PROGRESS NOTE CORRECTIONS FOR CLINICAL STAFF

Share of Cost/UMDAP:
Share of Cost/UMDAP may impact a program's ability to make progress note corrections. In most situations, once Share of Cost is cleared, a program will need to follow instructions below as if the encounter has been claimed to the State.

Billing Activity:
If you identify an encounter that is final approved and has billing activity but has not claimed to Medi-Cal, please contact MHBU for instructions.

Billing Void, Replaces, and Deletion:
Refer to the Financial Billing Manual for additional instructions when submitting the Void, Replace, or Deletion forms.

TABLE OF CONTENTS

Introduction to Individual Progress Notes

Individual Progress Notes within CCBH have distinct portions which connect the narrative of the note with an encounter (service), as well as objectives in the client plan. Due to the connection between different portions of the product, making corrections to any portion of the note can be different depending on the status of each of the areas.

The progress note correction process will take collaboration amongst administrative staff, MHBU, Optum Support Desk and clinical users. Please make sure all staff who touch encounters or progress notes have access to the correction packet for reference.

Individual Progress Note FAQ Basics

When can a progress note be deleted?
- A progress note may be deleted only before it is final approved. Once the note is final approved it may not be deleted. Voiding the note is the only option. Voided progress notes will always remain in the system and will show as "VOIDED." If you want to view voided progress notes, please review your filter settings and change accordingly.

What can I change on a progress note and when?
- Once a note is final approved, nothing can be changed. If you need to update the narrative, enter a never-billable note to add the correct information. If you need to update the encounter, a void & replicate with the Optum Support Desk would be necessary.
- The encounter includes all aspects of the service: client assignment, service time, travel time and documentation time, as well as the billing indicators and diagnoses (DAS). Once an encounter has been batched (or pulled for billing) with the MHBU, no portion of the encounter can be changed. Users must wait for the original encounter to be paid or denied by the State and then void, delete, or replace with the MHBU.
- The date of the encounter and selected client cannot be changed once the progress note is opened. Double check the client name and the date of encounter before doing any data entry.

What can I do to prevent the need to void a progress note?
- Double check the client name and the date of encounter before doing any data entry.
- Double check the intervention at the time you enter it into the encounter AND if it is a planned encounter, make sure to select it in the Related Client Plan section of the progress note.
- Double check the server, billing indicators, assignment, and diagnoses (DAS). Do not save the encounter until you have verified the correct server, billing indicators, assignment and diagnosis (DAS).
- Double check the content of the progress note. Make sure it supports the intervention and service entry. Do not final approve the note until you have verified all the encounter information and the content of the note. Only final approve when you are certain the note is complete.

What needs to be checked before I request a progress note to be voided or void & replicated?
- Check to see if the note is final approved. If it is not final approved, it may be deleted or edited. If it is final approved, a void or void & replicate may be necessary.
- Check with your administrative staff to check the billing status. If the encounter has been batched or is paid or denied, the encounter may not be edited. If it is still unclaimed, users may call the Optum Support Desk to void/void & replicate the note.
- If you have questions on any of the corrections process, call the Optum Support Desk BEFORE you try to fix it on your own.

It's determined a progress note correction is needed...

Administrative staff check the claim status

Unclaimed

Identify the type of error

↓

Call the Optum Support Desk to Void or Void & Replicate the Progress Note

↓

Follow the steps on the matrix to complete the correction process

Claimed

Enter a 998 service utilizing the same form number/ encounter ID

↓

Run 998 report to monitor the status of the claim

↓

Once the service is paid/ denied, submit appropriate form to MHBU

↓

Once you have been notified from MHBU the VOID/Replace has been processed, delete the 998 service

↓

Notify the clinical staff the correction is ready to be completed

Paid/Denied

Submit appropriate form to MHBU

↓

Once you have been notified from MHBU the VOID/Replace/deletion has been processed, notify the clinical staff the correction is ready to be completed

↓

Follow the steps on the matrix for type of error to complete the correction process

↓

If needed, call the Optum Support Desk to Void or Void & Replicate the Progress Note

↓

Follow the steps on the matrix to complete the correction process

---

Legend

Clinical

Administrative

This will be the process for MOST progress note corrections, please consult the matrix or the Support Desk before making any edits.

PROGRESS NOTE CORRECTION MATRIX ~ Progress Note Users

This matrix is used to identify which appendix to use for PN corrections.
Do not use this in place of the appendix instructions! This matrix does not include important items in the appendices. Using the matrix you should work from left to right.

