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. Providers have the option to reject a single claim or reject in bulk.
 - A. To reject a single claim or individually:
 - Click the Actions pencil and open the Profile of Item # or service date that is determined by QM as disallowed.

Home Page	Claim Item Search										
✓ Agency	Plan	¥.	Group Enroliment		٣	ENC ID					
 Agency List 	Client First Name		Client Last Name			Charge					
GPRA Discharge Due	Subscriber/Resp Party First		S/R Party Last Name			Service					
 Facility List 	Subscriber/Resp Party Account		Rendering Stat			Service Date					
DIRECT Setup	7		i teneoning ona			ounce pare					
Staff Members	Autronzation #	All Association Development				1					
Document Storage Client Search	Item Status	All Awaiting Review *	Facility		Ÿ						
Tx Team Groups	FFS Type	¥									
- Billing	Add-On Level	Ψ.									
Invoicing	Group Session ID										
Claim Item List					Clear Go						
Claim Batch List											
Encounter List	Administrative Actions										
EOB Transaction List	Create Agency Batches Cr	reate Facility Batches									
Payment List											
Billing Transaction List	Claim Item List (Export)										Update Status
Client Balance	Astions Item #	Client Name	FFE Tune	Add On Lough	Coming Data	Ferries	Duration	Status	Delegas Data	Charge	Crown Repairs ID
Clearing House Item		Cheric Marine	EE9	None	9/26/2010	HODOLALANIG	70 Min	Awaiting Review	9/26/2019	S110.19	Group syssion to
Clearing House Batch	Destin							that hig rearies			
Cost Center	Profile										
k Doune Blan Liet											

Under Administrative Actions, click the Reject (Back Out) hyperlink.

Profile for Claim Item #				
ENC ID: 530530 Group Session ID:	Delivered Service:	H0004/UA/	/HG	
Drogram: OTD	Service Start:	9/26/2019	12:00 AM	
Diagnoses: E10 120 / /	Duration:	70 Min	12.00 AM	
Pregnant:	# Sessions/Units:	1		
Status: Awaiting Review	Rendering Staff:	Staff, Rene	dering	
Pender Fre			-	5 (O)
			FFS Type	Fee for Service
Billing 7.00 X Rate / Unit \$15.74 = \$110.18			Cost Center	Y
			Billing Note	
Group Enrollment Medi-Cal - Non Perinatal [ODS DMC- Non Peri]1	Ψ.	Encounter Post Date	9/26/2019
	Tier Type		Created Date	9/26/2019 10:29 AM
Payor Billing Service Individual Counseling OTP: H0004/UA/HG			v	
Service Location Non-residential SUD TX Facility				
Unit Desc 1 unit = 10 Min				
Administrative Astiona				
Holu Kelease Reject				
			Cancel Save	Finish

B. <u>To reject multiple claims/ in bulk:</u>

- Item Status is defaulted to Awaiting Review. Complete the Plan, Facility, and Service Date fields. Click Go.
- Put a check mark on all the claims that you need to reject, then click the Reject button.

Claim	Item Sear	ch											
		_			_								
		F	Plan ODS DMC- N	Ion Peri	▼ Gr	pup Enrollment			* ENC ID				
	Client F	irst Na	ime		CI	ent Last Name			Charge				
Subs	scriber/Resp	Party F	irst		S/R P	arty Last Name			Service				
Subscrib	per/Resp Par	ty Acco	unt		F	Rendering Staff			Service Date	12012021:1231			
	Auth	orizatio	# n#										
		em Sta	itus All Awaiting F	Review	*	Facility OTP	Facility		▼ Claim Item ID				
	Ac	jud Sta	itus		v	FFS Type		¥					
	Add	I-On Le	evel	Ŧ									
	Group	Session	1 ID										
	Unique Clie	nt Num	ber			PCCN			Claim Batch ID				
	Ho	ld Rea	son		* R	everse Reason			v				
								Clear	Go				
Admin	Agonav Bat	tions -	Croate Eacility Br	atabaa									
Create	Ayency bau	<u>nes</u>	Credie Facility Dr	aicries				_					
Clain	n Item Liet	(Evn	ort)		Pavarsa	Adjust	Pei	ect					Undate Status
Ciali			<u>ony</u>		Reveise	Aujusi		<u></u>					
Actions	ltem #		Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	ENC ID	Group Session ID
	533481			FFS	None	12/1/2021	H0004/UA/HG	60 Min	Awaiting Review	12/6/2021	\$201.30	533896	
A	533482			FFS	None	12/2/2021	H0005/UA/HG	50 Min	Awaiting Review	12/6/2021	\$16.80	533897	

4. 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 v	vill cause this	s service to be rejec	ted back to t	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	

Note: The rejected claim will go back to the Encounter screen.

