

## 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.

Claim Item Search

Plan: 53002, Group Enrollment: H0004/UA/HG, ENC ID: [blank], Client First Name: [blank], Client Last Name: [blank], Charge: [blank], Subscriber/Resp Party First Name: [blank], S/R Party Last Name: [blank], Service: [blank], Subscriber/Resp Party Account #: [blank], Rendering Staff: [blank], Service Date: 9/26/2019

Authorization # [blank], Item Status: All Awaiting Review, Facility: [blank], FFS Type: [blank], Add-On Level: [blank], Group Session ID: [blank]

Administrative Actions: Create Agency Batches, Create Facility Batches

Actions	Item #	Client Name	FES Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	53002		FFS	None	9/26/2019	H0004/UA/HG	70 Min	Awaiting Review	9/26/2019	\$110.18	

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

Profile for Claim Item # [blank]

ENC ID: 530530, Delivered Service: H0004/UA/HG, Group Session ID: [blank]

Program: OTP, Service Start: 9/26/2019 12:00 AM, Service End: 9/26/2019 12:00 AM, Diagnoses: F10.120 / /, Duration: 70 Min, Pregnant: [blank], # Sessions/Units: 1, Status: Awaiting Review, Rendering Staff: Staff, Rendering

Service Fee: Billing Units: 7.00 X Rate / Unit: \$15.74 = \$110.18, FFS Type: Fee for Service, Cost Center: [blank], Billing Note: [blank]

Group Enrollment: Medi-Cal - Non Perinatal [ODS DMC- Non Per] 1, Encounter Post Date: 9/26/2019, Tier Type: [blank], Created Date: 9/26/2019 10:29 AM

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

Service Location: Non-residential SUD TX Facility, Unit Desc: 1 unit = 10 Min

Administrative Actions: Hold, Release, **Reject (Back Out)**

Buttons: Cancel, Save, Finish

**B. To reject multiple claims/ in bulk:**

- 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

Group Enrollment: [ ] ENC ID: [ ]

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

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

Subscriber/Resp Party Account #: [ ] Rendering Staff: [ ] Service Date: 12/01/2021:1231

Authorization #: [ ]

Item Status: All Awaiting Review

Facility: OTP Facility

Claim Item ID: [ ]

Adjud Status: [ ] FFS Type: [ ]

Add-On Level: [ ]

Group Session ID: [ ]

Unique Client Number: [ ] PCCN: [ ] Claim Batch ID: [ ]

Hold Reason: [ ] Reverse Reason: [ ]

Clear Go

Administrative Actions

Create Agency Batches Create Facility Batches

Claim Item List (Export) Reverse Adjust **Reject** Update Status

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	ENC ID	Group Session ID
<input checked="" type="checkbox"/>	533481	[REDACTED]	FFS	None	12/1/2021	H0004/UA/HG	60 Min	Awaiting Review	12/6/2021	\$201.30	533896	
<input checked="" type="checkbox"/>	533482	[REDACTED]	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 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.

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

Encounter List (Export)

Actions	Svc Date	Service	ENC ID	Rendering Staff	Program Name	Group Session ID	Status
	9/26/2019	Individual Counseling OTP	530530	Staff, Rendering	OTP		Rejected (Details)

## OTP: DISALLOWED SERVICES IN SANWITS THAT HAVE BEEN RELEASED TO BILLING

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

The screenshot shows the Encounter Profile screen with the Note Type dropdown menu open. The current selection is "DMC Billable". The dropdown menu lists the following options: "DMC Billable", "County Billable", "Bed Management Census Note", and "Non Billable". The "Non Billable" option is highlighted with a red box.

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

The screenshot shows the Encounter Profile screen with the Disallowance Reason and Billable fields highlighted. The Disallowance Reason dropdown menu is open, showing the selected reason: "(3) Same day billing not consis...". The Billable field is set to "No" and the Disallowed field is set to "Yes".

