

# RESIDENTIAL BED DAY: 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.

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	ENC ID
	4051296		FFS	None	12/17/2021	H0019/U3		Awaiting Review	12/18/2021	\$1.00	
	4067538		FFS	None	12/23/2021	H0019/U3		Awaiting Review	12/24/2021	\$1.00	

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

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

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

Actions	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	ENC ID
<input type="checkbox"/>	4074302		FFS	None	12/27/2021	H0019/US		Awaiting Review	12/28/2021	\$1.00	
<input type="checkbox"/>	3991166		FFS	None	12/2/2021	H0019/US		Awaiting Review	12/9/2021	\$1.00	
<input type="checkbox"/>	4067536		FFS	None	12/23/2021	H0019/US		Awaiting Review	12/24/2021	\$1.00	

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:

**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.

Actions	Enc ID	Client Name	Client DOB	Svc Start	Status	Bill	Duration	Procedure	Remd. Staff	Program Name	Balance	Group Session ID
	530333		2/2/2003	6/17/2019	Rejected (Details)	No		H0019		ODS 3.1 RES	\$0.00	

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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 Profile screen for encounter 2 of 7. The Note Type dropdown menu is open, displaying options: DMC Billable, County Billable, Bed Management Census Note, and Non Billable. The Note Type is currently set to DMC Billable, and the Non Billable option is highlighted.

7. Update the Billable field to “No” and the Medi-Cal Billable field 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 Encounter Profile screen for encounter 3 of 13. The Note Type is set to Non Billable. The Disallowance Reason dropdown menu is open. The Billable field is set to No, and the Disallowed field is set to Yes. The Medi-Cal Billable field is set to No. Other fields include ENC ID 546109, Program Name RES Train 2/ODS 3.1 RES : 7/1/2020 -, Service Residential Bed Day 3.1, Service Location Residential Substance Abuse TX Facility, Start Date 8/24/2020, Contact Type Face To Face, and Visit Type BD-Bed Day - Residential.

9. Save and click Finalize Encounter.

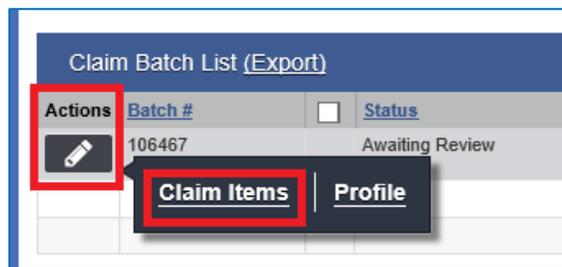
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## PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING AND BATCHED BUT THE BATCH IS STILL IN THE PROVIDER CLAIM BATCH LIST FOLDER UNDER AWAITING REVIEW STATUS:

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.

Actions	Batch #	Status	Batch For	FFS Type	Billing Form	837 Type	Order	Charge	Service Mo/Yr	Created
	106467	Awaiting Review	RES#1	FFS	WITS Batch		P	\$1.00		9/3/2019

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.

Actions	Claim #	Item #	Client Name	CPT	Status	Auth #	Cost Center	Charge
<input checked="" type="checkbox"/>	479179	529861	Day, Wed	H0019	Batched	100208		\$1.00

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

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- 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 area has search filters: Plan (dropdown), Client First Name, Subscriber/Resp Party First Name, Subscriber/Resp Party Account #, Authorization #, Item Status (dropdown, set to '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, Facility (dropdown), Claim Item ID, FFS Type, PCCN, Reverse Reason, Claim Batch ID. There are 'Clear' and 'Go' buttons. Below the search area are 'Administrative Actions' (Create Agency Batches, Create Facility Batches) and a table with buttons for 'Reverse', 'Adjust', and 'Reject'. The table has columns: Actions, Item #, Client Name, FFS Type, Add-On Level, Service Date, Service, Duration, Status, Release Date, Charge, ENC ID. A 'Profile' button is overlaid on the first row of the table.