TYPE OF ERROR	Billing Status — UNCLAIMED	Billing Status — CLAIMED / PAID / DENIED	PN INSTRUCTION APPENDIX TO USE	CONSULT WITH ADMIN STAFF FOR BILLING STATUS	ADMIN STAFF NOTIFIES YOU NOTE IS READY FOR CORRECTION	CALL THE OPTUM SUPPORT DESK	VOID ENCOUNTER	REMOVE ENCOUNTER	UNLINK OBJECTIVE (if planned)	VOID & REPLICATE ENCOUNTER	EDIT ENCOUNTER	EDIT PN	RE ENTER CORRECT ENCOUNTER	RE ENTER NON BILLABLE SERVICE CODE	ENTER INFO PROGRESS NOTE
Encounter did not occur	Y	Y	2	1	2	3									
Wrong client chart/Wrong date of encounter	Y	Y	2	1	2	3									
Duplicate progress note & encounter	Y	Y	2	1	2	3									
Change encounter to never billable activity (clerical, etc)	Y	Y	2	1	2	3									4
Change non-billable service code to an informational progress note	Y		2			1									2
Wrong or insufficient information in client narrative	Y	Y	3	CONTACT QI MATTERS @ QIMatters.HHSA@sdcounty.ca.gov for questions											
Wrong billing indicator which affects billing (Lockouts, No-Show, DAS)	Y		4	1	2	3				4	5				
Wrong billing indicator which affects billing (Lockouts, No-Show, DAS)		Y	5	1	2	3		4						5	
Wrong billing indicator which does NOT affect billing	Y		4	1	2	3				4	5				
Wrong billing indicator which does NOT affect billing		Y	7	1											2
Wrong service code	Y		6	1	2	3	4		5				6		
Wrong service code		Y	7	1	2										3
Time data entry error	Y		4	1	2	3				4	5				
Time data entry error		Y	7	1	2										3
No active client plan	Y		6	1	2	3	4		5					6	
No active client plan		Y	5	1	2	3		4	5					6	
Change service code to non-billable service code	Y		6	1	2	3	4		5					6	
Change service code to non-billable service code		Y	5	1	2	3		4	5					6	

BASIC CORRECTION STEPS Refer to applicable appendix for complete instructions — Progress Note Users

NOTES

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

Appendix 1 – Delete/edit progress note and encounter - progress note is not final approved.

Appendix 2 – Void progress note and encounter

Appendix 3 – Enter a never-billable progress note

Appendix 4 – Keep the progress note and edit the encounter

Appendix 5 – Keep the progress note, but remove and reenter the encounter

Appendix 6 – Keep the progress note, but void and reenter the encounter

Appendix 7 – Enter an informational progress note

The following pages will outline specific scenarios and will direct you to the correct action steps. Each of the action steps are outlined step by step in the appendix and are meant to walk you through the process. If at ANY time you cannot move forward with the included instructions, please contact the Optum Support Desk for assistance. ***If an encounter is non-Medi-Cal or has billing activity (such as share of cost or other health coverage), contact MHBU for specific instructions.***

Encounter did not occur
If the encounter documented did not occur and was entered in error and the note is:

Not final approved (Appendix 1):
- Delete the progress note. This will delete the progress note and encounter at the same time.

Final approved (unclaimed/claimed/paid/denied) (Appendix 2):
- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period if the encounter has been claimed, paid or denied.
- Once the corrections are complete, the administrative staff will let you know to call the Optum Support Desk to void the progress note.

Wrong client chart/Wrong date of encounter
If the wrong client chart or the wrong date of encounter was selected and the note is:

Not final approved (Appendix 1):
- Delete the progress note. This will delete the progress note and encounter at the same time.

Final approved (unclaimed/claimed/paid/denied) (Appendix 2):
- Print a copy of the progress note so you may re-enter it in the correct client chart or on the correct date of service.
- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period if the encounter has been claimed, paid or denied.
- Once the corrections are complete, the administrative staff will let you know to call the Optum Support Desk to void the progress note.
- Be sure to enter your new note in the correct chart or on the correct date.

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

Not final approved (Appendix 1):
- Delete the progress note. This will delete the progress note and encounter at the same time.

Final approved (unclaimed/claimed/paid/denied) (Appendix 2):
- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period if the encounter has been claimed, paid or denied.
- Once the corrections are complete, the administrative staff will let you know to call the Optum Support Desk to void the progress note.

Change encounter to never billable activity

If never-billable activity (for example: clerical, payee service such as completing forms, filing CPS/APS reports, leaving a voice message or faxing information) was provided and the note is:

Not final approved (Appendix 1):
- Delete the progress note. This will delete the progress note and encounter at the same time.
- Re-enter the information as an informational progress note.

Final approved (unclaimed/claimed/paid/denied) (Appendix 2):
- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period if the encounter has been claimed, paid or denied.
- Once the corrections are complete, the administrative staff will let you know to call the Optum Support Desk to void the progress note.
- Re-enter the information as an informational progress note.

Change non-billable service code to an informational progress note

If a never-billable activity such as leaving a message or faxing a report is added to an individual progress note with a non-billable service code (800 series), and the note is:

Not final approved (Appendix 1):
- Delete the progress note. This will delete the progress note and encounter at the same time.
- Re-enter the information as an informational progress note.

Final approved (unclaimed) (Appendix 2- skip to step 4):
- Call the Optum Support Desk to void the progress note.
- Re-enter the information as an informational progress note.

The non-billable codes' series will always be in their original state- never claimed or paid/denied. Therefore, you will never submit a Void Service Request to the MHBU.

Wrong or insufficient information in the client narrative

If there is wrong or insufficient information in the client narrative (for example: incomplete documentation, blank narratives, a different client's full name is mentioned):

Not final approved (Appendix 1):
- Double click on the client narrative to open the narrative for editing. Complete any needed edits.

Final approved (Appendix 3):
- Enter a never-billable progress note to add the missing/correct information.
- Contact QI Matters @ QIMatters.hhsa@sdcounty.ca.gov for any questions.

Wrong billing indicator which affects billing (Lockouts, No-Show, DAS)

If the encounter has a wrong billing indicator which affects billing such as it was provided during a lock out, client was a no show and it is not indicated, or service has a wrong diagnosis attached and the note is:

Not final approved (Appendix 1):
- Double click on the encounter to open the encounter for editing. Change the appropriate indicator and final approve the note as normal.

