

BILLING – REPLACEMENT/VOID CLAIMS AND DELAY REASON CODES

CalMHSA Conference – November 2023

- Introduction(s) and Learning Objectives
- Processing Replacement Claims
- Processing Void Claims
- Delay Reason Codes

INTRODUCTION(S) AND LEARNING OBJECTIVES

- Introductions:
 - Jennie Brydon, Sr. Billing Business Analyst, Streamline Healthcare and Khristy Stephan, Sr. Implementation Coordinator, CalMHSA
- Learning Objectives:
 - Understand the difference between Rebill, Replacement and Void claims, and how to process each in SmartCare
 - Learn how to add Delay Reason Codes (DRC) to your claims for billing

REPLACEMENT AND VOID CLAIMS








How to find, mark and process Replacement and Void Claims in SmartCare

REBILL, REPLACEMENT AND VOID CLAIMS



- **Rebill:** A claim has been rejected or was never received by the payer, and needs to be submitted again as an original claim
- **Replacement:** A submitted claim has been corrected, and needs to be resubmitted to the payer
- **Void:** A claim was sent and now needs to be voided in the payer's system

HOW TO FIND BILLED CLAIMS





- Navigate to the Charges/Claims screen
- Set filters, including the “Show billed charges” filter

Charges/Claims (236) Select Action       

All Payer Types	All Payers	All Plans	Financial Assignment...	Apply Filter
All Charges (ready to bill or not)	All Priorities	All Programs	All Procedure Codes	
Show billed charges	All Service Area	Capitated/ Non Capitated	All Error Reasons	
All Locations	# of client statements since charge cre			

Charge Creation From  Charge Creation To  Claim Line Item ID Payer Claim #

Service ID Charge ID Process ID Batch

Client ID DOS From  DOS To  Processed From  Processed To 

Show charges with balance
 Show charges with credit balance
 Included Error Services
 Show charges in Internal Collections
 Exclude from Work Queue
 Not counted toward Work Queue Productivity
 Show charges with balances greater than zero
 Show \$0 Balance Paid Charges

Select: All, All on Page, None Charges Total \$0.00 Balance Total \$

Charge Id	Plan	Client Name	DOS	Clinician	Procedure Name	Charge	Code + Modifier(s)	Unbilled	Paid Amt	Bill Date	Flagged	Process	Batch	ClaimLine ItemId
<input type="checkbox"/> 921	Aetna	Inpatient, April (1...	04/19/2023 11:...	Brydon, Jennie	Ancillary Servi...	\$60.00	H0046			06/27/2023		358	319	468
<input type="checkbox"/> 12	Blue Cross	Timmerly, Teresa (...)	07/04/2022 12:...	Stephan, Khristy	Psychotherap...	\$78.30	H2015:HE			02/09/2023		244	210	291
<input type="checkbox"/> 155	Blue Cross	Timmerly, Teresa (...)	09/01/2022 12:...	Stephan, Khristy	Psychotherap...	\$156.60	H2015:HE			02/09/2023		243	209	290
<input type="checkbox"/> 157	Blue Cross	Timmerly, Teresa (...)	09/01/2022 12:...	Stephan, Khristy	Targeted Case...	\$60.60	T1017			01/25/2023		204	171	255
<input type="checkbox"/> 445	Blue Cross	Walter, David (115...	09/05/2022 08:...	Williams, LaQuita	Comprehensiv...	\$156.60	H2000			12/26/2022		168	138	218
<input type="checkbox"/> 1523	Blue Cross	Secondary, Payer (...)	10/24/2023 10:...	Stephan, Khristy	Psychotherap...	\$234.90	H2015:HE			11/01/2023		386	347	549
<input type="checkbox"/> 227	Blue Shield	Wilson, Kevin (103...	08/02/2022 04:...	Williams, LaQuita	Psychiatric Di...	\$156.60	90791			02/09/2023		311	278	438

MARKING A CLAIM LINE FOR REPLACEMENT

- The easiest way to mark charges that need to be submitted as a replacement claim is to use the “Select Action” menu on the Charges/Claims screen
- The action can be used for a single charge, or multiple charges at once
 - Select the charge(s) and then use the Select Action menu to select “Mark claim line To Be Replaced”

The screenshot displays the 'Charges/Claims (236)' interface. At the top, there are several filter dropdowns: 'All Payer Types', 'All Payers', 'All Plans', 'Financial Assignment...', 'All Charges (ready to bill or not)', 'All Priorities', 'All Programs', 'All Procedure Codes', 'Show billed charges', 'All Service Area', 'Capitated/ Non Capitated', 'All Error Reasons', and 'All Locations'. Below these are date pickers for 'Charge Creation From/To', 'Client ID', 'DOS From/To', and 'Processed From/To'. There are also checkboxes for various display options like 'Show charges with balance', 'Exclude from Work Queue', etc. A 'Select Action' dropdown menu is open on the right, listing various actions. The option 'Mark claim line To Be Replaced' is highlighted in yellow. At the bottom, a table shows a list of charges with columns for Charge Id, Plan, Client Name, DOS, Clinician, Procedure Name, Charge, Code + Modifier(s), Unbilled, Paid Amt, Bill Date, Flagged, Process, Batch, and ClaimLine ItemId. The first row is selected, and its 'Charge Id' (921) is circled in blue.

