HOW TO GUIDE

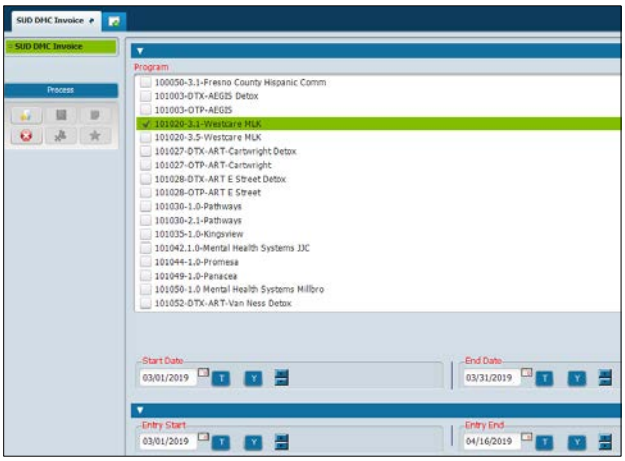
Prepared/Revised Date: 06/06/19 *Reviewed Date: 06/07/2019*

How To: Provider Deletion Request Form

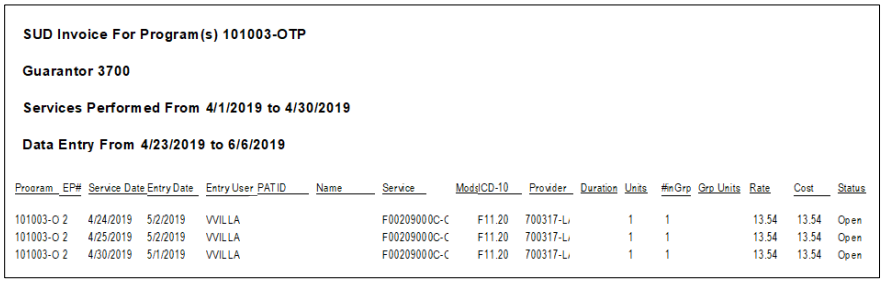
Purpose: To assist providers in correctly filling out the Provider Deletion Request form and ensure the appropriate deletion of requested services.

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 (1St 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

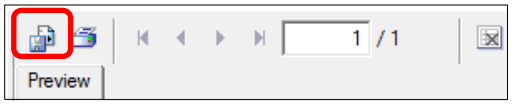
Guarantor 3700

Services Performed From 4/1/2019 to 4/30/2019

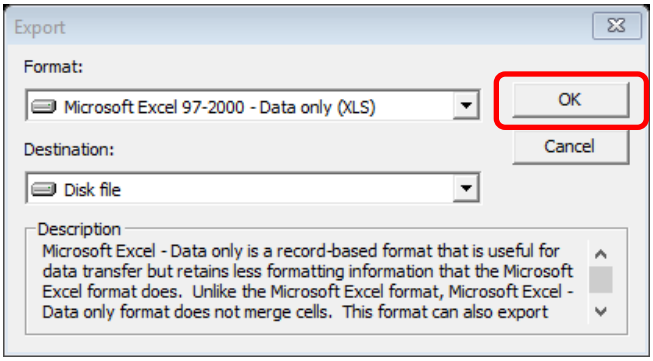
Data Entry From 4/23/2019 to 6/6/2019

Program	EP#	Service Date	Entry Date	Entry User	PATID	Name	Service	Mod	CD-10	Provider	Duration	Units	#inGrp	Grp Units	Rate	Cost	Status
101003-O	2	4/24/2019	5/2/2019	VVILLA			F00209000C-C		F11.20	700317-L		1	1		13.54	13.54	Open
101003-O	2	4/25/2019	5/2/2019	VVILLA			F00209000C-C		F11.20	700317-L		1	1		13.54	13.54	Open
101003-O	2	4/30/2019	5/1/2019	VVILLA			F00209000C-C		F11.20	700317-L		1	1		13.54	13.54	Open

