Communication Release

11/5/2021

National Drug Codes Configuration Update

SAPC is nearing finalization of the configuration in Sage that resolves an identified issue where National Drug Codes (NDCs) were not being included on claims sent to the State. It is anticipated that the configuration should be complete within 1-2 weeks. Part of the configuration will address the state's requirement that claims for MAT services include the NDC for the medication. Currently, Sage will not deny claims for MAT services that are missing the required NDC codes. However, when the configuration is complete, claims for MAT services that do not include the required associated NDC for that HCPCS code, will be denied by SAPC.

❖ If no NDC is used, an invalid NDC is used, or the incorrect NDC for the HCPCS code will be denied and the explanation of coverage message received by providers will be: "*The service was denied for the following reason: National Drug Code (837-2410-LIN-03) is not valid for this Procedure Code.*"

Claims without the associated NDC codes for the medication being billed will be denied by the State with the denial code CO 96 N54 or CO 26 N650. If the NDC was correctly added to your agency's claims and you received one of these denial codes, SAPC requests providers resubmit the claims to SAPC so they can be sent to the State again for adjudication. If the claim did not include the NDC code, SAPC requests providers add the required code to the claim and resubmit the claim to SAPC.

It is important for secondary providers to ensure that their electronic health record systems are correctly configured to allow the agency to associate the correct NDC for MAT services. The NDCs for each MAT HCPCS code can be found on the SAPC Rates and Standard Matrix, which can be located on the SAPC website at: http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/21-05/StandardFY21-22RatesMatrix.pdf.

State Denial Error for OTP Claims

SAPC recently received notification from DHCS reporting an error in the adjudication of OTP dosing claims resulting in claims erroneously being denied for CO 96 M80. This typically signals the claim was already paid and the denied claim is a duplicate. The reported error occurred on claims received from SAPC between September 16, 2021 and October 18, 2021. This appears to impact only dosing claims and was not dependent on date of service but claim date. If your agency received a denial for CO 96 M80 between September 16 and October 18, and after investigation, there was no previous payment for that claim (I.e. that was the first submission), please replace those claims as soon as possible so SAPC can resubmit the claims to the State for appropriate adjudication.

OHC Technical Assistance Webinar Follow-up

On Wednesday, November 3, 2021, SAPC conducted an OHC Technical Assistance Webinar for Secondary Providers. Providers can access the slides and recording of the webinar on the Sage Trainings-Finance page under the Billing section of the SAPC Sage website. For questions that SAPC was unable to answer during the webinar are under investigation and responses will be provided in a future Sage communication.

Automation of Monthly Medi-Cal and Financial Eligibility Discrepancy Report

Beginning in November, SAPC will provide the monthly *Medi-Cal and Financial Eligibility Discrepancy Report* via the SFTP. The report is produced each month after the prior month's claims analysis. This report includes patients who reported DMC as the guarantor in their financial eligibility but were not found in the State's Medi-Cal Eligibility Data System (MEDS) file. Each agency's SFTP contact(s) will be emailed when the report is uploaded to the SFTP. Those contacts should then retrieve and forward the report to the appropriate staff at the agency. Providers can use this resource as another aid to help minimize state denials by ensuring that their patients have the correct

financial eligibility in Sage.

Billing Questions and Support

To better assist providers in addressing billing questions or concerns, SAPC requests providers submit a Sage Help Desk ticket. This process allows SAPC to ensure their questions are responded to in a timely manner and allows SAPC to track and identify trends in questions or concerns to better provide technical assistance, fix any issues in the system, and provide guidance to all providers when needed. Previously, providers would contact a member of the SAPC Finance team directly to address questions. However, that practice can lead to delays in response and does not allow SAPC to track and identify consistent questions or concerns.

When submitting a Sage Help Desk ticket for billing questions or support, it is important that as much information as possible is given to assist in a swift resolution to the ticket. To assist in addressing issues with claims, requested information generally includes dates of service, PATID, denial codes (if applicable), and clear description of the question regarding the claims. Without detailed information, tickets will take longer to resolve as it requires additional communication on the ticket to obtain the required details for investigation.

Sage Help Desk tickets can be submitted via phone at (855) 346-2392 or via the ServiceNow portal at https://netsmart.service-now.com/plexussupport.

Sage Help Desk Survey

The bi-annual Sage Help Desk Feedback Survey to collect feedback on experience with the Sage Help Desk is open from 11/2/2021 to 11/16/2021. Sage users who submitted a Sage Help Desk ticket within the last six months should have received an email requesting completion of the survey. The survey helps SAPC and the Sage Help Desk determine if users are receiving the support they need from the Help Desk and identify any areas of improvement. If you have received the survey, please make sure to complete it by the deadline!

Telehealth Configuration Implementation Date Update

SAPC has received notification from DHCS that they have issued a blanket waiver for the implementation of BHIN 21-047 which requires the submission of claims with new telehealth modifiers when the service is delivered via telephone or telehealth. The IN indicated implementation date of November 1, 2021 has been rescheduled to January 1, 2022 to allow for additional time to configure systems for the new telehealth modifiers. The DHCS system has already been configured to allow for the submission of claims with telehealth modifiers.

Although the State's mandatory implementation date has been pushed out to January, SAPC is committed to having this configuration completed in Sage as soon as possible and prior to the new January 1, 2022 deadline. The configuration of the telehealth modifiers in Sage is nearly complete and SAPC should be able to confirm a date of release to providers within the next 2 weeks. Primary and secondary providers are strongly encouraged to review the [Claiming for Telehealth Using Modifiers Job Aid](#) which was sent out on last week's Sage Provider Communication. This document reviews the requirements for submission of telehealth modifiers to SAPC.

Secondary providers are encouraged to configure their electronic health record (EHR) systems as soon as possible to meet the requirements in the IN and SAPC's [837P Companion Guide](#) and must be completed no later than the State's new deadline of January 1, 2022.

Primary providers will have access to new CPT codes with telehealth modifiers when the configuration of Sage is complete. Providers should review the job aid linked in this communication which details how to bill services conducted via telephone or telehealth when billing in Sage. While the configuration is not yet ready, SAPC anticipates the configuration to be available prior to January 1, 2022.