Charge Id	Plan	Client Name	DOS	Clinician	Procedure Name	Charge	Code + Modifier(s)	Unbilled	Paid Amt	Bill Date	Flagged	Process	Batch	ClaimLine ItemId
<input checked="" type="checkbox"/> 921	Aetna	Inpatient, April (1...	04/19/2023 11:...	Brydon, Jennie	Ancillary Servi...	\$60.00	H0046			06/27/2023		358	319	468

MARKING A CLAIM LINE FOR REPLACEMENT: CLAIM LINE ITEM DETAIL SCREEN

- A claim line can also be marked as to be replaced via the Claim Line Item Detail screen
- To do this, go to the “ClaimLineItemId” column on the Charges/Claims screen and select the claim line hyperlink
- Select the blue Override button, select the checkbox for “To Be Replaced” and Save

ClaimLine ItemId
468
291
290
255
218
549

Claim Line Item Detail

Claim Line Details | Claim Details | Contacts

Claim Line Details

Batch Id	<input type="text" value="210"/>	Payer Name	<input type="text" value="Commercial"/>	Original Claim Line Item Id	<input type="text"/>
Billing Code	<input type="text" value="H2015"/> <input type="text" value="HE"/> <input type="text"/>	Units	<input type="text" value="30.00"/>	Revenue Code	<input type="text"/>
Revenue Code Description	<input type="text"/>	Charge Amount	<input type="text" value="\$78.30"/>	Date of Service	<input type="text" value="07/04/2022"/>

To Be Voided Voided Claim Override

To Be Replaced Replaced Claim

Override

MARKING A CLAIM LINE AS A VOID

- The easiest way to mark charges that need to be submitted as a void claim is to use the “Select Action” menu on the Charges/Claims screen
- The action can be used for a single charge, or multiple charges at once
 - Select the charge(s) and then use the Select Action menu to select “Mark claim line To Be Voided”

Charges/Claims (236)

Charge Creation From Charge Creation To Claim Line Item ID Payer Claim #

Service ID Charge ID Process ID Batch

Client ID DOS From DOS To Processed From Processed To

Show charges with balance Show charges with credit balance Included Error Services Show charges in Internal Collections
 Exclude from Work Queue Not counted toward Work Queue Productivity Show charges with balances greater than zero
 Show \$0 Balance Paid Charges

Select Action

- Select Action
- Add Delay Reason
- Add Supplemental Information
- Add to External Collections
- Add to Internal Collections
- Batch Update Billing Code and Revenue Code
- Mark as Do Not Bill
- Mark as Flagged
- Mark as Rebill
- Mark claim line To Be Replaced
- Mark claim line To Be Voided
- Mark Ready to Bill
- Remove Flagged
- Remove from Do Not Bill
- Remove from Internal Collections
- Remove from Ready to Bill
- Remove from Rebill
- Remove from To Be Replaced
- Remove from To be Voided

Select: All, All on Page, None Charges Total \$60.00 Balance Total

Charge Id	Plan	Client Name	DOS	Clinician	Procedure Name	Charge	Code + Modifier(s)	Unbilled	Paid Amt	Bill Date	Flagged	Process	Batch	ClaimLine ItemId
<input checked="" type="checkbox"/> 921	Aetna	Inpatient, April (1...	04/19/2023 11:...	Brydon, Jennie	Ancillary Servi...	\$60.00	H0046			06/27/2023		358	319	468

MARKING A CLAIM FOR VOIDING

- A claim line can also be marked as to be voided via the Claim Line Item Detail screen
- To do this, go to the "ClaimLineItemId" column on the Charges/Claims screen and select the claim line hyperlink
- Select the blue Override button, select the checkbox for "To Be Voided" and Save

ClaimLine ItemId
468
291
290
255
218
549

Claim Line Item Detail

Claim Line Details | Claim Details | Contacts

Claim Line Details

Batch Id	209	Payer Name	Commercial	Original Claim Line Item Id	
Billing Code	H2015	HE		Units	60.00
Revenue Code Description		Charge Amount	\$156.60	Revenue Code	
<input checked="" type="checkbox"/> To Be Voided	<input type="checkbox"/> Voided Claim	Date of Service	09/01/2022	<input checked="" type="checkbox"/> Override	
<input type="checkbox"/> To Be Replaced	<input type="checkbox"/> Replaced Claim				

