indicate a **YES** for Pregnancy.
   II. Emergency - Enter in the word Emergency to indicate a **YES** for Emergency Service.
   III. If the client is not pregnant and/or there is no emergency to indicate, then leave the comment field blank.

   ⚠️ **IMPORTANT NOTE:** Failure to indicate pregnancy or emergency on service lines where applicable will result in service denials. Spelling errors to the above will result in service errors.

   ⚠️ **IMPORTANT NOTE:** Warnings and Errors must be resolved before a service can be moved from "Show" status to "Complete" status. When the error or warning is user related the user must

resolve the issue timely for the service to record accurately and be processed for invoicing and claiming.

8. **Mode of Delivery (Required)** – Select the appropriate option. e.g. Telephone, Video/Conference, and Other. **NOTE**: This will identify the appropriate modifier for telehealth services.
   NOTE: Scroll all the way to the right and select a Mode of Delivery for each service.

9. **Save (Required)** – Click [Save] to create these services at once. Use of the save button will save all records on the page where the checkbox is checked. If the checkbox is still **blue**, the record is not saved, and the services can be updated.

![Batch Service Entry screenshot]

IMPORTANT **NOTE:** Use the SAVE button only after you have completed all your data entry in this screen. If you need to enter more services, you can enter additional lines and use the SAVE button again. Once the record is saved you can no longer edit the service line in this screen.

NOTE: Be sure to save, prior to using the "Previous" and "Next" buttons on the bottom of page. Not selecting save will result in the below confirm message. If you select "Yes" all the service entries recorded will not be saved. **Not saving prior to navigating to the next page will result in the below error message.**
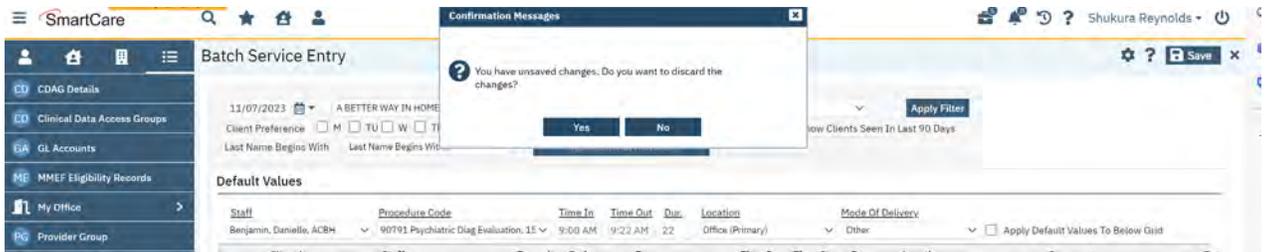
NOTE: If a checkbox is grey , this indicates the record has been saved successfully. You <u>cannot</u> do any edits once you save. When you need to make an edit, you will have to go to the single service entry screen to make the edits.
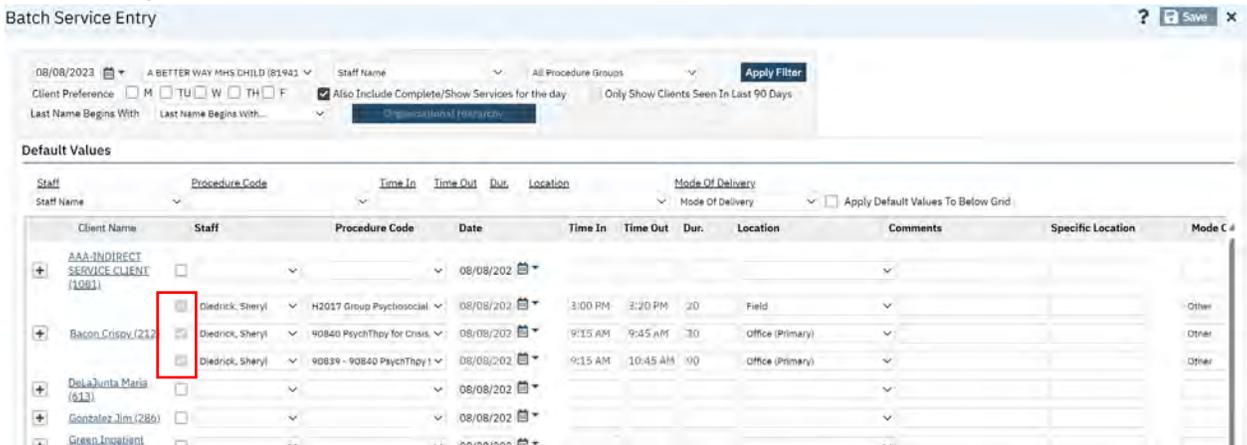
NOTE: Each service line will need to pass all field validations.

NOTE: Remember that you cannot edit a record in this screen after you have already entered and saved it. Any editing or error corrections will need to happen in the Service Detail Screen.

Batch Entry Screen Field Requirement Errors and Warnings

The Batch Entry screen does not have a validation button. However, there are validation checks configured in each of the required fields on the Batch Service screen.

Field Requirement Errors and Warnings will reflect upon entering data in field and/or when the user is trying to and record the service. Below is a list of errors and warning messages which may appear when recording services in the Batch Service screen.

1. Please select Staff Name
2. Please select Procedure
3. Please Enter Start Time
4. Please select Mode of Delivery *(this will only occur if the procedure is set to require this value)*
5. Please select Location
6. Please enter Total Duration
7. Please enter a valid duration

IMPORTANT Warnings and Errors must be resolved before a service can be moved from "Show" status to "Complete" status. When the error or warning is user related the user must resolve the issue timely for the service to record accurately and be processed for invoicing and claiming.