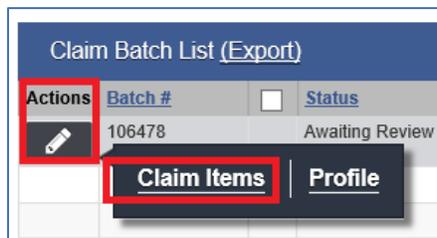
- Save and click Finalize Encounter.

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

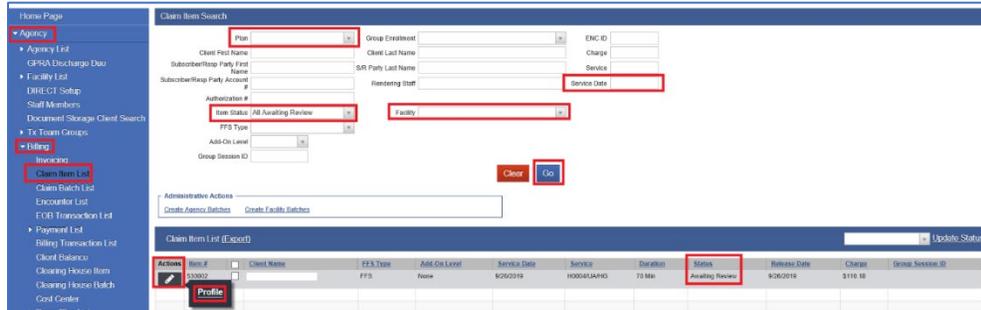


4. To find the removed claim, the provider must go to Agency folder-> Billing-> Claim Item List under Awaiting Review status.

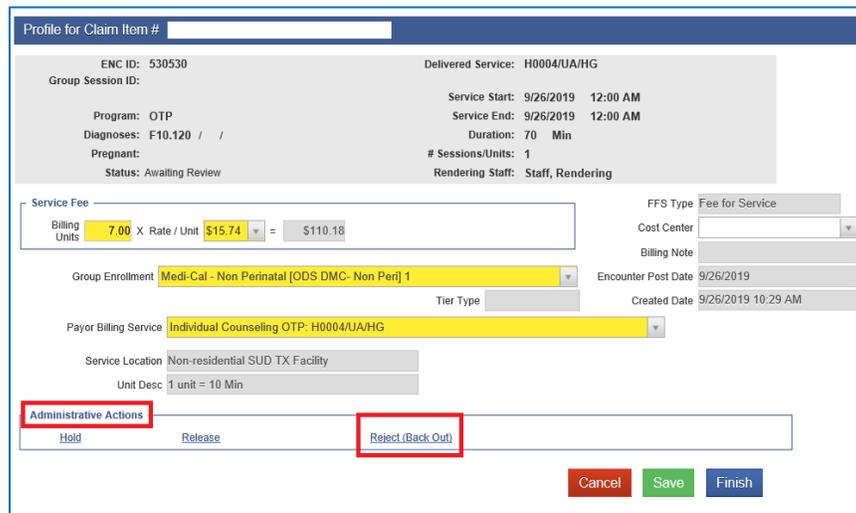
- From the Claim Item List screen, Providers have the option to reject a single claim or reject in bulk.

**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.



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



**B. To reject multiple claims/ in bulk:**

- 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

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

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

SIR Party Last Name: [Text] Service: [Text]

Rendering Staff: [Text] Service Date: 12/01/2021-12/31

Item Status: All Awaiting Review

Facility: OTP Facility

Claim Item ID: [Text]

FFS Type: [Dropdown]

PCCN: [Text] Claim Batch ID: [Text]

Reverse Reason: [Text]

Clear Go

Administrative Actions: [Text]

Claim Item List (Export) Reverse Adjust **Reject** Update Status

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	ENC ID	Group Session ID
<input checked="" type="checkbox"/>	533481	[Redacted]	FFS	None	12/1/2021	H0004/UA/HG	60 Min	Awaiting Review	12/6/2021	\$201.30	533896	
<input checked="" type="checkbox"/>	533482	[Redacted]	FFS	None	12/2/2021	H0005/UA/HG	50 Min	Awaiting Review	12/6/2021	\$16.80	533897	

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 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

Other Comments: [Text Area]

Cancel Confirm

**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.

- 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: [Search]

Program Name: [3/3]

Service: DMC Billable

Service Location: Non Billable

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

ENC ID: [Text]

Program Name: OTP Facility/ODS OTP : 8/1/2021 -

Service: Individual Counseling OTP

Disallowance Reason: (3) Same day billing not consis...