Override

PAYER CLAIM CONTROL NUMBER (PCCN)

- When sending a Replacement or Void Claim, the Payer Claim Control Number is required
- The PCN will automatically populate when an 835 remit file is processed
- For manual payments, the PCN will need to be manually added to the Payer Claim Control Number field

Claim Line Item Detail

Claim Line Details **Claim Details** Contacts

Claim Group

Claim LineItem Groups 286 Batch ID 210 Payer Claim Number from 835 Payer Claim Number 5556

Rendering Provider

Claim Billing

Claim Line ItemId	Billing Code Modifiers	Revenue Code	Revenue Code Description	Units	Date Of Service	Charge Amount	Voided Claim	Original ItemId
<u>291</u>	H2015 HE			30.00	07/04/2022	\$78.30		

HOW TO FIND REPLACEMENT AND VOID CLAIMS

- Claim lines that are marked to be Replaced or Voided can be located via the Charges/Claims screen
- Set your filter to display Replacement and/or Void Claims
- When a Service is marked as an Error, the corresponding Claim Line/Charge will automatically be marked "To Be Voided"
 - When setting your filters be sure to select the checkbox for "Included Error Services" to find these Claim Lines/Charges

Charges/Claims (236)

All Payer Types	All Payers	All Plans	Financial Assignment...	Apply Filter
All Charges (ready to bill or not)	All Priorities	All Programs	All Procedure Codes	
Show billed charges	All Service Area	Capitated/ Non Capitated	All Error Reasons	
Show unbilled charges				

Charge Creation To [] Claim Line Item ID [] Payer Claim # []

Process [] Batch [] All Clinicians []

DOS To [] Processed From 11/11/2022 Processed To 11/11/2023

with credit balance Included Error Services Show charges in Internal Collections

oward Work Queue Productivity Show charges with balances greater than zero

Charge Id	Plan	Client Name	DOS	Clinician	Procedure Name	Charge	Code + Modifier(s)	Unbilled	Pa
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PROCESSING REPLACEMENT AND VOID CLAIMS

- When ready to process Replacement and/or Void Claim Lines, run a claims batch via the normal process
- SmartCare will automatically insert the correct Frequency Code in the CLM segment of your 837 claim files
 - 7 = Replacement
 - 8 = Void

Charges/Claims (4) Select Action

3rd Party Plans

All Payers

All Plans

Financial Assignment...

Apply Filter

Ready To Bill Only

All Priorities

All Programs

All Procedure Codes

Show charges to be voided

All Service Area

Capitated/ Non Capitated

All Error Reasons

All Locations

of client statements since charge cre...

Charge Creation From

Charge Creation To

Claim Line Item ID

Payer Claim #

Service ID

Charge ID

Process ID

Batch

All Clinicians

Client ID

DOS From

DOS To

Processed From

Processed To

Show charges with balance

Show charges with credit balance

Included Error Services

Show charges in Internal Collections

Exclude from Work Queue

Not counted toward Work Queue Productivity

Show charges with balances greater than zero

Show \$0 Balance Paid Charges

Select: All, All on Page, None Charges Total \$144.13

<input type="checkbox"/>	Charge Id	Plan	Client Name	DOS	Clinician	Procedure Name	Charge	Code + Modifier(s)	Unbilled	Paid Amt	Bill Date	Flagged	Process	Batch
<input checked="" type="checkbox"/>	187	Medi-Cal MH	Xavier, Angela (10...	07/15/2022 12:...	Stephan, Khristy	Day Treatmen...	\$144.13	H2012:HE:TG			09/28/2022		219	186

CLM*1028-102*144.13***53:B:8*Y*A*Y*Y~

DELAY REASON CODES

How to enter a Delay Reason Code and Supplemental Information in SmartCare for claims submission

TIMELY FILING PLAN RULE (DRC NEEDED)

- A new claim warning will be triggered for services being run in a claims batch after the timely filing limit has been exceeded
- The logic for the claim warning will be triggered by:
 - Program: The program will designate if the service is MH or DMC
 - MH and DMC services have different timely filing limits for initial claims and replacement claims
 - Plan: Plan Rules are configured with the specific timely filing limits
 - A charge error will be created when the Plan Rule is violated
- Claims Processing Date and Date of Service:
 - Using the timely filing guidelines set up in the Plan Rule, SmartCare compares the claims processing date to the date of service, and if it is outside of the timely filing limit specified, the charge error is triggered.

HOW TO FIND TIMELY FILING CHARGE ERRORS

- Charge Errors can be viewed via the Charges/Claims screen
- The filters can be set to isolate only the “Timely Filing Limit – Delay Reason Code Required” error

Charges/Claims (320) Select Action

3rd Party Plans All Payers All Plans Financial Assignment...