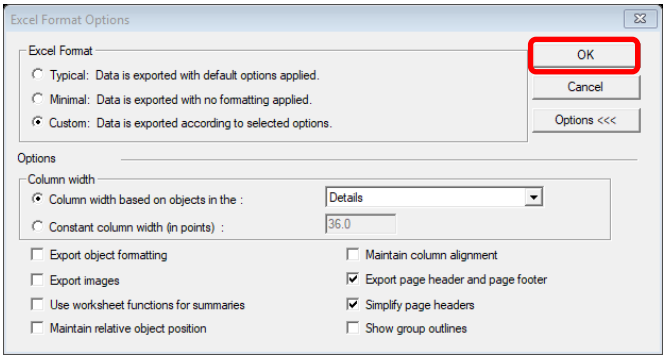
2. Export Crystal Report data
   A. Click the Export button to transfer data to an Excel spreadsheet



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

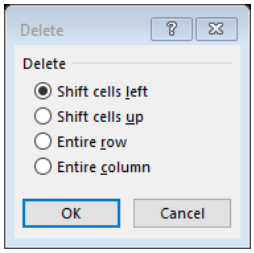


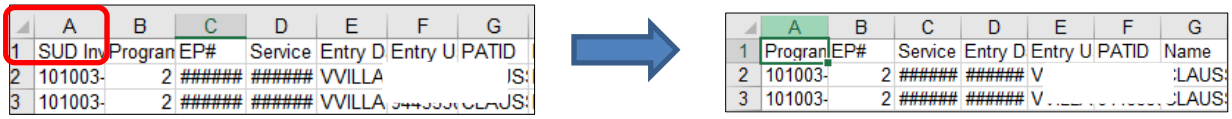
   D. In the Excel Format Options window: Click "OK"



