Chapter 7 - Client Specific Service Event Data Set (SERV)

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I. Document Revision History

Table 1. Document Revision History

Document Revision History				
Version Number	**Effective Date**	**Revision Date**	**Description**	**Author**
12.0	07/01/2017	05/10/2017	♦ Completed Version 12.0	SAMH Data Unit
12.0	07/01/2017	09/01/2017	♦ Removed reference to FACT under SERVBILLED and SERVPAID fields	Sherry Catledge

II. General Policies and Considerations

II.A. Adding Client-Specific Service Event Records

1. Contractors should submit a client-specific service event record for each service a client receives.

2. An admission record must exist with the same SSN, CONTRACTORID and PROVIDERID except for the submission of non-client specific event (EVNT) records.

II.B. Updating Client-Specific Service Event Records

1. A client-specific record can be updated by submitting a record with the same mandatory key fields. Refer to the mandatory key fields in Table 3 to identify the record to update. If the key fields match the record will be updated, otherwise, it will be added.

II.C. Deleting Client-Specific Service Event Records

To delete a client-specific service event record, a SERV deletion file must be submitted according to the file layout in Table 2.

Table 2. SERV Record Deletion File Layout

Field	Position	Length	Format
CONTRACTORID	1	10	XX-XXXXXXX
SSN	11	9	XXXXXXXXX
SERVDATE	20	8	YYYYMMDD
BEGINTIME	28	4	HHMM
COVRDSVCS	32	2	XX
PROGTYPE	34	1	X
PROCODE	35	5	XXXXX
PROVIDERID	40	10	XX-XXXXXXX
SETTING	50	2	XX
CNTYSERV	52	2	XX

II.D DCF Pamphlet 155-2 Chapters and Forms

1. The DCF Pamphlet 155-2 chapters and forms can be located on the following Website:
   http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v12

III. Client-Specific Service Event Data File Layout (SERV)

Table 3. SERV Data File Layout

Field Name	Pos	Type / Size	Edits and Validations
CONTRACTORID **(Mandatory Key)**	1	CHAR(10)	• Format: XX-XXXXXXX • Contractor must be registered in SAMHIS. • Must match CONTRACTORID in DEMO record.
	Descriptions and Instructions: Contractor Id - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.		
SITEID **(Mandatory)**	11	CHAR(2)	• Format: XX; right justified/zero filled. • Must be registered in SAMHIS for the PROVIDERID.
	Descriptions and Instructions: Site Id - The physical location of the provider where services will be provided.		
SSN **(Mandatory Key)**	13	CHAR(9)	• Format: XXXXXXXXX • Must match SSN in DEMO record.
	Descriptions and Instructions: Social Security Number - See General Policies and Considerations on Adding Client-Specific Service Event Records.		
CLIENTID	22	CHAR(10)	• Left justified/space filled.
	Descriptions and Instructions: Client Identification - Local use only as of 07/01/2015.		
PROVTYPE **(Mandatory)**	32	CHAR(2)	• Must be 01 through 16, right justified/zero filled.

	Descriptions and Instructions: Provider Type – Indicate the type of staff providing the service directly to the client.
	
	[01] Counselors by subtype [09] Physician/Osteopath by subtype
	[02] Marriage & Family Therapist [10] Psychosocial
	[03] Therapist [11] Rehabilitation
	[04] Neuropsychologist [12] Specialist
	[05] Psychoanalyst by subtype [13] School Psychologist
	[06] Psychologist by subtype [14] Social Worker
	[07] Nursing service related provider by [15] Sociologist
	      type/subtype [16] Other
	[08] Physician assistant and advanced
	      practice nursing providers by
	      type/subtype		

CNTYSERV **(Mandatory Key)**	34	CHAR(2)	• Must be between 01 and 67.
	Descriptions and Instructions: County of Service - Indicate the Florida county in which the client received services. Do not use code 99. **Refer to the Florida County Codes Table in Appendix 5 - Data Code Tables.**		
COVRDSVCS **(Mandatory Key)**	*36*	CHAR(2)	• Must be a valid two-digit code from the Covered Service Code Table in Appendix 5 – Data Code Tables where the Report Format value includes SERV.
	Descriptions and Instructions: Covered Services - The two-digit code that indicates the general category of services provided to the client. **Refer to Covered Services Codes and Units Table in Appendix 5 - Data Code Tables.**		
	Note: If SADIAG = 799.9 in the substance abuse admission and/or discharge record, then only the following covered services will be allowed: 01, 04, 27, 48, 49. IF MHDIAG = 799.9 only covered services 01, 04, 48, 49 will be allowed.		