Errors and Warnings on the Batch Service entry Screen will appear either on top of the Filter section with a red X and description message and/or in the Service Line section next to the Staff field with a red! exclamation mark.

IMPORTANT NOTE: This screen does not offer the ability to modify or review Billing Diagnosis Codes. In addition, the Batch Service Screen does not provide the functionality for services that require Add-On Codes, Attending Physicians information, Entry or tracking of Travel Time, Face-to-Face Time, and Documentation time.

Should a service record require any of the above information, once you have saved the service record using the Batch Entry Screen, return to the Service (My Office) List Page, Filter for the service record, and use the Service Detail screen to update the service record with the applicable information.

See below steps to modify services entered and saved on the Batch Services screen using the Service Detail screen.

1.) Click on the magnifying glass and type Service (My Office)

2.) The Services (My Office) List Page will display. Use the filter area to search for your service record. Select the **Apply Filter** button.
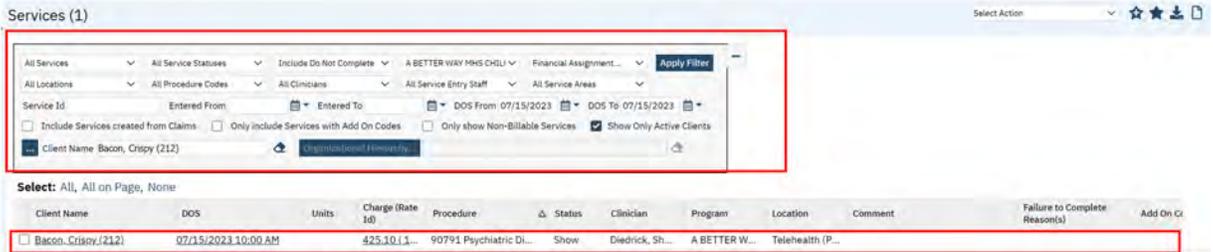
3.) Select the hyperlink under the DOS column in the Services (My Office) List Page Area. This will open the service on the Service Detail Screen.
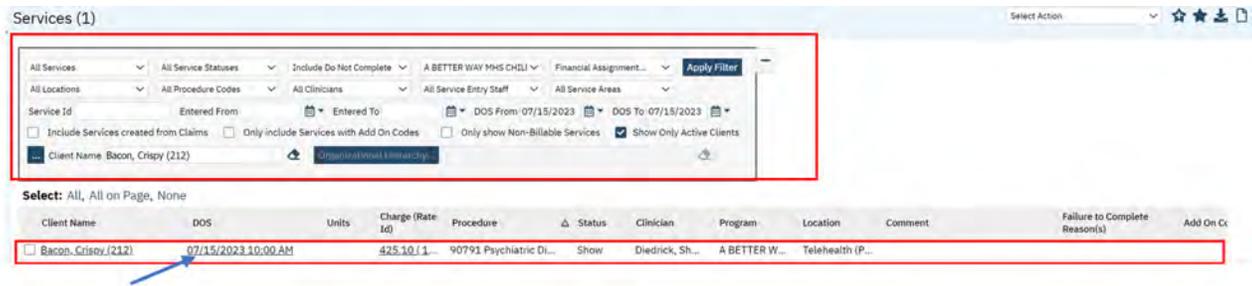
4.) Depending on the applicable update e.g. Diagnosis Billable Code modification, Add-On Code, etc., Follow the Steps as detailed in Chapter 5 pertaining to the Service Detail Screen.
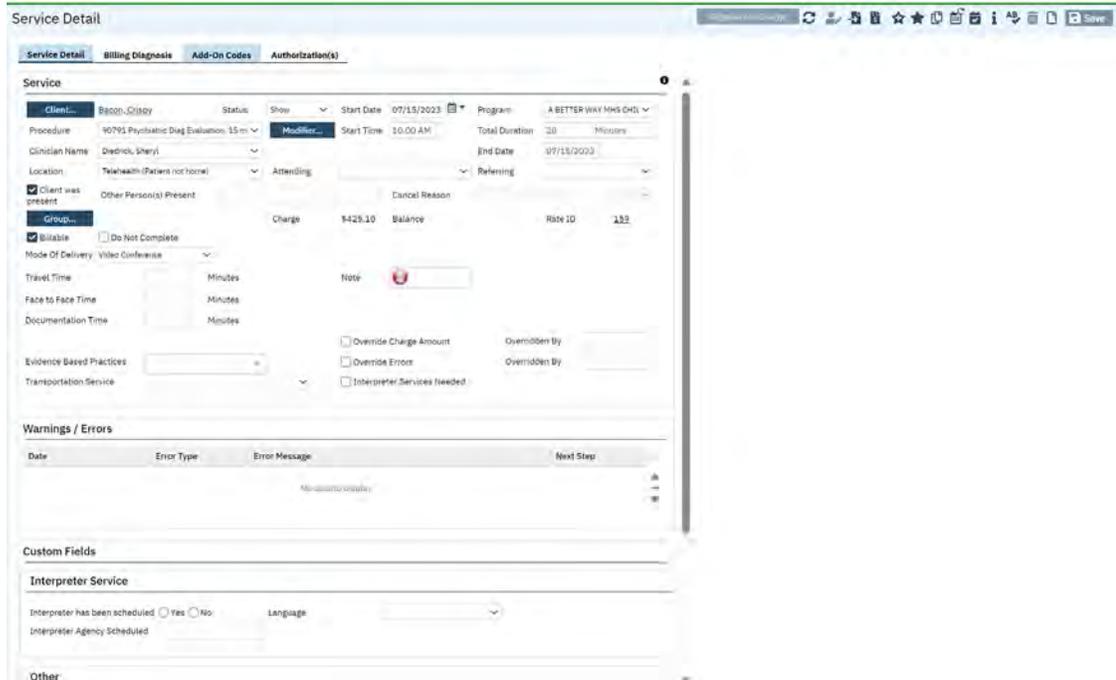
5.) Once the service has been updated, Select Save **Save** to record the changes.

