



Communication Release

8/30/2022

FY22-23 Claim Blackout Lifted & New Fiscal Year Reminders

The claiming and member authorization blackout for fiscal year 2022-2023 was lifted on Monday 8/15. As a reminder Providers can and should submit authorizations and billing for FY 2022-2023 services as well as to continue to submit claims for the prior fiscal year. Important information regarding changes for the new fiscal year configuration are noted below. Please be sure to read the information carefully.

Grace Period for authorization submission timelines for authorization start dates of 7/1-8/14/2022

UM has implemented a temporary grace period for late submission of service authorizations with start dates 7/1/2022-8/15/2022. Providers will have until 10/15/2022 to submit these authorizations and will not be subject to late authorization submission deadlines. However, authorizations with start dates 8/16/2022 and on will be subject to our 30-day submission policies. As a reminder, medical necessity documentation was to be completed timely, and will be subject to date modifications if outside of the expected timeframes.

Additionally, UM is working expediently to review service authorizations submitted following the lift of the Sage blackout. Service authorizations are generally reviewed in the order that they were received. Providers should expect some delays, your patience is appreciated as we work to review the current backlog.

Split Authorization Numbers

Please note that authorizations spanning the current fiscal year and the new fiscal year are referred to as "split authorizations." This means that the authorization for the patient will have two different authorizations and different authorization numbers for the different fiscal years.

Secondary Providers: When preparing billing for the new fiscal year, please ensure your EHR is updated with the new authorization numbers for the 2022-23 fiscal year for these split authorizations. New auth numbers for split authorizations are already available for providers to access via ProviderConnect. If the prior fiscal year's authorization number is submitted for the patient for the new fiscal year, providers will receive local denials with the coverage denial reason, "Invalid authorization number," and denial code CO284 M62. The resolution for these denials is to update the authorization number for the current fiscal year and resubmit these claims.

New NDC CPT Codes for MAT Drugs & Expiration Dates

This series of MAT drug codes was added by DHCS. The series of new S5001 codes have been added to the approved authorization groupings and ASAM OTP for all age levels and disciplines. Please be sure to use the correct NDC code for the specific MAT drug being prescribed. The S5001 codes indicate drugs that are brand name drugs, while the S5000 codes indicate drugs that are generic drugs.

DHCS recently published an updated NDC List which was used to update the FY 22-23 rates matrix ([22-13 Fiscal Year 2022-2023 Rates and Payment Policy Updates](#)). Please be careful to note the expiration dates for certain MAT drugs/NDC Codes. These dates are important to note, for if providers are using these expired codes after the expiration date, the State will deny the claim.

New Parenting (PG) Authorization Groups

SAPC introduced a new authorization group name for parenting patients. Authorization requests for FY 22-23 and forward will note "(PG)" at the end of the authorization group name such as "ASAM 3.5 – 18-20/Parenting-PPW(PG)." These new authorization groups do not apply to OTP, RSS, 3.7-WM, or 4.0-WM. Should providers need to request an authorization for a prior fiscal year, the request should reflect the previous naming convention, such as "ASAM 3.5 – 18-20/Parenting-PPW", that does not contain the new "(PG)" language.

ASAM 0.5 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

In alignment with [BHIN 21-051](#), [BHIN 21-075](#), [BHIN 22-003](#), SAPC added a new ASAM Level of Care, ASAM 0.5, that will be used to deliver EPSDT services to individuals 12-20 years of age. SAPC previously sunset the use of ASAM 1.0-AR and will now be using ASAM 0.5 exclusively for the claiming of EPSDT services. As a reminder, a youth engagement screener needs to be completed prior to claiming.

New Authorization Group Name for ASAM 1.0 WM 12-17 MAT Service for Youth/Perinatal

Providers will notice the authorization group name “ASAM 1.0 WM 12-17 MAT Service for Yth/Peri”. This authorization group should be used when appropriate providers are providing outpatient withdrawal management Services to youth ages 12-17.

Contingency Management Authorization Grouping

Sage was not configured for the Contingency Management (CM) pilot during the fiscal year cut-over. SAPC will be configured Sage for the Contingency Management pilot once SAPC receives additional guidance from DHCS. Providers should continue to use standard admission processes for patients that they believe may ultimately qualify for participation in the CM pilot.

New Peer Support Specialist Services

A new discipline for Peer Support Specialist and Behavioral Health Prevention Education Services has been added to Sage (“Support, Peer”) for all levels of care, except for RBH. There are also specific HCPC codes that can only be used by this workforce segment once they have been certified by CalMHSA. These codes include H0025 “Behavioral Health Prevention Education Services” and H0038 “Self Help/Peer Services,” with more information on the published on the [Standard Rates Matrix Fiscal Year 2022-2023](#). Given that CalMHSA (the state contractor responsible for managing the Peer Certification process) has not yet begun issuing certifications for peers, these HCPC codes they should not be used at this time. However, these HCPC codes have been configured in Sage to enable for MCAL billing for services provided by Peer Support Specialists once this new workforce segment is available.