All Charges (ready to bill or not) All Priorities All Programs All Procedure Codes

Show charges with errors All Service Area Capitated/ Non Capitated Timely Filing Error

All Locations # of client statements since charge cre.

Apply Filter

Charge Creation From Charge Creation To Claim Line Item ID Payer Claim #

Service ID Charge ID Process ID Batch All Clinicians

Client ID DOS From DOS To Processed From Processed To

Show charges with balance
 Show charges with credit balance
 Included Error Services
 Show charges in Internal Collections
 Exclude from Work Queue
 Not counted toward Work Queue Productivity
 Show charges with balances greater than zero
 Show \$0 Balance Paid Charges

Select: All, All on Page, None Ch

	Unbilled	Paid Amt	Bill Date	Flagged	Process	Batch	ClaimLine ItemId	Program Name	Location Name	Warning List	Service Area
		\$50.00	08/11/2022	Yes	<u>16</u>	<u>12</u>	<u>26</u>	Outpatient MH A...	Office	Timely Filing Limit – Delay Reason C...	MH
			08/11/2022		<u>16</u>	<u>12</u>	<u>27</u>	Outpatient MH A...	Office	Timely Filing Limit – Delay Reason C...	MH
			08/11/2022		<u>16</u>	<u>12</u>	<u>28</u>	Outpatient MH A...	Office	Timely Filing Limit – Delay Reason C...	MH

ADDING DELAY REASON CODES TO CHARGES

- The easiest way to add DRCs to charges is using the Select Action menu via the Charges/Claim screen
- Using the checkbox(es), select the charge(s) that require a DRC
 - Note: Multiple charges can be selected if they all need the same DRC applied
- Once selected, use the Select Action dropdown to choose "Add Delay Reason"

Charges/Claims (320)

3rd Party Plans All Payers All Plans Financial Assignment... Apply Filter

All Charges (ready to bill or not) All Priorities All Programs All Procedure Codes

Show charges with errors All Service Area Capitated/ Non Capitated Timely Filing Error

All Locations # of client statements since charge cre.

Charge Creation From Charge Creation To Claim Line Item ID Payer Claim #

Service ID Charge ID Process ID Batch All Clinicians

Client ID DOS From DOS To Processed From Processed To

Show charges with balance Show charges with credit balance Included Error Services Show charges in Internal Collections

Exclude from Work Queue Not counted toward Work Queue Productivity Show charges with balances greater than zero

Show \$0 Balance Paid Charges

Select: All, All on Page, None Charges Total \$234.90 Balance Total

Charge Id	Plan	Client Name	DOS	Clinician	Procedure Name	Charge	Code + Modifier(s)	Unbilled	Paid Amt	Bill Date	Flagged	Process	Batch	ClaimLine ItemId
<input checked="" type="checkbox"/> 14	Medi-Cal MH	Timmerly, Teresa(...	07/11/2022 12:...	Stephan, Khristy	Psychiatric Di...	\$0.00	90791		\$50.00	08/11/2022	Yes	16	12	26
<input checked="" type="checkbox"/> 15	Medi-Cal MH	Timmerly, Teresa(...	07/12/2022 12:...	Stephan, Khristy	Psychotherap...	\$78.30	90832			08/11/2022		16	12	27
<input checked="" type="checkbox"/> 16	Medi-Cal MH	Timmerly, Teresa(...	07/13/2022 12:...	Stephan, Khristy	Psychotherap...	\$156.60	90837			08/11/2022		16	12	28