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

	Enco	ounter List (Expor	<u>t)</u>					
1	Actions	Svc Date	Service	ENC ID	Rendering Staff	Program Name	Group Session ID	Status
	1	9/26/2019	Individual Counseling OTP	530530	Staff, Rendering	OTP		Rejected (Details)

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

Encour	nter ₭	< 2	of 7	>	₩		
	Note Type	DMC Billa	ble				
•	ENC ID	1				Q,	
Pr	ogram Name						6/3
	Service	DMC Billa	ble				
	0011100	County B	llable				
		Bed Mana	agement Ce	nsus	Note		
Sen	vice Locatio	Non Billa	ble				

- 7. Update the Billable field to "No" and DMC Billable to "No".
- 8. The Disallowed field must be a Yes, then select the appropriate Disallowance Reason from the drop-down menu.

-														
	Encounter 🔣	< 5	of 16 >	₩										
	Note Type	Non Billable			Ψ.									
L	ENC ID													
	Program Name	OTP Facility/ODS	OTP : 8	/1/2021 -							~			
•	Service	Individual Counse	eling OTF	þ							v	Billable	No	Ψ.
ł	Disallowance Reason	(3) Same day billi	ng not co	onsis 🔻								Disallowed	Yes	Ψ.
							Start Date	12/6/2021	***	Er	nd Date	**		
L	Service Location	Non-residential St	ubstance	Abuse TX	(Facility	T	Start Time	11:00 AM		Er	nd Time	12:00 PM		
	Travel Duration	0	Min	w.		Docum	entation Duration	0	Min	Ψ				
	Session Duration	60	Min	w.			Total Duration	60	Min	Ψ				
	Contact Type	Face To Face	Ŧ											
l				Emergen	су			# Units	of Service s/Sessions	1				
				Visit Typ	be AS-As	sessme	nt	*	Medi-Cal Billable:	No	Ψ.			
	Pregnant/Postpartum	lo v												

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.

Home Page	Provid	er Claim Batch	n List									
- Agency		Plan Name			v							
 Agency List 		Billing Form			v	Created Date						
GPRA Discharge Due		Batch #				Transmit Date						
 Facility List 		FFS Type			Y	Status Awaitin	ng Review 🔻					
DIRECT Setup								_				
Staff Members								Clear	Go			
Document Storage Client Search	Clain	n Batch List (E	vnor	n								
 Tx Team Groups 	Citain	n baien eisi <u>te</u>	хроп	<u>,</u>								
- Billing	Actions	Batch #		Status	Batch For	FFS Type	Billing Form	837 Type	Order	Charges	Service Mo/Yr	Created
Invoicing	A	106478		Awaiting Review	ODS DMC- Non Peri	FFS	837	837P	Р	\$110.18	Sep 2019	9/26/2019
Claim Item List												
Claim Batch List												
Encounter List												

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

Clair	n Batch List <u>(E</u>	xport)
Actions	Batch #		<u>Status</u>
ø	106478		Awaiting Review
	Claim Iten	1 S	Profile

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

Clai	n Iter	n List for Batch 10647	78 <u>(Export)</u>							Rer	nove From Claim Batch
Actions	~	Claim #	ltem #	Client Name	<u>CI</u>	<u>PT</u>	Status	Auth #	Cost Center		Charge
A	\checkmark	479196	530003		H	10004	Batched				\$110.18

4. To find the removed claim, the provider must go to Agency folder-> Billing-> Claim Item List under Awaiting Review status.

- **5.** From the Claim Item List screen, Providers have the option to reject a single claim or reject in bulk.
 - A. <u>To reject a single claim or individually:</u>
 - Click the Actions pencil and open the Profile of Item # or service date that is determined by QM as disallowed.

