



PCNX USER GUIDE

**SAN MATEO COUNTY
BEHAVIORAL HEALTH & RECOVERY SERVICES
OCTOBER 2025**

REVISION HISTORY

REVISED DATE	REVISED BY	REVISIONS
10/2025	A. OSTREA	NEW GUIDE – SYSTEM UPGRADE

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1. WHAT IS PCNX?

PCNX is the upgraded version of PCONN and serves as the **web-based application** for San Mateo County Contracted Providers to submit claims to San Mateo County Behavioral Health & Recovery Services (BHRS).

Access:

 LIVE Environment

<https://smbhrspcnx.netsmartcloud.com/#/home>

Key Features:

- Access member demographic information
- Submit claims
- Run reports, including:
 - ❖ Explanation of Benefits (EOB)
 - ❖ Authorization

Benefits of PCNX:

- Modern and user-friendly interface
- Compatible with major web browsers (Microsoft Edge, Google Chrome, Mozilla Firefox)
- Faster claims processing
- 24/7 secure online access

2. HOW TO LOGIN TO PCNX

Open your web browser and go to:

 <https://smbhrspcnx.netsmartcloud.com/#!/home>



System

 SMBHRS LIVE 

Login with Enterprise Credentials

1  [Login with Local Credentials](#)

Attention

The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

1. Click “**Login with Local Credentials**”



System

 SMBHRS LIVE 

System Code

 LIVE  

Username

 Enter Username 

Password

 Enter Password  

Login 

[Login with Enterprise Credentials](#)

Attention

The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

2. **System Code** – type “**SPPN**” (after LIVE)
3. **Username** – enter the assigned username
4. **Password** – enter the assigned password
5. Click “**Login**”

i

System Generated Password

6

Your current password is system generated. You must enter a new password.

OK

?

