Communication Release

1/6/2025

Medical Record Modification is NOT Required for Group Sessions

Providers are reminded that it is not necessary nor recommended to submit a Sage Help Desk medical record modification request to change the number of members in a group session. Providers can update the number of members in a group by appending the record using the Append function in Sage-PCNX. While this will not replace the original record it is acceptable as this information is no longer required on a claim. Any information that is not required for billing can be updated by appending the original document.

KPI Data Truncated

On January 1, 2025, KPI Dashboards 2.0 went through its semi-annual data truncation. An error occurred and all of calendar year 2022 was removed instead of just January through June 2022. Service data is currently available from 1/1/2023 to the last nightly load date. The Netsmart KPI team is working to address this and restore access to 7/1/2022-12/31/2022 service data.

In the interim, if older claims data is needed, providers can use reports available through Sage. For a listing of finance related reports please see the Sage-PCNX Guide to Reports.

TRAINING: Primary Provider Replacement Claim Functionality

SAPC Finance is excited to launch functionality in Sage that will allow Primary Sage Users/Providers to submit replacement claims and has scheduled a webinar to train Primary Providers how to utilize the form. All Primary Provider agency staff who conduct billing should attend the webinar. For those who cannot attend, the webinar will be recorded and posted to the Sage website after the training has been conducted. A job aid will also be posted and available to users on the Sage website after the training.

The information to access the Microsoft Teams webinar is below. Please be sure to add it to your calendar and share the information with others at your agency that you think should attend. Registration is required for this training.

Meeting Information
- **Date & Time:** Thursday, January 16th from 1:00-2:30 pm
- **Venue:** Microsoft Teams
- **Meeting Access:** Registration is required, use this Registration Link to sign up!

TRAINING: PCNX -Release of Information Form

SAPC has developed a new form in Sage-PCNX that will allow providers to document a patient's authorization to release protected health information within the SAPC provider network. **The Release of Information_In Network** form was developed to replace the hard copy SAPC Release of Information form that is currently being completed and uploaded to Sage through Provider File

Attach. The Release of Information_In Network form allows providers to add a new release of information to a patient's chart as well as to revoke an existing release that is on file. This training will review and demonstrate how to complete the form for both purposes, along with policies, procedures, and recommended workflows.

Who Should Attend: This training is intended for all primary and secondary Sage users that enter clinical documentation and supervisors at each agency.

Meeting Information
- **Date & Time:** Tuesday, January 21, 2025; 3:00pm -4:30pm
- **Venue:** Microsoft Teams
- **Meeting Access:** Registration is required, use this [Registration Link](#) to sign up!

99441-99443 Codes Discontinued as of January 1, 2025

As a reminder, DHCS has issued guidance to counties that codes 99441, 99442, and 99443 will be discontinued effective 1/1/2025. The codes can still be used for services on or prior to 12/31/2024; however, if billed to SAPC for services rendered on or after 1/1/2025, the services will be denied. Per DHCS guidance, providers are instructed to utilize code H0001 to bill for these services delivered on or after 1/1/2025.

SAPC will notify providers once the updated Rates and Standard Matrix is published to the SAPC website within the next few business days. The impacted codes will appear with the following language in the Sage Service Code Description column: "(Discontinued code - fees expire after 12/31/2024)".

Update on Billing for Medication Services for Residential and Outpatient WM Patients

As noted in the previous Sage Provider Communication, recent State denials and clarifications from DHCS have necessitated the need to remove the fees for codes 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99416, and 99418 for residential and outpatient WM levels of care. This is due to the State classifying these codes as assessment codes; however, SAPC had issued guidance to utilize these codes for medication/MAT services. The State has indicated that H0034 should be utilized to bill for medication/MAT services delivered to patients in residential/outpatient WM levels of care. H0034 for medication services has been unbundled from the day rate and should be utilized to bill for these services going forward.

Providers who received State denials for these codes (most under CO 96 M80) should rebill these services under H0034. SAPC will be issuing further guidance on claims that have not yet been billed to DHCS or not recouped, with next steps.

Billing for Screening No-Admission for Residential and Outpatient WM Sites

SAPC has received State denials for assessment services, specifically Screening-No Admission (H0049-N), billed at residential and outpatient withdrawal management sites. This is due to the State considering screenings as part of the daily bundled rate.

