

# 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. 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.

The screenshot shows the 'Claim Item Search' interface. In the left sidebar, 'Billing' and 'Claim Item List' are highlighted. The main search area includes fields for Plan, Facility, and Service Date, all of which are highlighted with red boxes. A 'Go' button is also highlighted. Below the search area, there is a table of claim items. The first row is highlighted, and a 'Profile' button is visible next to it.

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

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

The screenshot shows the 'Profile for Claim Item #' interface. The top section displays service details: Program: ODS OTP, Diagnoses: F11.20, Status: Awaiting Review. The middle section shows service fee calculations: Billing Units: 5.00, Rate / Unit: \$15.88, Total: \$79.40. The bottom section shows administrative actions: Hold, Release, and Reject (Back Out). The 'Reject (Back Out)' button is highlighted with a red box.

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**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

Client First Name:

Subscriber/Resp Party First Name:

Subscriber/Resp Party Account #:

Authorization #:

Item Status: All Awaiting Review

Adjud Status:

Add-On Level:

Group Session ID:

Unique Client Number:

Hold Reason:

Group Enrollment:

Client Last Name:

S/R Party Last Name:

Rendering Staff:

Service Date: 01012018.0720

Facility: DMC Billing Test Facility

FFS Type:

PCCN:

Reverse Reason:

ENC ID:

Charge:

Service:

Claim Item ID:

Claim Batch ID:

Clear
Go

Administrative Actions

[Create Agency Batches](#) [Create Facility Batches](#)

Claim Item List (Export)
Reverse
Adjust
Reject

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	ENC ID
	527793	<input checked="" type="checkbox"/> Billing, First	FFS	None	11/14/2018	H0004/U7	70 Min	Awaiting Review	11/15/2018	\$156.68	531615
	528621	<input checked="" type="checkbox"/> Billing, First	FFS	None	3/1/2019	H0004/U7	15 Min	Awaiting Review	11/6/2019	\$33.55	540392
	529126	<input checked="" type="checkbox"/> Billing, First	FFS	None	5/6/2021	H0006/U7	55 Min	Awaiting Review	6/10/2021	\$116.41	545243

- 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

Other Comments:

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.

	1/30/2019	Individual Counseling OTP	ODS OTP	<span style="background-color: #c00000; color: white; padding: 2px;">Rejected</span> <a href="#">(Details)</a>
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6. 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' screen with a navigation bar at the top indicating '2 of 7' encounters. A dropdown menu for 'Note Type' is open, showing options: 'DMC Billable', 'County Billable', 'Bed Management Census Note', and 'Non Billable'. The 'DMC Billable' option is currently selected. The 'Non Billable' option is highlighted with a red box.

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.

The screenshot shows the full Encounter Profile screen. The 'Note Type' is set to 'Non Billable'. The 'ENC ID' is 545243. The 'Program Name' is 'DMC Billing Test Facility/OS : 9/20/2018 -'. The 'Service' is 'Case Management OS'. The 'Disallowance Reason' is '(1) Claimed reimbursement for...'. The 'Billable' field is set to 'No' and the 'Disallowed' field is set to 'Yes'. The 'Service Location' is 'Non-residential Substance Abuse TX Facility'. The 'Start Date' is 5/6/2021. The 'Start Time' is empty. The 'End Date' is empty. The 'End Time' is empty. The 'Travel Duration' is 0 Min. The 'Documentation Duration' is 5 Min. The 'Session Duration' is 50 Min. The 'Total Duration' is 55 Min. The 'Contact Type' is 'Face To Face'. The 'Emergency' field is empty. The '# of Service Units/Sessions' is 1. The 'Visit Type' is 'CM-Case Management'. The 'Medi-Cal Billable' field is set to 'No'. The 'Pregnant/Postpartum' field is set to 'Yes'.

