

# OUTPATIENT: 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.

Claim Item Search

Plan: [Dropdown] Group Enrollment: [Dropdown] ENC ID: [Text]

Client First Name: [Text] Client Last Name: [Text] Charge: [Text]

Subscriber/Resp Party First Name: [Text] S/R Party Last Name: [Text] Service: [Text]

Subscriber/Resp Party Account #: [Text] Rendering Staff: [Text] Service Date: [Text]

Authorization #: [Text] Facility: [Dropdown]

Item Status: [Dropdown] FFS Type: [Dropdown]

Add-On Level: [Dropdown] Group Session ID: [Text]

Clear Go

Administrative Actions

Create Agency Batches Create Facility Batches

Claim Item List (Export)

| Actions  | Item # | Client Name | FFS Type | Add-On Level | Service Date | Service     | Duration | Status          | Release Date | Charge  |
|----------|--------|-------------|----------|--------------|--------------|-------------|----------|-----------------|--------------|---------|
| [Pencil] | [Text] | [Text]      | FFS      | None         | 6/27/2019    | H0004/UA/HG | 50 Min   | Awaiting Review | 7/6/2019     | \$79.40 |
| [Pencil] | [Text] | [Text]      | FFS      | None         | 6/24/2019    | H0004/UA/HG | 10 Min   | Awaiting Review | 8/8/2019     | \$15.88 |

4. On Profile screen -> Administrative Actions, click the Reject (Back Out) hyperlink.

Profile for Claim Item # [Text]

ENC ID: [Text] Delivered Service: H0004/UA/HG

Group Session ID: [Text] Service Start: 6/27/2019 12:00 AM

Program: ODS OTP Service End: 6/27/2019 12:00 AM

Diagnoses: F11.20 / / Duration: 50 Min

Pregnant: No # Sessions/Units: 1

Status: Awaiting Review Rendering Staff: [Text]

Service Fee

Billing Units: 5.00 X Rate / Unit: \$15.88 = \$79.40

FFS Type: Fee for Service

Group Enrollment: Medi-Cal - Non Perinatal [ODS DMC- Non Peri] 1

Tier Type: [Text] Cost Center: [Text]

Payor Billing Service: Individual Counseling OTP: H0004/UA/HG

Encounter Post Date: 7/6/2019

Service Location: Non-residential Substance Abuse TX Facility

Created Date: 7/6/2019 8:46 AM

Unit Desc: 1 unit = 10 Min

Administrative Actions

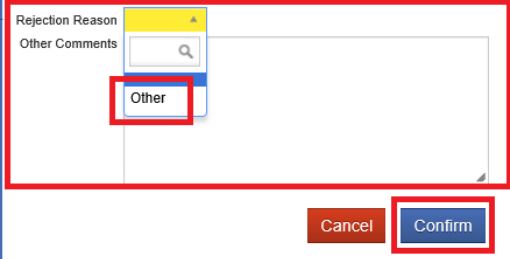
Hold Release **Reject (Back Out)**

Cancel Save Finish

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- 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

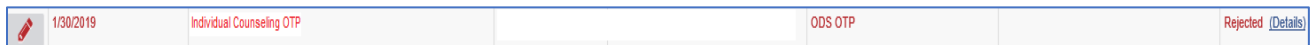
Other Comments

Other

Cancel Confirm

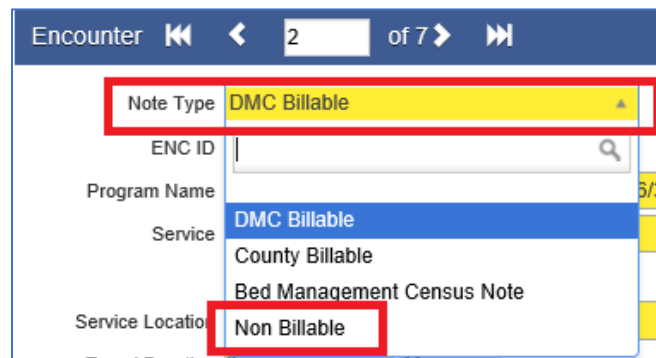
**Note:** The rejected claim will go back to the Encounter screen (in red font).

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



1/30/2019 Individual Counseling OTP ODS OTP Rejected (Details)

- 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 DMC Billable

ENC ID

Program Name

Service DMC Billable

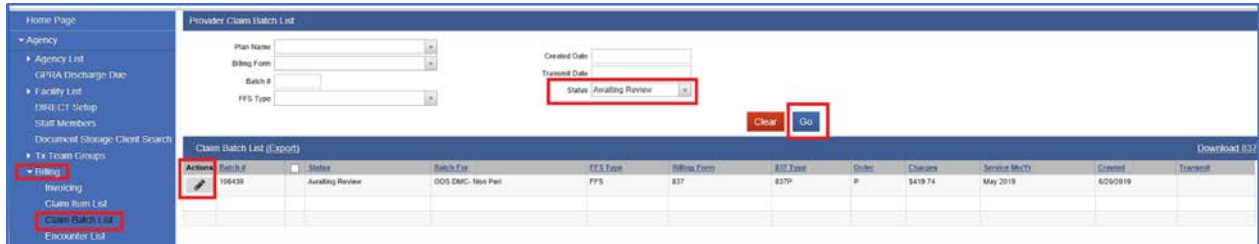
Service Location Non Billable

- Update the Billable field to "No" and DMC Billable to "No".
- Save and click Finalize Encounter.

