

# HOW TO GUIDE

Prepared/Revised Date: 06/06/19

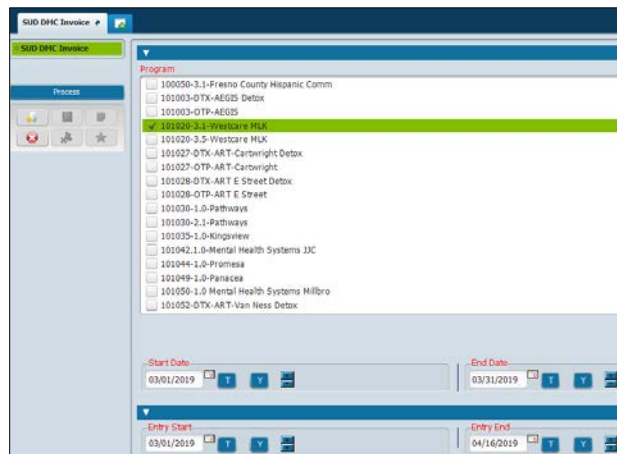
Reviewed Date: 06/07/2019

## How To: Provider Deletion Request Form

**Purpose:** To assist providers in correctly filling out the Provider Deletion Request form and ensure the appropriate deletion of requested services.

### Procedure:

1. Log on to Avatar and access the corresponding form (SUD DMC Invoice/SUD Non DMC Invoice/SUD Minor Consent Invoice/SUD Room and Board Invoice/SUD Perinatal 3701 Invoice)
  - A. Select the program that contains the services that require deletion.
  - B. Enter Start Date (1<sup>st</sup> date of the month for the Date of Service)
  - C. Enter End Date (Last date of the month for the Date of Service)
  - D. Enter Entry Start Date (Date service was entered into Avatar)
  - E. Enter Entry End Date (Date service was entered into Avatar/current date)
  - F. Click "Process" to submit form



G. Crystal Report will automatically appear

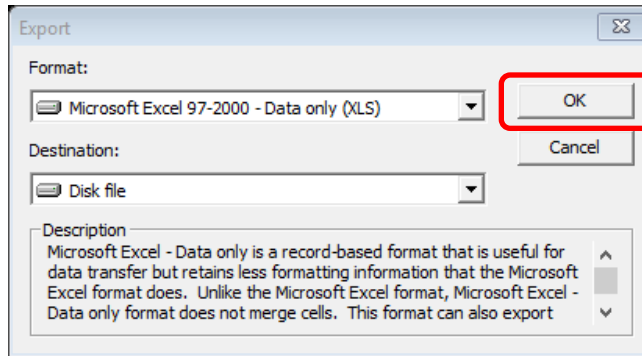
SUD Invoice For Program(s) 101003-OTP																	
Guarantor 3700																	
Services Performed From 4/1/2019 to 4/30/2019																	
Data Entry From 4/23/2019 to 6/6/2019																	
Program	EP#	Service Date	Entry Date	Entry User	PAT ID	Name	Service	Modif	CD-10	Provider	Duration	Units	#Grp	Grp Units	Rate	Cost	Status
101003-O	2	4/24/2019	5/2/2019	WVILLA			F00209000C-C	F11.20		700317-Lv		1	1		13.54	13.54	Open
101003-O	2	4/25/2019	5/2/2019	WVILLA			F00209000C-C	F11.20		700317-Lv		1	1		13.54	13.54	Open
101003-O	2	4/30/2019	5/1/2019	WVILLA			F00209000C-C	F11.20		700317-Lv		1	1		13.54	13.54	Open

2. Export Crystal Report data

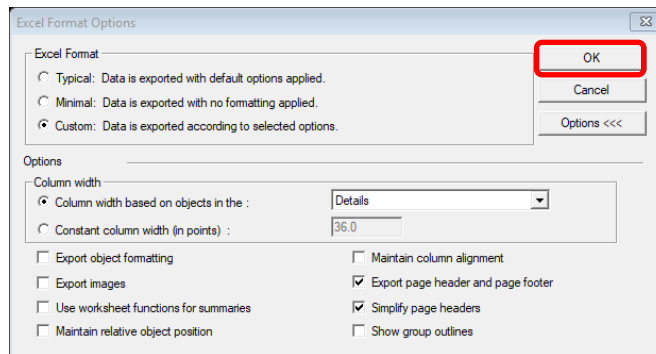
- A. Click the Export button to transfer data to an Excel spreadsheet