Chapter 8: Services (My Office) List Page

The Services (My Office) List Page has several functionalities. These Functionalities Include:

1. **Generate a "New" and/or Modify a Service Record** (as previously explained in Chapter 5 of the Service Entry Manual)
   a. Edit or modify services in "Show" Status that have not been "Completed", select, and edit from the list page.
   b. View completed services.
   c. Review services uploaded from Clinician's Gateway.

2. **Reporting Tool**
   a. The Services (My Office) List page will replace INSYST MHS 442 Daily Service Audit Listing and MHS 696 Monthly Client Services Listing Reports. The filter section allows the users to search for data in real-time.
   b. Use the list page to query on certain search parameters to display service information for the users CDAG group. Information can be filtered and sorted.

3. **Troubleshoot Common Service Records Errors and Warnings**
   o Research and Review Service Errors and Warnings.

This section will discuss the Services (My Office) List Page as a reporting tool. The next chapter will discuss how to troubleshoot common service record errors and warnings using the Services (My Office) List Page.

Services (My Office) List Page Reporting Functionality

The Services (My Office) List page will replace the legacy systems MHS 442 and MHS 696 Reports. The filters allow the users to search for data in real-time. Use the list page to query on certain search parameters to display service information for the users CDAG group. Information can be sorted and exported to Excel as a CSV file.

To access service information on the Services (My Office) List Page for reporting purposes follow the below steps.

1.) Click on the magnifying glass and type and select Service (My Office)
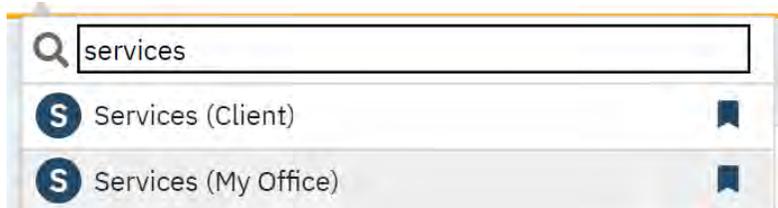
2.) The Service (My Office) List Page will display
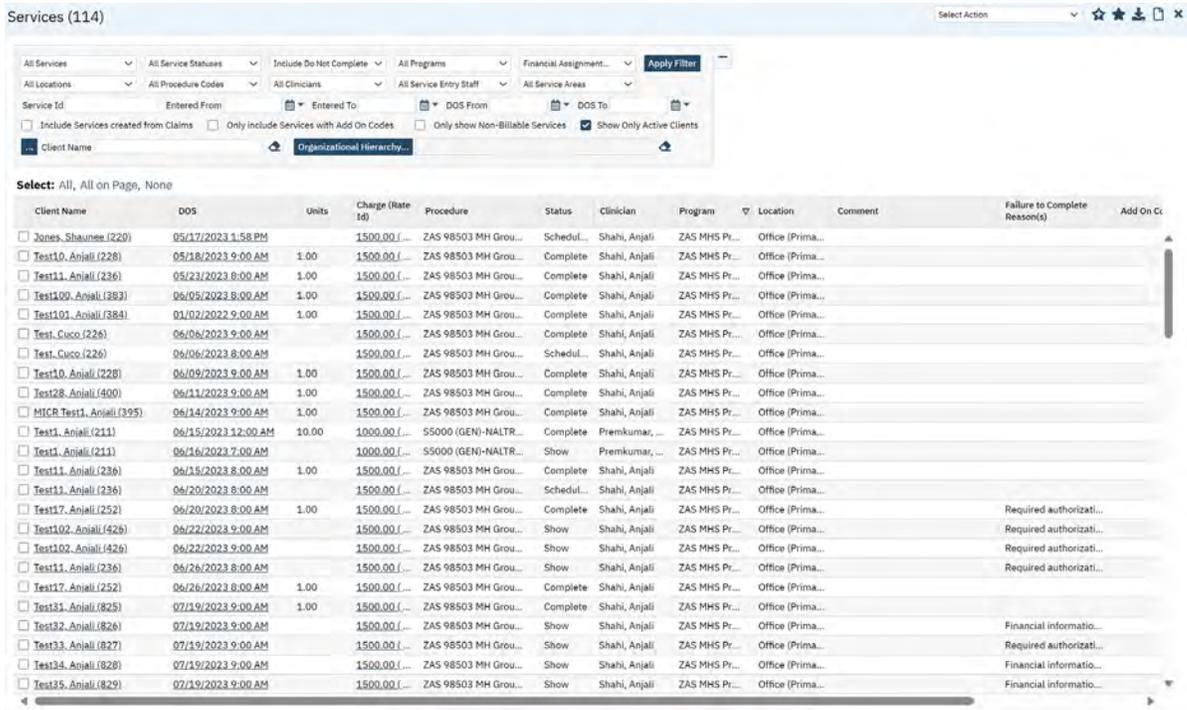
3.) Use the filter area to query and search for service records. When all applicable filters have been set. Select the **Apply Filter** button. The data in the list area will refresh to reflect within the filter criteria.

Services (My Office) List Page Filters

The below tables list the Services (My Office) List Page filters and has a brief description of their purpose.

