

RESIDENTIAL CM: DISALLOWED SERVICES IN SANWITS THAT HAVE BEEN RELEASED TO BILLING

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.

RESIDENTIAL CM: DISALLOWED SERVICES IN SANWITS THAT HAVE BEEN RELEASED TO BILLING

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

This action will cause this service to be rejected back to the clinician. If you are sure you want to do this, then enter a reason and click confirm.

Rejection Reason

Other Comments

Cancel Confirm

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.

	9/3/2019	Case Management 3.1 RES	530426	Staff, Rendering	ODS 3.1 RES	Rejected (Details)
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7. On the Encounter Profile screen, change the Note Type from the current status to Non-Billable (if a service is disallowed).

Encounter 2 of 7

Note Type

ENC ID

Program Name

Service

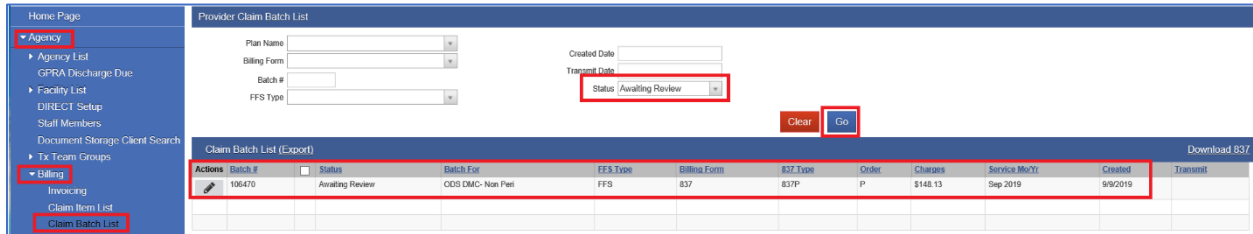
Service Location

8. Update the Billable field to “No” and DMC Billable to “No”.
9. Save and click Finalize Encounter.

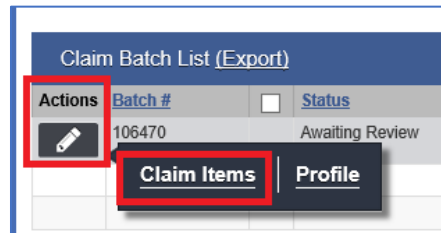
RESIDENTIAL CM: DISALLOWED SERVICES IN SANWITS THAT HAVE BEEN RELEASED TO BILLING

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:

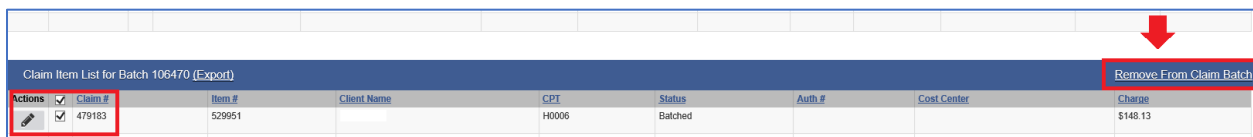
1. Provider must go to Agency -> Billing -> Claim Batch List -> select Status: Awaiting Review and click Go to view the Batch that you need to work on.



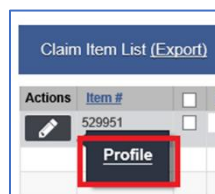
2. Select the batch # and hover the mouse on the pencil icon and click Claim Items.



3. Check mark the box next to the Claim # that you need to back out and click the Remove from Claim Batch link.



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 #.

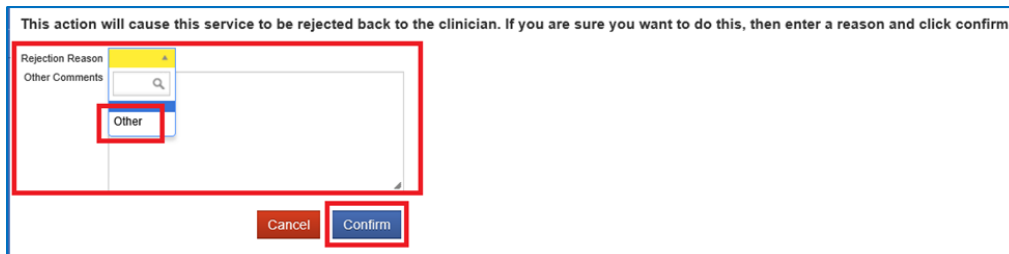


RESIDENTIAL CM: DISALLOWED SERVICES IN SANWITS THAT HAVE BEEN RELEASED TO BILLING

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 rejected the claim and click the Confirm button.

