

RESIDENTIAL CASE MANAGEMENT: 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.

Note: Enter the encounter # if you need to search for a specific claim.

3. Providers have the option to reject a single claim or reject in bulk.
 - 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.

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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.

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.

	9/3/2019	Case Management 3.1 RES	530426	Staff, Rendering	ODS 3.1 RES	Rejected (Details)
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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 '2 of 7' encounters. The 'Note Type' dropdown is currently set to 'DMC Billable'. A red box highlights the dropdown menu, which is open to show options: 'DMC Billable', 'County Billable', 'Bed Management Census Note', and 'Non Billable'. The 'Non Billable' option is highlighted with a red box.

7. Update the Billable field to "No" and the DMC or Medi-Cal 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 'Encounter' screen with '1 of 2' encounters. The 'Note Type' dropdown is set to 'Non Billable'. The 'ENC ID' is 546110. The 'Program Name' is 'RES Train 2/ODS 3.1 RES : 7/1/2020 -'. The 'Service' is 'Case Management 3.1 RES'. The 'Disallowance Reason' dropdown is empty. The 'Billable' dropdown is set to 'No'. The 'Disallowed' dropdown is set to 'Yes'. The 'Start Date' is 1/7/2022. The 'Service Location' is 'Residential Substance Abuse TX Facility'. The 'Contact Type' is 'Face To Face'. The 'Emergency' dropdown is empty. The '# of Service Units/Sessions' is 1. The 'Visit Type' is 'CM-Case Management'. The 'Medi-Cal Billable' dropdown is set to 'No'.

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	Charges	Units	Service Mo/Yr	Created
	105531	Awaiting Review	ODS DMC- Non Peri	FFS	837	837P	P	\$253.76	8.00	Jan 2022	1/31/2022
	105530	Awaiting Review	ODS DMC- Non Peri	FFS	837	837P	P	\$126.88	4.00	Dec 2021	1/31/2022

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

Actions	Batch #	Status
	106470	Awaiting Review

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

Note: Make sure to search for the exact claim that you want to remove from the batch.

Actions	Claim #	Item #	Client Name	Service Date	Service	Status	Auth #	Cost Center	Charge	Group Session ID	Enc ID
	<input checked="" type="checkbox"/>	478588	529299	1/4/2022	H0006/U1	Batched			\$126.88		546283

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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- 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.

Note: Enter the encounter # if you need to search for a specific claim.

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

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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	Group Session ID
<input checked="" type="checkbox"/>	529296		FFS	None	1/3/2022	H0006/U1	60 Min	Awaiting Review	1/31/2022	\$126.88	546281	
<input checked="" type="checkbox"/>	529297		FFS	None	12/31/2021	H0006/U1	60 Min	Awaiting Review	1/31/2022	\$126.88	546282	
<input checked="" type="checkbox"/>	529298		FFS	None	1/4/2022	H0006/U1	60 Min	Awaiting Review	1/31/2022	\$126.88	546283	

6. On the next screen, select the Rejection Reason “Other”. Enter your comment/reason why you rejected the claim and 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]

Buttons: 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.

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- 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 '2 of 7' encounters. The 'Note Type' dropdown is set to 'DMC Billable'. A red box highlights the dropdown menu, which lists 'DMC Billable', 'County Billable', and 'Bed Management Census Note'. Another red box highlights the 'Non Billable' option in the dropdown.

- Update the Billable field to "No" and DMC or Medi-Cal Billable to "No".

The screenshot shows the 'Encounter' screen with '1 of 2' encounters. The 'Note Type' dropdown is set to 'Non Billable'. The 'ENC ID' is 546110. The 'Program Name' is 'RES Train 2/ODS 3.1 RES : 7/1/2020 -'. The 'Service' is 'Case Management 3.1 RES'. The 'Disallowance Reason' dropdown is highlighted with a red box. The 'Billable' dropdown is set to 'No' and the 'Disallowed' dropdown is set to 'Yes'. The 'Medi-Cal Billable' dropdown is set to 'No'. Other fields include 'Service Location' (Residential Substance Abuse TX Facility), 'Start Date' (1/7/2022), 'End Date', 'Travel Duration', 'Documentation Duration', 'Session Duration', 'Total Duration', 'Contact Type' (Face To Face), 'Emergency', '# of Service Units/Sessions' (1), and 'Visit Type' (CM-Case Management).