Billable: No

Disallowed: Yes

Start Date: 12/6/2021

End Date: [Text]

Start Time: 11:00 AM

End Time: 12:00 PM

Service Location: Non-residential Substance Abuse TX Facility

Travel Duration: 0 Min

Documentation Duration: 0 Min

Session Duration: 60 Min

Total Duration: 60 Min

Contact Type: Face To Face

Emergency: [Text]

Visit Type: AS-Assessment

# of Service Units/Sessions: 1

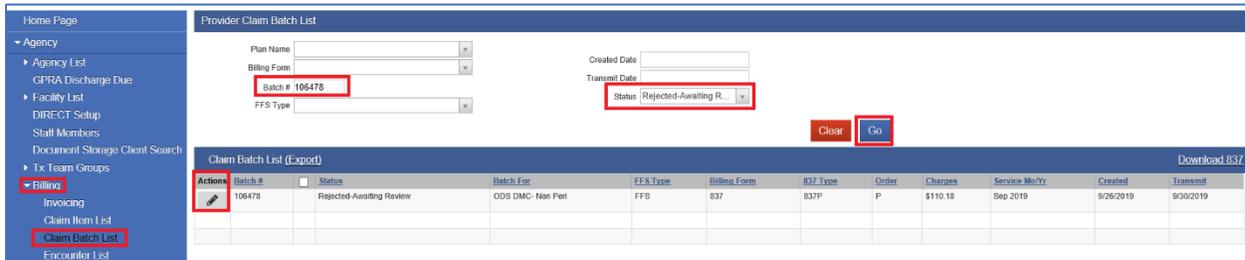
Medi-Cal Billable: No

Pregnant/Postpartum: No

- Save and click Finalize Encounter.

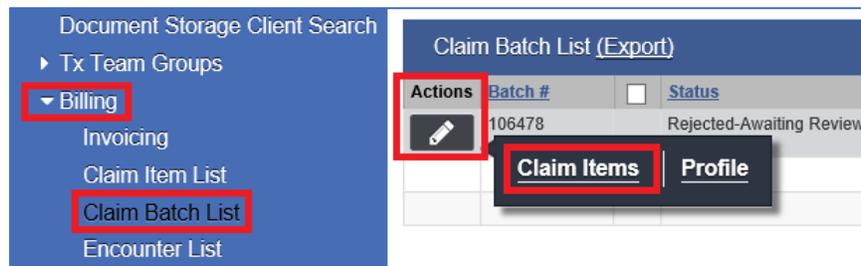
**PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING, BATCHED, AND SUBMITTED TO THE CLEARING HOUSE BUT NOT YET SUBMITTED TO THE STATE:**

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.



**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.



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

Actions	Batch #	Status	Batch For	FFS Type	Billing Form	837 Type	Order	Charges	Service Mo/Yr	Created	Transmit
	106478	Rejected-Awaiting Review	ODS DMC- Non Per	FFS	837	837P	P	\$110.18	Sep 2019	9/26/2019	9/30/2019

Actions	Claim #	Item #	Client Name	CPT	Status	Auth #	Cost Center	Charge
<input checked="" type="checkbox"/>	479196	530003	Release, November2018	H0004	Batched			\$110.18

**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. 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.

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	Group Session ID
	530002		FFS	None	9/26/2019	H0004/JA/HG	70 Min	Awaiting Review	9/26/2019	\$110.18	