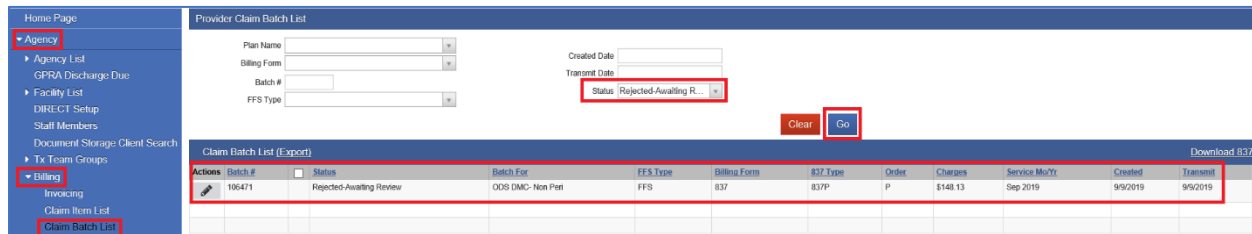


8. The rejected claim will go back to the Encounter screen (in red font). Click the pencil icon to open the Encounter Profile.
9. On the Encounter Profile screen, change the Note Type from the current status to Non-Billable (if a service is disallowed).
10. Update the Billable field to “No” and DMC Billable to “No”.
11. Save and click Finalize Encounter.

RESIDENTIAL CM: DISALLOWED SERVICES IN SANWITS THAT HAVE BEEN RELEASED TO BILLING

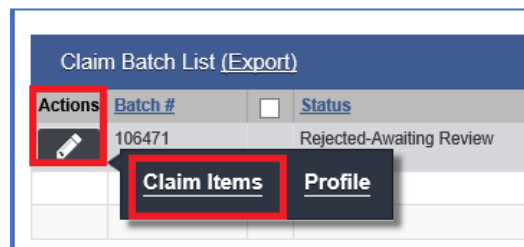
PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING, BATCHED, AND SUBMITTED TO THE CLEARING HOUSE BUT NOT YET SUBMITTED TO THE STATE:

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 needs to be removed from the submitted batch to the Clearing House.
2. Billing Unit will reject the batch and will notify the provider to proceed with the steps.
3. Once the batch is rejected by Billing Unit, the provider should login to SanWITS -> Agency -> Billing -> Claim Batch List folder.
4. Click the Status dropdown and select "Rejected-Awaiting Review" then click the Go button.



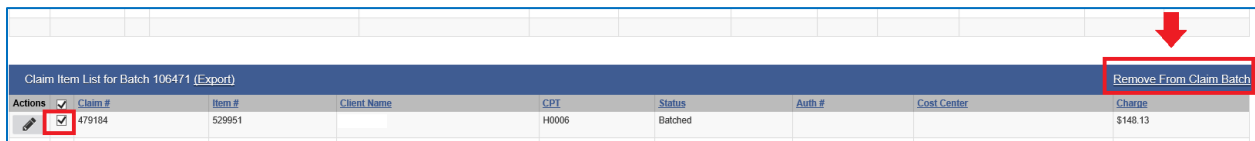
Note: The provider should know the batch # / Service Month and Year/ the Total Charges to identify the batch to process in the Claim Item List folder.

5. Hover the mouse on the Actions pencil next to the Batch # and click the Claim Items hyperlink to open the list.



RESIDENTIAL CM: DISALLOWED SERVICES IN SANWITS THAT HAVE BEEN RELEASED TO BILLING

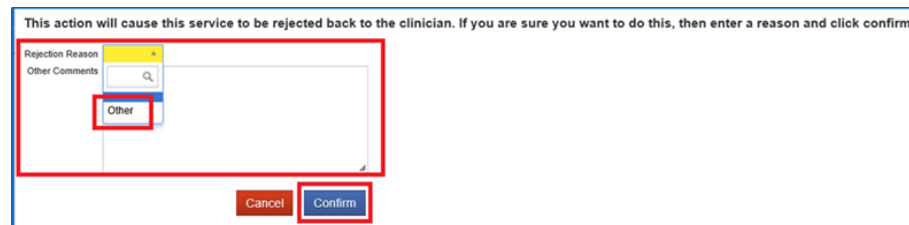
6. Check mark the box next to the Claim # that you need to back out and click the [Remove from Claim Batch](#) link.



Actions	Claim #	Item #	Client Name	CPT	Status	Auth #	Cost Center	Charge
<input checked="" type="checkbox"/>	479184	529951		H0006	Batched			\$148.13

Note: You should only check the top box between the Actions and Claim # titles if you need to select and remove all the claims within the batch.

7. Provider must go to Agency -> Billing -> Claim Item List -> select Status: Awaiting Review.
8. Open the Claim Profile and click the Administrative Action “Reject (Back Out).”
Note: There is no bulk reject. You need to individually open the claim profile and reject/back out the claim.
9. On the next screen, select the Rejection Reason “Other”. Enter your comments and click the Confirm button.



This action will cause this service to be rejected back to the clinician. If you are sure you want to do this, then enter a reason and click confirm.

Rejection Reason
Other Comments

Other

Cancel Confirm

10. The rejected claim will go back to the Encounter screen (in red font). Click the pencil icon to open the Encounter Profile.
11. On the Encounter Profile screen, change the Note Type from the current status to Non-Billable (if a service is disallowed).
12. Update the Billable field to “No” and DMC Billable to “No”.
13. Save and click Finalize Encounter.

RESIDENTIAL CM: DISALLOWED SERVICES IN SANWITS THAT HAVE BEEN RELEASED TO BILLING

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 check 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.

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 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](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

For billing questions: ADSBillingUnit.HHSA@sdcounty.ca.gov