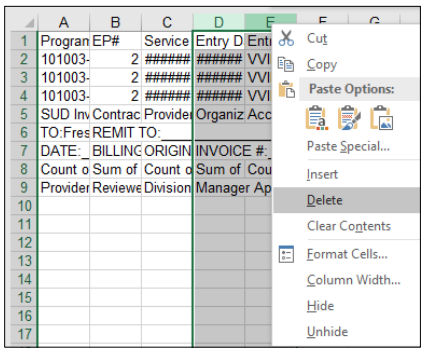
   E. Save Excel worksheet on desktop

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

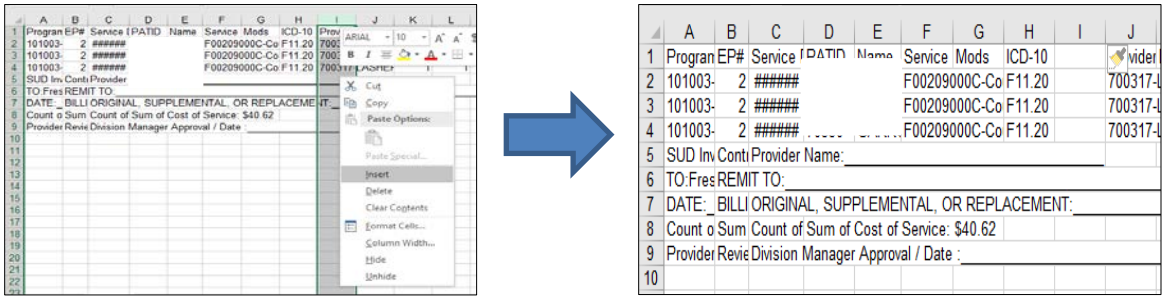




   E. Highlight and delete columns "D & E" (Entry Date & Entry User)
      a. Right-click mouse and select "Delete"

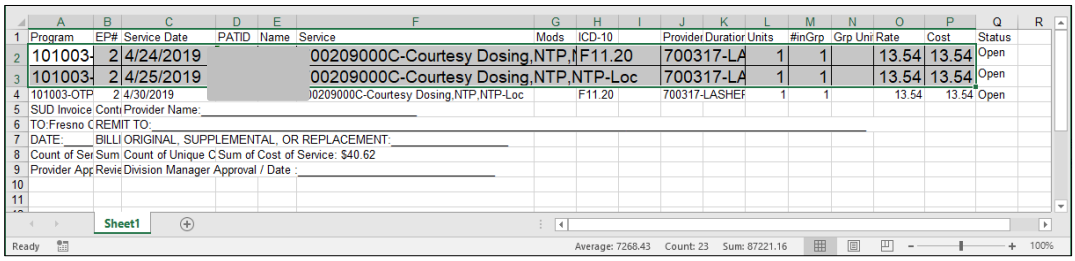


   F. Insert a column between "H" and "I":
      a. Highlight column "I" and right-click and select "Insert

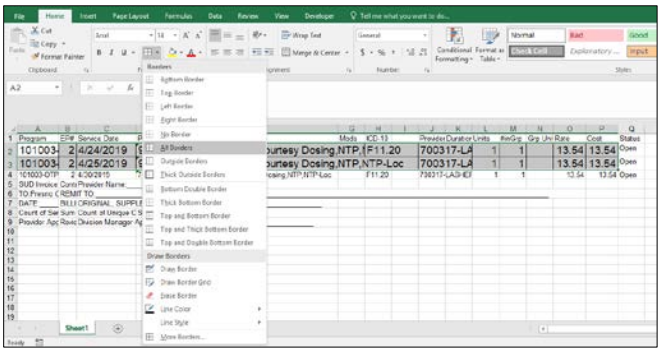


G. Highlight data from columns "A" to "P" for all of the services that require deletion.

a. Change font size to "14"



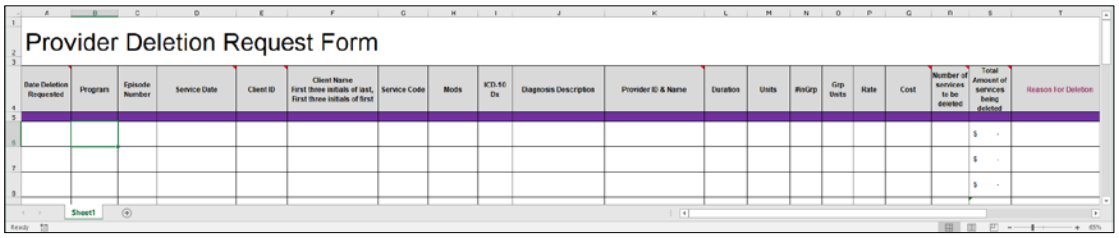
b. Select "All Borders"



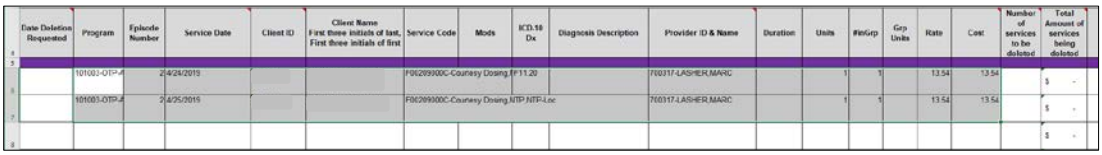
c. Copy highlighted columns to paste onto the Deletion Request Form

4. Complete Deletion Request Form

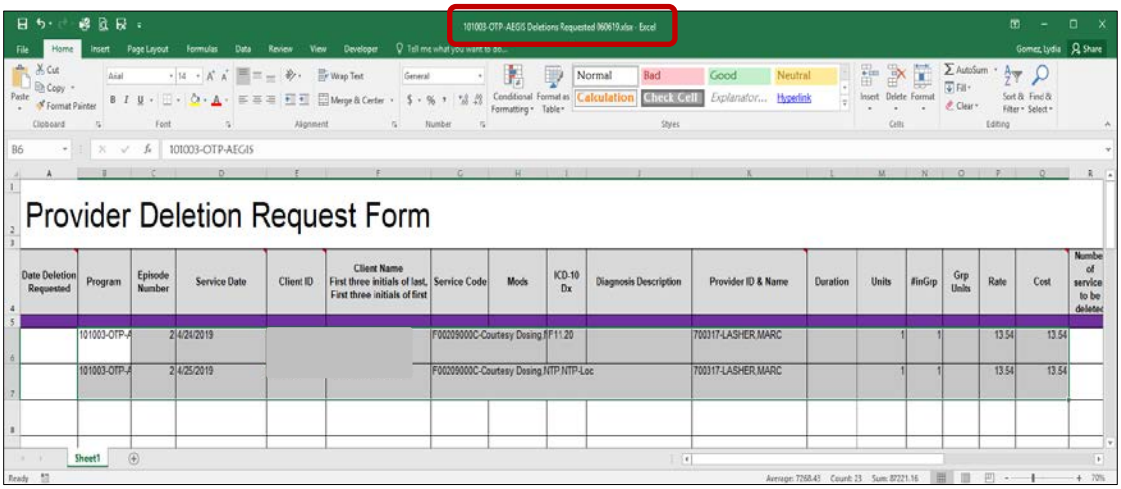
A. Paste the copied services to the Deletion Request Form <u>starting at cell B6</u>. Leave column "A" blank.