Final approved (unclaimed) (Appendix 4):
- Contact your administrative support staff to check the billing status.
- Call the Optum Support Desk to void & replicate the progress note.
- Void & Replicate the encounter. Change the appropriate indicator and final approve the note as normal.

Final approved (claimed/paid/denied) (Appendix 5):
- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period if the encounter has been claimed, paid or denied.
- Once the corrections are complete, the administrative staff will let you know to call the Optum Support Desk to void & replicate the progress note.
- Note the existing encounter information. It will need to be re-entered.
- **Remove** the existing encounter.
- Re-enter the encounter using the correct indicator and final approve the note as normal.

Wrong billing indicator which does NOT affect billing

If the encounter has a wrong billing indicator which does NOT affects billing such as, scheduled vs not scheduled or language used and the note is:

Not final approved (Appendix 1):
- Double click on the encounter to open the encounter for editing. Change the appropriate billing indicator(s) and final approve the note as normal.

Final approved (unclaimed) (Appendix 4):
- Contact your administrative support staff to check the billing status.
- Call the Optum Support Desk to void & replicate the progress note.
- Void & Replicate the encounter. Change the appropriate indicator and final approve the note as normal.

Final approved (claimed/paid/denied) (Appendix 7):
- Enter an informational progress note, using the same date of encounter, to document the error and the correct billing indicators.

Wrong service code:

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

Not final approved (Appendix 1):
- If the existing service code was a planned encounter, unlink the intervention and objective in the "Related Client Plan."
- Double click on the encounter to open the encounter for editing. Input the correct service code and save the encounter.
- If the new service code is also a planned encounter, re-link to the correct intervention and objective in the "Related Client Plan."

Final approved (unclaimed) (Appendix 6):
- Contact your administrative support staff to check the billing status.
- Call the Optum Support Desk to void & replicate the progress note.
- Note the existing encounter information. It will need to be re-entered.
- **Void** the existing encounter.

- If the existing service code was a planned encounter, unlink the intervention and objective in the "Related Client Plan." If the new service code is also a planned encounter, re-link to the correct intervention and objective in the "Related Client Plan."
- Re-enter the entire encounter using the correct service code and save the encounter. Final approve the note as normal.

Final approved (claimed/paid/denied) (Appendix 7):
- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period if the encounter has been claimed, paid or denied.
- Once the corrections are complete, the administrative staff will let you know.
- Enter an informational progress note, using the same date of encounter, to document the error and the correct service. Your administrative staff will have it fixed on the back end with the MHBU.

Time data entry error:
This correction should not be used to fix unsubstantiated time. It should only be used to fix a data entry error when, the amount of time entered on the encounter portion is greater than the time documented within the content of the narrative and the note is:

Not final approved (Appendix 1):
- Double click on the encounter to open the encounter for editing. Edit the time data error and final approve the note as normal.

Final approved (unclaimed) (Appendix 4):
- Contact your administrative support staff to check the billing status.
- Call the Optum Support Desk to void & replicate the progress note.
- Void & Replicate the encounter. Edit the time data error and final approve the note as normal.

Final approved (claimed/paid/denied) (Appendix 7):
- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period if the encounter has been claimed, paid or denied.
- Once the corrections are complete, the administrative staff will let you know.
- Enter an informational progress note, using the same date of encounter, to document the error and the correct time. Your administrative staff will have it fixed on the back end with the MHBU.

No active client plan:
If an encounter is documented and not covered by an active client plan (when a client plan is required) and the note is:

Not final approved (Appendix 1):
- If the existing service code was a planned encounter, unlink the intervention and objective in the "Related Client Plan."
- Double click on the encounter to open the encounter for editing. Input the correct service code (800 series- non-billable) and save the encounter. Remember service, travel and documentation time, as well as billing indicators will reflect the actual encounter that took place.

Final approved (unclaimed) (Appendix 6):
- Contact your administrative support staff to check the billing status.
- Call the Optum Support Desk to void & replicate the progress note.
- Note the existing encounter information. It will need to be re-entered.
- **Void** the existing encounter.
- If the existing service code was a planned encounter, unlink the intervention and objective in the "Related Client Plan."
- Re-enter the entire encounter using the correct service code (800 series- non-billable) and save the encounter. Remember service, travel and documentation time, as well as billing indicators will reflect the actual encounter that took place. Final approve the note as normal.

Final approved (claimed/paid/denied) (Appendix 5):
- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period if the encounter has been claimed, paid or denied.
- Once the corrections are complete, the administrative staff will let you know to call the Optum Support Desk to void & replicate the progress note.
- Note the existing encounter information. It will need to be re-entered.
- **Remove** the existing encounter.
- If the existing service code was a planned encounter, unlink the intervention and objective in the "Related Client Plan."
- Re-enter the entire encounter using the correct service code (800 series- non-billable) and save the encounter. Remember service, travel and documentation time, as well as billing indicators will reflect the actual encounter that took place. Final approve the note as normal.

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

Not final approved (Appendix 1):
- If the existing service code was a planned encounter, unlink the intervention and objective in the "Related Client Plan."
- Double click on the encounter to open the encounter for editing. Input the correct service code (800 series- non-billable) and save the encounter. Remember service, travel and documentation time, as well as billing indicators will reflect the actual encounter that took place.

Final approved (unclaimed) (Appendix 6):
- Contact your administrative support staff to check the billing status.
- Call the Optum Support Desk to void & replicate the progress note.
- Note the existing encounter information. It will need to be re-entered.
- **Void** the existing encounter.
- If the existing service code was a planned encounter, unlink the intervention and objective in the "Related Client Plan."
- Re-enter the entire encounter using the correct service code (800 series- non-billable) and save the encounter. Remember service, travel and documentation time, as well as billing indicators will reflect the actual encounter that took place. Final approve the note as normal.