New password entry

7

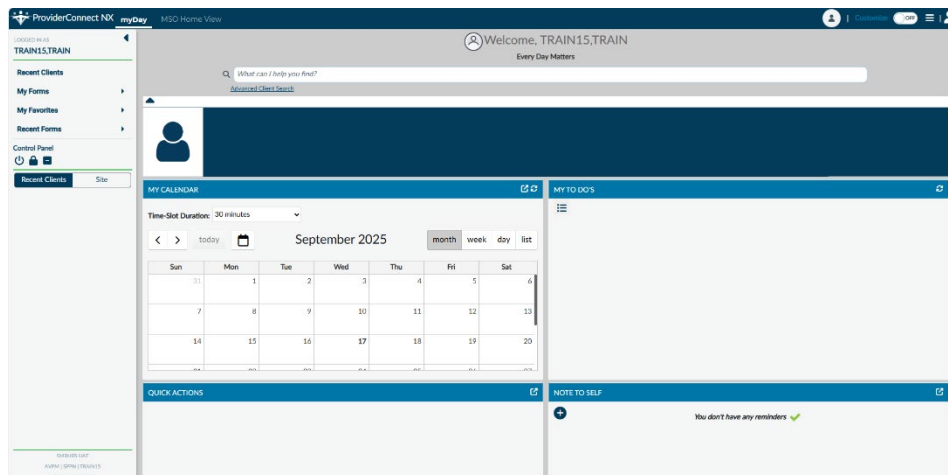
Enter New Password

Re-Enter New Password

OK

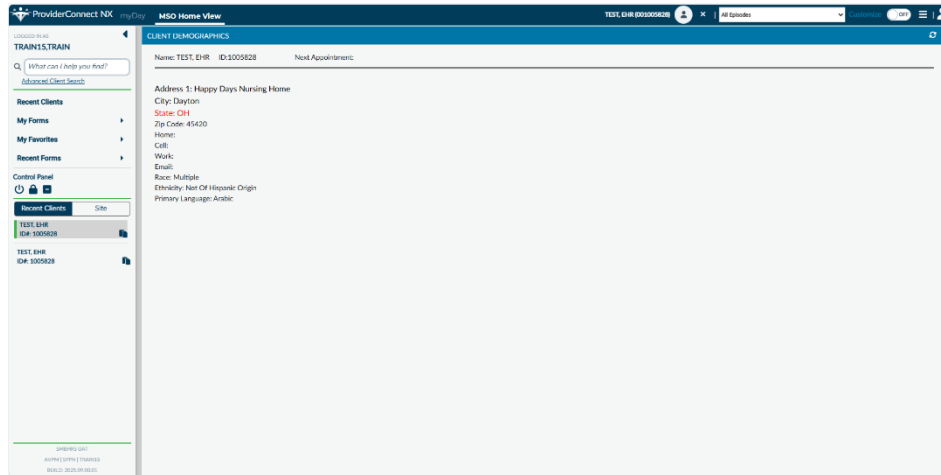
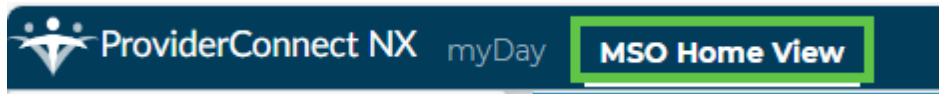
6. On your first login, you will be prompted to **create a new password**

7. Enter a new password



Once successful, you will be directed to the **Home Page**

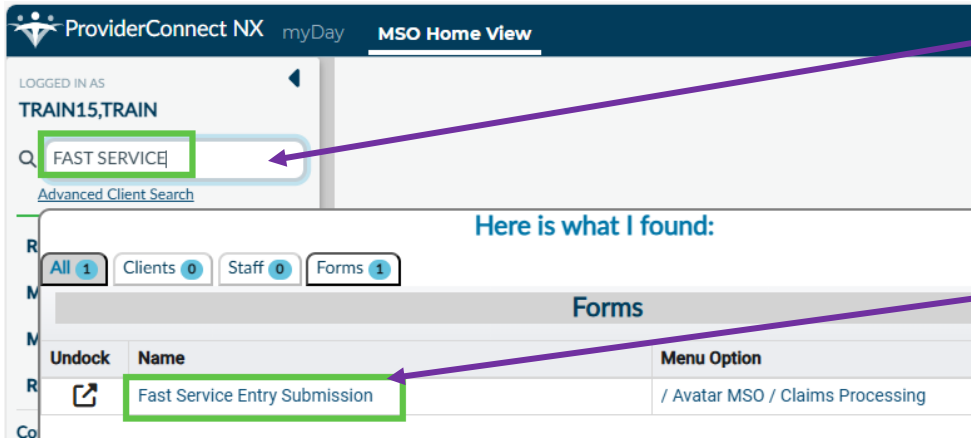
3. MSO HOME VIEW



Widgets on Home View: **Client Demographics**

4. HOW TO SUBMIT TREATMENT SERVICES/CLAIMS (BILLING)

Step 1: Open Fast Service Entry Submission Form



From the MSO Home View, search for **Fast Service Entry Submission**

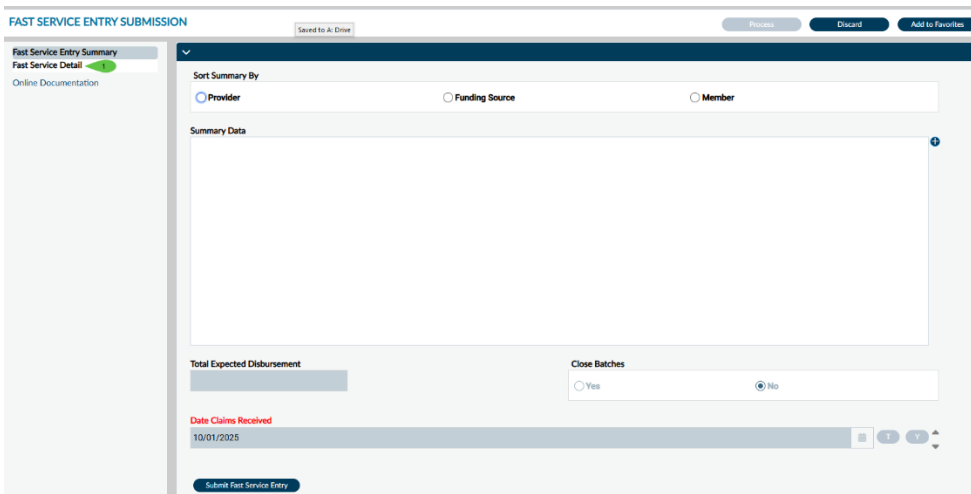
Here is what I found:

