

PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING BUT NOT BATCHED:

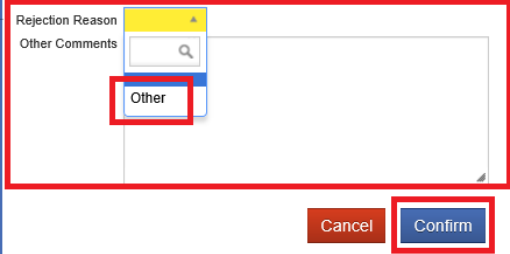
1. Go to Provider Agency -> Billing -> Claim Item List
2. Item Status is defaulted to Awaiting Review. Complete the Plan, Facility, and Service Date fields. Click Go.
3. Click the Actions pencil and open the Profile of Item # or service date that is determined by QM as disallowed.

4. On Profile screen -> Administrative Actions, click the Reject (Back Out) hyperlink.

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

5. 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

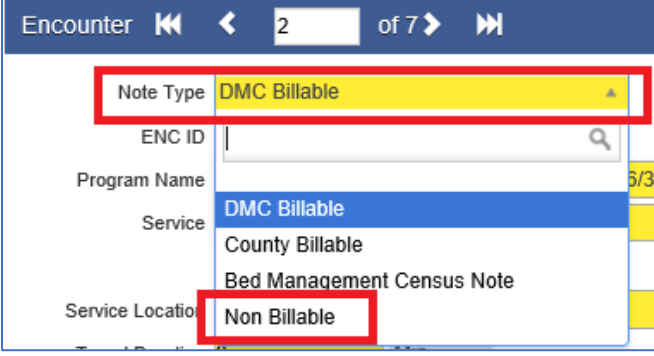
Cancel Confirm

Note: The rejected claim will go back to the Encounter screen (in red font).

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

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)

7. 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

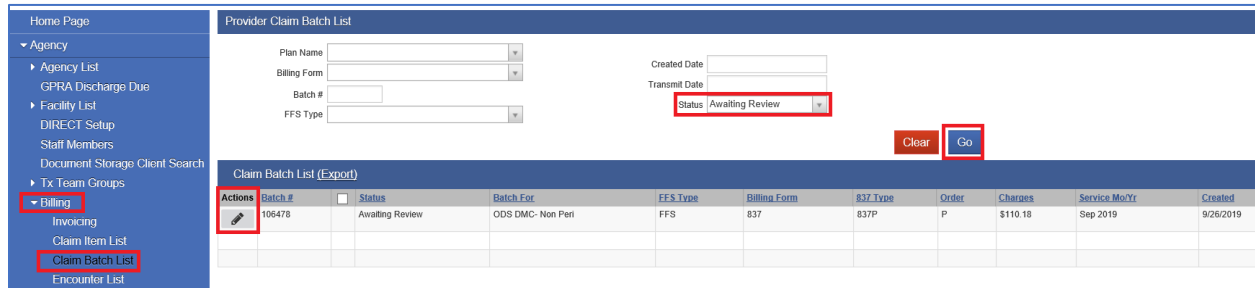
Service DMC Billable

Service Location Non Billable

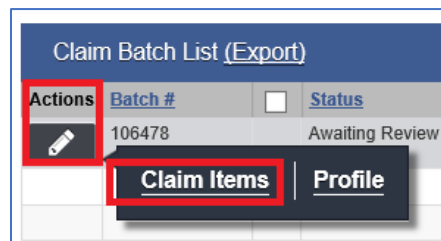
8. Update the Billable field to “No” and DMC Billable to “No”.
9. Save and click Finalize Encounter.

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:

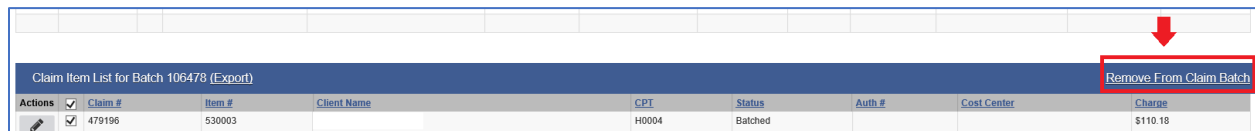
1. Provider must go to Agency -> Billing -> Claim Batch List -> select Status: Awaiting Review and click Go to view the Batch that you need to work on.