- 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. Key fields include: ENC ID: 530333, Delivered Service: H0019/U1, Group Session ID, Program: ODS 3.1 RES, Diagnoses: F10.11 / /, Pregnant: No, Status: Awaiting Review, Service Fee: Billing Units 1.00 X Rate / Unit 1.0000 = \$1.00, FFS Type: Fee for Service, Cost Center, Billing Note, Group Enrollment: DMC Billable [ODS Residential, 5GRES#1], Tier Type: Fee for Service, Encounter Post Date: 7/13/2019, Created Date: 7/13/2019 10:04 AM, Payor Billing Service: Residential Bed Day 3.1 RES old: H0019/U1, Category: Residential Bed Day 3.1 - valid through 07/31/19 DO NOT USE AFTER JULY 31 2019, Service Location: Residential SUD TX Facility, Unit Desc: 1 unit = 1day, Authorization: 100217-H0019, Available: 22.00, Available to pay this claim item: 22.0000. At the bottom, under 'Administrative Actions', the 'Reject (Back Out)' button is highlighted with a red box. Other buttons include 'Cancel', 'Save', and '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 #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	ENC ID
<input type="checkbox"/>	4074502		FFS	None	12/27/2021	H0019/US		Awaiting Review	12/28/2021	\$1.00	
<input type="checkbox"/>	3991166		FFS	None	12/2/2021	H0019/US		Awaiting Review	12/3/2021	\$1.00	
<input type="checkbox"/>	4067538		FFS	None	12/23/2021	H0019/US		Awaiting Review	12/24/2021	\$1.00	
<input type="checkbox"/>	4540804		FFS	None	12/14/2021	H0019/US		Awaiting Review	12/15/2021	\$1.00	

5. On the next screen, select the Rejection Reason “Other”. Enter your comment/reason why you’re rejecting the claim and click the Confirm button.

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

6. Go to Encounter List and click the pencil icon to open the Encounter Profile.
7. On the Encounter Profile screen, change the Note Type from the current status to Non-Billable (if a service is disallowed).

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8. Update the Billable field to “No” and the Medi-Cal Billable field to “No”.
9. 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 3 of 13. The form includes the following fields and values:

- Note Type: Non Billable
- ENC ID: 546109
- Program Name: RES Train 2/ODS 3.1 RES : 7/1/2020 -
- Service: Residential Bed Day 3.1
- Disallowance Reason: (Empty dropdown)
- Start Date: 8/24/2020
- End Date: (Empty)
- Start Time: (Empty)
- End Time: (Empty)
- Duration: (Empty)
- Service Location: Residential Substance Abuse TX Facility
- Contact Type: Face To Face
- Emergency: (Empty)
- Visit Type: BD-Bed Day - Residential
- # of Service Units/Sessions: 1
- Medi-Cal Billable: No
- Billable: No
- Disallowed: Yes

10. Save and click Finalize Encounter.

### **PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING, BATCHED, AND SUBMITTED TO THE GOVERNMENT CONTRACT 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@sdcountry.ca.gov](mailto:ADSBillingUnit.HHSA@sdcountry.ca.gov) if a disallowed service is batched and submitted to the **Government Contract**.
2. Billing Unit will adjudicate all the submitted bed day claims in the Government Contract and will put on hold the disallowed claims in the Agency’s Claim Item List folder.

**Note:** SanWITS has no functionality to remove or back out a bed day claim once the batch is submitted to the Government Contract. Billing Unit can only place the disallowed claims on hold in the provider’s Claim Item List folder to prevent billing them to the State.

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- To view the bed day claims on hold, provider should login to SanWITS -> Agency -> Billing -> Claim Item List folder under Hold status.

Claim Item Search

Plan  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

Authorization #

Item Status: Hold  Facility

FFS Type

Add-On Level

Group Session ID

Clear

**Note:** Provider is responsible for monitoring all the claims on hold in Claim Item List, including disallowances.

### **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 review 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@sdcountry.ca.gov](mailto:ADSBillingUnit.HHSA@sdcountry.ca.gov).

**Note:** Provider must retain the original copy for disallowance or void units tracking purposes.

- Billing Unit will handle the claim’s payment reversal or void process in SanWITS.

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4. We will contact the provider/s if we have any questions or concerns about the submitted form or claims to be voided.

**Note:** Residential Bed Day 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 or disallowance 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 SanWITS 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 to billing. The tip sheet does not advice on what county will reimburse nor does it decide on what should be disallowed.