



COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE

NO 6-3.33

Revised issue 10/99

PAGE 1 OF 2

BY Lois Hannah

EFFECTIVE 10/97

DEPARTMENT

BEHAVIORAL HEALTH

SUBJECT

SERVICE DELETIONS AND CORRECTIONS

APPROVED

  
Rudy Lopez, Director

## I. PURPOSE

The purpose of this policy is to describe the processing of service deletions and corrections in the San Bernardino Information Management Online Network (SIMON) using a Charge Data Correction Invoice.

## II. POLICY

Clinic staff will be responsible for identifying erroneous service entries and processing all service deletions and/or corrections according to the following departmental procedures.

## III. SERVICE CORRECTIONS

### A Time Frames and Procedures for Processing

1. Within five (5) days of original service entry, clinic staff will make whatever changes that are necessary to correct the SIMON database. The 502 or 902 Report should be used and audited during the 5-day period so corrections are made before posting occurs. Posting is processed the 5th day after service entry.
2. More than five (5) days from service entry (after posting) but not after the fifth day of the month following the month of service, the deletion /correction **must be entered** (not just identified and written up on the Charge Data Correction Invoice) into the SIMON database by clinics' Supervising Clerk. All items on the CDI must be completed.
3. After the fifth day of the month following the month of service, a separate Charge Data Correction Invoice must be completed for each client after researching for Third Party involvement using the INSURANCE POLICY SCREENS and the POE SCREENS in SIMON. **Copies** of these screens **must be attached** to the Service Deletion/Correction CDI and sent to the Business Office for processing.

### B Business Office Processing of Charge Data Correction Invoices

1. Completed Charge Data Correction Invoices with copies of the appropriate screens will be reviewed by the Business Office for processing during the current billing cycle.

2. The Business Office will determine whether or not any claiming has taken place for the incorrect service entries. If incorrect service entries have not been claimed or are Patient Pay Only, all deletions and corrections will be entered into SIMON by the Business Office.
3. Any service already claimed to Medi-Cal **will not be deleted in SIMON**. A Negative Hardcopy Medi-Cal Claim (1980) will be completed and given to the Cost Report Accountants to be attached to the appropriate Cost Report and to make any manual adjustments required on the Report. Service corrections will be entered into SIMON when the change actually changes the claiming to Medi-Cal and not just DBH statistics. Entering these service corrections would result in a new Medi-Cal claim and would be denied as a duplicate on the Medi-Cal Error Correction Report.
4. All service deletions and corrections involving only Other Third Parties (Medicare/Private Insurance) will be entered.

Cross References: SPM 6-3.30  
SPM 6-3.32  
CAMP Manual SI.13  
CAMP Manual SI. Section Appendices 1-14