Field Name	Pos	Type / Size	Edits and Validations
FUND (Mandatory)	38	CHAR(1)	• Must be a valid fund code associated with CONTNUM1.
			Descriptions and Instructions: **Fund Source** - Indicate the appropriate fund code for the current service the client is receiving through DCF Funds. **Refer to the Funding Codes Table in Appendix 5 – Data Code Tables.** **[2]** SAMH **[5]** Local Match Only **[3]** TANF **[B]** Title 21
PROGTYPE (Mandatory Key)	39	CHAR(1)	• Must be 1 or 2.
			Descriptions and Instructions: **Program Type -** Indicate the primary program area, Mental Health or Substance Abuse, for the service. **[1]** Mental Health **[2]** Substance Abuse
PROCODE (Mandatory Key)	40	CHAR(5)	• Must be a valid CPT or HIPAA code. • Must be valid for the associated covered service.
			Descriptions and Instructions: **Procedure Code -** The Current Procedural Terminology (CPT) code that identifies the service. **Refer to Appendix 1 – Procedure Codes and Units Table.**
SERVDATE (Mandatory Key)	45	CHAR(8)	• Format: YYYYMMDD • Must be >= client's date of birth and <= system date
			Descriptions and Instructions: Service Date - The date the service was provided.
UNIT (Mandatory)	53	CHAR(4)	• Format: 9999, right justified/zero filled. • Total units must be < =1440 if service unit is minutes, in any given day for non-overlapping services. • Must be 1 for units of service measured in days. • Must be 1 for units of service measured in dosages, e.g. Methadone Maintenance. • Covered services which are measured in dollars must show the dollar amount spent. • Must be 1 for units of service that are bundled and measured by the number of enrolled participants
			Descriptions and Instructions: Unit Type - The number of units (up to four digits) appropriate to the type of program, covered service and procedure that was provided to the client during the service event. • Overlapping concurrent services are not subject to the above edits and validations. For units of service measured in dollars like Incidental Expenses, report the dollar amount spent, rounded to the nearest dollar (e.g. report $9.25 as 0009).
SETTING (Mandatory Key)	57	CHAR(2)	• Must be 01 through 30, right justified/zero filled.
			Descriptions and Instructions: Setting - Refer to the Service Setting Codes Table in Appendix 5 – Data Code Tables.
BEGINTIME (Mandatory Key)	59	CHAR(4)	• Format: HHMM (24 hour)
			Descriptions and Instructions: **Service Begin Time -** Time the service actually began. If the covered service is not measured in hours and minutes, default to 0000.
HEALTHPLAN	63	CHAR(5)	• Must be space filled.
			Descriptions and Instructions: Health Plan - No longer used.
CLAIMID	68	CHAR(5)	• Must be space filled.
			Descriptions and Instructions: Claim Id - No longer used

Field Name	Pos	Type / Size	Edits and Validations
STDCHARGE	73	CHAR(3)	• Must be space filled.
			**Descriptions and Instructions: Standard Charge -** No longer used.
RECPAID	76	CHAR(3)	• Must be space filled.
			Descriptions and Instructions: Recipient Paid - No longer used.
PAYMENT	79	CHAR(3)	• Must be 001, 002, or spaces.
			Descriptions and Instructions: Payment Status - Indicate whether the service was paid in full or partially by the fund source reported in the FUND field. **[001]** Full　　　　　　　　　　　　**[002]** Partial
CONTNUM1 **(Mandatory)**	82	CHAR(5)	• Must be a valid SAMH contract number that is in the Florida Accountability Contract Tracking System (FACTS).
			Descriptions and Instructions: Contract Number 1 - Contract under which services were provided.
STAFFID **(Mandatory)**	87	CHAR(12)	• Format: 99-XXXXXXXXX
			Descriptions and Instructions: Staff Id - The ID of the staff rendering the services. **Refer to the Staff Id Education Codes Table in Appendix 5 – Data Code Tables.** • Positions 1 and 2 must be an educational level code of 01 through 07. • Position 3 must be a dash (-). • Positions 4 through 12 can be any alphanumeric character (left justified/space filled). • For non-Family Intervention Specialist, positions 4 and 5 must contain an employee id. • For Family Intervention Specialist (FIS), positions 4 through 6 must be FIS (e.g. 01-FIS000000 or 02-FIS123456).
MODIFIER1	99	CHAR(2)	• Left justified/space filled. • Must be a valid modifier as shown in Appendix 2, if entered.
			Descriptions and Instructions: Modifier 1 - Local use only
BLANK	101	CHAR(1)	• Space filled.
			Descriptions and Instructions: No longer used.
MODIFIER2	102	CHAR(2)	• Left justified/space filled. • Must be a valid modifier as shown in Appendix 2, if entered.
			Descriptions and Instructions: Modifier 2 - Local use only.
BLANK	104	CHAR(1)	• Space filled.
			Descriptions and Instructions: No longer used (Blank in old pamphlet).
MODIFIER3	105	CHAR(2)	• Left justified/space filled. • Must be a valid modifier as shown in Appendix 2, if entered.
			Descriptions and Instructions: Modifier 3 - Local use only.
BLANK	107	CHAR(1)	• Space filled.
			Descriptions and Instructions: No longer used (Blank in old pamphlet).
MODIFIER4 **(Mandatory)**	108	CHAR(2)	• Left justified/space filled. • Must be a valid Modifier code.
			Descriptions and Instructions: Modifier 4 - Indicate the appropriate two-digit Modifier code matching the correct OCA. **Refer to the OCA Codes and Descriptions for SERV Table in Appendix 5 – Data Code Tables.**