Add Delay Reason

Select Action

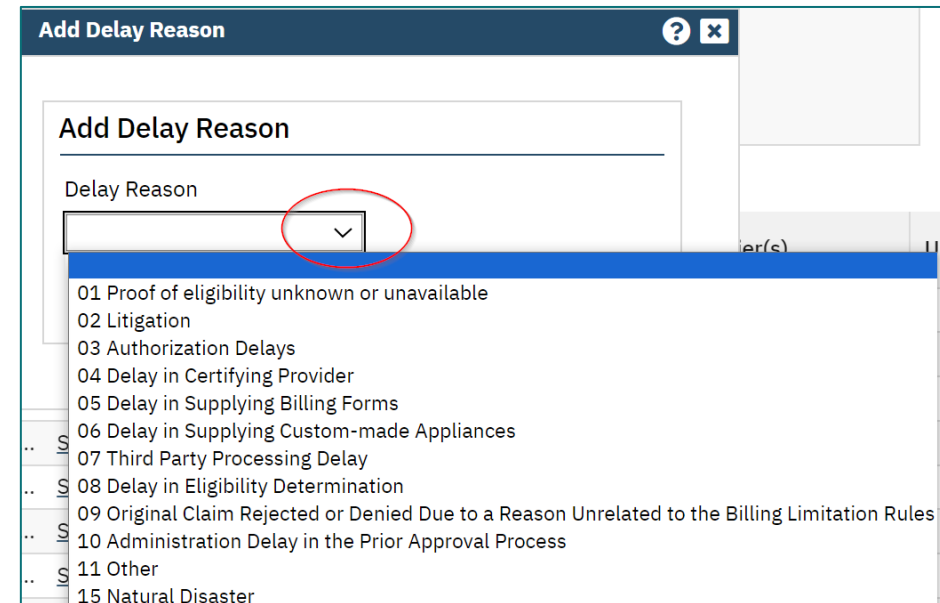
- Add Delay Reason
- Add Supplemental Information
- Add to External Collections
- Add to Internal Collections
- Batch Update Billing Code and Revenue Code
- Mark as Do Not Bill
- Mark as Flagged
- Mark as Rebill
- Mark claim line To Be Replaced
- Mark claim line To Be Voided
- Mark Ready to Bill
- Remove Flagged
- Remove from Do Not Bill
- Remove from Internal Collections
- Remove from Ready to Bill
- Remove from Rebill
- Remove from To Be Replaced
- Remove from To be Voided

ADDING A DELAY REASON CODE TO CHARGE(S)

- When “Add Delay Reason” has been selected via the Select Action menu, a pop-up box will display
- Using the dropdown, select the applicable DRC and then click OK



The screenshot shows a dialog box titled "Add Delay Reason" with a question mark and close icon in the top right corner. Inside the dialog, there is a section titled "Add Delay Reason" followed by a "Delay Reason" label and a dropdown menu. Below the dropdown menu are two buttons: "OK" and "Cancel".



The screenshot shows the same "Add Delay Reason" dialog box, but with the dropdown menu open. The dropdown menu is circled in red and contains a list of delay reason codes. The list includes:

- 01 Proof of eligibility unknown or unavailable
- 02 Litigation
- 03 Authorization Delays
- 04 Delay in Certifying Provider
- 05 Delay in Supplying Billing Forms
- 06 Delay in Supplying Custom-made Appliances
- 07 Third Party Processing Delay
- 08 Delay in Eligibility Determination
- 09 Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
- 10 Administration Delay in the Prior Approval Process
- 11 Other
- 15 Natural Disaster

ADDING SUPPLEMENTAL INFORMATION TO CHARGE(S)

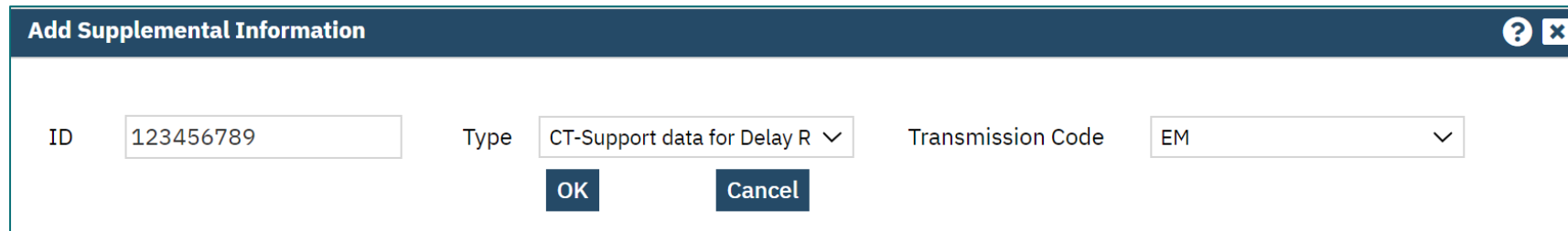
- In addition to the DRC, Medi-Cal also requires Supplemental Information also be submitted in the claim file
- MedCCC will provide a DRC Control Identifier Number that gets reported in the PKW segment
- To add this information, use the checkbox(es) to select the applicable charges, and then via the Select Action menu select “Add Supplemental Information”
 - Note: Multiple charges can be selected if they all need the same DRC Control Identifier Number

The screenshot shows the 'Charges/Claims (320)' interface. At the top, there are several filter dropdowns for 3rd Party Plans, All Payers, All Plans, Financial Assignment..., All Charges (ready to bill or not), All Priorities, All Programs, All Procedure Codes, Show charges with errors, All Service Area, Capitated/ Non Capitated, Timely Filing Error, and All Locations. Below these are date pickers for Charge Creation From/To, Client ID, and DOS From/To, along with checkboxes for various charge filters like 'Show charges with balance' and 'Included Error Services'. A table of charges is displayed below, with three rows (14, 15, 16) selected. A 'Select Action' dropdown menu is open, showing options like 'Add Supplemental Information', 'Add to External Collections', and 'Batch Update Billing Code and Revenue Code'. The table columns include Charge Id, Plan, Client Name, DOS, Clinician, Procedure Name, Charge, Code + Modifier(s), Unbilled, Paid Amt, Bill Date, Flagged, Process, Batch, and ClaimLine ItemId.