Home Page	Claim Item Search										
- Agency	Plan	1	Group Enrollme	nt		* ENCID					
Agency List	Client First Name		Cilent Last Nan	no		Charge					
GPRA Discharge Due	Subscriber/Reop Party First		S/R Party Lant Nam	ne		Senire					
 Facility List 	Subscriber/Resp Party Account		Dendedaa Ok			Canada Data	_				
DIRECT Setup			reenseing on			Service Date					
Staff Members	Autorization #			- 1		1000					
Document Storage Client Search	Item Status All Aw	ating Review	Face	ny		×.					
 Tx Team Groups 	FFS Type	111	5								
- Biling	Add-On Level	15									
Invoicing	Group Session ID					-					
Claim Rem List					Clear G						
Claim Batch List	Administrative Automa				_						
Encounter List	Administrative Actions										
EOB Transaction List	Medic Autors Delates Control of	UNIT DELUTES									
 Payment List 	Outro Marcal Marcal										Destate Class
Billing Transaction List	Claim Item List (Lxport)										· Optiano State
Client Balance	Actions Hom # Class IN	ama	FFS Type	Add On Level	Service Date	Servico	Duration	Status	Release Date	Chargo	Group Session ID
Clearing House Item	530002		FFS	None	9/26/2019	H0004/UA/H0	70 Min	Awaiting Review	9(26/2019	\$110.18	
Clearing House Batch	Profile										
Cost Center											

> Under Administrative Actions, click the Reject (Back Out) hyperlink.

ENC ID:	530530	D	elivered Service:	H0004/UA/	HG		
Group Session ID:							
			Service Start:	9/26/2019	12:00 AM		
Program:	ОТР		Service End:	9/26/2019	12:00 AM		
Diagnoses:	F10.120 / /		Duration:	70 Min			
Pregnant:		4	# Sessions/Units:	1			
Status:	Awaiting Review		Rendering Staff:	Staff, Reno	lering		
Service Fee					FFS Type	Fee for Service	
Billing 7.00 X	Rate / Unit \$15.74 = \$110.18				Cost Center		Ŧ
					Billing Note		
Group Enrollme	nt Medi-Cal - Non Perinatal [ODS DMC- No	lon Peri] 1		v	Encounter Post Date	9/26/2019	
			Tier Type		Created Date	9/26/2019 10:29 AM	
Payor Billing Ser	vice Individual Counseling OTP: H0004/UA	VHG			w.		
Service Loca	tion Non-residential SUD TX Facility						
Unit E	lesc 1 unit = 10 Min						
Administrative Actions	1		_				
Hold	Release	Reject (Back	Out)				
					Cancel Save	Finish	

B. <u>To reject multiple claims/ in bulk:</u>

- Item Status is defaulted to Awaiting Review. Complete the Plan, Facility, and Service Date fields. Click Go.
- Put a check mark on all the claims that you need to reject, then click the Reject button.

Claim Item Search						
Plan ODS DMC- Non Peri Client First Name Subscriber/Resp Party First Mame Authorization # Authorization # Adjud Status Adjud Status	Group Enr Client Last Si/R Party Last Renderin v FF:	Name Stand	v 	ENC ID Charge Service Date 12012021:1231 Jaim Item ID		
Unique Client Number Hold Reason	* Reverse R	PCCN	Clear Go	Claim Batch ID		
Administrative Actions Create Agency Batches Create Facility Batches			_			
Claim Item List (Export)	Reverse	Adjust Reje	ect			Update Status
Actions Item # Client Name FFS Type S 533481 FFS 533482 FFS FFS FFS FFS FFS FFS FFS F	Add-On Level Serve None 12/1/2 None 12/2/2	Service 0021 H0004/UA/HG 0021 H0005/UA/HG	Duration Status 60 Min Awaiting F 50 Min Awaiting F	Release Date Review 12/6/2021 Review 12/6/2021	Charge ENC ID \$201.30 533896 \$16.80 533897	Group Session ID

6. 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 t	nis service to be rejected back to th	ne clinician. If you are sure you want to do this, then enter a reason and click confirm.
Rejection Reason		
	Cancel	

Note: The rejected claim will go back to the Encounter screen.

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

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



- 9. Update the Billable field to "No" and DMC Billable to "No".
- **10.** The Disallowed field must be a Yes, then select the appropriate Disallowance Reason from the drop-down menu.

Encounter K	< 5	of 16 >	₩								
Note Type	Non Billable		v								
ENC ID											
Program Name	OTP Facility/ODS	OTP : 8/	/2021 -					v			
Service	Individual Counse	ling OTP						Ψ.	Billable	No	Ψ.
Disallowance Reason	(3) Same day billi	ng not cor	isis 🔻						Disallowed	Yes	w.
					Start Date	12/6/2021	1	End Date	**		
Service Location	Non-residential S	ubstance	Abuse TX Facility	· •	Start Time	11:00 AM		End Time	12:00 PM		
Travel Duration	0	Min	r	Document	tation Duration	0	Min	v			
Session Duration	60	Min	r		Total Duration	60	Min	w			
Contact Type	Face To Face	v									
			Emergency			# of Units/s	Service Sessions	I			
			Visit Type AS-A	Assessment		- T	Medi-Cal Billable:	No 🔻			
Pregnant/Postpartum	10 v										

11. Save and click Finalize Encounter.

OTP: 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:

- Provider must contact the Billing Unit at 619-338-2584 or send an email to <u>ADSBillingUnit.HHSA@sdcounty.ca.gov</u> 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.
- Once the batch is rejected by Billing Unit, the provider should login to SanWITS -> Agency -> Billing -> Claim Batch List folder.
- Click the Status dropdown and select "Rejected-Awaiting Review" then click the Go button.

