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.

➢ 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.

4. 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.

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

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

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.

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.

2. Select the batch # and hover the mouse on the pencil icon and click Claim Items.
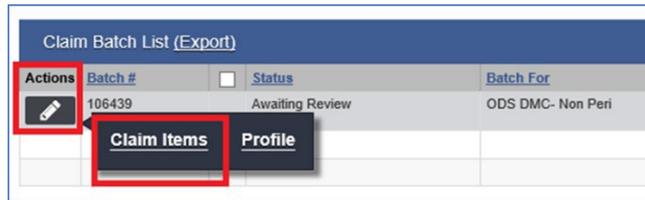
3. Check the box next to the Claim # that you need to back out and click the Remove from Claim Batch link.
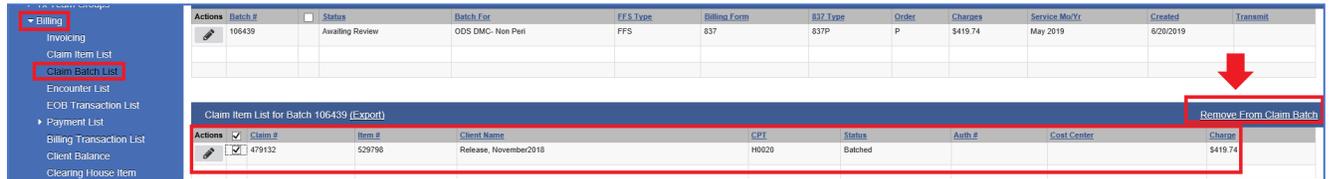
4. To find the removed claim, the provider must go to Agency folder-> Billing-> Claim Item List under Awaiting Review status.

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.

➢ 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.

6. 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.

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

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

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.

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.
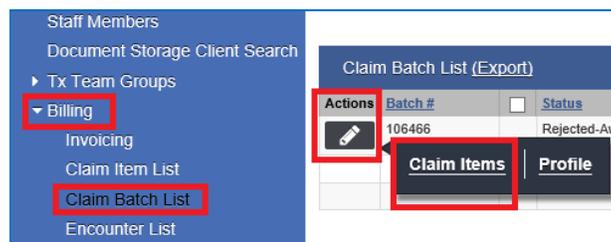
2. Billing Unit will reject the batch and will notify the provider to proceed with the steps.

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.

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

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 DMC Billable to "No".

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

14. Save and click Finalize Encounter.
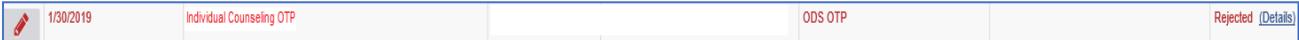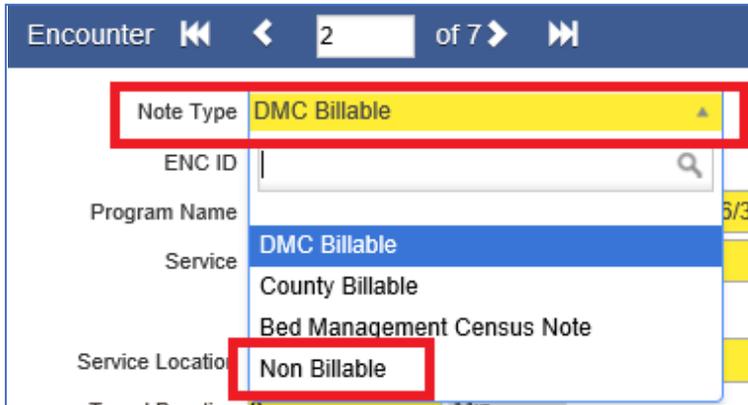
PROVIDER STEPS WHEN A DISALLOWED SERVICE IS IDENTIFIED AFTER BATCH IS BILLED TO THE STATE:

1. Provider must complete the void form or "Payment Recovery form". The latest version of this form (with instructions) is in the OPTUM website Billing tab:

Drug Medi-Cal Organized Delivery System (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.

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.
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

For invoicing and claiming questions: BHS-Claims.HHSA@sdcounty.ca.gov

For technical questions: SUD_MIS_Support.HHSA@sdcounty.ca.gov

For billing questions: 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.