9. Save and click Finalize Encounter.

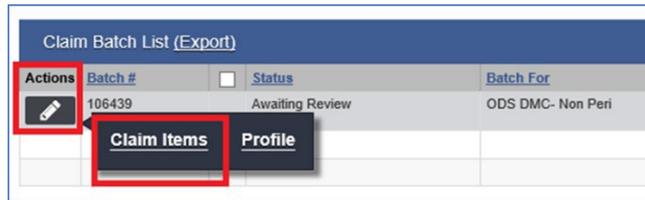
# OUTPATIENT: DISALLOWED SERVICES IN SANWITS THAT HAVE BEEN RELEASED TO BILLING

## 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:

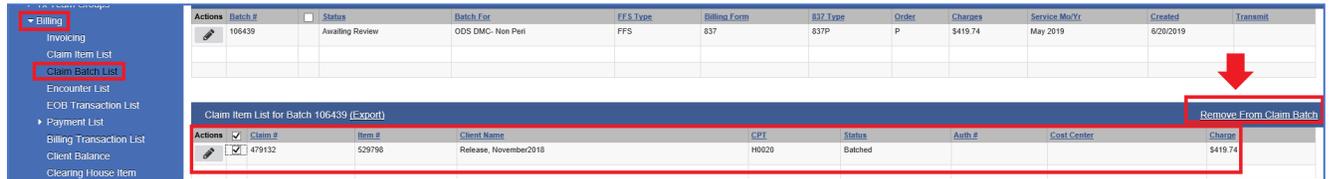
1. Provider must go to Agency -> Billing -> Claim Batch List -> select Status: Awaiting Review and click Go to view the Batch that you need to work on.



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



3. Check 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.

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5. 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.

The screenshot shows the 'Claim Item Search' interface. On the left is a navigation menu with 'Billing' and 'Claim Item List' highlighted. The main search area includes fields for Plan, Client Name, Service Date, and Facility. Below the search area is a table of claim items. The first item is highlighted, and a 'Profile' button is visible under its 'Actions' column.

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

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

The screenshot shows the 'Profile for Claim Item #' screen. It displays detailed information for a specific claim item, including service dates, duration, and status. The 'Administrative Actions' section at the bottom contains buttons for 'Hold', 'Release', and 'Reject (Back Out)', with 'Reject (Back Out)' highlighted.

ENC ID: [ ] Delivered Service: H0004/UA/HG  
 Group Session ID: [ ]  
 Program: ODS OTP Service Start: 6/27/2019 12:00 AM  
 Diagnoses: F11.20 / / Service End: 6/27/2019 12:00 AM  
 Pregnant: No Duration: 50 Min  
 Status: Awaiting Review # Sessions/Units: 1  
 Rendering Staff: [ ]

Service Fee: Billing Units 5.00 X Rate / Unit \$15.88 = \$79.40  
 FFS Type Fee for Service  
 Cost Center [ ]  
 Billing Note [ ]  
 Group Enrollment Medi-Cal - Non Perinatal [ODS DMC- Non Per] 1  
 Encounter Post Date 7/6/2019  
 Tier Type [ ] Created Date 7/6/2019 8:46 AM  
 Payor Billing Service Individual Counseling OTP: H0004/UA/HG  
 Service Location Non-residential Substance Abuse TX Facility  
 Unit Desc 1 unit = 10 Min

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

Buttons: [Cancel](#) [Save](#) [Finish](#)

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## 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.

Actions	Item #	Item Status	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	ENC ID
	527793	<input checked="" type="checkbox"/>	Billing, First	FFS	None	11/14/2018	H0004/U7	70 Min	Awaiting Review	11/15/2018	\$156.68	531615
	528621	<input checked="" type="checkbox"/>	Billing, First	FFS	None	3/1/2019	H0004/U7	15 Min	Awaiting Review	11/6/2019	\$33.55	540392
	529126	<input checked="" type="checkbox"/>	Billing, First	FFS	None	5/6/2021	H0006/U7	55 Min	Awaiting Review	6/10/2021	\$116.41	545243

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**

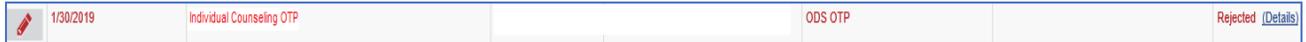
Other Comments: [Empty text area]

Buttons: Cancel, Confirm

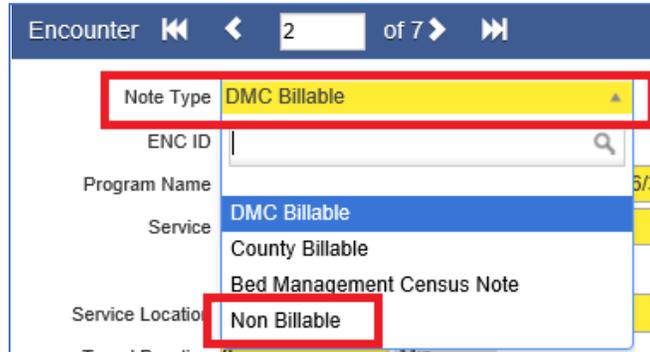
**Note:** The rejected claim will go back to the Encounter screen.