Home Page	Provi	der Claim Bat	ch Lis	t									
- Agency		Plan Name	0	Ψ.									
 Agency List 		Billing Form	n 📃	v	Create	1 Date							
GPRA Discharge Due		Batch	1064	78	Transm	t Date							
 Facility List 		FFS Type		×	L	Status Rejected-Awa	iting R 👻						
DIRECT Setup													
Staff Members								Clear	Go				
Document Storage Client Search	Clai	im Batch List (Evno	d)									Download 837
 Tx Team Groups 	Cond.				0.445	550 X	0.00	007 T					
- Billing	Actions	Hatch #		Status Deleted Augure Devices	Batch For	FES Type	Billing Form	837 Type	Order	Charges	Service Mo/TT	Created	
Invoicing	ø	106478		Rejected-Awaiting Review	ODS DMC- Non Pen	FFS	837	837P	Р	\$110.18	Sep 2019	9/26/2019	9/30/2019
Claim Item List													
Claim Batch List													

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.



 Check the box next to the Claim # that you need to back out and click the <u>Remove from</u> <u>Claim Batch</u> link.

Tx Team Groups	Clai	m Batch List	(Expo	<u>ل)</u>										Download 837
- Billing	Actions	Batch #		Status		Batch For	FFS Type	Billing Form	837 Type	Order	Charges	Service Mo/Yr	Created	Transmit
Invoicing	A	106478		Rejected-Awaiting Review		ODS DMC- Non Peri	FFS	837	837P	Р	\$110.18	Sep 2019	9/26/2019	9/30/2019
Claim Item List														
Claim Batch List														
Encounter List														
EOB Transaction List	01-1		- 0-4	- 400470 (E.m									Demonst	From Olaim Datab
 Payment List 	Uldi	II ILEIT LISUIC	л рац										Remove	FIUIT Claim Daton
Billing Transaction List	Actions	Claim #		Item #	Client Nar	ne		CPT	Status	A	<u>ith #</u>	Cost Center	Chi	rge
Client Balance	A	479196		530003	Release, N	lovember2018		H0004	Batched				\$11	0.18

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.** From the Claim Item List screen, Providers have the option to reject a single claim or reject in bulk.
 - A. <u>To reject a single claim or individually:</u>
 - Click the Actions pencil and open the Profile of Item # or service date that is determined by QM as disallowed.

Home Page	Claim Item Search										
 Agency 	ſ	Plan	Group Enrollment		Ŧ	ENC ID					
 Agency List 	Client First N	lame	Client Last Name			Charge					
GPRA Discharge Due	Subscriber/Resp Party	First	S/R Party Last Name			Service					
 Facility List 	N Subscriber/Resp Party Acc	iount	Rendering Staf			Service Date	_				
DIRECT Setup	Authorizat	F									
Staff Members	Itom S	tatus All Awaiting Review	Eaclith		*	1					
Document Storage Client Search	1011 3	Tatos Par Awaiting Roview	Parcenty								
 Tx Team Groups 	FF0	Type									
- Billing	Correct Correction	.evel 1									
Invoicing	Group Sessi	CLUK									
Claim Item List					Clear Go						
Claim Batch List	- Administrative Actions										
Encounter List	Create Agency Batches	Create Facility Batches									
EOB Transaction List											
 Payment List 	Claim Item List (Ex	nort)									Update Status
Billing Transaction List	Chain Hom Last <u>199</u>	10001									
Client Balance	Actions Item#	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
Clearing House Item	531002		FFS	None	9/26/2019	H0004/UA/HG	70 Min	Awaiting Review	9/26/2019	\$110.18	
Cleaning House Batch	Profile										
Cosi Cenier											

> Under Administrative Actions, click the Reject (Back Out) hyperlink.

