Communication Release

03/29/2024

Updated Rates and Standards Matrix FY 23-24

SAPC published updates to the Rates and Standards Matrix (updated – March 26, 2024). The following changes are reflected in this most recent update:

- **MAT, Care Coordination and Recovery Tabs**: Consolidated to their allowable ASAM Level of Care Tab.
- **All Tabs:** Added Clinical Trainee/Student Performing Provider Types which coincide with the rate of their professional counterpart.
- **New Rates added for the following Professional Performing Categories:**
  - Licensed Vocation Nurse
  - Licensed Psychiatric Technician
  - Medical Assistant
  - Occupational Therapist

  Please refer to the new performing provider types highlighted in yellow, the codes available for those provider types and their associated rates.
- **Taxonomy Tab, Modifiers Tab:** New Taxonomy codes and Modifiers added for Clinical Trainees/Students

(**Note: Providers should NOT bill for these new disciplines until notified by SAPC).

Error Message "Procedure not on Fee Schedule"

SAPC and Netsmart are investigating an invalid warning message that pops up on the Fast Service Entry Submission form when entering certain procedure codes. The system appears to be showing this warning for procedure codes new to this fiscal year only, such as the new CPT codes for LPHAs, T1017, H2014 and other new HCPCS codes. The error does not show for established codes from previous fiscal years.

Additionally, this warning is populating in error and will **NOT** result in denied claims if submitted. Providers should click "Ok" on the pop-up and continue entering claims as usual. The claims should be approved if no other denial messages are shown on the Explanation of Coverage box and the Fast Service Entry Submission form shows the claim status as approved. If you notice an unexplained denial, please submit a Sage Help Desk ticket for further investigation.

We appreciate your patience during this period. SAPC will continue to communicate updates to the network as they become available.

Sage-PCNX Form, Report, and Widget Updates

The SAPC Sage Team would like to announce the following updates:

Form/Report/Widget	Changes	Environment	Date Available
Progress Note (form)	(Updated) Date of Service field will error if a future date is entered. A **Service Duration (minutes)** field was added to capture the direct patient service time which may be less than the total difference of the Service End/Start time. Please click on the light bulb next to the field on the form for additional information. The LPHA Specific Procedure (only for LPHA use of CPT procedures) is replaced with **Procedure Codes (CPT/HCPCS).** All non add-add codes have been added to the list so counselors, peers, LE-LPHAs, and LPHAs can select the appropriate code associated with the service rendered. Language used matches the Rate and Standards Matrix. This is available in TRAIN now for practice.	LIVE	Wednesday 4/3/2024
Progress Note Status Report	(Updated) The logic for the "Duration" column was updated. Notes submitted by 2/8/2024 will have duration calculated by subtracting the Service End Time from Service Start Time. Notes submitted on or after **4/3/2024** will have the Duration field populated by what was entered in duration on the Progress Note FORM.	LIVE	Wednesday 4/3/2024
Patient Medications History Export	(New) Provides an aggregate list of all Patient Medication forms completed for the patient. This report is meant to be viewed ONLY after exporting.	LIVE	Monday 4/1/2024 (by End of Day)
Authorization Request Status Report	(Updated) This report has been updated to include the word "Report" in the name. An additional parameter was added for targeted authorization search. The **Date Selector** parameter will specify if the date range entered will be based off the authorization start date, authorization end date, or authorization entry date (when the last time the submit button was clicked on the authorization).	LIVE	Monday 4/1/2024

	Two additional fields were added to the output based on provider enhancement request. The **Funding Source** and **Request Submitted By** (which reflects the practitioner who submitted the authorization originally were added to the report output.		
Monthly Activity Report (CENS only)	(Updated) **Report Created By** field was added and refers to the staff whose activities are being recorded. **Draft/Final** form status field was added to allow each staff to complete their own MAR.	TRAIN	Available 4/1/2024
Sage-PCNX Guide to Widgets	SAPC published a new guide for providers indicating the available widgets by Views and their purpose.	SAPC Sage website	Available Now
All Doc/Chart View	The Client Picture and Patient Handbook and Orientation Video Acknowledgement have been added to the All Doc/Chart view for easy access.	LIVE	Available Now

For questions regarding using the updated forms, reports, and/or widgets, please email Sage@ph.lacounty.gov.

Medical Necessity Notes Finalized as Non-Billable

Following a set of clinical trainings to help connect clinical documentation to Medi-Cal billing codes providers asked for guidance on handling previously unbilled medical necessity justification notes.

If a Medical Necessity Justification note was *written* **and** *finalized* by an approved LPHA or License Eligible (LE) LPHA as a non-billable note, it may potentially be billable. The available service code would be 90885 if the note reflects a review of records for the purpose of making a diagnosis and includes the necessary components of a medical necessity justification note, all performed by an approved LPHA or License Eligible (LE) LPHA. Medical Necessity Justification notes completed by counselors and finalized by LPHA may not be resubmitted for billing as it was the counselor who rendered the service, not the LPHA.