Charge Id	Plan	Client Name	DOS	Clinician	Procedure Name	Charge	Code + Modifier(s)	Unbilled	Paid Amt	Bill Date	Flagged	Process	Batch	ClaimLine ItemId
<input checked="" type="checkbox"/> 14	Medi-Cal MH	Timmerly, Teresa (...)	07/11/2022 12:...	Stephan, Khristy	Psychiatric Di...	\$0.00	90791		\$50.00	08/11/2022	Yes	16	12	26
<input checked="" type="checkbox"/> 15	Medi-Cal MH	Timmerly, Teresa (...)	07/12/2022 12:...	Stephan, Khristy	Psychotherap...	\$78.30	90832			08/11/2022		16	12	27
<input checked="" type="checkbox"/> 16	Medi-Cal MH	Timmerly, Teresa (...)	07/13/2022 12:...	Stephan, Khristy	Psychotherap...	\$156.60	90837			08/11/2022		16	12	28

ADDING SUPPLEMENTAL INFORMATION TO CHARGE(S)

- Once “Add Supplemental Information” has been selected from the Select Action menu, a pop-up box will display
- Enter the MedCCC provided DRC Control Identifier Number in the ID field
- For the Type field, using the dropdown, select “CT-Support data for Delay Reason Code”
- “EM” should be selected for the Transmission Code
- These three pieces of data make up the PWK segment in the claim file



The screenshot shows a dialog box titled "Add Supplemental Information". It contains three input fields: "ID" with the value "123456789", "Type" with a dropdown menu showing "CT-Support data for Delay R", and "Transmission Code" with a dropdown menu showing "EM". Below the fields are two buttons: "OK" and "Cancel".

ADDING/EDITING A DRC VIA CHARGE DETAILS

- A Delay Reason Code can also be added via the Charge Details screen
- The field is located on the General tab in the “Status” section
- Use the dropdown menu to select or edit the DRC and then Save

Charge Details

General | Contact | Status History | Action History | Custom Fields

General

Charge ID	14	Service ID	26		
Client	1020 - Timmerly, Teresa	Payer	Medi-Cal MH	Priority	<u>1</u>

Status

Ready To Bill Flagged Internal Collections: No
 Rebill Do Not Bill External Collections:

Revenue Work Queue Management

Charge Status: Paid Status Date: 09/06/2022 Exclude Charge from Queue Do Not

Status Comments

Delay Reason

- 01 Proof of eligibility unknown or unavailable
- 02 Litigation
- 03 Authorization Delays
- 04 Delay in Certifying Provider
- 05 Delay in Supplying Billing Forms
- 06 Delay in Supplying Custom-made Appliances
- 07 Third Party Processing Delay
- 08 Delay in Eligibility Determination
- 09 Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
- 10 Administration Delay in the Prior Approval Process
- 11 Other
- 15 Natural Disaster

ADDING/EDITING SUPPLEMENTAL INFORMATION VIA CHARGE DETAILS

- Supplemental Information can also be added via the Charge Details screen
- The field is located on the General tab in the “Status” section
- Use the dropdown menu to select or edit the DRC and then Save

Charge Errors

Error Type	Error Description
11133312	Timely Filing Error - Timely Filing Limit – Delay Reason Code Required

Supplemental Information

ID Type Transmission Code

CLAIMS PROCESSING WITH DRC AND SUPPLEMENTAL INFORMATION

- Once the DRC and Supplement Information has been added to the Claim Line, the charge error will still be present; there are two ways to clear the error:
 - The overnight billing job will clear the error and mark the charge as Ready to Bill
 - The Ready to Bill checkbox can manually be selected in the Charge Details screen, or the Select Action menu can be used on the Charges/Claims screen
- Run the charge(s) in a claims batch like normal
- The DRC will populate in the CLM segment and the Supplemental Information will populate in the PWK segment

```
CLM*1020-554*78.30***11:B:1*Y*A*Y*Y*****01~  
PWK*CT*EM***AC*123456789~
```

BONUS SLIDES

Additional information to help you manage your claims better

SERVICES MARKED AS ERROR = TO BE VOIDED

- Once a service has moved to a “Complete” status, a charge is generated and ultimately billed
- If a service is marked as an “Error,” the system will automatically mark the charge as “To Be Voided”
- These charges must be run in a batch to send to Medi-Cal
- To locate the charges to be voided in SmartCare, navigate to the Charges/Claims screen and filter for them
- **Remember to select the “Included Error Services” check**

The screenshot shows the SmartCare Charges/Claims screen with various filter options. The 'Included Error Services' checkbox is highlighted with a blue circle. The 'Processed From' date is set to 11/11/2022 and 'Processed To' is set to 11/11/2023. The 'Batch' field is empty, and 'All Clinicians' is selected. The 'Show charges with balances greater than zero' checkbox is also visible.