B. Verify all information corresponds to the correct columns.



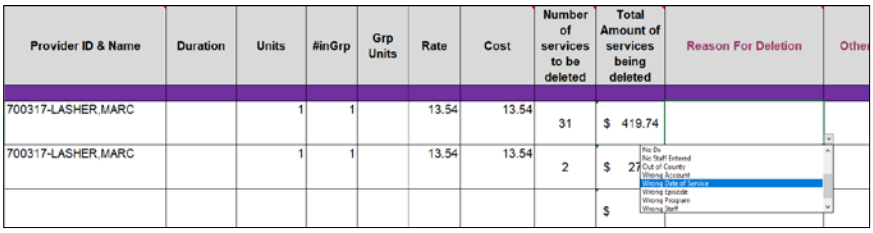
5. Rename file
   A. In the File tab select "Save As" and save Deletion Request Form to desired location.
   B. File name format: 10XXXX-X.X Program Name Deletions Requested MMDDYYY Part 1
      a. 10XXXX-X.X = Program Number
      Example: 101020-3.1 WestCare Deletions Requested 04 16 2019 Part 1.XLS
      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)

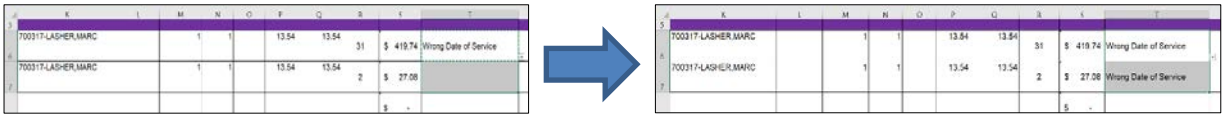
Service Date	Client ID	Client Name First three initials of last, First three initials of first	Service Code	Mods	ICD-10 Dx	Diagnosis Description	Provider ID & Name	Duration	Units	#inGrp	Grp Units	Rate	Cost	Number of services to be deleted	Total Amount of services being deleted
4/1/19-4/31/19		CLA,BRA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

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



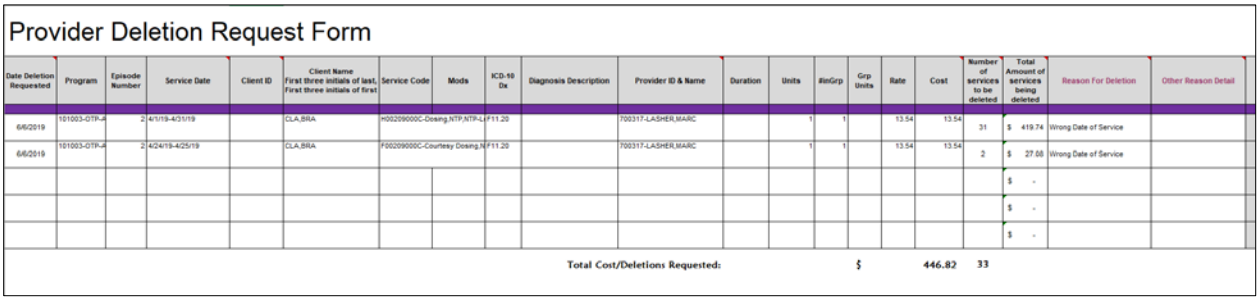
Provider ID & Name	Duration	Units	#inGrp	Grp Units	Rate	Cost	Number of services to be deleted	Total Amount of services being deleted	Reason For Deletion	Other
700317-LASHER,MARC		1	1		13.54	13.54	31	$ 419.74		
700317-LASHER,MARC		1	1		13.54	13.54	2	$ 27		
								$		

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.



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	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	Other Reason Detail
6/6/2019	101003-OTP-A	2	4/1/19-4/31/19		CLA,BRA	H0020900OC-Dosing,NTP,NTP-L		F11.20		700317-LASHER,MARC		1	1		13.54	13.54	31	$ 419.74	Wrong Date of Service	
6/6/2019	101003-OTP-A	2	4/24/19-4/25/19		CLA,BRA	F0020900OC-Courtesy Dosing,N		F11.20		700317-LASHER,MARC		1	1		13.54	13.54	2	$ 27.08	Wrong Date of Service	
																		$ -		
																		$ -		
																		$ -		
									Total Cost/Deletions Requested:					$		446.82	33			