



Communication Release

11/22/2024

State Denial Code Updates

CO 107

State explanation of denial: “Short-Doyle denied the add-on or dependent service because the primary service was not valid”.

Resolution:

- Resubmit the services to SAPC. SAPC is working with the State on clarifications regarding the denials and will not be recouping these services from providers at this time.
- The code will be added to the next update to the denial crosswalk being published in December 2024.

CO 177

Issue: If providers receive CO 177 for patients who are undocumented but have Medi-Cal benefits, DHCS has started denying these services with CO 177 instead of CO 96 MA43, which SAPC has not been recouping from providers as this is a County funded beneficiary aid code.

Resolution:

- SAPC will temporarily turn off the automatic recoupment trigger for CO 177 to review the State denials received for this code to determine which are related to beneficiaries with Medi-Cal who are undocumented. SAPC will continue to not recoup those services and then will manually recoup the valid eligibility related denials received from DHCS.
- If an agency has received CO 177 State denials for patients who are undocumented and they believe these should not have been recouped for this reason, the agency should resubmit the services to SAPC for re-adjudication. Once the services are billed to DHCS, they will no longer be recouped. Please note that SAPC is not able to determine which patients are undocumented as that is not information available to SAPC or the Sage Help Desk.

CO 97 M86 for H2010M/N/S

Issue: Service codes for H2010M/N/S were recently billed to DHCS in error due to a configuration issue, leading to state denials and provider recoupments.

Resolution: The configuration has now been corrected and these services will no longer bill to DHCS. All State denials for H2010M/N/S services can be resubmitted for FY 23-24 and FY 24-25.

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. Additional guidance on documenting these services in progress notes will be forthcoming from the SAPC Clinical teams. If agencies have questions regarding billing H2010M/N/S please read through this guidance and if further clarification is needed, please email SAPC-Finance@ph.lacounty.gov.

Claim Status Report Issue Resolved

The [Claim Status Reports](#) for October and November 2024 were delayed and not published by SAPC as usual for October and November. Both monthly reports were posted to SFTP on November 15th and maybe retrieved by providers Please note that Claim Status Report is available for retrieval for two weeks before being removed.

P-Auths for Field-Based Service Transportation Mileage Available

SAPC and Netsmart implemented a new P-Auth for agencies approved to provide Field-Based Services (FBS). These agencies have an available P-Auth that includes code A0080-F only for billing mileage for FBS. Please note that only specific agency sites can be billed for this P-Auth. SAPC Contracts Contract Program Auditors (CPA) will reach out to their agency liaisons to provide the P-Auth number. Should any additional questions arise on the specific site approved to utilize this P-Auth, please reach out to your agency's CPA for confirmation of which site(s) is/are approved to bill for A0080-F code.

T1013 Interpretive Services Rate Adjustment

In an ongoing effort to increase access to care for clients with limited English proficiency, SAPC is pleased to announce an update to the rate for T1013 sign language/oral interpretive services. Effective November 20, 2024 the rate is standardized to a flat rate of \$30.92 across all provider tiers and for all allowable performing provider license types in the Sage system. As a reminder, this code can only be billed as an add-on service to applicable primary codes.

The update is implemented in the Sage system and the updated Rates Matrix showing this new rate has been posted to the SAPC Bulletins page. Providers that have received payment for approved services for this code can submit a replacement claim (or void and resubmission for Primary Sage Users) to receive the updated rate. If you have any questions regarding the fee for this service or how to replace/resubmit your claims, please email SAPC-Finance@ph.lacounty.gov.

Documents in Draft and for Co Signature

Previously, the Drug Testing section of the Documents in Draft and for Co Signature Report was not populating correctly. Netsmart has corrected the issue. As of 11/18/2024, the Drug Testing section of the report is populating correctly and reflecting accurate information in the TRAIN and LIVE environments.

SAPC Finance Billing & Denial Resolution Tutoring Lab

SAPC Finance is excited to announce the next iteration of billing office hours, the Billing & Denial Resolution Tutoring Lab! **This new meeting series is scheduled to begin on Thursday December 5th from 1-2:30pm and will continue to meet on the first Thursday of every month** and will include announcements and reminders related to billing, demonstration of billing processes/review of policies/troubleshooting, and open Q&A. SAPC Finance encourages all agency billing staff to attend, and any additional agency staff interested in hearing billing and denial resolution information. If providers have requests for procedures or policies to review during the lab, please email SAPC-Finance@ph.lacounty.gov. The link to the meeting is below and will also be added to the SAPC Training Calendar. Please be sure to add it to your calendars!

Meeting Name: Billing & Denial Resolution Tutoring Lab

Date and Time: First Thursday of every month from 1-2:30 pm

Meeting Link and Call-in Information (via Microsoft Teams):

[Billing & Denial Resolution Tutoring Lab Meeting Link](#)

Meeting ID: 278 929 667 194

Passcode: shijHi

Dial in by phone

+1 323-776-6996,,743250887# United States, Los Angeles

Phone conference ID: 743 250 887#

Recovery Bridge Housing (RBH) Benefits Expansion

Due to recent benefits expansion for RBH, Pregnant and Parenting Women (PPW) and Non-PPW clients may now be authorized for up to 365 days in a 12-month period. General RBH and PPW criteria will still apply. Please continue to refer to our [Checklist of Required Documentation](#) which can be found on SAPC website for required documentation. The length of each authorization will be 90 days, and reauthorized for three additional 90-day reauthorizations, for a maximum stay of 360 days while in concurrent treatment. Once a client has resided in RBH for a total of 360 calendar days within the past 12 months or has met the 12-month period since the first day of RBH admission, whichever occurs first, the benefit period ends and cannot restart until 30 days after the most recent discharge date.