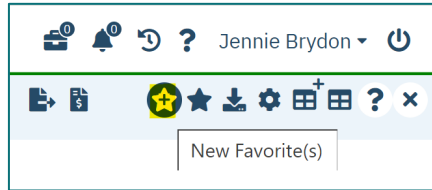
DOS	Clinician	Procedure Name	Charge	Code + Modifier(s)	Unbilled	P
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FILTERS AND FAVORITES

- There's no question there is a lot to keep track of when it comes to billing and the Charges/Claims screen in SmartCare
- Setting Favorites can help you quickly filter charges, and streamline your workflows
- The steps are quick and easy:
 - Set your filters as needed and select the Apply Filter button
 - On the toolbar, Select the Star+ icon to create a New Favorite
 - At the Favorite Pop Up, name your new Favorite, set any additional desired criteria and click Ok
 - Relative vs Static – You can set dates to always stay the same (Static) or be change based on criteria entered (Relative)
 - To locate SmartCare's Date/Time Language, click on any calendar icon in the system, at the bottom you will see some of the shortcuts with a "more" hyperlink.
 - To use your Favorites, hover over the plain Star icon on the toolbar, and select the Favorite, or type the name of your Favorite in the Search and select the hyperlink for it (this can be done from any screen in SmartCare)

FILTERS AND FAVORITES

1.



2.

Favorite Pop Up

Favorite Filter Name: Clear

Charge Creation From: Static Relative

Charge Creation To: Static Relative

DOS From: Static Relative

DOS To: Static Relative

Favorite Filter Names	
<input checked="" type="checkbox"/>	<input type="radio"/> Error Services to be Voided
<input checked="" type="checkbox"/>	<input type="radio"/> Inpatient and Residential Unbilled Charges

Ok Cancel

3.

November, 2023

Today

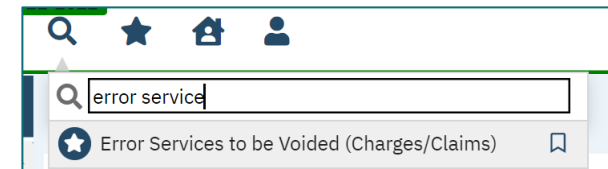
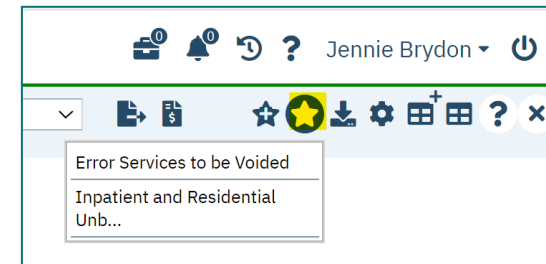
wk	Mon	Tue	Wed	Thu	Fri	Sat	Sun
44			<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
45	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>
46	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>
47	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>
48	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>			

Streamline Date/Time Language

- c** [Current Date](#)
- c+** [Current Date + 1](#)
- by** [Beginning of current year](#)
- c+2w** [Current Date + 14 days](#) <<More>>

Fri, Nov 10

4.



CHARGE ERROR – “MISSING PCCN”

- Replacement and Void claims both require the PCCN be submitted for each charge in the claim file
- If the PCCN has not been entered either via the 835 processing or manually, a claim error will generate
- To correct this claim error:
 - Select the ChargeId hyperlink to open the Charge Details screen
 - On the General tab, scroll to the “Billing History” section
 - Click on the ClaimLine Item Id hyperlink to open the Claim Line Item Detail screen
 - Select the Claim Details tab
 - Enter the PCCN and Save
- Once completed, return to the Charges/Claims screen and run your claims batch again

age, None

Procedure	DOS	Status	Staff Name	Charge	Warnings/Errors	Program
Targeted Case Ma...	10/09/2023 10:00...	Selected	Brydon, Jennie	\$383.24	Void or Replacement Claim re...	Team 06

Void or Replacement Claim requires Payer Claim Control Number. Check Claim Line Item Details.

CONCLUSION

Learning recap, questions and THANK YOU!