Filter	Purpose/Description
All Services	Filters the list Page by service error and warning messages
All Service Statuses	Filters the list page by service status e.g. "Show", "Complete", "Error" etc.
Include Do Not Complete	N/A not using this filter/functionality currently.
All Programs	Filters the list page by the Users CDAG Security Assigned Programs
Financial Assignment	Filters the list page by the Clients Coverage Plan
All Locations	Filters the list page by Service Location
All Procedure Codes	Filters the list page by Procedure code
All Clinicians	Filters the list page by Staff providing the service
All Service Entry Staff	N/A
All Service Areas	N/A
Service Id	Filters the list page by system generated unique service identifier assigned when saving a service record

Entered From/ Entered To	Filters the list page by SmartCare Service entry date stamp, using date ranges
DOS From/DOS To	Filters the list page by SmartCare Service entry Start date, using date ranges
Include Services Created for Claims	N/A
Only Service with Add-On Codes	Filters the list page by services with Add-On Codes ONLY
Only Show Non-Billable Services	Filters the list page by "Non-Billable" services
Show Only Active Clients	Filters the list page by active clients with the program enrollment status of enrolled
Client Name	Filters the list page for the clients' services ONLY

IMPORTANT NOTE: Some list pages will default filter selections. It is recommended to always check your filter area and update your selections prior to selecting the ![Apply Filter] button.

The return values and data will be displayed in the List Area table (see below example).

The number in parentheses next to the title of the screen ![Services (4)] informs on how many service records met your filter criteria.

To collapse the filter area, select the — icon next to the Apply Filter button. To expand the filter area, select the + icon.

Use the ◆ icon to delete the field information.

The ⬇ icon allows the user to export the information to Excel as a CVS file.

Use the ☆ ★ icons to setup favorite filters or to access saved filters to used frequently.

Service (My Office) List Page Data Table Columns and Return Values

The below tables list the Services (My Office) list area data columns, with a brief description of their purpose. Once the user has selected the applicable filters, review the service record information. The data table has 15 columns of information.

Data Column	Purpose/ Description
Client Name and Status Action Check box	Display the Client name and Client ID. By Selecting the action check, the user can update a service status using the list page.
DOS (Date of Service)	Display the service record date and start time. Clicking the hyperlink in DOS column will open the service detail screen for that service.
Units	Identifies the number of units used for this Service. NOTE: This identifies the duration unit specified on the General tab in the Entered As field for this procedure code.
Procedure	Displays the procedure code and description performed during that service.
Group Note	N/A
Charge ID	N/A
Status	The status of the Service ("Show", "Completed", "Errored")
Clinician/Provider	Displays the clinician/provider that provided the Service.
Program	Displays the program of service
Location	Displays the location where the Service was delivered
Comment	Displays Comments from both the Batch Service Screen and the Service Detail Screen
Failure to Complete Reason	Displays if the service record has any error messages or warnings, found during service validation checks and/or the service completion process
Add-On Code	Displays the services Add-On Code(s), when applicable
Group Name	N/A
Telehealth	N/A

NOTE: Data field columns can be sorted in ascending or descending order by double clicking in the right-hand corner of the column header field.

Use the **Select: All, All on Page, None** options to adjust how many records are viewed in the list area at a given time.

The user can filter and research service records as needed and necessary using the Services (My Office) List Page. Next learn how to identify and address service record errors and warnings.

Chapter 9: Troubleshooting Common Service Issues

Earlier in the manual we displayed the service entry workflow diagram and discussed the system requirements for ensuring successful service entry. This Chapter discusses how to identify services that have error messages and warnings upon validation checks and service completion processing.

Before services can be recorded the client must be registered and enrolled in the program providing the service on the service date and have a signed diagnosis document.

When a service is entered into the SmartCare system it will be placed into "Show" status. "Show" status indicates that the service was delivered. The SmartCare system will run a nightly service completion process. The service completion process validates the service and checks the service for any service completion errors or warnings. Services that have error messages or warnings will remain in "Show" status until all errors and warnings are addressed and corrected.

Services that meet system setup requirements and have no validation errors or warnings, will move from a "Show" status to a "Complete" status (similar to the INSYST service posting workflow) and generate a charge. When a service is in "Complete" status and a charge is generated, it can no longer be altered and/or changed.

Once the charge is generated and the service status is "Complete", an additional nightly process runs to validate and check the charge for any claiming error messages or warnings. Charges that have error messages or warnings will remain in a "Complete" status until all claiming errors and warnings are addressed and corrected. Charges that meet system setup requirements and have no claiming validation errors or warnings, will move from "Complete" status to "Ready to Bill" status for claim submission. Charges are then claimed to the State by ACBH.

Common Service Entry Validation Errors

Here are some frequently encountered validation errors during Service Entry and Completion Processing:

Error Type ID	Service Completion Error and Warning Messages
4401	This procedure requires a clinician to be specified for the service.
4403	Unable to find a matching rate for the selected procedure.
4404	Billing diagnosis required for completing the service
4406	Authorization is required
4407	Auth requested but not approved
4410	Financial information has not been completed for this client.
4411	Duration does not match DateTime In/DateTime Out.
4412	End Date does not equal Start Date.
4413	Duration cannot be negative.
4414	Service Date/Time does not match Time In/Time Out.
11127444	Please enter valid Start Time
11127445	Please enter valid Duration
11127446	Please enter valid End Time
11134507	Pregnancy Indicator is required

11134508	Pregnancy Indicator does not match the value set on the Claim.
11134509	Emergency Indicator cannot be set as "No"
11136057	Pregnancy Indicator cannot be set as "No" or "N/A"

Once the user has addressed the error and/or warning message, the service will remain in "Show" status until the next scheduled nightly "Completion" processing is done. The service will go through the same validation checks and balances as previously done to ensure the error is corrected and the service can then be moved from "Show" to "Complete" status.

Service Entry Setup

The Service entry process is generally straightforward and automated. However, certain circumstances may necessitate manual intervention. Incomplete or incorrectly entered information can result in claims or charges remaining on list pages without clearance or payment.

The following is a compilation of frequently encountered issues, accompanied by troubleshooting tips for each major step.