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

- Save and click Finalize Encounter.

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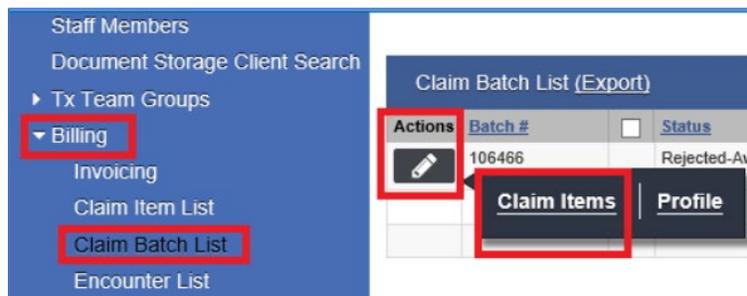
PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING, BATCHED, AND SUBMITTED TO THE CLEARING HOUSE BUT NOT YET SUBMITTED TO THE STATE:

1. Provider must contact the Billing Unit at 619-338-2584 or send an email to ADSBillingUnit.HHSA@sdcounty.ca.gov 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.

Actions	Batch #	Status	Batch For	FFS Type	Billing Form	837 Type	Order	Charges	Service Mo/Yr	Created	Transmitt
	106471	Rejected-Awaiting Review	OOS DMC- Non Per	FFS	837	837P	P	\$148.13	Sep 2019	9/9/2019	9/9/2019

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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6. 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"/>	479184	529951		H0006	Batched			\$148.13

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.

Note: Enter the encounter # if you need to search for a specific claim.

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

Profile for Claim Item # [redacted] (47 on service date)

ENC ID: 546281 Delivered Service: H0006/U1

Group Session ID: [redacted]

Program: ODS 3.1 RES Service Start: 1/3/2022 10:00 AM

Diagnoses: F10.129 / / Service End: 1/3/2022 11:00 AM

Perinatal: No Duration: 60 Min Sessions/Units: # 1

Status: Awaiting Review Rendering Staff: Staff, Rendering PCCN: [redacted]

Service Fee: Billing Units 4.00 X Rate / Unit \$31.72 = \$126.88

FFS Type: Fee for Service

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

Payor Billing Service: Case Management 3.1 RES: H0006/U1

Service Location: Residential Substance Abuse TX Facility

Unit Desc: 1 unit = 15 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.

Note: You have the option to enter the client's name as well.

- Put a check mark on all the claims that you need to reject, then click the Reject button.

Claim Item Search

Plan: [redacted]

Client First Name: [redacted]

Subscriber/Resp Party First Name: [redacted]

Subscriber/Resp Party Account #: [redacted]

Authorization #: [redacted]

Item Status: Awaiting Review

Group Enrollment: [redacted]

Client Last Name: [redacted]

S/R Party Last Name: [redacted]

Rendering Staff: [redacted]

Service Date: 01/01/2022:01:31

Facility: [redacted]

FFS Type: [redacted]

Claim Item ID: [redacted]

Buttons: [Clear](#) [Go](#)

Administrative Actions: [Create Agency Balches](#)

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"/>	529296		FFS	None	1/3/2022	H0006/U1	60 Min	Awaiting Review	1/31/2022	\$126.88	546281	
<input checked="" type="checkbox"/>	529297		FFS	None	12/31/2021	H0006/U1	60 Min	Awaiting Review	1/31/2022	\$126.88	546282	
<input checked="" type="checkbox"/>	529298		FFS	None	1/4/2022	H0006/U1	60 Min	Awaiting Review	1/31/2022	\$126.88	546283	

Buttons: [Reverse](#) [Adjust](#) [Reject](#) [Update Status](#)

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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.
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/Medi-Cal Billable to “No”.

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13. 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 with several fields highlighted in red boxes. The 'Note Type' dropdown is set to 'Non Billable'. The 'Disallowance Reason' dropdown is empty. The 'Disallowed' dropdown is set to 'Yes'. The 'Medi-Cal Billable' dropdown is set to 'No'. Other fields include ENC ID (546110), Program Name (RES Train 2/ODS 3.1 RES : 7/1/2020 -), Service (Case Management 3.1 RES), Start Date (1/7/2022), Service Location (Residential Substance Abuse TX Facility), and Visit Type (CM-Case Management).

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". 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.

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.

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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 forms or claims to be voided.

Note: Residential Case Management 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

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.