- B. In the Export Format window: Select "Microsoft Excel 97-2000 - Data Only (XLS)"
- C. Click "OK"



- D. In the Excel Format Options window: Click "OK"

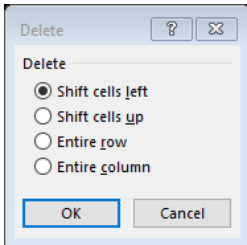


- E. Save Excel worksheet on desktop

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### 3. Open saved Excel worksheet

- A. Select cell "A1"
- B. Right-click mouse and select "Delete"
- C. Select "Shift cells left" from Delete menu (this will shift cells in Row 1 to the left)
- D. Click OK

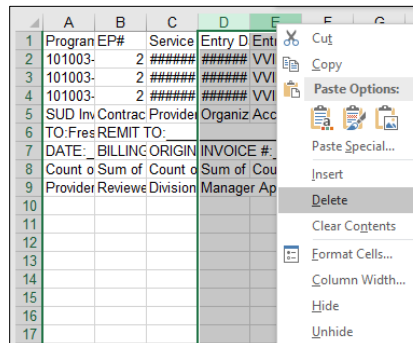


	A	B	C	D	E	F	G
1	SUD Inv	Program	EP#	Service	Entry D	Entry U	PATID
2	101003-	2	#####	#####	VVILLA		IS:
3	101003-	2	#####	#####	VVILLA		IS:



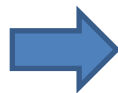
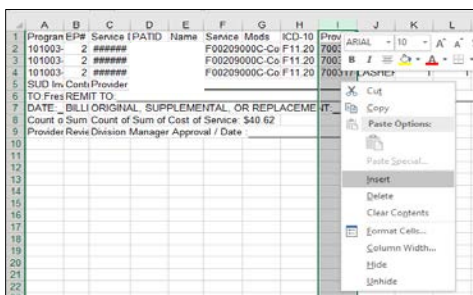
	A	B	C	D	E	F	G
1	Program	EP#	Service	Entry D	Entry U	PATID	Name
2	101003-	2	#####	#####	V		:LAUS:
3	101003-	2	#####	#####	V		:LAUS:

- E. Highlight and delete columns "D & E" (Entry Date & Entry User)
  - a. Right-click mouse and select "Delete"



### F. Insert a column between "H" and "I":

- a. Highlight column "I" and right-click and select "Insert"



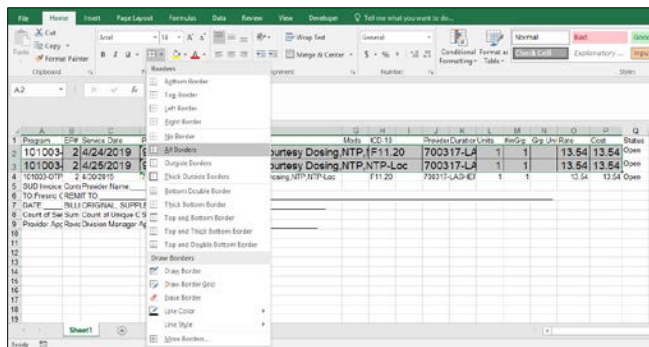
	A	B	C	D	E	F	G	H	I	J
1	Program	EP#	Service	PATID	Name	Service	Mod	ICD-10		vider
2	101003-	2	#####			F00209000C-Co	F11.20	700317-		
3	101003-	2	#####			F00209000C-Co	F11.20	700317-		
4	101003-	2	#####			F00209000C-Co	F11.20	700317-		
5	SUD Inv Conti Provider Name:									
6	TO:Fres REMIT TO:									
7	DATE: BILL ORIGINAL, SUPPLEMENTAL, OR REPLACEMENT:									
8	Count o Sum Count of Sum of Cost of Service: \$40.62									
9	Provider Revie Division Manager Approval / Date :									
10										