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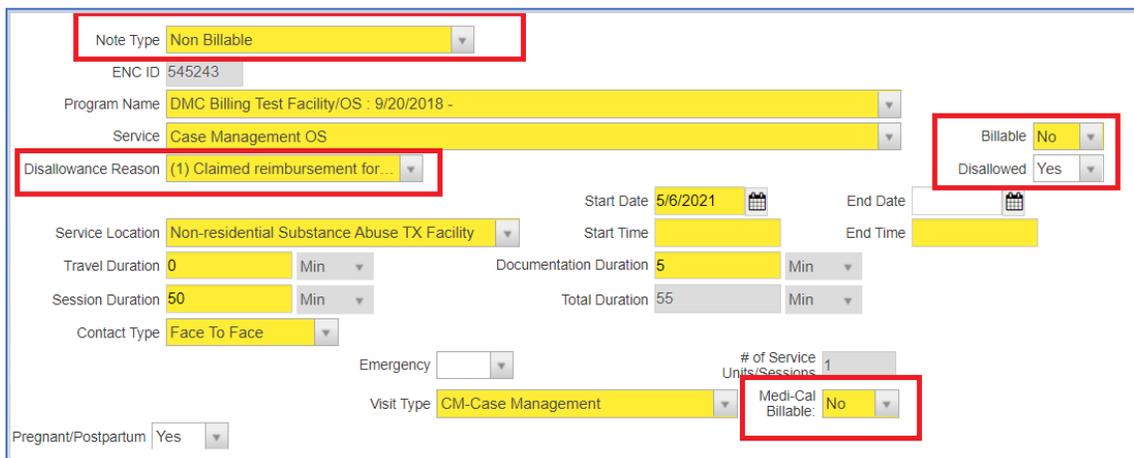
7. Go to Encounter List and click the pencil icon to open the Encounter Profile.



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.



11. Save and click Finalize Encounter.

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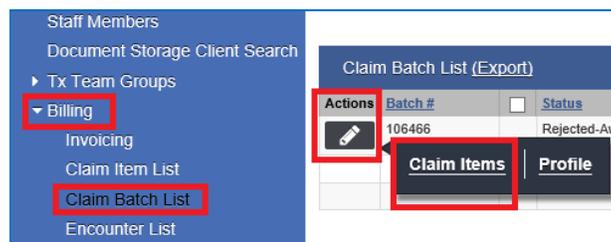
## PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING, BATCHED, AND SUBMITTED TO THE CLEARING HOUSE BUT NOT YET SUBMITTED TO THE STATE:

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	B37 Type	Order	Charges	Service Mo/Yr	Created	Transmit
	106466	Rejected-Awaiting Review	ODS DMC- Non Post	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.



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- 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	SIT Type	Order	Charges	Service Mo/Yr	Created	Transmitt
<input type="checkbox"/>	106466	Rejected-Awaiting Review	ODS OMC- Non Pen	FFS	837	837P	P	\$126.15	Nov 2018	9/3/2019	9/3/2019

Actions	Claim #	Item #	Client Name	CPT	Status	Auth #	Cost Center	Charge
<input checked="" type="checkbox"/>	479476	528480	Release, November2018	H0004	Batched			\$78.17
<input checked="" type="checkbox"/>	479177	528481	Release, November2018	H0020	Batched			\$40.62
<input checked="" type="checkbox"/>	479176	528482	Release, November2018	v5000	Batched			\$7.36

**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.

- Provider must go to Agency -> Billing -> Claim Item List -> select Status: Awaiting Review.
- 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.

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: [All Awaiting Review] FFS Type: [Dropdown]

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

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
<input type="checkbox"/>			FFS	None	6/27/2019	H0004/UA/HG	50 Min	Awaiting Review	7/6/2019	\$79.40
<input checked="" type="checkbox"/>			FFS	None	6/24/2019	H0004/UA/HG	10 Min	Awaiting Review	8/8/2019	\$15.88

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

Profile for Claim Item # [redacted]

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

Group Session ID: [redacted] 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: [redacted]

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 Encounter Post Date 7/6/2019

Payor Billing Service: Individual Counseling OTP: H0004/UA/HG Tier Type [redacted] Created Date 7/6/2019 8:46 AM

Service Location: Non-residential Substance Abuse TX Facility

Unit Desc: 1 unit = 10 Min

**Administrative Actions**

[Hold](#) [Release](#) [Reject \(Back Out\)](#)