Client Record Issues:

1. General: Client lacks Name, **HOME** Address, or SSN under Client Information
2. Gender must be entered under Demographics.

Service Entry Issues:

If you are experiencing issues with the Service, some of the most common issues are:

1. For a Service to complete, the service date must be today's date, or earlier and the status must be "Show". Select the location and program before entering a procedure and other service information.
2. Service Status must be "Show" to being the billing process.
3. The Service must include entries in the Staff, Procedure, Program, Location, Date and Duration fields. Mode of Delivery and Pregnancy Indicator. And Emergency Indicator as applicable.
4. If Programs do not populate, ensure the staff member is entered in the Clinician field and is assigned to Programs under Staff detail and the Client is enrolled in a corresponding program.
   a. That the Procedure Code is not listed under "These codes are not billable to this plan" rule.
   b. That the Service Area for the Plan matches the Service Area for the Program.
5. The Status remains "Show" after other troubleshooting, and you cannot progress to complete.
   a. Open the Service Detail by selecting the Date of service hyperlink from the Service list page. View the reasons that the service will not complete in the section near the bottom.

Using the Services (My Office) List Page to Research and troubleshoot Errors and Warnings

 To use the Service (My Office) List Page to Research and Troubleshoot Errors and Warnings follow the below steps.

1.) Click on the magnifying glass and type Service (My Office)

2.) Apply Applicable filters as needed. Once all filters are set, select **Apply Filter** button.
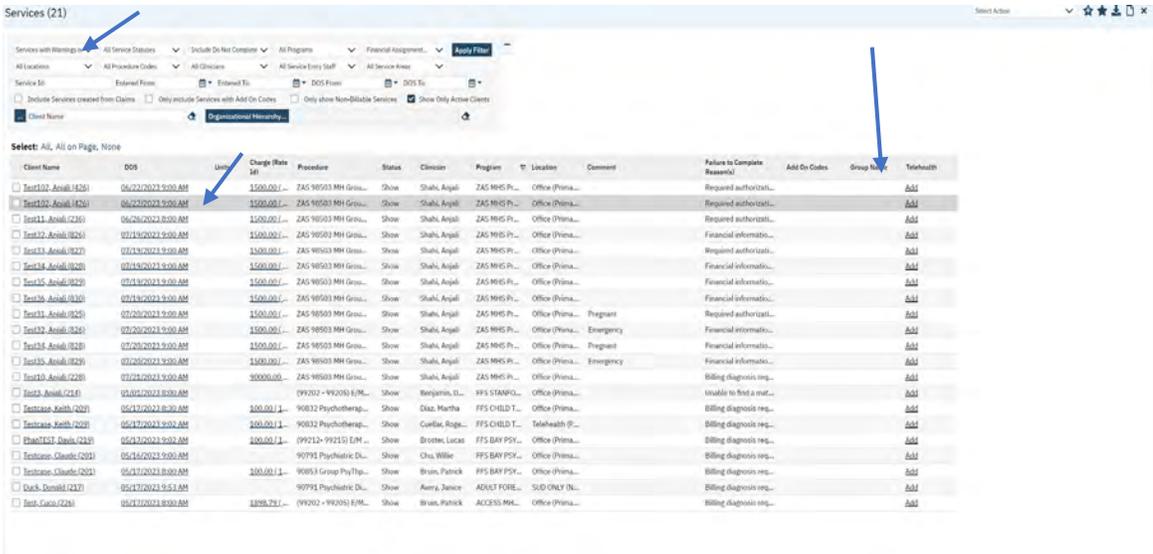
3.) Review the data in the list page area, research the service record by clicking on the hyperlink in the DOS data column.

4.) Once in the service record, correct and modify the service to address the error or warning message.

5.) Once the error message is corrected. Resave ![Save] the service in "Show" Status, The service will be revalidated and rerun through the service completion process during the next scheduled job.

Erroring Out Service Records

When a user enters a service record in error in SmartCare, use the service detail screen to update the service records status to "Error".

To update a service records status to "Error" follow the below steps.

1.) Click on the magnifying glass and type Service (My Office)

2.) Apply Applicable filters as needed. Once all filters are set, select **Apply Filter** button.

3.) Review the data in the list page area, research the service record by clicking on the hyperlink in the DOS data column. The service record will open.
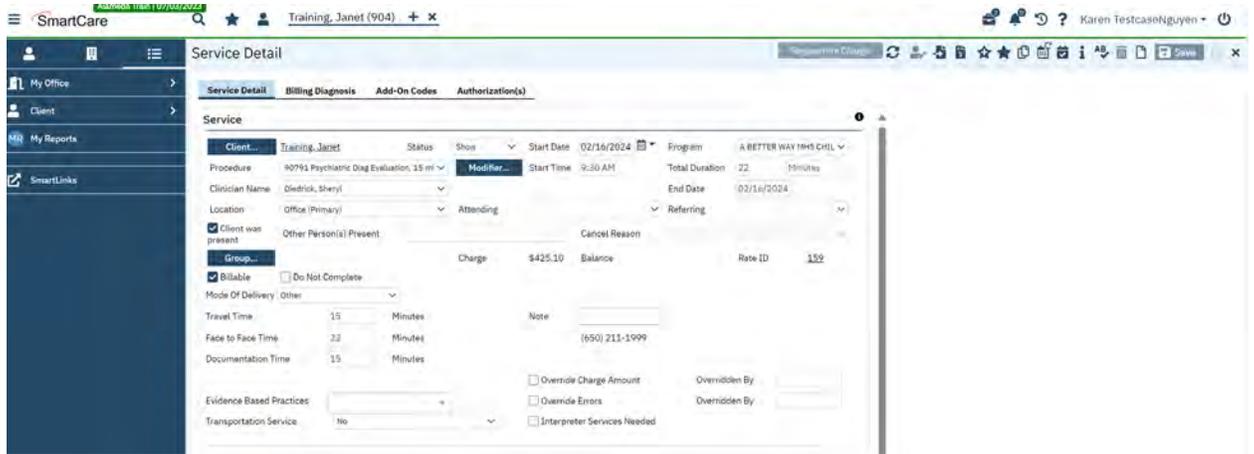
4.) Once in the service record, update the service status to "Error"
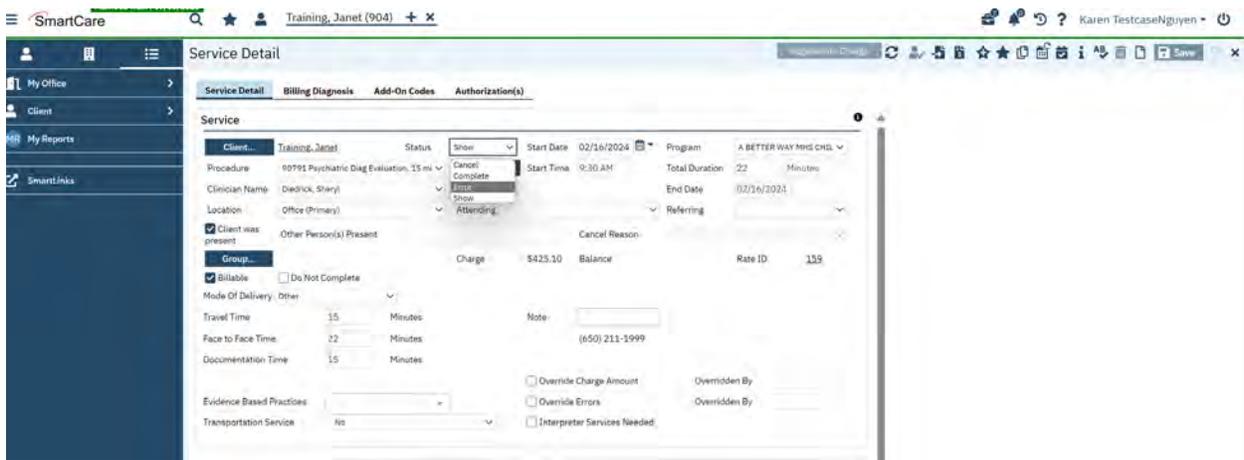
5.) Once complete select Save to update the service record.
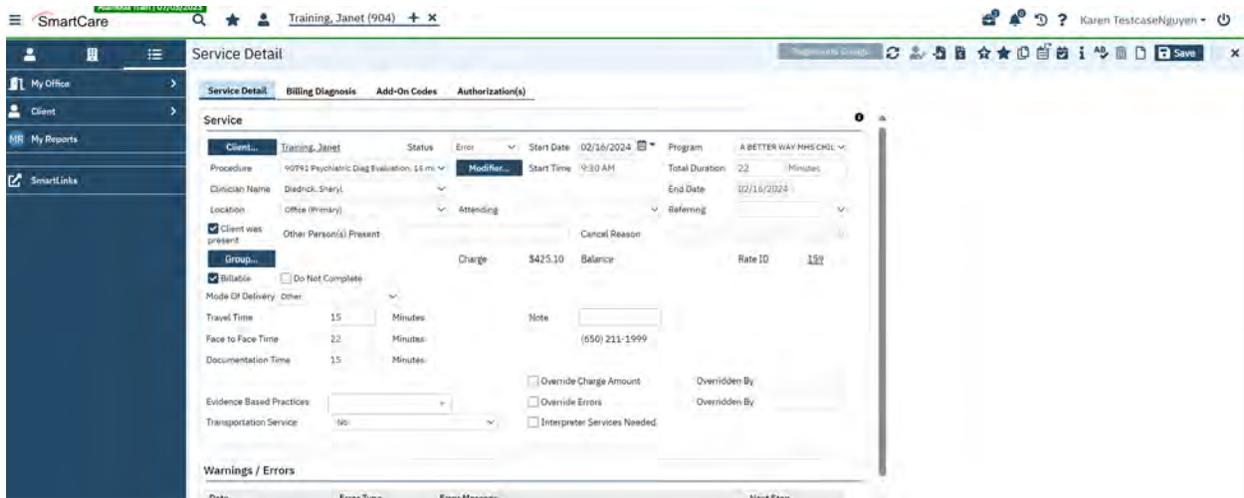
SmartCare Service Entry Appendix

SmartCare Service Details Data Dictionary

#	Field	Description	Type	Default Values	Required	Notes
1	Client	Client who is enrolled in the program and receiving the service	Hyperlink	Last Name, First Name	Y	Opens Client Information
2	Status	Status of the service	Dropdown	Show	Y	Needs to be set to show by service entry staff. Do not change/ select any other status.
3	Start Date	This is the date of completing the service	Realtime Calendar	Current Date - Default	Y	Program Enrollment
4	Program	This is a program that the client is enrolled, and where clinician and data entry staff work.	Dropdown	Open Enrollments	Y	Clinician and data entry staff must have staff record linked to program, and Client must be enrolled into the program
5	Procedure	Procedure that has been mapped to the program, and that the clinician is degreed to provide the service.	Dropdown	Allowed Procedures	Y	Program must be allowed to provide the service, and clinician must have the appropriate discipline/degree allowed for the service.
6	Modifier	Modifier required by Procedure Code	Button	Select Modifiers	N/Y Situational	
7	Start Time	Start time of the service	Text Field	None	Y	
8	Total Duration	Total duration of the service	Text Field	None	Y	
9	End Date	End date of the service	Read only field	This will be as same as the start date	Y	