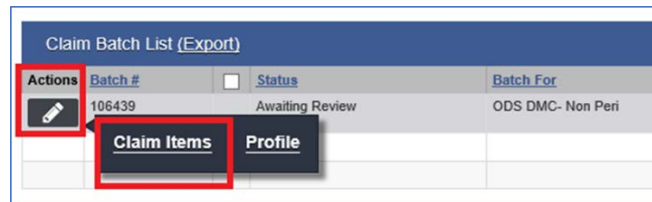
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## PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING AND BATCHED BUT THE BATCH IS STILL IN THE PROVIDER CLAIM BATCH LIST FOLDER UNDER AWAITING REVIEW STATUS:

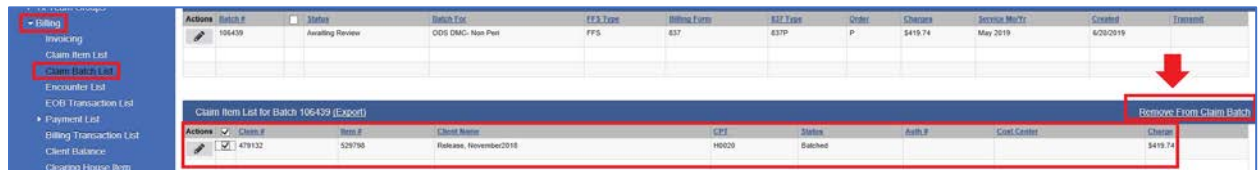
1. Provider must go to Agency -> Billing -> Claim Batch List -> select Status: Awaiting Review and click Go to view the Batch that you need to work on.



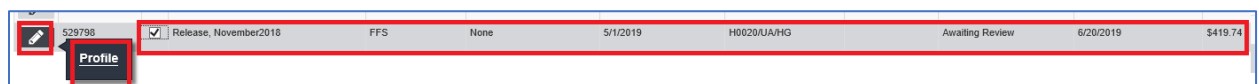
2. Select the batch # and hover the mouse on the pencil icon and click Claim Items.



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 #.

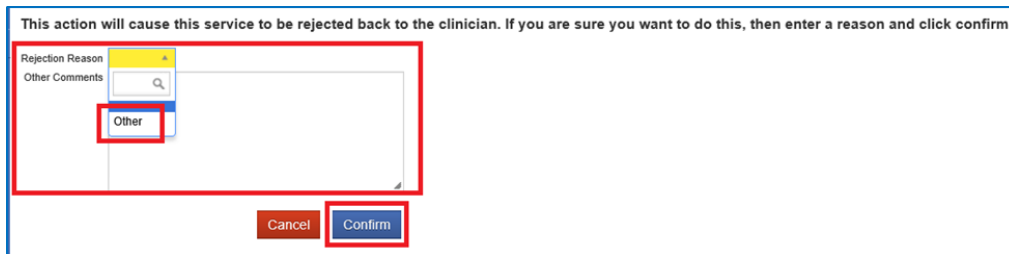


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6. On the Profile screen, click the Administrative Action “Reject (Back Out).”



7. On the next screen, select the Rejection Reason “Other”. Enter your comments 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.

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## 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](mailto: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.

| Action | Batch # | Status                   | Batch For         | FFS Type | Billing Form | RZT Type | Order | Charges  | Service Mo/Yr | Created  | Transmit |
|--------|---------|--------------------------|-------------------|----------|--------------|----------|-------|----------|---------------|----------|----------|
|        | 106466  | Rejected-Awaiting Review | CDS DMC- Non Part | FFS      | 837          | 837P     | P     | \$126.15 | Nov 2018      | 9/3/2019 | 9/3/2019 |

**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.

| Actions | Batch # | Status       |
|---------|---------|--------------|
|         | 106466  | Rejected-Awt |

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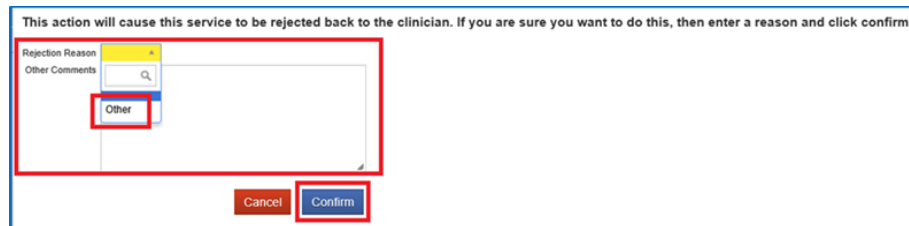
6. Check mark the box next to the Claim # that you need to back out and click the Remove from Claim Batch link.



**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 comment/reason why you’re rejecting the claim. Click the Confirm button.



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 the DMC Billable to “No”.
13. Save and click Finalize Encounter.

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### **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](mailto: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 advise 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](mailto:QIMatters.HHSA@sdcounty.ca.gov)

For invoicing and claiming questions: [BHS-Claims.HHSA@sdcounty.ca.gov](mailto: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](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov)