Communication Release

10/10/2023

Incorrect Denial "Reason No Units Remain for this Procedure Code on the Authorization"

Providers have indicated claim denials for "No Units Remain for this Procedure Code on the Authorization" where it is the first entry of that service. Upon investigation, SAPC has determined that the claims are being denied appropriately; however, the claim denial reason is incorrect. These claims are being correctly denied because the procedure code and modifier combination that were billed is not related to the benefit plan on the authorization. For example, a provider who is certified for ASAM 3.1 and 3.5 services, is billing for a patient who has an authorization for ASAM 3.5 level of care but uses the billing code H0019:U1. While the provider is certified for that code, it is not on the authorization benefit plan. The correct denial should be "No Coverage Level Found," meaning the procedure is not covered under that benefit plan. While SAPC is working with Netsmart to update the denial reason, the claim was correctly denied and should be corrected to the procedure code for that benefit plan and authorization.

When entering claims in PCNX, the procedure code field is no longer restricted to only codes found in the authorization and therefore providers are able to select any and all codes available in the system. Providers should double check that they are using the correct procedure code and authorization if receiving this denial reason.

Fast Service Entry Submission Errors

Some providers have experienced errors when using the PCNX Fast Service Entry Submission form to complete their billing. To avoid further errors, SAPC recommends the follow guidelines for entering claims and batches from this form.

1. Submit batches every 30 minutes while entering data in the form. Do not enter services for hours without submitting the batches.
   a. This will prevent loss of data entry if the form errors out unexpectedly.
2. Verify the procedure code and modifier combination are correct for the benefit plan listed on the authorization.
   a. If the user experiences a preadjudication denial or actual denial that does not match the data entered, there may be an issue with the denial reason. This is typically resolved by correcting the procedure code or authorization.
   b. Additionally, ensure the date of service is within the begin and end dates on the authorization.

PCNX Report/Widget/Form Updates

SAPC continues to receive valuable feedback from providers on how to improve the functionality and visibility in PCNX. Based on provider feedback and enhancement requests, the following updates will be made in PCNX effective the week of 10/09/2023:

1. 270 Inquiry widget will be added to the Client Dashboard
   a. This widget will provide County of Responsibility and Aid Code information based on the Real Time 270 results for the selected patient. (Important note: Medi-Cal does not transmit the County of Residence on the 270 results)
2. Adding Note Type to the Patient Chart Forms display for Progress Note entries.
   a. Providers have requested the Note Type to help find notes quicker when view progress notes on the All Docs/Chart View.
   b. To access the Note Type and Service Type on the widget,
      i. Select the Progress Note under Clinical Documentation

        ii. On the bottom of the Patient Chart Forms widget, select "Form Specific Predisplay" to show the alternative columns.

3. The Display Valid Authorization pop-up on Fast Service Entry Submission has been updated to display the Benefit Plan and Contracting Provider Program (if applicable).