10	Clinician Name	This is the clinician who has performed this service.	Dropdown	Staff List	Y	Clinician providing the service
11	Location	Location of the service	Dropdown	None	Y	
12	Attending	Attending or Supervising Staff.	Dropdown	None	N/Y for Student Services	students/trainees must have an Attending selected.
13	Referring	Referring Provider	Dropdown	N/A	Do Not Use	
14	Client was Present	Client Presence	Checkbox	N/A	Y-Default	Do Not Use/Change
15	Other Person(s) Present	Other person (s) present at time of service	Text Field	N/A	Do Not Use	
16	Cancel Reason	Scheduled Appointment was cancelled. Will only display if status is cancelled.	Dropdown		Do Not Use	Do Not Use/Change
17	Group	Hyperlink	Pop up to select a group for MH/SUD	None	N	Do Not Use/Change
18	Charge	Charges for the service	Hyperlink	Charge Amount	Do Not Use	Procedure code
19	Balance	Balance on the service	Read only	None	Do Not Use	Procedure code
20	Rate ID	Rate ID for the procedure code	Hyperlink	None	Do Not Use	Procedure code
21	Billable	Billable service	Text Field	None	N	Do not change for direct services
22	Do Not Complete	Do Not Complete	Text Field	None	N	Do not change
23	Mode of Delivery	Setting of service delivery	Dropdown	Face-to-Face Other Telephone Video Conference	Y	
24	Travel Time	Travel Time	Text Field	None	N	
25	Face to Face Time	Face to Face Time	Text Field	None	N	

26	Documentation Time	Documentation Time	Text Field	None	N	
27	Emergency Indicator	Indicate if service is an emergency	Dropdown	Yes No	Y – for Crisis Services Only	
28	Note	Note specific to the client like retroactive Medi-Cal.	Hyperlink	N/A	Do Not Use	
29	Evidence Based Practices	N/A	Dropdown	N/A	Do Not Use	
30	Transportation Service	Transportation Service	Dropdown	From Client Location To Client Location Round Trip No N/A	Do Not Use	
31	Comments	Comments or Notes about the service	Text	Blank	N	
32	Pregnancy Indicator	Indicate if Client is pregnant or not at the time of service	Radio Button	Yes No	Y	
33	Override Charge Amount	N/A	Checkbox	None	Do Not Use for Service Entry	PB: Do Not Use/Change
34	Override Errors	N/A	Checkbox	None	Do Not Use for Service Entry	PB: Do Not Use/Change
35	Interpreter Services Needed	N/A	Checkbox	None	Do Not Use for Service Entry	PB: Do Not Use/Change
36	Overridden By	N/A	Text Field	None	Do Not Use for Service Entry	PB: Do Not Use/Change
37	Overridden By	N/A	Text Field	None	Do Not Use for Service Entry	PB: Do Not Use/Change
38	Warnings/Errors	Service completion errors	Columns	None		Service Completion errors, not

					service entry errors
39	Custom Fields	Interpreter has been scheduled	Radio Button	Yes No	Do Not Use	
40	Custom Fields	Interpreter Agency Scheduled	Text Field	None	Do Not Use	

SmartCare Service Modifier – DHCS Modifier Definitions

Modifier: 27 (Multiple Outpatient Hospital Evaluation and Management (E/M) Encounters on the Same Date)

Definition

For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding modifier 27 to each appropriate level of outpatient and/or emergency department E/M code(s). This modifier provides a means of reporting circumstances involving evaluation and management services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (e.g., hospital emergency department, clinic).

When to Use

Use this modifier, as appropriate, to override those lockout codes that can be overridden with a modifier. The lockout codes that can be overridden are listed in Column K, "Outpatient Overridable Lockouts with Appropriate Modifiers" and have ** next to them in the DHCS Specialty Mental Health Service Table (Revised 1/2024) and listed in the "Lockout" column in the Drug Medi-Cal ODS – Medi-Cal Billing Manual (Revised 6/2023) Service Table(s). DHCS Link: MedCCC - Library (ca.gov)

This modifier needs to be used even if the over-ridable lockout combinations were provided by that same provider to the same beneficiary in different settings because when SDMC is determining whether two services cannot be billed together (i.e., are "locked out"), it compares the service code billed only to previously approved service codes on the submitted claim and in the beneficiary's history. If two service codes cannot be billed together, whichever code is processed second will be denied.

Codes/Code Types This Modifier Applies To

This modifier will only be used with:

- CPT codes that are part of an over-ridable lockout combination

Modifier: 59 (Distinct Procedural Service)

Definition

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

When to Use
Use this modifier, as appropriate, to override those lockout codes that can be overridden with a modifier. The codes that can be overridden have * or ** next to them in Column K (Outpatient Overridable Lockouts with Appropriate Modifiers) in the DHCS Specialty Mental Health Service Table (Revised 1/2024) and listed in the "Lockout" column in the Drug Medi-Cal ODS – Medi-Cal Billing Manual (Revised 6/2023) Service Table(s). DHCS Link: MedCCC - Library (ca.gov)

This modifier is also to be used by any appropriate professional to override a 24-hour or day duplicate services lockout for S9484 (crisis stabilization). Do not use this code for crisis intervention. This modifier may be used by a licensed, pre-licensed or otherwise qualified healthcare professional employed by the county and/or contracted provider. This does not mean that if a provider performs an outpatient service while a patient is in a crisis stabilization unit, they can submit a separate claim for that service. Doing so would cause the service to be denied. These modifiers need to be used even if the over-ridable lockout combinations were provided by that same provider to the same beneficiary in different settings because when SDMC is determining whether two services cannot be billed together (i.e., are "locked out"), it compares the service code billed only to previously approved service codes on the submitted claim and in the beneficiary's history. If two service codes cannot be billed together, whichever code is processed second will be denied.

