



Communication Release

10/11/2024

Document Routing and Appending Training: Tuesday 10/15/24 @ 10am

Purpose: SAPC is implementing two new features in PCNX that have been requested by providers and will greatly improve efficiency and workflows for providers. Document Routing will allow users to send (route) certain forms/documents to a supervisor or approver for finalization and signature. Additionally, appending documents will allow providers to update parts of the medical record with additional information that occurred after a note was finalized without needing to revert from final to draft.

This training will review and demonstrate both of these exciting new functions, along with policies, procedures, and suggested workflows.

Who Should Attend: This training is intended for all Sage users that enter clinical documentation, supervisors, and quality assurance team members at each agency.

Training Details: SAPC will offer this virtual training via Webex. Following the interactive training, a separate recording will be created and shared on the SAPC website. REGISTRATION IS REQUIRED. The login is unique and should not be shared with others.

Trainers: Daniel Szuhay, Psy.D.

Training Date	Training Time	Registration Link
Tuesday, October 15, 2024	10:00 am - 12:00 pm	Register Here

Once registered you will receive a [confirmation email with instructions from Webex](#) that your registration was approved.

If you don't receive a confirmation email within the hour of registering, there likely was a typo in your email and you should re-register.

If you have any questions regarding this training, please email sage@ph.lacounty.gov

Medical Necessity Note Labeling

Providers documenting using the Sage Progress Note form should always identify Medical Necessity Justification Notes by using the correct label "Medical Necessity Justification" in the "Service Type" drop-down field. Failure to do so will cause unnecessary delays in the authorization approval and potentially result in **authorization denials**.

If the medical necessity justification is written by LPHAs who are able to render SUD diagnoses and meets the service code standard for billing, the note should look like this:

Service Type *	
Medical Necessity Justification	x v
Procedure Codes (CPT/HCPCS)	
Psychiatric Evaluation of Hospital Records, Other (90885)	x v

If the medical necessity justification note is written by SUD counselors or LPHAs who are not able to provide an SUD diagnosis (Ex: LVNs, RNs, OTs, etc), then the note is “non-billable”. The Service Type should indicate Medical Necessity Justification and the Procedure Codes (CPT/HCPCS) field left blank.

Service Type *	
Medical Necessity Justification	x v
Procedure Codes (CPT/HCPCS)	
Select	v

Reminders from QI/UM:

- Update to the Recovery Incentive-Contingency Management Level of Care Authorization Review Workflow:** Currently, if an ASAM is completed within 12 months from the readmission date then UM will accept it for a Contingency Management authorization request. As of **October 1, 2024**, for authorizations with start date 10/1/24 and after, providers will be required to submit a newer ASAM completed within 30 days from the readmission date for all readmissions. [BHIN 24-031 Updated Guidance for the Recovery Incentives Program: California's Contingency Management Benefit](#)
- Updated Checklist of Required Documentation for Utilization Management:** [QI and UM Checklist of Required Documentation \(Sage Version 7.0\)](#) to include Provider Site Admission information and Discharge and Transfer Form requirements for Recovery Incentives-Contingency Management.
- Provider Site Admission Form required as of 7/1/2024:** Per the [Provider Site Admission and Discharge Workflow Guide](#), the “Date Created” field is prepopulated and should not be edited. The Date Created and Admission Date fields do not have to match. Care Managers have noted instances of backdating in that field, which impacts their review process. The Provider Site Admission form may be created on the actual date of admission and left in draft until a level of care is determined, or the form may be created and finalized days later after the admission once a level of care has been determined.

Modify a Medical Record Help Desk Request Update

SAPC has updated the form in the online Sage Help desk to Modify a Medical Record to include the current forms and documents, with more accurate field names. These updates will help to gather the correct information and more efficiently process these requests.

Previous Field	New Field	Instruction
SAPC Action	Record requires the following correction	Selections were updated to more accurately identify the specific request needed. Providers should select the most appropriate choice, or “other” if not listed.
Type of Form	Type of Form	Updated form options to the current forms available for modification requests.