Final approved (claimed/paid/denied) (Appendix 5):
- Contact your administrative support staff to check the billing status.
- Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period if the encounter has been claimed, paid or denied.
- Once the corrections are complete, the administrative staff will let you know to call the Optum Support Desk to void & replicate the progress note.
- Note the existing encounter information. It will need to be re-entered.
- **Remove** the existing encounter.
- If the existing service code was a planned encounter, unlink the intervention and objective in the "Related Client Plan."
- Re-enter the entire encounter using the correct service code (800 series- non-billable) and save the encounter. Remember service, travel and documentation time, as well as billing indicators will reflect the actual encounter that took place. Final approve the note as normal.

Multiple Scenarios:

Lastly, if a progress note contains more than one of the above factors contact the Optum Support Desk for assistance.

Progress note is not final approved – the entire progress note and encounter can still be edited or deleted if the note is not yet final approved.

To delete the entire progress note:
- Select "Delete" in the ribbon.
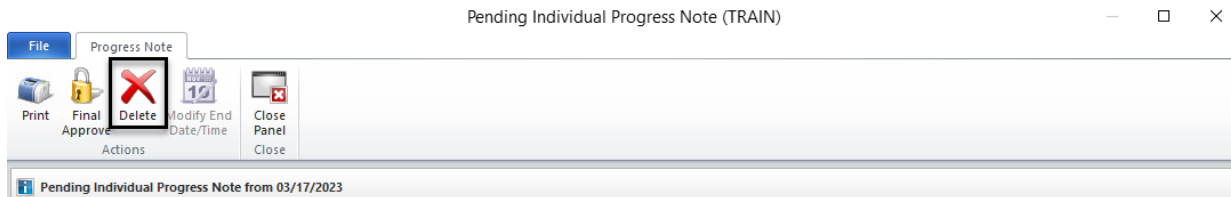
- A message will appear confirming the deletion. Click "Yes"; the progress note and encounter will both be deleted.
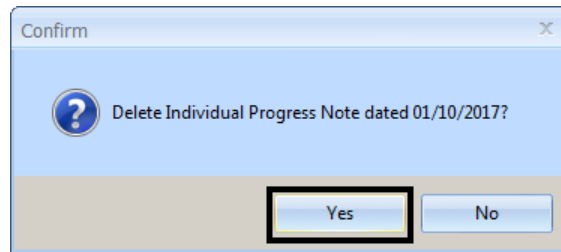
To edit the client narrative:

- Double click on the "Client Narrative" to open the narrative for editing. The narrative box will become yellow when you are able to type into it.
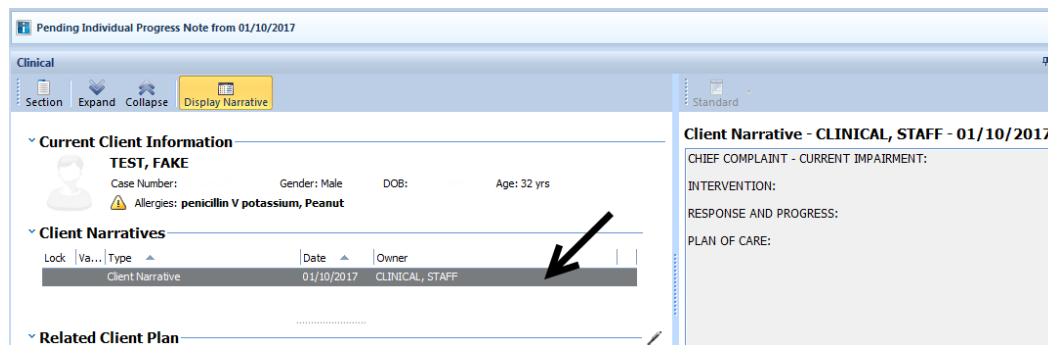
- Complete any needed edits to the client narrative and then select the save icon.

Client Narrative - CLINICAL, STAFF - 01/10/2017

CHIEF COMPLAINT - CURRENT IMPAIRMENT: Client presented for his sessions well groomed and appropriately dressed. He reports that he is continuing to have difficulty sleeping and is still not very focused at work. Client continues to deny suicidal and homicidal ideation. He reported that his daughter is now having difficulty at school which is adding more stress to his life.

To edit the encounter:
- Select the "Encounters" pane and double click on the encounter line that needs editing.

- Complete any needed edits to the service code, service time, travel time, documentation time, assignment, billing indicators, DAS, EBP and select "Save."**

**Reminder: If you are changing the service code of a planned encounter, you must unlink the objectives/intervention in the "Related Client Plan" first, and save. If you are changing the service code to a different planned encounter, after you have updated the encounter, you must re-link the objective/interventions in the "Related Client Plan", and save. See Appendix 5, page 2 for more detail.

Void the progress note and the encounter- it is possible that the entire note and encounter need to be voided. This can occur in the following situations:

- ✓ Encounter did not occur
- ✓ Wrong client chart
- ✓ Wrong date of encounter
- ✓ Duplicate progress note and encounter
- ✓ The encounter should have been entered as NEVER billable activity (I.E. informational note)
- ✓ The non-billable service code should have been entered as an informational note
  - *If you have a non-billable service code that needs to be an informational note, skip to step 4. Non-billable 800 series codes are never claimed.*

1. Contact your administrative support staff to check the status of the billing.
2. Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period if the encounter has been claimed, paid or denied.
3. Once the admin's process is complete, the administrative staff will let you know.
4. Call the Optum Support Desk to void the progress note.
5. **If necessary**, enter the information in an informational progress note, or re-enter the information into the correct client chart or on the correct date.