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- G. Highlight data from columns "A" to "P" for all of the services that require deletion.  
 a. Change font size to "14"

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Program	EP#	Service Date	PATID	Name	Service	Mods	ICD-10	Provider	Duration	Units	#inGrp	Grp Uni	Rate	Cost	Status	
2	101003		2/4/24/2019			00209000C-Courtesy Dosing,NTP,NTP-Loc	F11.20		700317-LA	1	1			13.54	13.54	Open	
3	101003		2/4/25/2019			00209000C-Courtesy Dosing,NTP,NTP-Loc	F11.20		700317-LA	1	1			13.54	13.54	Open	
4	101003-OTF		2/4/30/2019			00209000C-Courtesy Dosing,NTP,NTP-Loc	F11.20		700317-LASHEF	1	1			13.54	13.54	Open	

- b. Select "All Borders"



- c. Copy highlighted columns to paste onto the Deletion Request Form

## 4. Complete Deletion Request Form

- A. Paste the copied services to the Deletion Request Form starting at cell B6. Leave column "A" blank.

Date Deleted Requested	Program	Episode Number	Service Date	Client ID	Client Name First three initials of last, First three initials of first	Service Code	Mods	ICD-10 Dx	Diagnosis Description	Provider ID & Name	Duration	Units	#inGrp	Grp Units	Rate	Cost	Number of services to be deleted	Total amount of services being deleted	Reason for Deletion

- B. Verify all information corresponds to the correct columns.

Date Deleted Requested	Program	Episode Number	Service Date	Client ID	Client Name First three initials of last, First three initials of first	Service Code	Mods	ICD-10 Dx	Diagnosis Description	Provider ID & Name	Duration	Units	#inGrp	Grp Units	Rate	Cost	Number of services to be deleted	Total amount of services being deleted	Reason for Deletion
	101003-OTF		2/4/24/2019			00209000C-Courtesy Dosing,NTP,NTP-Loc	F11.20		700317-LASHEF,MAHC		1	1			13.54	13.54	3	-	
	101003-OTF		2/4/25/2019			00209000C-Courtesy Dosing,NTP,NTP-Loc			700317-LASHEF,MAHC		1	1			13.54	13.54	3	-	

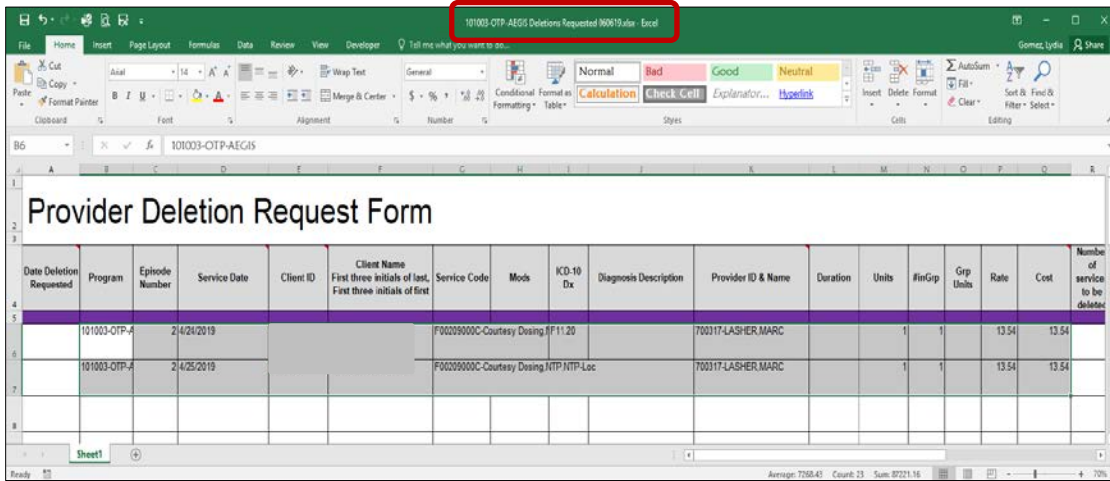
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### 5. Rename file

- A. In the File tab select “Save As” and save Deletion Request Form to desired location.
- B. File name format: 10XXXX-X.X Program Name Deletions Requested MMDDYYYY Part 1
  - a. 10XXXX-X.X = Program Number

**Example:** 101020-3.1 WestCare Deletions Requested 04 16 2019 Part 1.XLS

  - b. Only include “Part 1” if sending multiple Deletion Request forms in a day.
- C. The file name will appear at the top of the file once it has been saved.