[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

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

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

Subscriber/Resp Party Account #: [redacted] Rendering Staff: [redacted] Service Date: 01012018:0720

Authorization #: [redacted] Facility: DMC Billing Test Facility

Item Status: All Awaiting Review

Adjud Status: [redacted] FFS Type: [redacted]

Add-On Level: [redacted] Claim Item ID: [redacted]

Group Session ID: [redacted] PCCN: [redacted] Claim Batch ID: [redacted]

Unique Client Number: [redacted] Reverse Reason: [redacted]

Hold Reason: [redacted]

[Clear](#) [Go](#)

**Administrative Actions**

[Create Agency Batches](#) [Create Facility Batches](#)

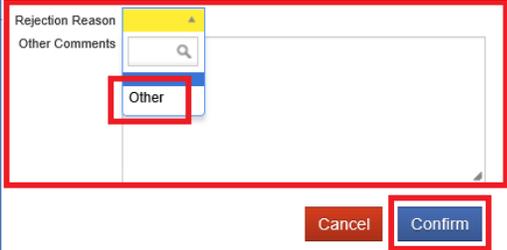
Claim Item List (Export) [Reverse](#) [Adjust](#) [Reject](#)

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	ENG ID
<input checked="" type="checkbox"/>	527793	Billing, First	FFS	None	11/14/2018	H0004/U7	70 Min	Awaiting Review	11/15/2018	\$156.68	531615
<input checked="" type="checkbox"/>	528621	Billing, First	FFS	None	3/1/2019	H0004/U7	15 Min	Awaiting Review	11/6/2019	\$33.55	540392
<input checked="" type="checkbox"/>	529126	Billing, First	FFS	None	5/6/2021	H0006/U7	55 Min	Awaiting Review	6/10/2021	\$116.41	545243

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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 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

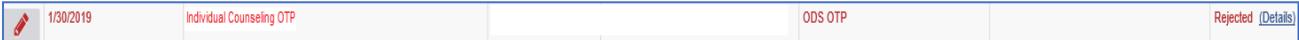
Other Comments

Other

Cancel Confirm

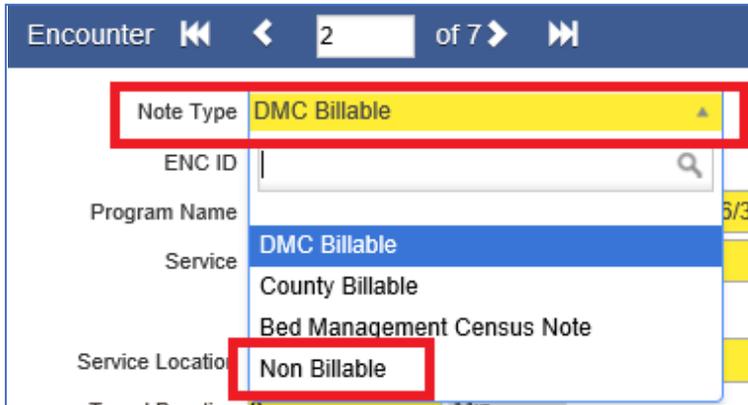
**Note:** The rejected claim will go back to the Encounter screen.

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



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

11. 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

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

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

The screenshot shows a billing form with several fields highlighted in yellow and red boxes. The fields are: Note Type (Non Billable), Disallowance Reason ((1) Claimed reimbursement for...), Billable (No), Disallowed (Yes), and Medi-Cal Billable (No). Other fields include ENC ID (545243), Program Name (DMC Billing Test Facility/OS : 9/20/2018 -), Service (Case Management OS), Start Date (5/6/2021), End Date, Service Location (Non-residential Substance Abuse TX Facility), Start Time, End Time, Travel Duration (0 Min), Documentation Duration (5 Min), Session Duration (50 Min), Total Duration (55 Min), Contact Type (Face To Face), Emergency, Visit Type (CM-Case Management), # of Service Units/Sessions (1), and Pregnant/Postpartum (Yes).

- 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”. The latest version of this form (with instructions) is in the OPTUM website Billing tab:

[Drug Medi-Cal Organized Delivery System \(optumsandiego.com\)](http://optumsandiego.com)

[Payment Recovery Form \(Void-Disallowance\) \(xlsx\)](#)

**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.

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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:** Outpatient 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 advise on what county will reimburse nor does it decide on what should be disallowed.