For clients who now qualify to stay in RBH beyond 180 days due to the expansion, providers should submit reauthorizations. In these instances, UM will allow a grace period for reauthorization submissions to be exempted from 30-Day Authorization Submission policy until December 31, 2024.

Effective January 1, 2025, all RBH reauthorizations are required to be submitted timely. Partial denials may apply if reauthorizations are submitted late. For additional details regarding the authorization process, please contact sapc.qi.um@ph.lacounty.gov.

Highlights From Previous Communications

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. This scholarship is intended for those seeking initial certification only. Scholarships are available to individuals who either work or live in Los Angeles County.

Scholarships will be awarded on a first-come, first-served basis. **Apply here:** <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.

Update to Provider Grievance and Appeal Submission Process: As announced at the All Treatment Provider and Sage Advisory Meeting held on 11/5/2024, the SAPC Grievance and Appeal forms have been updated and posted to the SAPC website under the [Beneficiary tab](#). These forms have been revised to include the new DPH SAPC Grievance and Appeal email (SAPC_Appeal@ph.lacounty.gov) where provider agencies should submit all grievance and appeals. *Please note that providers submitting outdated Grievance and Appeal forms will be prompted to resubmit the appeal or grievance on the correct form.* Below is a reminder for which qualifies as a grievance or appeal.

Progress Note Status Report Update - Interim Solution: The Progress Note Status Report (PNSR) was updated to improve performance and minimize errors in data from populating. These fixes are *temporary* to ensure providers have access to this crucial report and that the data is populating timely. The following changes were needed to regain functionality and adequate performance of the report:

1. *Form Status parameter removed* - Form status will remain on the report output; however, providers will not be able to filter either Draft or Final from the initial output.
2. *Provider Name parameter removed* - The Performing Provider name will remain on the report output; however, providers will not be able to filter down to specific names on the initial output.
3. *Signature/Finalized by value removed* - This field had to be removed due to causing significant delays to the report's performance. This field does not impact visibility on finalized status of the note and will not impact claiming.

Providers should expect the report to populate within 10 minutes of running depending on the parameters selected and data being pulled. The report can be exported into CSV or other file types for further filtering and sorting to assist with efficient billing practices.

Updated FY 24-25 Rates Matrix and Configuration: The FY 24-25 Rates and Standards Matrix v 2.1 and the Sage system configuration have been updated ([SAPC Bulletins webpage](#) under the 'Bulletins 2024' section) with the changes listed below. The changes are effective for service dates on or after 7/1/2024.

- **CENS**
 - H2017-CN was added with and without the HQ modifier
 - H2010M and H2010N were added as \$0 services available for all performing provider types
- H2010M and H2010N are now available to be billed when delivered by a Peer Support Specialist – the service remains a \$0 service.
- **Residential LOCs**
 - H2010S rates have been added for all tiers at the below flat rates. The rate is a per service rate, where one unit is one service instance. This code remains unbilable by Peer Support Specialists.
 - Tier 1: \$17.55
 - Tier 2: \$18.29
 - Tier 3: \$19.11

Non-Address Entries on Financial Eligibility Address Field: Providers are required to enter a standard address on the Financial Eligibility form to ensure timely submission to the State. DHCS will reject files with claims that do not have a valid address. In order to prevent delays in State claiming, which can impact the six (6)-month billing deadline, providers are required to enter a valid address on the Admission (Outpatient) and the Update Client Data and Financial Eligibility forms. For patients who do not have an address, providers can use either the DPSS office where Medi-Cal was established or the SAPC headquarters address of 1000 South Fremont Blvd, Alhambra, CA 91803 as this field is not used for mailing purposes. SAPC is also updating the CalPM Eligibility Check widget to include the address field if an invalid address was entered to help with visibility and correction.

The address entered on the Admission (Outpatient) form or Update Client Data form is populated to the Financial Eligibility Guarantors section when the "Relationship to Subscriber" is "Self". A valid address must be entered on the aforementioned forms before submitting the Financial Eligibility form.

Admission Diagnosis Reminder: Providers are required to enter an admission diagnosis on the Diagnosis form for all patients. For information on how to complete the Diagnosis form, please review the [PCNX Guide to Admissions and Intake Forms](#) on the Sage website, beginning on page 15. The Sage system validates that an admission diagnosis is entered on the form with a **Date of Diagnosis** that is prior to the date of service being billed. If an admission diagnosis is not entered or the **Date of Diagnosis** is after the date of service billed, the service will be denied. If the admission diagnosis is edited after local billing is approved and the date is changed or the admission diagnosis is voided, the services for the patient may be recouped.