- D. In the “Number of Services to be deleted” column, enter the number of services to be deleted that are the same service code

**Note:** If the client has multiple service codes that need to be deleted, copy the client’s information on separate rows for each differing service code, and enter the corresponding count of the service code in the “Number of Services to be deleted” column.

**Example:**

- Client has (31) HXXXXX service code to be deleted (enter 31 in the “Number of Services to be deleted” column)
- Same client also has (2) FXXXX service codes to be deleted (copy client’s information in a separate row, and enter 2 in the “Number of Services to be deleted” column)

Service Date	Client ID	Client Name First three initials of last, First three initials of first	Service Code	Mods	ICD-10 Dx	Diagnosis Description	Provider ID & Name	Duration	Units	#inGrp	Grp Units	Rate	Cost	Number of services to be deleted	Total Amount of services being deleted
4/1/19-4/31/19		CLA,BRA	H00209000C-Dosing,NTP,NTP		F11.20		700317-LASHER,MARC		1	1		13.54	13.54	31	\$ 419.74
4/24/19-4/25/19		CLA,BRA	F00209000C-Courtesy Dosing,NTP		F11.20		700317-LASHER,MARC		1	1		13.54	13.54	2	\$ 27.08
															\$ -

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E. In the “Reason for the deletion” column, use the drop-down list to select the appropriate reason.

Provider ID & Name	Duration	Units	#inGrp	Grp Units	Rate	Cost	Number of services to be deleted	Total Amount of services being deleted	Reason For Deletion	Other
700317-LASHER,MARC		1	1		13.54	13.54	31	\$ 419.74		
700317-LASHER,MARC		1	1		13.54	13.54	2	\$ 27.08	<div style="border: 1px solid black; padding: 2px;">                     No In-Service                      No Staff Extended                      Out of County                      Wrong Account                      Wrong Date of Service                      Wrong Service                      Wrong Program                      Unknown Date                 </div>	

**Tip:** If the reason for all of the deletions is the same, copy the reason and highlight down to select all corresponding cells and paste deletion reason.

700317-LASHER,MARC		1	1		13.54	13.54	31	\$ 419.74	Wrong Date of Service	
700317-LASHER,MARC		1	1		13.54	13.54	2	\$ 27.08		

700317-LASHER,MARC		1	1		13.54	13.54	31	\$ 419.74	Wrong Date of Service	
700317-LASHER,MARC		1	1		13.54	13.54	2	\$ 27.08	Wrong Date of Service	

F. Enter today’s date in the “Date Deletion Requested” column for each service line.

G. Save changes and exit document.

Example of correctly completed Deletion Request form:

Provider Deletion Request Form																				
Date Deletion Requested	Program	Episode Number	Service Date	Client ID	Client Name First three initials of last, First three initials of first	Service Code	Mode	ICD-10 Dx	Diagnosis Description	Provider ID & Name	Duration	Units	#inGrp	Grp Units	Rate	Cost	Number of services to be deleted	Total Amount of services being deleted	Reason For Deletion	Other Reason Detail
6/6/2019	101003-OTF-J	2	4/3/19-4/3/19		CLA,BRA	P0020900C-Courtesy NTP,NTP-LF11.20				700317-LASHER,MARC		1	1		13.54	13.54	31	\$ 419.74	Wrong Date of Service	
6/6/2019	101003-OTF-J	2	4/24/19-4/25/19		CLA,BRA	P0020900C-Courtesy Dealing NTP,NTP-LF11.20				700317-LASHER,MARC		1	1		13.54	13.54	2	\$ 27.08	Wrong Date of Service	
																		\$ -		
																		\$ -		
																		\$ -		
<b>Total Cost/Deletions Requested:</b>																\$	<b>446.82</b>	<b>33</b>		