Complete a never billable note- it is possible that the encounter is fine but the client narrative is not. This can occur in the following situations:

✓ Wrong or insufficient information in the client narrative

1. Enter an informational note using the "Never-Billable Progress Note".
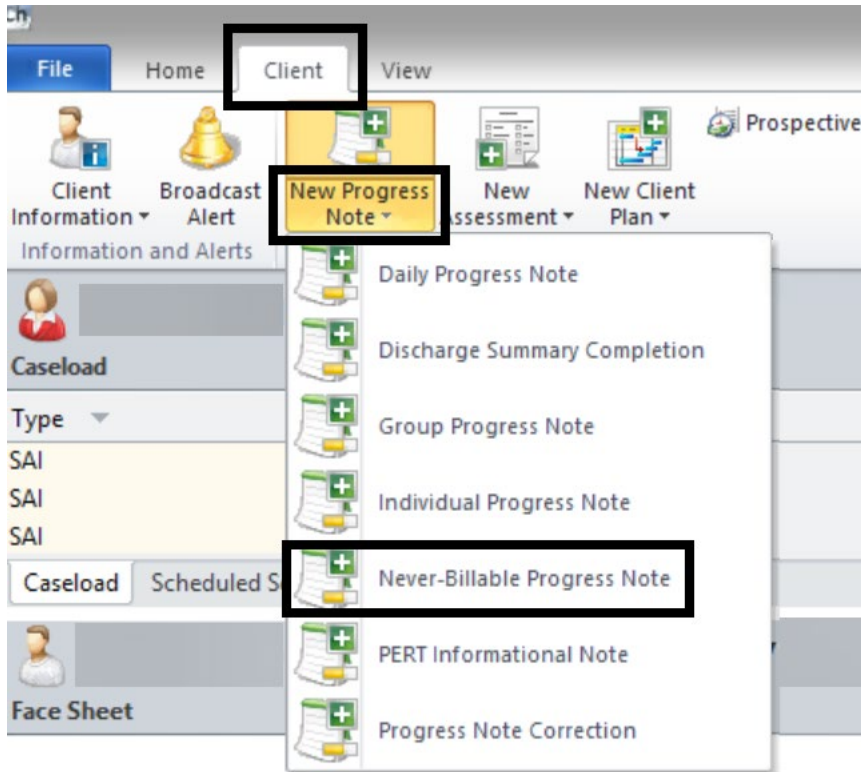
2. Enter the correct information and final approve the note the same day.
3. Contact QI Matters @ QIMatters.hhsa@sdcounty.ca.gov for any questions.

Keep the progress note and edit the encounter (NOT CLAIMED) - it is possible that only the encounter needs edits and the client narrative is fine. This can occur in the following situations:

- ✓ Wrong billing indicator which affects billing (Lockouts, No-Show, DAS)- when the encounter is **not** claimed
- ✓ Wrong billing indicator which does NOT affect billing- when the encounter is **not** claimed
- ✓ Time data entry error- when the encounter is **not** claimed

1. Contact your administrative support staff to check the status of the billing.
   - *If the encounter is claimed, paid or denied, please refer to the matrix for the applicable appendix.*
2. Call the Optum Support Desk to void and replicate the progress note.
3. Select the "Encounters" pane. Right click on the encounter, and select "Void and Replicate Encounter."
   - *This option will only be enabled after the note has been voided and replicated by the Optum Support Desk.*
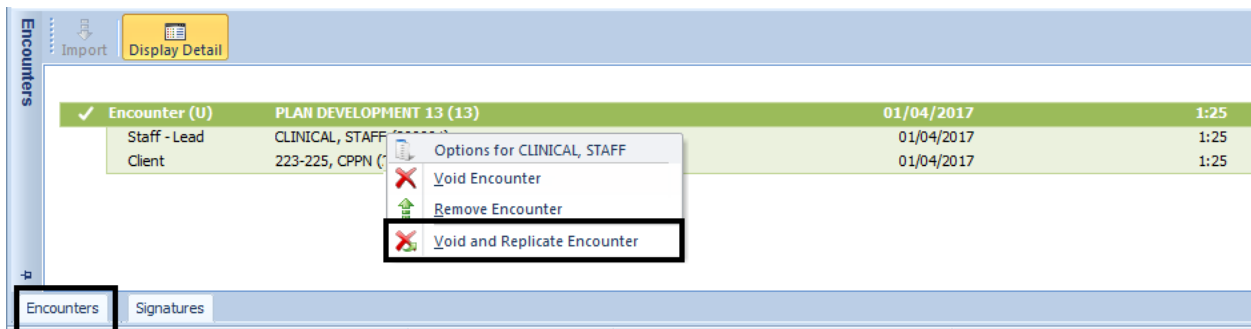
4. This will void the existing encounter and allow you to make a minor change. A confirmation box will appear; select "Yes."
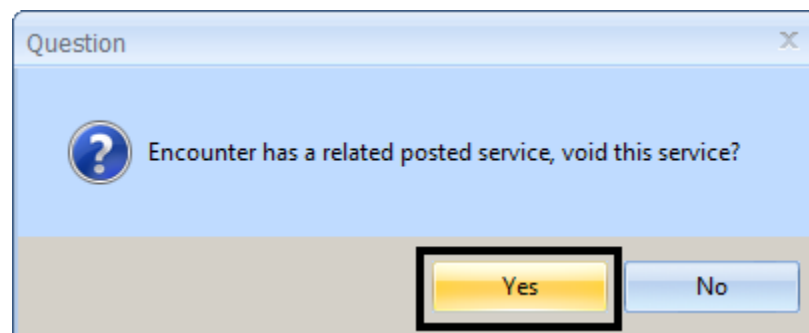
5. Complete any needed edits to the encounter and then select "Save."