	530530	Delivered Service:	H0004/UA/	HG		
Group Session ID:		Familae Starts	0/20/2040	42.00 444		
Drogram:	OTP	Service Start:	9/26/2019	12:00 AM		
Diagnoses:	E10 120 / /	Duration:	70 Min	12.00 AM		
Pregnant:	10.120 / /	# Sessions/Units:	1			
Status: A	waiting Review	Rendering Staff:	Staff, Rend	lering		
rvice Fee				EES Type	Fee for Service	
Pilling				in only be	Tee IN Derrice	
Units 7.00 X I	Rate / Unit \$15.74 v = \$110.18			Cost Center		
				Billing Note		
Group Enrollmen	Medi-Cal - Non Perinatal [ODS DMC- Non Peri] 1		٣	Encounter Post Date	9/26/2019	
		Tier Type		Created Date	9/26/2019 10:29 AM	
Payor Billing Servi	ce Individual Counseling OTP: H0004/UA/HG					
Service Locati	on Non-residential SUD TX Facility					
	sc 1 unit = 10 Min	1				
Unit De						
Unit De Iministrative Actions						

B. <u>To reject multiple claims/ in bulk:</u>

- Item Status is defaulted to Awaiting Review. Complete the Plan, Facility, and Service Date fields. Click Go.
- Put a check mark on all the claims that you need to reject, then click the Reject button.

Claim	Item Sear	ch											
Subs	Client F scriber/Resp ber/Resp Par Auth	PI First Nar Party Fi Nar by Accou	an ODS DMC- ne ne ne me me me me me me me me me m	Non Peri	S/R	Client Last Name Party Last Name Rendering Staff Facility OT	P Facility		ENC II Charg Service Dat Claim Item II	b e e 12012021:1231			
	Ad Ado Group S Unique Clier Ho	jud Stat I-On Le Gession ht Numt Id Reas	us	v 	v	PCCN		Clear	Claim Batc II Go	n D			
Create	Agency Bate	ions –	Create Facility (Batches				_					
Clair	n Item List	(Expo	ort)		Reverse	Adjus	st Re	ject					<u>Update Status</u>
Actions	ltem #		Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	<u>Status</u>	Release Date	Charge	ENC ID	Group Session ID
6	533481			FFS	None	12/1/2021	H0004/UA/HG	60 Min	Awaiting Review	12/6/2021	\$201.30	533896	
A	533482			FFS	None	12/2/2021	H0005/UA/HG	50 Min	Awaiting Review	12/6/2021	\$16.80	533897	

9. 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 w	vill cause	this service to be rejected back to t	he clinician. If you are sure you want to do this, then enter a reason and click confirm.
Rejection Reason Other Comments	م Q Other		
		Cancel Confirm	

Note: The rejected claim will go back to the Encounter screen.

- **10.** Go to Encounter List and 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 the DMC Billable to "No".

13. The Disallowed field must be a Yes, then select the appropriate Disallowance Reason from the drop-down menu.

Noto Tupo	Non Pilloble									
Note Type	NOT Diliable		×							
ENC ID		OTD .	0/4/20204							
Program Name	OTP Facility/ODS	OIP . a	5/1/2021 -				Ŧ		_	_
Service	Individual Counse	eling OT	P				Ψ.	Billable	No	Ŧ
Disallowance Reason	(3) Same day billi	ng not c	onsis 🔻					Disallowed	Yes	-
				Start Date	12/6/2021		End Date	6		
Service Location	Non-residential S	ubstanc	e Abuse TX Facility	▼ Start Time	11:00 AM		End Time	12:00 PM		
Travel Duration	0	Min	w	Documentation Duration	0	Min	*			
Session Duration	60	Min	w	Total Duration	60	Min	*			
Contact Type	Face To Face	٣								
			Emergency	¥	# of S Units/Set	ervice 1				
						di Cal				

14. Save and click Finalize Encounter.

<u>PROVIDER STEPS WHEN A DISALLOWED SERVICE IS IDENTIFIED AFTER BATCH IS BILLED TO</u> 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/dmcods.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.

 Secure email the Payment and Recovery form to <u>ADSBillingUnit.HHSA@sdcounty.ca.gov</u>. 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.
- 4. We will contact the provider/s if we have any questions or concerns about the submitted form or claims to be voided.

Note: OTP providers should update the disallowance field in the encounter screen to YES and select the appropriate disallowance reason if a billed and paid claim has been determined as disallowed, and the Payment Recovery Form has been submitted to the SUD Billing Unit.

Important Emails or Contacts:

For compliance questions: <u>QIMatters.HHSA@sdcounty.ca.gov</u>

For invoicing and claiming questions: <u>BHS-Claims.HHSA@sdcounty.ca.gov</u>

For technical questions: <u>SUD_MIS_Support.HHSA@sdcounty.ca.gov</u>

For billing questions: <u>ADSBillingUnit.HHSA@sdcounty.ca.gov</u>

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.