Field Name	Pos	Type / Size	Edits and Validations
BLANK	110	CHAR(3)	• Space filled.
	Descriptions and Instructions: No longer used.		
PROVINFO	113	CHAR(20)	• Left justified/space filled.
	Descriptions and Instructions: Provider Information - Local use only		
FUND2	133	CHAR(1)	• Space filled.
	Descriptions and Instructions: Funding Source 2 - No longer used as of 07/01/2015.		
CONTNUM2	134	CHAR(5)	• Format: XXXXX; space filled.
	Descriptions and Instructions: Enter the contract number that the service provider has with the Managing Entity to provide services. **To be implemented as of July 1, 2016**		
PROVIDERID (Mandatory Key)	139	CHAR(10)	• Format: XX-XXXXXXX • Provider must be registered in SAMHIS. • Must match PROVIDERID in DEMO record.
	Descriptions and Instructions: Provider Id - The provider id is the Federal Employer Identification Number of the entity which provides the service to the client.		
SERVBILLED	149	CHAR(8)	• Format: XXXXX.XX; Right justified/zero-filled. • **Mandatory** for non-bundled services
	Descriptions and Instructions: Service Billed Amount - Enter the dollar amount for the service that the provider billed the contractor based on the actual service units provided for the clients served. **NOTE:** ME's must submit an annual rate table for "bundled" services.		
SERVPAID	157	CHAR(8)	• Format: XXXXX.XX; Right justified/zero-filled. • **Mandatory** for non-bundled services
	Descriptions and Instructions: Services Paid Amount - Enter the dollar amount for the service that the contractor paid the provider based on actual service units billed and paid. **NOTE:** ME's must submit an annual rate table for "bundled" services.		
TXBEGIN	165	CHAR(2)	• Format XX; 01 or spaces • 01 is **mandatory** for COVRDSVCS = 03, 09, 18, 19, 20, 21, 24, 36, 37, 38, or 39 (see below)
	Descriptions and Instructions: Treatment Begin Code – Used to determine the day treatment began. This is a new field effective July 1, 2015. Enter 01 to indicate the beginning of a service for the following covered service types. Leave spaces if covered service is the continuation of the beginning service. [03] Crisis Stabilization [24] Substance Abuse Detoxification [09] Inpatient [36] Room & Board w/supervision, Level 1 [18] Residential Level 1 [37] Room & Board w/supervision, Level 2 [19] Residential Level 2 [38] Room & Board w/supervision, Level 3 [20] Residential Level 3 [39] Short Term Residential Treatment [21] Residential Level 4 **See example listed below.**		

Field Name	Pos	Type / Size	Edits and Validations
TXEND	167	CHAR(2)	• Format XX; 01 or spaces • 01 is **mandatory** for COVRDSVCS = 03, 09, 18, 19, 20, 21, 24, 36, 37, 38, or 39 (see below).
			Descriptions and Instructions: Treatment End Code – Used to determine the day treatment ended. This is a new field effective July 1, 2015. Enter 01 to indicate the end of a service for the following covered service types. [03] Crisis Stabilization [24] Substance Abuse Detoxification [09] Inpatient [36] Room & Board w/supervision, Level 1 [18] Residential Level 1 [37] Room & Board w/supervision, Level 2 [19] Residential Level 2 [38] Room & Board w/supervision, Level 3 [20] Residential Level 3 [39] Short Term Residential Treatment [21] Residential Level 4 **See Example listed below.**

Example for reporting TXBEGIN and TXEND:
    First day of service TXBEGIN = 01   TXEND = spaces
    Continued days of same service TXBEGIN = spaces   TXEND = spaces
    Last day of service TXBEGIN = spaces   TXEND = 01

If service begins and ends on the same day, TXBEGIN and TXEND will both be 01.