Forms

Undock	Name	Menu Option
	Fast Service Entry Submission	/ Avatar MSO / Claims Processing

Double click to open the form

Step 2: Enter Claim Details



FAST SERVICE ENTRY SUBMISSION

Fast Service Entry Summary
Fast Service Detail
Online Documentation

Sort Summary By
☒ Provider ☐ Funding Source ☐ Member

Summary Data

Total Expected Disbursement

Close Batches
☐ Yes ☒ No

Date Claims Received
10/01/2025

Submit Fast Service Entry

1. Navigate to Fast Service Detail

FAST SERVICE ENTRY SUBMISSION

Process Discard Add to Favorites

Fast Service Entry Summary
Fast Service Detail
Online Documentation

Fast Service Entry Summary *

Member Name Or ID	Funding Source	Provider	Date Of Service	Procedure Code	Location	Duration (Minutes)	Billed Amount
No records.							

1 Add New Item Edit Selected Item Delete Selected Item

Copy Data On Add *

☐ Yes ☐ No

Procedure Code Type *

☐ CPT® Codes ☐ Revenue Code

Member Name Or ID * 3

Funding Source * 5

10

Results

BHRS (10)

Provider * 7

Performing Provider 8

Performing Provider Type 9

Date Of Service * 2

Type Of Service 4

Select

Inpatient

Outpatient

Procedure Code * 6

Total Charge * 10

Service Units * 11

Enter required claim details:

1. Click **Add New Item**
2. **Date of Service** – Enter the date the service was provided.
3. **Member Name or ID** – Type the client's name or MRN, then select from the list.
4. **Type of Service** – Use the drop-down menu and select **Outpatient**.
5. **Funding Source** – Enter 10 and select **BHRS (10)** from the options.
6. **Procedure Code** – Enter the procedure code for the service, then select the correct option from the list.
7. **Provider** – Type the rendering provider's last name and select from the list.
Note: If you are billing as a business provider or an agency, enter and select the business name or agency name instead.
8. **Performing Provider** –
 - a. **For individual provider:** this field will pre-populate with the rendering provider's name.
 - b. **For business provider or agency:** enter and select the name of the rendering provider.
9. **Performing Provider Type** – Click the drop-down arrow and select the correct option.
10. **Total Charge** – Enter the service charge in dollar amount format (e.g., 125.00).
11. **Service Units** – Enter the total number of units provided.

Location 12

OFFICE

☒ Location ID Number

☐ Location Description

Results

OFFICE (A)

SMMC OFFICE (6)

Duration (Minutes) * 13

Display Valid Authorizations 14

Authorization Number *

Does This Service Represent An Admission 17

☐ Yes ☐ No

Diagnosis * 18

Billed Amount

Allowed Amount

0.00

Total Fee Table Amount *

0.00

Expected Disbursement *

0.00

Approved Units *

0

Member Deductible *

0.00

Member Co-Pay *

0.00

Third Party Amount Paid

0.00

12. **Location** – Enter and select from the list the location where the service was rendered.
13. **Duration (Minutes)** – Enter the duration of the service.
Note: The duration must match the time documented in the progress note.
14. **Display Valid Authorizations** – Click on the button to view all authorizations on file.

Authorization Listing

Member () 'Funding Source' (BHRS)

Auth #	Provider	Level of Care	Start Date	End Date
64275	MFT SPPN,	Default Rate	07/01/2025	09/30/2025

15

16

OK **Cancel**

15. Select the applicable authorization for the service.
16. Click **OK** – The selected authorization will populate to the **Authorization Number** field.

Display Valid Authorizations

Authorization Number *

64279

17. **Does This Service Represent An Admission** – Select **“No”**.

18. **Diagnosis** – Enter either the diagnosis name or code then select the correct option from the list.