LEARNING RECAP

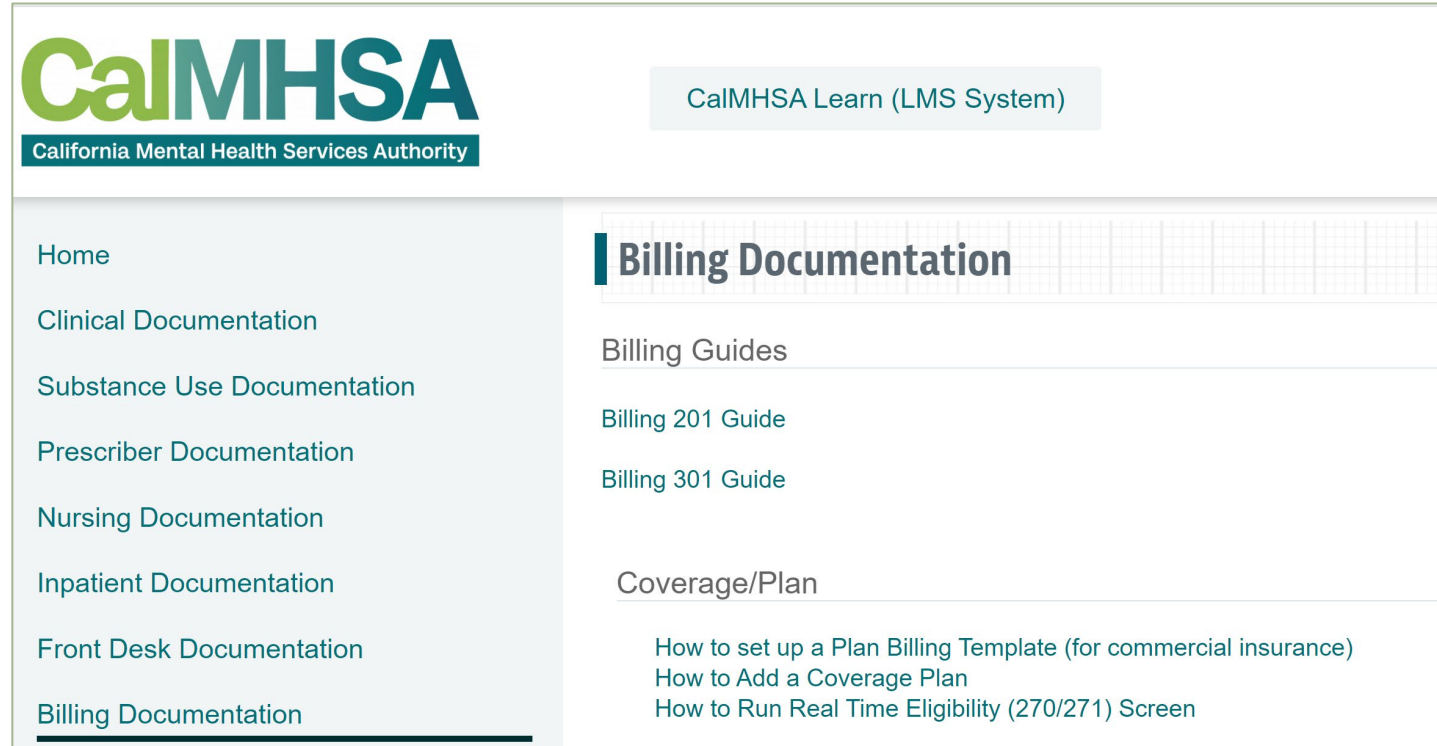
- The difference between a Rebill, Replacement and Void claim in SmartCare
- How to mark claim lines as needing To Be Replaced or Voided
- How to find claim lines that are marked as To Be Replaced or Voided
- Processing Replacement and Void claims
- Plan Rules for Timely Filing
- How to add/edit Delay Reason Codes to claim lines
- How to add/edit Supplement Information to charges
- Processing claims with DRCs and Supplemental Information

QUESTIONS

- Questions?
- Parking lot items will be answered and sent out to the counties

THANK YOU!

- This presentation will be made available for reference on the CalMHSA Training website on **Friday**
- <https://2023.calmhsa.org/>



The screenshot shows the CalMHSA Learn (LMS System) website. The header includes the CalMHSA logo and the text "California Mental Health Services Authority". A button labeled "CalMHSA Learn (LMS System)" is visible in the top right. The main content area is divided into a left sidebar and a right main section. The sidebar contains a list of navigation links: Home, Clinical Documentation, Substance Use Documentation, Prescriber Documentation, Nursing Documentation, Inpatient Documentation, Front Desk Documentation, and Billing Documentation (which is currently selected and underlined). The main section is titled "Billing Documentation" and contains two sub-sections: "Billing Guides" and "Coverage/Plan". Under "Billing Guides", there are links for "Billing 201 Guide" and "Billing 301 Guide". Under "Coverage/Plan", there are links for "How to set up a Plan Billing Template (for commercial insurance)", "How to Add a Coverage Plan", and "How to Run Real Time Eligibility (270/271) Screen".