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

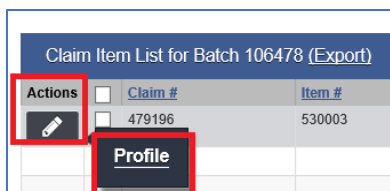


3. Check mark the box next to the Claim # that you need to back out and click the Remove from Claim Batch link.



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

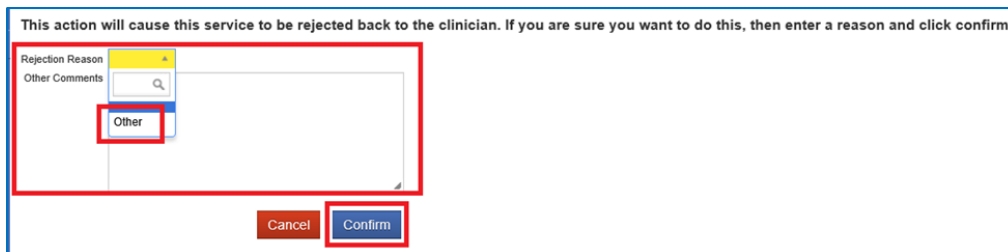
5. Open the Claim Profile by clicking the Actions pencil next to the Claim #.



6. On the Profile screen, click the Administrative Action “Reject (Back Out).”



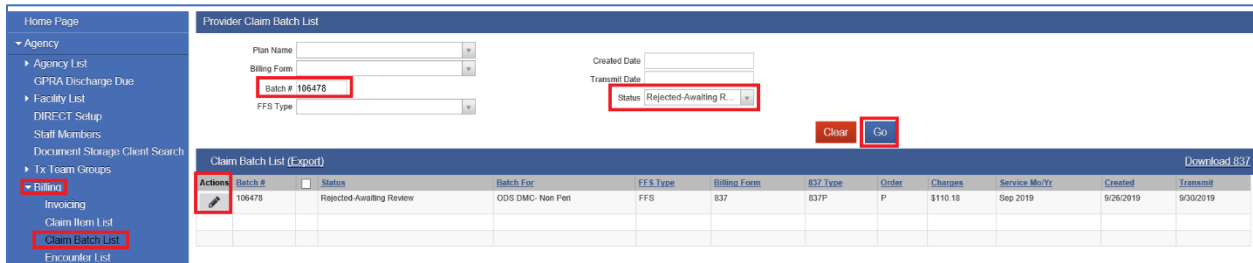
7. On the next screen, select the Rejection Reason “Other”. Enter your comments and click the Confirm button.



8. The rejected claim will go back to the Encounter screen (in red font). Click the pencil icon to open the Encounter Profile.
9. On the Encounter Profile screen, change the Note Type from the current status to Non-Billable (if a service is disallowed).
10. Update the Billable field to “No” and DMC Billable to “No”.
11. Save and click Finalize Encounter.

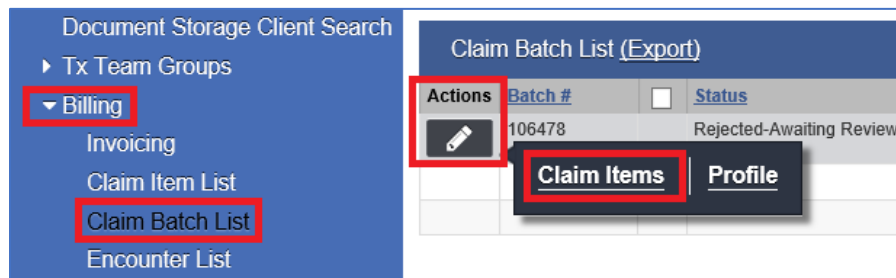
PROVIDER STEPS WHEN A DISALLOWED SERVICE IS RELEASED TO BILLING, BATCHED, AND SUBMITTED TO THE CLEARING HOUSE BUT NOT YET SUBMITTED TO THE STATE:

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

The screenshot shows a software interface with a sidebar on the left containing navigation options like 'Billing', 'Invoicing', 'Claim Item List', 'Claim Batch List', 'Encounter List', 'EOB Transaction List', 'Payment List', 'Billing Transaction List', and 'Client Balance'. The main area displays two tables. The top table is titled 'Claim Batch List (Export)' and has columns for Actions, Batch #, Status, Batch Exp, FFS Type, Billing Form, B37 Type, Order, Charges, Service Month, Created, and Transmitt. The bottom table is titled 'Claim Item List for Batch 106478 (Export)' and has columns for Actions, Claim #, Item #, Client Name, CPT, Status, Auth #, Cost Center, and Charge. A red box highlights the 'Remove From Claim Batch' link in the top right corner of the second table.

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. Open the Claim Profile and click the Administrative Action “Reject (Back Out).”
Note: There is no bulk reject. You need to individually open the claim profile and reject/back out the claim.
9. On the next screen, select the Rejection Reason “Other”. Enter your comment/reason why you’re rejecting the claim. Click the Confirm button.

The screenshot shows a dialog box with the text: "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." Below this text is a form with a 'Rejection Reason' dropdown menu where 'Other' is selected. There is also a text area for 'Other Comments' and two buttons at the bottom: 'Cancel' and 'Confirm'.

10. The rejected claim will go back to the Encounter screen (in red font). 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”.
13. 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:

<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.

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.

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.

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