# OTP: DISALLOWED SERVICES IN SANWITS THAT HAVE BEEN RELEASED TO BILLING

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

Profile for Claim Item # [redacted]

ENC ID: 530530      Delivered Service: H0004/UA/HG

Group Session ID: [redacted]

Program: OTP      Service Start: 9/26/2019 12:00 AM

Diagnoses: F10.120 / /      Service End: 9/26/2019 12:00 AM

Pregnant: [redacted]      Duration: 70 Min

Status: Awaiting Review      # Sessions/Units: 1

Rendering Staff: Staff, Rendering

Service Fee: Billing Units: 7.00 X Rate / Unit: \$15.74 = \$110.18

FFS Type: Fee for Service

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

Encounter Post Date: 9/26/2019

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

Service Location: Non-residential SUD TX Facility

Unit Desc: 1 unit = 10 Min

Administrative Actions: [Hold](#) [Release](#) [Reject \(Back Out\)](#)

Buttons: Cancel Save Finish

## B. To reject multiple claims/ in bulk:

- 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

Group Enrollment: [redacted]      ENC ID: [redacted]

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

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

Subscriber/Resp Party Account #: [redacted]      Rendering Staff: [redacted]      Service Date: 12/01/2021:1231

Authorization #: [redacted]      Facility: OTP Facility      Claim Item ID: [redacted]

Item Status: All Awaiting Review      FFS Type: [redacted]

Adjud Status: [redacted]

Add-On Level: [redacted]

Group Session ID: [redacted]

Unique Client Number: [redacted]      PCCN: [redacted]      Claim Batch ID: [redacted]

Hold Reason: [redacted]      Reverse Reason: [redacted]

Buttons: Clear Go

Administrative Actions: [Create Agency Batches](#) [Create Facility Batches](#)

Claim Item List (Export)      Reverse      Adjust      [Reject](#)      Update Status

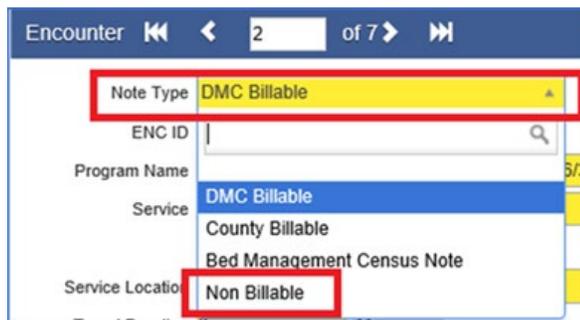
Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	ENC ID	Group Session ID
<input checked="" type="checkbox"/>	533481	[redacted]	FFS	None	12/1/2021	H0004/UA/HG	60 Min	Awaiting Review	12/6/2021	\$201.30	533896	
<input checked="" type="checkbox"/>	533482	[redacted]	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.



**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”.

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

The screenshot shows the SanWITS encounter form for encounter 5 of 16. The following fields are highlighted with red boxes:

- Note Type: Non Billable
- Disallowance Reason: (3) Same day billing not consis...
- Billable: No
- Disallowed: Yes
- Medi-Cal Billable: No

Other visible fields include: ENC ID, Program Name (OTP Facility/ODS OTP : 8/1/2021 -), Service (Individual Counseling OTP), Start Date (12/6/2021), End Date, Start Time (11:00 AM), End Time (12:00 PM), Service Location (Non-residential Substance Abuse TX Facility), Travel Duration (0 Min), Documentation Duration (0 Min), Session Duration (60 Min), Total Duration (60 Min), Contact Type (Face To Face), Emergency, # of Service Units/Sessions (1), Visit Type (AS-Assessment), and Pregnant/Postpartum (No).

- Save and click Finalize Encounter.

**PROVIDER STEPS WHEN A DISALLOWED SERVICE IS IDENTIFIED AFTER BATCH IS BILLED TO THE STATE:**

- 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.

- 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.
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: [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)

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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.