6. Complete your edits the same day and final approve the note as normal. Co-Signatures will be needed again, if applicable.

Keep the progress note, but remove and reenter the encounter (CLAIMED/PAID/DENIED) - it is possible that the encounter needs to be reentered and the client narrative is fine. Removing the encounter will remove it from the progress note, but not void it from the system. Once any billing activity has taken place, the encounter can no longer be voided. The only option is to remove it. This can occur in the following situations:

- ✓ Wrong billing indicator which affects billing (Lockouts, No-Show, DAS) - when the encounter is claimed/ paid/ or denied
- ✓ No active client plan- when the encounter claimed/ paid/ or denied
- ✓ Change the service code to a non-billable service code- when the encounter is claimed/ paid/ or denied

1. Contact your administrative support staff to check the status of the billing.
2. Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period.
3. Once the admin's process is complete, the administrative staff will let you know.
4. Call the Optum Support Desk to void and replicate the progress note.
5. Note the existing encounter information. It will need to be re-entered.
6. Select the "Encounters" pane. Right click on the encounter and select "Remove Encounter."
   - *This option will only be enabled after the note has been voided and replicated by the Optum Support Desk.*
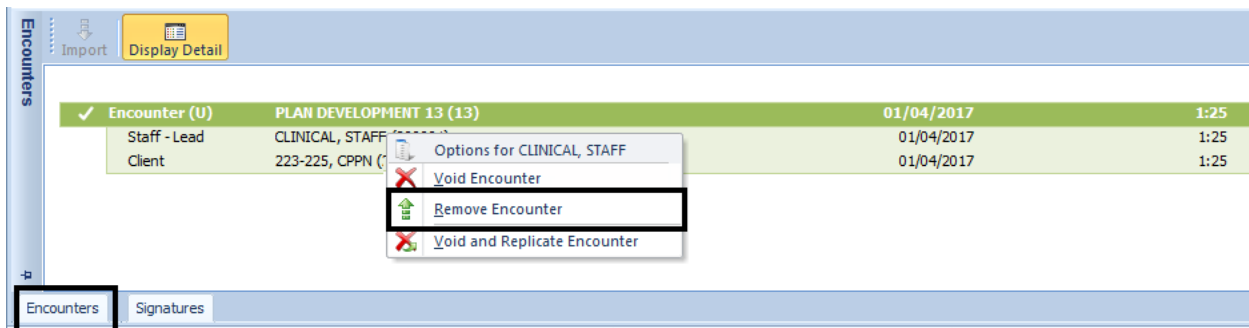
7. This will remove the existing encounter from the progress note. This will allow you to enter in a new encounter with the correct information. A confirmation box will appear; select "Yes."

8. If you are changing the service code of a planned encounter, you must unlink the objectives/intervention in the "Related Client Plan." Select the edit icon.

˅ **Related Client Plan** ———————————————————————————— ✏

   Client Plan - Client Plan

    Revision: 1.02   Start: 11/13/2016   End: 02/21/2017

   Intervention(s) ————————————   **Objective(s)** ————————————

    PLAN DEVELOPMENT 13 [13]   Reduce Individual Level of ... Physical Health Pro...

9. Unselect the intervention by clicking on the green check box.

˅ **Related Client Plan** ———————————————————————————— 💾

   Client Plan - Client Plan   ⟳

    Revision: 1.02   Start: 11/13/2016   End: 02/21/2017

   Intervention(s) ————————————   **Objective(s)** ————————— ☑

    ASSESSMNT PSYCHSOC INTERACT 9 [9]   ☑ Reduce Individual Level ... Physical Health P... ⁞⁞
    ASSESSMENT - PSYCHOSOCIAL 10 [10]
    PSYCHOLOGICAL TESTING 12 [12]
    CASE MGT/ BROKERAGE 50 [50]
    ☑ PLAN DEVELOPMENT 13 [13]
    PSYCHOTHERAPY - INDIVIDUAL 30 [30]
    MEDS EM MINIMAL PROBLEM 24 [24]

10. If you are changing the service code to a different **planned** encounter, you must re-link the objectives/intervention in the "Related Client Plan," and save. If the service code is being changed to an unplanned service code, including the 800 series codes, simply select the save icon.
    - If this step is not completed, the encounter will be considered 'Unplanned,' even if the service code is listed as an intervention in the client plan.

