Communication Release

10/13/2023

Authorization Backlog Processing

SAPC's Utilization Management Branch (UM) is working diligently to process the backlog of authorizations. All reasonable attempts are made to assign authorizations to care managers for adjudication in the order of date of submission. Authorizations are being processed based on the date of submission, not in the order of authorization start date. The items providers submitted have or will be assigned to a care manager and are expected to be processed within the next five (5) weeks. Please contact your assigned care manager if the authorizations remain pending after that timeframe. Please note that it is not advised to send frequent emails to SAPC QI UM regarding pending authorizations that were submitted less than 5 weeks ago. We appreciate your patience.

Authorization Service Request End Dates

SAPC's UM has received a significant number of questions on how to accurately identify the proper authorization duration. To assist, SAPC UM has developed the following guides to assist providers in selecting the appropriate Authorization periods.

Type of Authorization	Authorization Period
0.5, 1.0, 2.1	Start Date to last day of 6th month*
OTP	Start Date to last day of 12th month*
1WM, 3.2WM, 3.7WM, 4.0WM	Start Date + 13
Initial 3.1, 3.3, 3.5 (21 and over)	Start Date + 59
Initial 3.1, 3.3, 3.5 (20 and under)	Start Date + 29
Re-authorization 3.1, 3.3, 3.5	Start Date + 29
RBH	Start Date + 89
RI-CM	Start Date + 179
Initial Engagement 21 and over	Start Date + 29
Initial Engagement 20 and under and/or PEH	Start Date + 59

*See eligibility dates reference tool

Eligibility Dates Reference Tool

Authorization Start Date	6 months End Date (Non-OTP)		12 Months End Date (OTP)
January (1-31)	07/31		01/31
February (1-28)	08/31		02/28
March (1-31)	09/30		03/31
April (1-30)	10/31		04/30
May (1-31)	11/30		05/31
June (1-30)	12/31		06/30
July (1-31)	01/31		07/31
August (1-31)	02/28		08/31
September (1-30)	03/31		09/30
October (1-31)	04/30		10/31
November (1-30)	05/31		11/30
December (1-31)	06/30		12/31

Historical Progress Note (BIRP/GIRP/SIRP/SOAP) and Miscellaneous Note Modifications

Effective 11/01/2023, SAPC will no longer be processing medical record modifications from notes entered on previous progress note forms, BIRP/GIRP/SIRP/SOAP or Miscellaneous Notes. Due to the migration to the single progress note in PCNX, and previous formats being read-only, there should no longer be a need to modify previously entered notes. SAPC is extending the modifications of previous notes through the end of October 2023 to allow providers additional time to revert those notes to draft if needed. Going forward, any needed modifications require a new progress note to be created with the corrected information while the previous note remains in draft.

For new medical record modification requests for the new progress note created in Sage- PCNX (and all other clinical forms), providers will follow the same procedure of creating an online Sage helpdesk ticket, click "Request Something" and selecting "Modify a Medical Record" to enter the required information.

Accessing PCNX Online Trainings

PCNX training resources are available on the SAPC Sage website. Due to the proprietary nature of the material, the resources have been uploaded to Microsoft Stream. Users will need to enter their c#####@ph.lacounty.gov email address to authenticate to the county system to be able to access the training videos and guides. Users who attempt to use their agency or private emails will have their access denied. If an agency or private email was accidentally used to attempt to access the trainings, 1) clear your browser's cache then 2) access the trainings with your c#####@ph.lacounty.gov email address. Failure to follow the previously described steps will result in avoidable delays in having access to these training materials.

For users who have access to Sage, there is a view and widget with links to the training resources as well. As such, these resources are now available directly within the Sage solution.

Incorrect Denial Reason "No Units Remain for this Procedure Code on the Authorization" During the Preadjudication Phase Claim Submission Process in Sage

Providers have reported that they are receiving an indication of anticipated claim denials for "No Units Remain for this Procedure Code on the Authorization" during the claim submission process for the first entry of that service. Upon investigation, SAPC has determined that Sage is correctly indicating that the claim will be denied; 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 may be certified for that code, it is not on the authorization benefit plan for that patient. 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 would be correctly denied if submitted 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 as it was in Provider Connect-Classic. 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.
3. Please note when using the multiple dates functionality, once the user selects Create Services for Selected Dates, the process can take up to a few minutes to complete.

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 10/16/2023:

1. **Correction to Communication on 10/10/23**.

*** Previously communicated that Note Type will be added, however, Note Type will be replaced by Service Type.

 a. Adding Service Type to the Patient Chart Forms display for Progress Note entries.

 b. Providers have requested the Service Type to help find notes quicker when view progress notes on the All Docs/Chart View.

 c. To access the Service Type and Service Type on the widget,

  i. Select the Progress Note under Clinical Documentation

  ii. For the Form Description, make sure that only Progress Note is selected.

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

 d. Note type will still be available on the Progress Note widgets and reports in Sage. This change will only be for the Pre-Display on the form itself and the All Docs/Chart view.

2. **The Contractor Void/Replacement Report will be added to all financial roles.**

 a. This report provides information on any void or replacement claims for the given date range.

 b. Report is available for both Primary and Secondary Sage Users.

3. **Updates to the Progress Note in Draft, Problem List/Treatment Plan Compliance and ASAM Comprehensive in Draft to link directly to the forms.**

4. **The Sage Helpdesk view imbedded within PCNX will be removed due to no longer functioning. The Sage Helpdesk website experienced conflicts when accessed through PCNX and could not load.**

5. **The SBAT Login widget on the bottom of the SBAT view will be replaced with a link to the SBAT login as users have reported they are unable to login via PCNX view.**

 a. The SBAT widget will not be changed; this change is only related to those that need to log into the SBAT to update their agency's availability.

SUD Crisis Intervention Code H0007:U7 for ASAM 1.0

Under CalAIM, the standard crisis intervention code was replaced with SUD Crisis Intervention H0007. This code was configured across all appropriate levels of care according to the Rates and Standards matrix. However, it was recently identified that H0007:U7 was not configured across the network. SAPC updated ASAM 1.0 to include SUD Crisis Intervention code H0007:U7 for ALL providers contracted for ASAM 1.0.

According to DHCS, the crisis must be related to SUD, where this code is to be used when the patient is at imminent risk of relapse. This code does not include mental health crisis intervention, which does not have a code under the SUD systems of care.