PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING BUT NOT BATCHED:

1. Go to Provider Agency -> Billing -> Claim Item List
2. Item Status is defaulted to Awaiting Review. Complete the Plan, Facility, and Service Date fields. Click Go.
3. Click the Actions pencil and open the Profile of Item # or service date that is determined by QM as disallowed.
4. On Profile screen -> Administrative Actions, click the Reject (Back Out) hyperlink.
5. On the next screen, select the Rejection Reason “Other”. Enter your comment/reason why you’re rejecting the claim. Click the Confirm button.

![Image of rejection reason selection](image)

**Note:** The rejected claim will go back to the Encounter screen (in red font).

6. Go to Encounter List and click the pencil icon to open the Encounter Profile.

![Image of encounter profile](image)

7. On the Encounter Profile screen, change the Note Type from the current status to Non-Billable (if a service is disallowed).

![Image of encounter profile with note type changed](image)

8. Update the Billable field to “No” and DMC Billable to “No”.

9. Save and click Finalize Encounter.
PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING AND BATCHED BUT THE BATCH IS STILL IN THE PROVIDER CLAIM BATCH LIST FOLDER UNDER AWAITING REVIEW STATUS:

1. Provider must go to Agency -> Billing -> Claim Batch List -> select Status: Awaiting Review and click Go to view the Batch that you need to work on.

2. Select the Batch # and hover the mouse on the pencil icon and click Claim Items.

3. Check mark the box next to the Claim # that you need to back out, then click the Remove from Claim Batch link.
   **Note:** If you need to select and remove all claims, check mark the top box in between the Actions and Claim # columns.

4. To find the removed claim, the provider must go to Agency folder-> Billing-> Claim Item List under Awaiting Review status.
5. Open the Claim Profile by clicking the Actions pencil next to the Claim #.

6. On the Profile screen, click the Administrative Action “Reject (Back Out).

7. On the next screen, select the Rejection Reason “Other”. Enter your comment/reason why you’re rejecting the claim and click the Confirm button.

8. The rejected claim will go back to the Encounter screen (in red font). Click the pencil icon to open the Encounter Profile.

9. On the Encounter Profile screen, change the Note Type from the current status to Non-Billable (if a service is disallowed).

10. Update the Billable field to “No” and the DMC Billable to “No”.

11. Save and click Finalize Encounter.
RESIDENTIAL BED DAY: DISALLOWED SERVICES IN SANWITS THAT HAVE BEEN RELEASED TO BILLING

PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING, BATCHED, AND SUBMITTED TO THE GOVERNMENT CONTRACT BUT NOT YET SUBMITTED TO THE STATE:

1. Provider must contact the Billing Unit at 619-338-2584 or send an email to ADSBillingUnit.HHSA@sdcounty.ca.gov if a disallowed service is batched and submitted to the Government Contract.

2. Billing Unit will adjudicate all the submitted bed day claims in the Government Contract and will put on hold the disallowed claims in the Agency’s Claim Item List folder.

   **Note:** SanWITS has no functionality to remove or back out a bed day claim once the batch is submitted to the Government Contract. Billing Unit can only place the disallowed claims on hold in the provider’s Claim Item List folder to prevent billing them to the State.

3. To view the bed day claims on hold, provider should login to SanWITS -> Agency -> Billing -> Claim Item List folder under Hold status.

   ![Claim Item Search](image)

   **Note:** Provider is responsible in monitoring all the claims on hold in Claim Item List, including disallowances.
PROVIDER STEPS WHEN A DISALLOWED SERVICE IS IDENTIFIED AFTER BATCH IS BILLED TO THE STATE:

1. Provider must complete the void form or “Payment Recovery form”. This form (with instructions) is in the OPTUM website ->Billing tab:

   https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/dmc-ods.html

   **Note:** Providers must carefully review the client and claim details in SanWITS (in Claim Item List screen) when completing the Payment Recovery form. Please contact the Billing Unit at 619-338-2584 if you need assistance in completing the form.

2. Secure email the Payment and Recovery form to ADSBillingUnit.HHSA@sdcounty.ca.gov.
   **Note:** Provider must retain the original copy for disallowance or void units tracking purposes.

3. Billing Unit will handle the claim’s payment reversal or void process in SanWITS.

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**Disclaimer:** Billing Unit’s disallowance tip sheet provides guidance on how to process the disallowed claims in SanWITS once services have been released. The tip sheet does not advice on what county will reimburse nor does it decide on what should be disallowed.

**Important emails or contacts:**
For compliance or disallowance questions: QIMatters.HHSA@sdcounty.ca.gov
For invoicing and claiming questions: BHS-Claims.HHSA@sdcounty.ca.gov
For technical questions: SUD_MIS_Support.HHSA@sdcounty.ca.gov
For billing questions: ADSBillingUnit.HHSA@sdcounty.ca.gov