˅ **Related Client Plan** ———————————————————————————— 💾

   Client Plan - Client Plan   ⟳

    Revision: 1.02   Start: 11/13/2016   End: 02/21/2017

   Intervention(s) ————————————   **Objective(s)** ————————— ☑

    ASSESSMNT PSYCHSOC INTERACT 9 [9]   ⁞⁞
    ASSESSMENT - PSYCHOSOCIAL 10 [10]
    PSYCHOLOGICAL TESTING 12 [12]
    CASE MGT/ BROKERAGE 50 [50]
    PLAN DEVELOPMENT 13 [13]
    PSYCHOTHERAPY - INDIVIDUAL 30 [30]
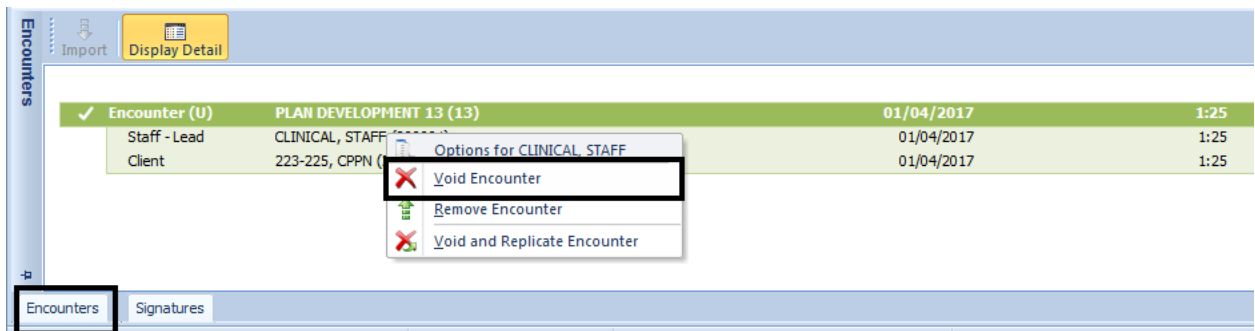   MEDS EM MINIMAL PROBLEM 24 [24]

11. Select the "Encounters" pane. Double click on the red line to reenter the encounter with the correct billing indicators and/or non-billable service code, as applicable. **If applicable**, ensure the 800 series non-billable service code is billed with the correct billing indicators and actual service, travel and documentation time.
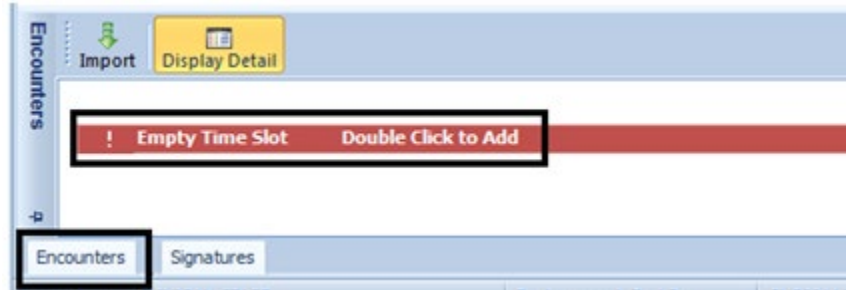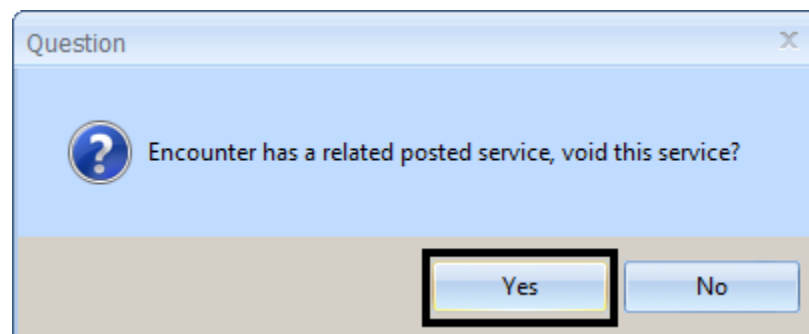

12. Complete your encounter entry the same day and final approve the note as normal. Co-Signatures will be needed again, if applicable.

Keep the progress note, but void and reenter the encounter (NOT CLAIMED) - it is possible that the encounter needs to be reentered and the client narrative is fine. Voiding the encounter will remove it from the system. Encounters are only able to be voided up until billing activity has taken place. This can occur in the following situations:

- ✓ Wrong service code- when the encounter is **not** claimed
- ✓ No active client plan- when the encounter is **not** claimed
- ✓ Change the service code to a non-billable service code- when the encounter is **not** claimed

1. Contact your administrative support staff to check the status of the billing.
2. Once the admin's process is complete, the administrative staff will let you know.
3. Call the Optum Support Desk to void and replicate the progress note.
4. Note the existing encounter information. It will need to be re-entered.
5. Select the "Encounters" pane. Right click on the encounter, and select "Void Encounter."
   - *This option will only be enabled after the note has been voided and replicated by the Optum Support Desk.*

6. This will void the existing encounter from the progress note. This will allow you to enter in a new encounter with the correct information. A confirmation box will appear; select "Yes."

7. If you are changing the service code of a planned encounter, you must unlink the objectives/intervention in the "Related Client Plan." Select the edit icon.

˅ **Related Client Plan** ⬚

  Client Plan - Client Plan

   Revision: 1.02   Start: 11/13/2016   End: 02/21/2017

  Intervention(s) ─────────────── **Objective(s)** ───────────────

   PLAN DEVELOPMENT 13 [13]   Reduce Individual Level of ... Physical Health Pro...