In order for residential and outpatient WM sites to be reimbursed for screening no-admission services, providers at these sites should bill SAPC in the following manner:

- **Scenario 1: Screened and not admitted/no Recovery Services delivered**
  - Bill the "screened and not admitted" H0049-N service code under the H0049-N P-Auth for a $0 service with the units delivered (for tracking purposes) **and**
  - Bill the H2017 service code under the Recovery Services P-Auth with the appropriate fees based on the units of screening delivered

- **Scenario 2: Screened and not admitted / Recovery Services delivered**
  - Bill the "screened and not admitted" H0049-N service code under the H0049-N P-Auth for a $0 service with the units delivered (for tracking purposes) **and**
  - Bill the H2017 service code under the Recovery Services P-Auth with the appropriate fees based on the units of screening delivered, **and if needed**
  - If additional H2017 recovery services are delivered, roll-up the units into one service based on the roll-up rules

	How to Bill for Screening Non-Admission at Residential and Outpatient WM Sites		
Scenario	**Patient is screened and not admitted (H0049-N)**	**Recovery services delivered to patient (H2017)**	**What to Bill**
1	Yes	No	H0049-N + H2017
2	Yes	Yes	H0049-N + H2017 (Rolled Up)

Highlights From Previous Communications

Updated Sage-PCNX Guide to Reports: SAPC has updated the Sage-PCNX Guide to Reports to include updates to the Batch Status Report and the addition of Contract Performance Reports. This is an excellent resource for providers to know which reports are available within PCNX and how to appropriately utilize and interpret PCNX reports (SAPC Sage Website under Sage Trainings > Sage-PCNX).

***Removal of Fees for Residential and Outpatient WM Assessment Codes*:** SAPC recently concluded a review of State denials and DHCS policy which identified that SAPC incorrectly associated fees to assessment codes for residential and outpatient withdrawal management levels of care. Accordingly, SAPC will be removing the fees for the codes below for FY 23-24 and FY 24-25, as assessment services delivered for patients in residential and withdrawal management levels of care are included in the bundled day rate. Services that have not yet been billed to DHCS will be recouped. Services that were billed to DHCS and were recouped *should not* be resubmitted to SAPC. SAPC will notify providers once the updated Rates and Standard Matrix is published to the SAPC website within the next few business days. These service fees will be placed with "$0.00" as the fee because they can be billed as a $0 service to be captured for tracking towards clinical standard hours.

The following codes are impacted: 96160, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99416, 99418, and H0049-N. Updated guidance on billing screening non-admission for these levels of care can be found in the above section of this communication: Update on Billing for Medication Services for Residential and Outpatient WM Patients.

H2014, H2017, and H0050 State Denials for CO 96 N30 and CO 4: SAPC recently identified a Sage configuration issue which mainly impacts service codes H2014, H2017, and H0050. This issue led to erroneous CO 96 N30 and CO 4 State denials. The CO 96 N30 state denials, which indicate that the pregnancy indicator was not present for a perinatal service, occurred for patients who were not PPW. There may be other service codes impacted as well that received this denial code for a patient that was not PPW. Additionally State denials for CO 4, which indicate incorrect modifiers used for the outpatient procedure, occurred mainly for group services.

Providers can resubmit services for CO 96 N30 and CO 4 State denials if the above scenario applies, as SAPC has temporarily disabled the recoupment for both CO 96 N30 and CO 4 until the configuration has been corrected. When the change has been made, SAPC will recoup the services and providers can resubmit them to SAPC, then upon billing to DHCS another denial for CO 96 N30 nor CO 4 should not be received. SAPC will notify providers when the configuration has been corrected. It is anticipated to be completed in the following 2 weeks. Providers do not need to wait until the configuration has been corrected to rebill the services to SAPC.

As a general reminder when billing PPW services, the Women's Health History form needs to be completed with the following required fields: Assessment Date, Date of Last Menstrual Period, Pregnancy Start Date, Pregnancy End Date (if applicable), and

Initial Treatment Date. If these fields are not completed for PPW services, the State will deny the claims with CO 96 N30 as these fields are what trigger Sage to include the pregnancy indicator on the claim to DHCS.

Guidance on Billing H2010M/N/S for FY 24-25: SAPC has published a [guidance document on the Sage website](#) with clarifications on billing and usage of H2010M/N/S. This document provides examples of how to bill the codes along with the service where the MAT education or naloxone distribution was delivered (H2010M and N) and examples of medication safeguarding/handling allows for billing H2010S for residential levels of care.

Primary to Secondary Provider Conversion: SAPC provides an annual enrollment opportunity for all Contracted Providers to convert from a Primary User to Secondary User of the Sage Electronic Health Record (EHR) System. If your agency would like to convert from Primary to Secondary Sage User status, please send an official, signed request addressed to the SAPC-IT at SAPCProvConvReq@ph.lacounty.gov no later than **January 31, 2025.**
Provider agencies that meet this deadline will receive an acknowledgement letter and will be required to begin the necessary testing by **March 31, 2025**.