		Removed BIRP/GIRP/SIRP/SOAP and Miscellaneous Notes from the drop down.
Client ID with Initials	Separated into two distinct fields, Client ID and Client Initials	Both fields are required to help identify the correct patient.
Date of Service, Start Time, and End Time Fields	Field label updated and now displays as “Original Date of Service”, “Original Start Time”, and “Original End Time”	Information entered on the ticket needs to reflect the original date and time of the note to be modified, not the date and time that they should be (if requesting a change to date and/or time).

Additionally, “Modify a Medical Record” request remains the most frequently submitted Help Desk ticket from providers. SAPC encourages providers to review forms and documents prior to submitting as final to ensure all information is accurate. The addition of Document Routing and Appending features will allow providers to view the document as a whole prior to finalizing and append certain information. Providers should incorporate those into their workflows to assist in reducing the need to modify a medical record.

State Denials for CO 97 M86

SAPC Finance received requests for assistance with State denial code CO 97 M86 as this code is not yet on the Denial Crosswalk (update coming soon). For assistance with this denial code, please review the information below. If agencies have specific questions on how to address the denials, then a Sage Help Desk ticket should be submitted indicating that that the ticket is to be escalated to SAPC Finance as directed via this Sage Provider Communication.

Denial Code Description: The Department of Health Care Services’ (DHCS) description for this denial is, “Short-Doyle Medi-Cal denied this service because it had already approved the same service provided on the same day, by the same rendering provider, to the same beneficiary.” DHCS’s denial description is referring to their policy on outpatient services that requires providers to submit the claim for these services as one service rather than two services for services for FY 23-24 forward.

The [DHCS DMC-ODS Billing Manual](#) (page 46) states: “*Outpatient services are listed in service tables 1-13. Except for Sign language or Oral Interpretive services (T1013), Interactive complexity (90785), and health behavior interventions for the family without the patient present (96170 and 96171), a claim is considered a duplicate if all of the following data elements are the same as another service approved in history:*

- *The beneficiary’s CIN*
- *Rendering provider NPI*
- *Procedure code(s)/modifier(s)*
- *Date of service*

Duplicate services are not allowed. If a provider renders the same service to the same beneficiary on the same day more than once, the provider should submit the claim as one “rolled up” service rather than two services. For example, a provider may render 60 minutes of recovery services in the morning and an additional 30 minutes of recovery services in the evening to the same beneficiary. In this particular scenario, the provider would submit one claim for 90 minutes of recovery services.

Issue: SAPC Finance’s investigations into this denial code have confirmed that some providers continue to bill SAPC with two separate services/claims. For example, claiming two individual counseling services instead of rolling up the two services into one. The information regarding this denial will be added to the next version of SAPC’s Denial Crosswalk.

Resolution:

- **Primary Sage Users:** Void the original service billed to SAPC that was not denied by DHCS. Resubmit the service with the two (or more) services rolled up into one service with the units totaled.
- **Secondary Sage Users:** Submit a replacement claim for the original serviced billed to SAPC that was not denied by DHCS. Resubmit the service with the two (or more) services rolled up into one service with the units totaled.

Real Time 270 Request Update

SAPC recently released an update to the Real Time 270 Request in Sage that added visibility on various eligibility fields that were previously unavailable. While the gender and date of birth are now populating correctly, the Aid Code and County Code fields are not display as expected. SAPC has engaged Netsmart, and we are actively working to correct the issue. SAPC will communicate to providers as soon as a resolution can be implemented

Provider Manual 9.0 Release

The Provider Manual 9.0 was released on 10/8/24 along with the Informational Notice and Quick Reference Guide. All three items can be found on the [Manuals, Bulletins and Forms SAPC website under the Bulletins tab/Bulletins 2024](#).

SAPC Peer Certification Scholarships Announcement

We are excited to announce the opening of the third cycle of the SAPC Peer Certification Scholarships! This initiative aims to support individuals seeking to become Certified Medi-Cal Peer Support Specialists (CMPSS) through the CalMHSA Medi-Cal Peer Support Specialist Certification. This scholarship is intended for those seeking initial certification only. Scholarships are available to individuals who either work or live in Los Angeles County.

SAPC Peer Certification Scholarship Information: SAPC is providing a limited number of scholarships to cover costs associated with the CalMHSA Medi-Cal Peer Support Specialist Certification process.