 Notes:

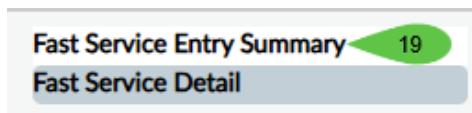
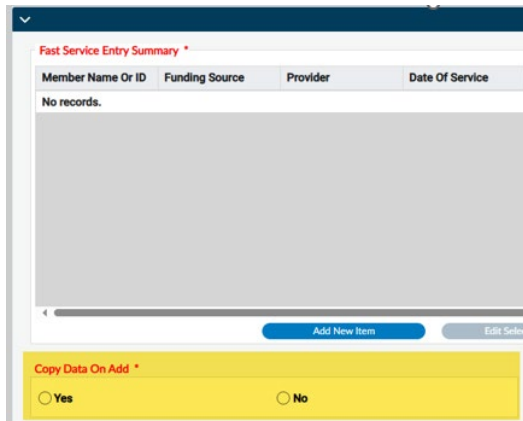
- ❖ **Third Party Amount Paid:** if you have a client with third-party insurance, such as Medicare Noridian, or private insurance, and have billed the service, enter the payment here.

Third Party Amount Paid

- ❖ **For multiple services for the same client (same batch entry)** – Click on the **Add New Item**. All the information from the previous row will be copied into the new row. Update the following fields as needed if they differ:

- Date Of Service
- Procedure Code
- Total Charge
- Service Units
- Location
- Duration (Minutes)

- ❖ **For services for a different client (same batch entry)** – Click **“No”** for **Copy Data on Add**. A new blank row will be generated.



19. Return to the **Fast Service Entry Summary** tab.

FAST SERVICE ENTRY SUBMISSION

Fast Service Entry Summary
Fast Service Detail
Online Documentation

Sort Summary By
☐ Provider

Summary Data
To display summary information c

Total Expected Disbursement
0.00

Date Claims Received
09/25/2025

20 Submit Fast Service Entry

20. **Submit Fast Service Entry** – Click to submit the form.

21. A **Batch** number is generated upon successful submission.

21 Fast Service Entry

Batch created: 14698

OK

5. REPORTS

To access the reports:

1. In the search bar, type **PCNX**.
2. Select the report you want to run from the search results.

Provider EOB Report V2 (PCNX)

1. **Contract Provider** – Use the drop-down menu to select the provider or agency.
2. **EOB Number** – Use the drop-down menu to select the EOB.
3. **Process** – Click to generate the report. The report will open, allowing you to **view**, **print** or **export** report.

Authorization Report (PCNX)

AUTHORIZATION REPORT (PCNX)

Authorization Report (PCNX)

Client *

Contract Provider *

Authorization *

1. **Client** – Type the client's name or MRN, then select from the list. Use the drop-down menu to select the provider or agency.
2. **Contract Provider** – Use the drop-down menu to select the contract provider.
3. **Authorization** – Use the drop-down menu to select the authorization.
4. **Process** – Click to generate the report. The report will open, allowing you to **view, print or export** the report.

SAP CRYSTAL REPORTS*

Find... 1 of 1 100%

Main Report

 SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Authorization Report (PCNX)

Authorization Number: 64280	Start: 9/1/2025	End: 12/31/2025
Type Of Authorization: Outpatient	Next Review Date:	
Current Authorization: Approved	Auth. Status Reason: APPROVED AS ROUTINE	
Initial Or Continued Auth.: Continuing	Auth. Level Care: DEF - Default Rate	

Contracting Provider Information		Member Information	
Provider:		Member:	TEST,EHR (1005828)
Phone:		DOB:	1/1/1990
Fax:		Home Phone:	
Email:		Cell Phone:	
Address:	REDWOOD CITY, CA, 94063	Work Phone:	
Performing Provider:		Address:	Happy Days Nursing Home, Dayton, OH 45420
Account:	No Entry	Letter Type:	ADULT
Performing Provider Type:		Primary Diagnosis:	ICD-10 / F31.0
Level Of Care:	Outpatient	Secondary Diagnosis:	ICD-10 /

Auth. Fields	1	2	3	4	5	6	7	8	9	10
Codes *	C-OPPSY									
Units	20									
Associated CPT Codes with C-OPPSY										
90832 - Psychotherapy 30 minutes										
90834 - Outpatient Psychotherapy 52 minutes										
90837 - Outpatient Psychotherapy 60 minutes										
Internal Comments:										
Comments On Authorization:										