Sage Help Desk

Should you experience any difficulty submitting claims or have questions regarding billing, please contact the Sage Help Desk. Your notification will help us better monitor Sage and provide timely resolution.

- Sage Help Desk Phone Number: (855) 346-2392
- Sage Help Desk ServiceNow Portal: <https://netsmart.service-now.com/plexussupport>

Care Coordination Miscellaneous Note Type Update

As part of the documentation reform related to CalAIM initiatives, Case Management was replaced by Care Coordination as a billing code and in provider’s documentation practices. SAPC has updated the Miscellaneous Note type to reflect this change. Effective Thursday 8/25/2022, Care Coordination will be active on the Miscellaneous Note Types and Case Management will become inactive in Sage for Primary Sage Users.

Secondary Sage Users should update their progress notes and Miscellaneous notes if they have not done so already to reflect this change.

Submission of Claims Against Pending Authorizations

For Secondary Sage Users, please make sure to communicate to your billing staff that claims should not be submitted to SAPC if the authorization for the patient has not been approved by SAPC. When this occurs, the claims cannot be processed and will be in a ‘pending’ status until the authorization has been approved by SAPC UM. The status of an authorization request can be validated in the Authorizations form in ProviderConnect. Providers should ensure that this critical step is included in your workflows.

ProviderConnect Billing for Non-DMC Services

During SAPC Finance's review of billing submitted for FY 22-23 since 8/15/2022, it has been found that some providers are receiving denials for non-DMC services with the denial reason: "This member's authorization is for a different funding source". When OHC was introduced into ProviderConnect, a new screen was added to the process of entering treatments after clicking the 'Add Professional Claim' button, that requires the selection of a 'Funding Source' on the new Professional Claim Details screen. When treatments are going to be entered for non-DMC services, "Non-Drug Medi-Cal (4)" must be selected in the 'Funding Source' field or the services will be denied with the denial reason referenced. If providers have received this denial, please resubmit the services, ensuring to select "Non-Drug Medi-Cal" as the 'Funding Source'.

Telehealth Adjudication Report

Effective Monday, August 15, 2022, SAPC paused sending the Telehealth Adjudication Report to providers. An error was found in some of the data provided and is being investigated by SAPC. Once the report has been corrected, SAPC will resume sending the report on the 15th of each month and will provide an update via a future Sage Provider Communication.

CO 96 M80 State Denial Updates

SAPC has been investigating and working with DHCS and providers on recent CO 96 M80 state denials, which are related to claims that were previously paid and considered duplicates by the State. SAPC has identified the issue, which led to updating workflows and clarifications with the State on how to process certain claims. These updated processes will allow providers to resubmit those denied claims and should not see them redented for CO 96 M80 again. Effective immediately providers can replace or resubmit their previously denied claims with State Denial code CO 96 M80. For Secondary Sage Users, the preference is for those claims to be replaced and for Primary Sage Users, these claims must be resubmitted as new claims.

HOW TO: Submit a Request for Client Merges for Patients in Sage

It is best practice to search for a patient by last name, first name, date of birth, and SSN in Sage to minimize creating duplicate client records. However, if a merge is needed for an existing patient please provide as much information to the Help Desk to facilitate a more efficient response:

- Identify the Target ID to-be
- Identify the Source ID to-be
- State which, if any, IDs the agency has already billed on

Please note that the NetSmart Merge Team makes the final determination on which ID will be used as the Target and Source; however, it is helpful to know the provider's preference

RESOLVED: Unprocessed Pre-adjudication Claims

SAPC identified an issue with the Pre-Adjudication process in ProviderConnect which was reported in late July 2022. The Pre-Adjudication issue has been resolved as of Thursday August 18th. Any claims that were unprocessed in the Pre-Adjudication queue have been processed and the normal functionality has been restored. Should you experience any further issues, please contact the Sage Help Desk at (855) 346-2392.

Pre-Release Notification: ASAM CONTINUUM Software Update 3.15

The American Society of Addiction Medicine announced that version 3.15 of the ASAM CONTINUUM and CO-Triage software will be released on Tuesday, August 30, 2022. Details about the updates to this software version can be found below and will be posted on [ASAM CONTINUUM website](#). Unless otherwise noted, these updates appear in both standard CONTINUUM and CONTINUUM RISE.

Pre-Release Notes – Version 3.15

The American Society of Addiction Medicine is pleased to announce that version 3.15 of the ASAM CONTINUUM and CO-Triage software will be released on Tuesday, August 30, 2022. Details about the updates to this software version can be found below and will be posted on [ASAM CONTINUUM website](#). Unless otherwise noted, these updates appear in both standard CONTINUUM and CONTINUUM RISE.