Each scholarship will cover the cost of:

- CalMHSA application fee for the Medi-Cal PSSC
- CalMHSA-approved Peer Support Specialist Core Competency 80-hour training with the approved provider of your choice
- One (1) Medi-Cal PSSC Exam attempt
- One (1) retake exam (if pre-approved by SAPC on a case-by-case basis)

Scholarships will be awarded on a first-come, first-served basis.

Apply here starting October 14, 2024: <https://forms.office.com/g/VU5Vw5p2w5>

For more information, please visit [SAPC's Certified Medi-Cal Peer Support Specialists webpage](#) or contact the SAPC Peers Implementation Team at SAPC_ASOC@ph.lacounty.gov.

CalAIM Justice-Involved Initiative Update

On October 1, 2024, certain policies under California Advancing and Innovating Medi-Cal Justice-Involved Initiative (CalAIM JII) went into effect. One of those policies are for CA correctional facilities (CFs), such as county jails, juvenile detention facilities, or the California Department of Corrections and Rehabilitation (CDCR), to make substance use disorder (SUD) treatment history requests for clients eligible for pre-release services, including in-custody SUD treatment services. To assist the CFs in developing their in-custody SUD treatment planning, they may reach out to SAPC-contracted SUD treatment programs to inquire about treatment a client received prior to the client's incarceration. Please note that CFs must provide the SUD treatment program with a signed ROI (recommended this be via secure email) before such requests can be made and processed. If these requests are made with the client's ROI provided, please review your electronic health records/Sage, and see if you have records of that client receiving SUD treatment at your site. If you find treatment records for that client, please provide the CF via secure email:

- American Society of Addiction Medicine (ASAM) level of care provided
- Duration of that treatment
- Services components offered during treatment (e.g., individual counseling, group counseling, patient education, etc.)

If you have no patient treatment records of that client, please notify the CF directly.

As of October 2024, only CFs from three (3) CA counties will make this patient history request: Inyo, Yuba, and Santa Clara. Given the locations of these counties, SAPC does not anticipate many patient history requests, if any at all, for SAPC-contracted SUD treatment programs as those counties are not likely to have many Los Angeles County residents. More CFs from other CA counties, beyond the three (3) listed, will also make SUD treatment history requests beginning in 2025.

In the upcoming weeks, SAPC will provide more information about CalAIM JII, including updates received from the State. For more information on CalAIM JII, please see the linked policy guide:

<https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf>.

If you have questions related to how this treatment history request affects patient data entry into Sage, please contact Sage at Sage@ph.lacounty.gov.

Topics From Prior Sage Provider Communications

Rates and Standards Matrix Revisions: An updated version of the Rates and Standards Matrix for FY 24-25 was published to the [SAPC website](#) on 10/1/2024. Below are the changes made for version 2.0. These are also noted on the Revision History tab of the matrix. Refer to the [10.01.2024 Sage Provider Communication](#) for the specific updates to the Matrix.

NDC Code Effective Dates: It is important for providers to review the applicable effective dates of NDC codes for MAT drugs when billing for the S5000 and S5001 codes. Applicable codes may vary from fiscal year to fiscal year and may even become invalid during the middle of a fiscal year. The allowable codes are provided to SAPC by DHCS periodically and the matrix is updated when changes are known. If an expired NDC code is utilized for a service, it may approve locally but will be rejected by DHCS when SAPC attempts to bill the service. In those cases, SAPC Finance will attempt to confirm with the agency what the correct code is for the drug provided; however, if no response is received, the service will be recouped.

Void Claim Assignment Form Update: Effective Wednesday, October 2nd, an optional parameter for Performing Providers will be available on the Void Claim Assignment form in PCNX. This field will allow Primary Providers to choose a performing provider as a parameter to narrow down the client's applicable services to void. Should any issues with the parameter occur or you do not see the new field, please contact the Sage Help Desk at (855) 346-2392 or <https://netsmart.service-now.com/plexussupport>.

Update on Billable Services Previously on Hold: At the beginning of the fiscal year, SAPC provided a brief list of services that had not yet been configured in Sage and SAPC requested to be held. These services can be billed as the correct configurations have been completed.

- H0049-N: Screening Non-admitted
- H0050: Contingency Management
- 99415, 99416, and 99417 for ASAM 1.0-WM
- HA modifiers have been removed
- T1017 delivered by Nurse Practitioner
- 90791 delivered by LPHA Clinical Trainee