For FY 23/24 notes that meet this standard, providers should:

1. Create a new note with the same date of service as the original medical necessity justification.
2. Copy all the information from the original note
3. At the beginning of the narrative part of the note indicate, "For billing purposes this note is a copy of the existing medical necessity justification note, which has not been altered.
4. For Primary Sage Users, change Note Type from Non-Billable to Individual.

Note, Medical Necessity Justification notes completed by counselors and finalized by LPHA may **not** be resubmitted for billing as it was the counselor who rendered the service, not the LPHA.

The new note will be subject to audit; therefore, the narrative of the note should not change, except for the provided language above. If the existing narrative does not meet the standard of 90885 it may not be billable.

Reminders From Prior Sage Provider Communications

OTP Service State Denials for Patients with Medi-Medi: OTP providers must submit billing to Medicare prior to submitting billing to Med-Cal for services provided to patients that are in an OTP level of care with both Medicare and Medi-Cal (Medi-Medi) coverage. Many OTP providers have been receiving a high volume of State denials for code CO 22 N479 which DHCS uses when a patient has Medi-Medi coverage, but Medicare was not billed prior to Medi-Cal if the service was denied or only partially paid by Medicare. Once the denial or partial payment is received from Medicare, the Coordination of Benefits information must be provided to SAPC on the claim for the service to be transmitted to DHCS. If the information is not included on the claim, DHCS will deny the claim.

Providers offering OTP levels of care are recommended to review SAPC's OHC Provider Billing Manual for more information – page 7 provides information on patients in OTP who have Medi-Medi and page 17 provides information for Secondary providers on submitting OHC information on claims.

FY 23-24 Screening and Lockout Local Denials:

Screening: SAPC has recently resolved an issue for local denials where services submitted for screening (H0049 and H0049-N) for FY 23-24 were incorrectly denied when two or more units were billed for a patient on the same day. This has been corrected and the screening services can be resubmitted to SAPC for adjudication. Please note that the prior screening rules still apply for FY 22-23 where only one unit can be billed for non-OTP levels of care and two units can be billed for OTP levels of care.

Lockout Codes: SAPC recently identified an issue causing providers to receive denials for "Claim Status has been set to D because of Claim Adjudication Rule X Lockout" for codes 90791, 99203, 99213, 99214, and 99215 where no other code was billed for the patient on that same day. SAPC is working with Netsmart to resolve this issue and will provide an update when the services can be resubmitted for adjudication. SAPC recommends holding these services for adjudication until the configuration issue has been resolved.

Update on FY 22-23 Group Counseling: SAPC continues to work with Netsmart to resolve the issue preventing the submission of new or resubmitted group counseling/patient education group services for FY 22-23. Additional updates will be provided as soon as they are available.

Contingency Management:

Diagnosis Reminder: Patients eligible for Contingency Management services are required to have a current diagnosis of moderate or severe StimUD, as noted on the Sage Diagnosis form, with a primary diagnosis of either R82.998 (other abnormal findings in urine) or Z71.51 (drug abuse counseling and surveillance of drug abuser) as noted in SAPC Bulletin 23-06 Recovery Incentives Program Pilot: Contingency Management Benefit. This primary diagnosis must be entered for each H0050U#HF claim on the Fast Service Entry Submission form in the diagnosis field located in the Recovery Incentives section of Sage and be included in the claim sent to SAPC by Secondary Sage Users. If this diagnosis is not the primary diagnosis for the patient then the services will deny.

Secondary Sage Users – Local Denials: SAPC Finance has engaged Netsmart to assist in the investigation of local denials for claims submitted by Secondary Sage Users for Contingency Management for the denial reasons "No coverage level found" and "Procedure not on fee schedule". The initial investigation determined that most of the services submitted to SAPC did not include one of the two appropriate diagnosis codes; however, upon further investigation and validation, the services continued to deny when the appropriate diagnosis was present. SAPC and Netsmart continue to investigate this issue and will provide updates as they are available. Agencies receiving the two noted denial reasons are recommended to hold further submissions of services for Contingency Management until the issue is resolved.

Print and View Capabilities for File Attachments: Sage-PCNX has been updated as of Thursday 3/14/24 to improve printing and view capabilities of both historical attachments via the previous iteration of ProviderConnect Classic and attachments via Sage-PCNX. Providers are now able to view, save, and print historical .PDF, .TXT, and image files that were uploaded prior to Sage-PCNX. All user roles have access to the ProviderConnect File Attach form in Sage-PCNX, which will allow providers to view, save, and print .PDF, .TXT and image files only. Word documents, Excel spreadsheets, and other file types are not currently supported via Sage-PCNX in any of the forms. If providers need access to files other than .PDF, .TXT and images, please create a helpdesk ticket and the requested documents can be downloaded and attached to the case.

Additionally, the Print All issue has been resolved for Provider File Attach and the Console Widget Viewer on both the All Doc/Chart view and the Client Dashboard where .PDF and .TIFF files attached using Provider File Attach or opened can now be printed or saved from the widget using the Print All functionality. As a reminder, Print All will print any opened document/form showing on the widget. If providers clicked on and opened multiple forms/documents, print all will save or print each of them in the same file or print job. The Print Current option is meant to only print the item currently being viewed; however, this option continues to have inconsistent functionality.