Codes/Code Types This Modifier Applies To
This modifier will be used with:

• CPT codes that are part of an over-ridable lockout combination

• S9484 – Crisis Stabilization

Modifier: 76 (Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional)

Definition
It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service.

When to Use

Use this modifier to override 24-hour or day duplicate services lockout for S9484 (crisis stabilization). Do not use this code for crisis intervention. This modifier may be used by a licensed, pre-licensed or otherwise qualified healthcare professional employed by the county and/or contracted provider.

Codes/Code Types This Modifier Applies To

This modifier will be used with:

- S9484 – Crisis Stabilization

Modifier: 77 (Repeat Procedure by Another Physician or Other Qualified Health Care Professional)

Definition

It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. Note: This modifier should not be appended to an evaluation and management service.

When to Use

Use this modifier to override 24-hour or day duplicate services lockout for S9484 (crisis stabilization). Do not use this code for crisis intervention or any other outpatient service. This modifier may be used by a licensed, pre-licensed or otherwise qualified healthcare professional employed by the county and/or contracted provider. This does not mean that if a provider performs an outpatient service while a patient is in a crisis stabilization unit, they can submit a separate claim for that service. Doing so would cause the service to be denied.

Codes/Code Types This Modifier Applies To

This modifier will be used with:

- S9484 – Crisis Stabilization

Modifier: XE (Separate encounter)

Definition

A service that is distinct because it occurred during a separate encounter.

When to Use

Use this modifier, as appropriate, to override those lockout codes that can be overridden with a modifier. The codes that can be overridden are listed in column K, "Outpatient Overridable Lockouts with Appropriate Modifiers" and have * or ** next to them. The lockout codes that can be overridden are listed in Column K, "Outpatient Overridable Lockouts with Appropriate Modifiers" and have ** next to them in the DHCS Specialty Mental Health Service Table (Revised 1/2024) and listed in the "Lockout" column in the Drug Medi-Cal ODS – Medi-Cal Billing Manual (Revised 6/2023) Service Table(s). DHCS Link: MedCCC - Library (ca.gov)

These modifiers need to be used even if the over-ridable lockout combinations were provided by that same provider to the same beneficiary in different settings because when SDMC is determining whether two services cannot be billed together (i.e., are "locked out"), it compares the service code billed only to previously approved service codes on the submitted claim and in the beneficiary's history. If two service codes cannot be billed together, whichever code is processed second will be denied.

Codes/Code Types This Modifier Applies To
This modifier will be used with CPT codes that are part of an overridable lockout combination.

Modifier: XP (Separate practitioner)

Definition
A service that is distinct because it was performed by a separate practitioner.

When to Use
Use this modifier, as appropriate, to override those lockout codes that can be overridden with a modifier. The codes that can be overridden are listed in column K, "Outpatient Overridable Lockouts with Appropriate Modifiers" and have * or ** next to them in the DHCS Specialty Mental Health Service Table (Revised 1/2024) and listed in the "Lockout" column in the Drug Medi-Cal ODS – Medi-Cal Billing Manual (Revised 6/2023) Service Table(s). DHCS Link: MedCCC - Library (ca.gov)

These modifiers need to be used even if the over-ridable lockout combinations were provided by that same provider to the same beneficiary in different settings because when SDMC is determining whether two services cannot be billed together (i.e., are "locked out"), it compares the service code billed only to previously approved service codes on the submitted claim and in the beneficiary's history. If two service codes cannot be billed together, whichever code is processed second will be denied.

Codes/Code Types This Modifier Applies To
This modifier will be used with CPT codes that are part of an overridable lockout combination.

Modifier: XU (Unusual non-overlapping service)

Definition
The use of a service that is distinct because it does not overlap usual components of the main service.

When to Use
Use this modifier, as appropriate, to override those lockout codes that can be overridden with a modifier. The codes that can be overridden are listed in column K, "Outpatient Overridable Lockouts with Appropriate Modifiers" and have * or ** next to them in the DHCS Specialty Mental Health Service Table (Revised 1/2024) and listed in the "Lockout" column in the Drug Medi-Cal ODS – Medi-Cal Billing Manual (Revised 6/2023) Service Table(s). DHCS Link: MedCCC - Library (ca.gov)

These modifiers need to be used even if the over-ridable lockout combinations were provided by that same provider to the same beneficiary in different settings because when SDMC is determining whether two services cannot be billed together (i.e., are "locked out"), it compares the service code billed only to

previously approved service codes on the submitted claim and in the beneficiary's history. If two service codes cannot be billed together, whichever code is processed second will be denied.

Codes/Code Types This Modifier Applies To

This modifier will be used with CPT codes that are part of an overridable lockout combination.

Common Service Entry Validation Errors

Here are some frequently encountered validation errors during Service Entry and Completion Processing:

Error Type ID	Service Completion Error and Warning Messages
4401	This procedure requires a clinician to be specified for the service.
4403	Unable to find a matching rate for the selected procedure.
4404	Billing diagnosis required for completing the service
4406	Authorization is required
4407	Auth requested but not approved
4410	Financial information has not been completed for this client.
4411	Duration does not match DateTime In/DateTime Out.
4412	End Date does not equal Start Date.
4413	Duration cannot be negative.
4414	Service Date/Time does not match Time In/Time Out.
11127444	Please enter valid Start Time
11127445	Please enter valid Duration
11127446	Please enter valid End Time
11134507	Pregnancy Indicator is required
11134508	Pregnancy Indicator does not match the value set on the Claim.
11134509	Emergency Indicator cannot be set as "No"
11136057	Pregnancy Indicator cannot be set as "No" or "N/A"