Narrative Report Updates

- We have improved how CONTINUUM response options result in sentence outputs in the Narrative Report. These changes affect the standard version of CONTINUUM.
- Narrative Report Alcohol & Drug Section, Client Perception of Severity of Alcohol and Drug Problems and Desire for Treatment subsection
- In CONTINUUM, for the question *"How troubled or bothered have you been in the past 30 days by the noted alcohol problems?"* (ASd23a), when responding *"considerably"* or *"extremely"* the Report sentence will read *"considerably bothered"* or *"extremely bothered."* (Prior to these updates, the text read *"bothered considerably"* or *"bothered profoundly."*)
- In CONTINUUM, for the question *"How troubled or bothered have you been in the past 30 days by these drug problems?"* (ASd23d), when responding *"considerably"* or *"extremely"* the Report sentence will read *"considerably bothered"* or *"extremely bothered."* (Prior to these updates, the text read *"bothered considerably"* or *"bothered profoundly."*)
- CONTINUUM Narrative Report Psychiatric Section, in the Severity of Emotional and Psychological Problems and Desire for Treatment subsection
- Similarly, in CONTINUUM, for the question *"How much have you been troubled or bothered by the previously discussed psychological or emotional problems in the past 30 days?"* (ASp12), if the interviewer responds *"considerably"* or *"extremely,"* the Report sentence will read *"considerably bothered"* or *"extremely bothered"* (instead of *"bothered considerably"* or *"bothered profoundly."*)
- In CONTINUUM, any language entered by the interviewer in the Comment Box of any section will appear in the Narrative Report with quotations.
- CONTINUUM Narrative Report Alcohol & Drug, Employment, Family/Social, Legal, Medical, Psychiatric, and Clinical Summary Notes sections:
- The statement will begin with *Comments:* followed by the text entered by the interviewer with quotations at the beginning and end of the statement.
- We have streamlined information in the Narrative Report regarding patients' substance use.
- Narrative Report Alcohol & Drug Section, Lifetime and Past 30-Day Use subsections
- If the patient did not endorse any drug or alcohol use, the Narrative Report will simply state: *"Patient did not endorse any alcohol use"* or *"Patient did not endorse any drug use."*

Summary Report Updates

- Summary Report Critical Items Section
- Any language entered by the interviewer in the text field for ASf19iN, [*"Describe the abuse/neglect risk and any resulting actions taken by the interviewer or supervisory staff"*], in CONTINUUM has been added to the Summary Report with quotations. In the Summary Report, the statement will begin with, *The following critical*

psychological/psychiatric item(s) were noted in this assessment: The interviewer commented that... followed by the text as entered by the interviewer, in quotations.

User Interface Updates

- New error messages will increase the clarity of the patient's substance use and treatment history.
 - CONTINUUM Drug and Alcohol Section/Additional Addiction and Treatment Items
 - If interviewers endorse a substance for:
"Which substance is the major problem?" (ASd14, standard)
or
"Which substance has been the major problem or could become the major problem when you re-enter the community?" (ASd14, RISE)
that does **not** match any of the substances selected for:
"Which substances have you had problems with?" (SubsUse, standard)
or
"Which substances have you had problems with prior to [your arrest/entering jail or prison/rehab/the halfway house/hospital]?" (SubsUse, RISE),
Then an error message will read, *"ERROR: [Substance] was not selected in the Used Substances section. Please select a value that matches one of the responses endorsed in the SubsUse question."*
 - CONTINUUM Drug and Alcohol Section/Addiction Treatment History
 - If interviewers endorse *"Alcohol and Drug"* for the type of treatment the patient has received (PrevTrmt), but then select "0" for *"How many times in your life have you been treated for alcohol use problems?"* (ASd18a) and/or select "0" for *"How many times in your life have you been treated for drug use problems?"* (ASd18d)
or
If interviewers endorse *"Alcohol only"* in PrevTrmt,
but then select "0" for *"How many times in your life have you been treated for alcohol use problems?"* (ASd18a)
or
If interviewers endorse *"Drug only"* in PrevTrmt,
but then select "0" for *"How many times in your life have you been treated for drug use problems?"* (ASd18d)
Then they will see an error message that reads, *"ERROR: The response must be greater than zero based on your answer to the Question PrevTrmt."*

Question Updates

- Psychological Section
 - The language for the header,
"Are you worried about having another attack?" (immediately above the block containing ASp04dL) has been changed to *"Have you worried about having another attack?"* to reflect the past tense orientation of response options for this header (*In your lifetime/In the last month/In the last 24 hours*).

Response Updates

- Interview Completion Section
 - To ensure users obtain accurate information about a patient's willingness to take new medications as prescribed, response options have been updated for the question (change appears in **bold** below):
"If any medications are being or will be prescribed, is the patient willing and able to self-administer these with good compliance? (Responding "NOT willing or able to safely self-administer the medication" may escalate the

Final Level of Care intensity and/or require Biomedical Enhanced Services (BIO). If unsure, consult a nurse or physician.)" (Post06)

Response options now include:

- NO medications are currently prescribed or planned
- Patient is currently on medication, or **medication will be prescribed**, and IS willing and able to self-administer with good compliance
- Patient is currently on medication, or medication will be prescribed, but patient is NOT willing or able to safely self-administer the medication