



## Communication Release

10/21/2022

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### Closing FY 18-19 Billing

SAPC is excited to announce that **billing for FY 18-19 will be closing on Friday, November 4, 2022.** The State has indicated to SAPC that billing for the 18-19 fiscal year must be finalized for cost reporting. Providers should ensure all resubmissions of any State denials are completed by this date. SAPC will accept and adjudicate services received through the end of 11/4/2022. Any services for FY 18-19 submitted after 11/4/2022 will be automatically denied by Sage with the reason, "Cost Reporting for Fiscal Year is Closed."

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### Case Sensitive Modifier Codes

Secondary Sage Users recently raised a question regarding submission of procedure codes to SAPC and the use of lower-case or upper-case letters in these codes. All procedure codes including the modifiers must be sent to SAPC in upper-case characters, for example, H0004:U8:HA:PG instead of h0004:u8:ha:pg. Codes sent to SAPC with any letter in lower-case will be rejected by the system and will need to be corrected and resubmitted to SAPC.

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### Recovery Monitoring and Recovery Prevention State Denials

SAPC has been working with Netsmart to resolve an issue noted previously in the [9/23/2022 Sage Provider Communication](#) regarding State denials for Recovery Monitoring and Recovery Prevention services, H0038-R and H0038-P respectively, for services conducted on or after 1/1/2022. The issue was caused by the State inactivating the T1012 code which SAPC was cross-walking both RS codes to when billing DHCS. This code has been updated in Sage and providers who received State denials for H0038-R and H0038-P for services delivered on or after 1/1/2022 can be resubmitted to SAPC. Providers should use the same code that was previously billed. Please note that this correction in Sage does not impact the codes providers use to submit to SAPC. Providers should continue to utilize the codes found on the Rates and Standards matrix for the corresponding fiscal year.

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### Validating New Admissions with Existing Patients in Sage

SAPC is announcing a new feature to help reduce duplicate record creations in Sage. Effective 11/1/2022, when using the Add New Client/Client Search feature to admit a new patient to your agency, Sage will validate the First Name, Last Name, and Date of Birth against pre-existing patient records. If there is an existing patient that matches exactly on **all** three, the record will not be created. Users will receive an error message as follows:

"This entry matches the First Name, Last Name, and Date of Birth of a client already in the system. Please return to the client search, verify the information is correct and select the pre-existing client, if applicable."

With this new feature, Sage will only create new records for unique patients that do not match the first name, last name, and date of birth of an existing patient. Should the user receive this error, please follow these steps:

1. Return to the Add New Client/Client Search form.
2. Verify the information entered was correct for the patient you are trying to admit.
3. Run the search again and look for the patient record that matches the First Name, Last Name and Date of Birth.

4. Select the correct existing patient to open a new episode for that patient.
5. If the information is entered correctly, and you are not finding the correct patient, please contact the helpdesk for further assistance.

During validation of this new feature SAPC found a common scenario where the Social Security Number may be different, but the First Name, Last Name and Date of Birth match for multiple patient records. This was usually due to a typo in the SSN or the existing record or new admission search criteria are showing a generic SSN such as 999-99-9999.

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### KPI Data Discrepancy

SAPC has been working with Netsmart to address data discrepancy issues in KPI. One of the main data discrepancies includes telehealth services with SC and GT modifiers. There is a pending update scheduled for release mid next week which would correct this issue and allow visibility of these services. Confirmation of the update successfully loaded will be provided through the Sage Newsfeed.

There are other known data discrepancy issues including suppression of data following the merge of a duplicate patient record and the use of an incorrect authorization number for the patient/date of service by Secondary Sage Users. The solution to address data suppression following the merge of a duplicate patient records is currently being tested.

If data discrepancy issues are noted, providers are encouraged to open a Help Desk ticket that include screenshots of Sage Treatments, an EOB or 835 of the specific data that is expected to be in KPI. Additionally, please include a screenshot of the full KPI screen so the filter selection is visible and date/time of when the screenshot was taken because data visibility can change with the nightly load.

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### Update on Group Counseling and Patient Education State Denial Resolution

SAPC has been working with Netsmart to resolve the issue of group counseling and patient education services being denied by the State for exceeding the maximum units allowed. In most cases, this was found to be due to the Sage system updating the unit type from minutes to the 15-minute incremental unit but not updating the unit value i.e., 30 minutes was being sent to the State as 30 units (450 minutes). The solution to this issue is that group counseling and patient education services must be submitted to SAPC in minutes and not the 15-minute incremental units, which will then be sent to the State in minutes. Once the configuration change is implemented in Sage, any services for group counseling and patient education that are sent to SAPC in the 15-minute incremental unit will be denied locally with the explanation of coverage, "Invalid Measurement for Procedure Code."

This issue and resolution impact SAPC's Secondary Sage Users and do not require Primary Sage Users to bill SAPC differently as ProviderConnect creates these services in minutes. However, Primary Sage Users may be impacted if the system sends these services in the 15-minute unit increment to the State. Accordingly, SAPC continues to recommend a brief temporary hold on submission of group counseling and patient education services while this solution is being implemented. An estimated implementation date will be provided as soon as it is known along with an updated Rates and Standards Matrix to indicate the services should only be provided in minutes.

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### Claims Denied for

#### "Pending Merge: This Service Occurs During a Claims Processing Blackout"

SAPC and NTST have nearly completed all backlogged merge cases that we are able to process. However, there are some merges that we are unable to process due to billing issues. In these situations, SAPC places a claims blackout on the source ID to avoid further billing on the incorrect ID. If providers continue to bill on the source ID the claim will be denied for "Pending Merge, This Service Occurs During a Claims Processing Blackout" (835 CARC code CO 45).

If providers experience this denial, please contact the Help Desk to identify the correct PATID to bill against. The authorization from the source ID should have been transferred to the target ID. Once the provider has the correct ID then the claim can be resubmitted. The blackout is only on the source ID.

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## **Addition of Email and Communication Preference to Demographics Form**

Effective 10/24/2022, SAPC will add fields for Email and Communication Preference to the Demographics form in Sage to support additional data requirements and improve communication with patients. These fields will be optional items should providers and patients prefer to use email for communication. The current version of the Notice of Privacy Practices signed by the patient includes information regarding providers being able to use email as an acceptable form of communication for appointment related communications. If the patient prefers additional communication via email, then the patient can sign a consent allowing email correspondences. For existing patients, providers can enter the email address and communication preference on the Demographics form in Sage.

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