8. Unselect the intervention by clicking on the green check box.

˅ **Related Client Plan** ─────────────────────────── 💾

  Client Plan - Client Plan ⟳

   Revision: 1.02   Start: 11/13/2016   End: 02/21/2017

  Intervention(s) ───────────── **Objective(s)** ───────────── ☑

   ASSESSMNT PSYCHSOC INTERACT 9 [9]   ☑ Reduce Individual Level ... Physical Health P... ⠿
   ASSESSMENT - PSYCHOSOCIAL 10 [10]
   PSYCHOLOGICAL TESTING 12 [12]
   CASE MGT/BROKERAGE 50 [50]
  ☑ PLAN DEVELOPMENT 13 [13]
   PSYCHOTHERAPY - INDIVIDUAL 30 [30]
   MEDS EM MINIMAL PROBLEM 24 [24]

9. If you are changing the service code to a different **planned** encounter, you must re-link the objectives/intervention in the "Related Client Plan," and save. If the service code is being changed to an unplanned service code, including the 800 series codes, simply select the save icon.
   - *If this step is not completed, the encounter will be considered 'Unplanned,' even if the service code is listed as an intervention in the client plan.*

˅ **Related Client Plan** ─────────────────────────── 💾

  Client Plan - Client Plan ⟳

   Revision: 1.02   Start: 11/13/2016   End: 02/21/2017

  Intervention(s) ───────────── **Objective(s)** ───────────── ☑

   ASSESSMNT PSYCHSOC INTERACT 9 [9] ⠿
   ASSESSMENT - PSYCHOSOCIAL 10 [10]
   PSYCHOLOGICAL TESTING 12 [12]
   CASE MGT/BROKERAGE 50 [50]
   PLAN DEVELOPMENT 13 [13]
   PSYCHOTHERAPY - INDIVIDUAL 30 [30]
   MEDS EM MINIMAL PROBLEM 24 [24]

10. Select the "Encounters" pane. Double click on the red line to reenter the encounter with the correct billing indicators and/or non-billable service code, as applicable. **If applicable**, ensure the 800 series non-billable service code is billed with the correct billing indicators and actual service, travel and documentation time.
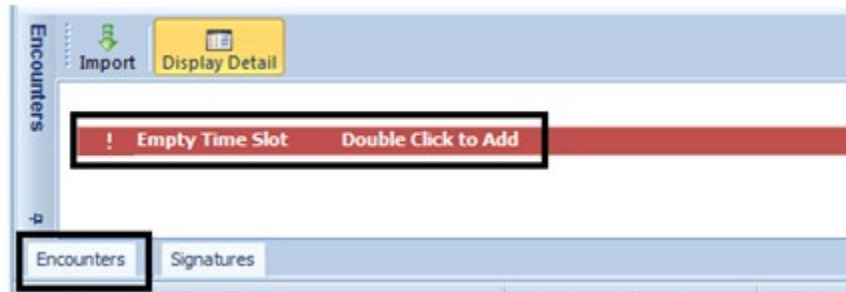
11. Complete your encounter entry the same day and final approve the note as normal. Co-Signatures will be needed again, if applicable.

Complete an informational note- it is possible that something is incorrect in the client narrative or within the encounter, but it does not require a correction to the original note. Some of the billing corrections are made on the back end between your administrative staff and the MHBU. This can occur in the following situations:

✓ Wrong billing indicator which does NOT affect billing- when the encounter is claimed/ paid/ denied
✓ Wrong service code- when the encounter is claimed/ paid/ denied
✓ Time data entry error- when the encounter is claimed/ paid/ denied

1. Contact your administrative support staff to check the status of the billing.
2. Your administrative support staff may have to work through their process to take care of the entered encounter. There will be a waiting period.
3. Once the admin's process is complete, the administrative staff will let you know.
4. Enter an informational progress note using the "Progress Note Correction" note.
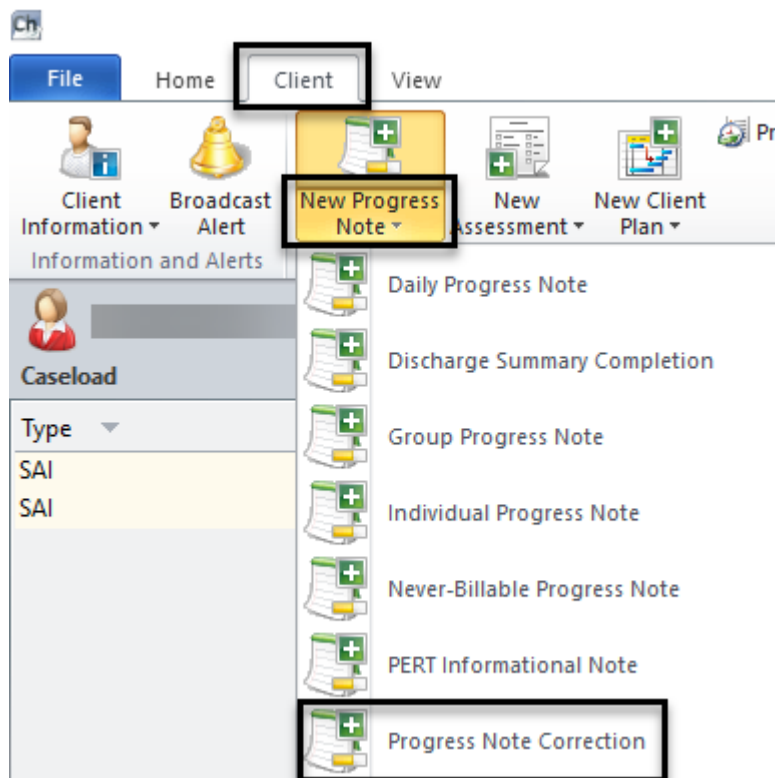
5. Complete your entry the same day and final approve the note as normal.