SAPC | Substance Abuse Prevention and Control

sage SUD Electronic Information System

SAGE BILLING QUICK GUIDE

CENS DMC Services

OVERVIEW

This quick guide provides information to support CENS provider agencies in billing for CENS services billable to Drug Medi-Cal (DMC). The information in this document is applicable for patients who have Medi-Cal. For Non-DMC patient services, provider agencies should bill the CENS staff hour rate as outlined in the CENS Standards and Practices. CENS DMC billable services do not require a service authorization and are instead billed using the CENS Provider Authorization (PAuth) assigned to the agency.

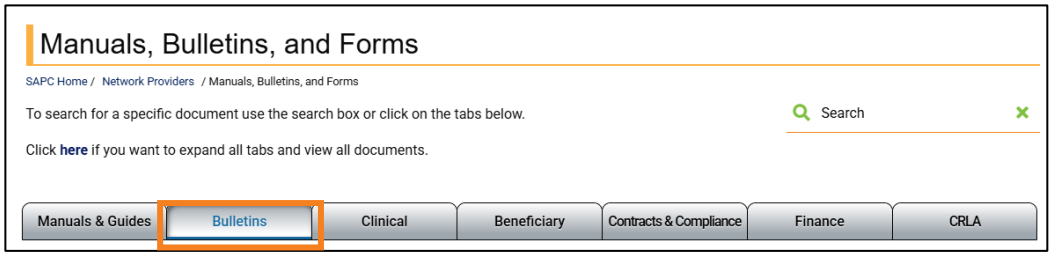
This job aid includes the following sections:

Additional information regarding CENS DMC billing and service requirements can be found in SAPC Information Notice 23-13. Information regarding billing via PAuth can be found in the Sage Billing Quick Guide: Provider Authorizations (PAuths).

IDENTIFYING BILLABLE CODES ON THE RATES MATRIX

1. Download the Rates Matrix from the SAPC website.
    a. Hover over the Providers menu tab on the SAPC homepage.
    b. Click on Manuals, Bulletins and Forms under the Treatment sub-menu.

    c. Click on the Bulletins tab.

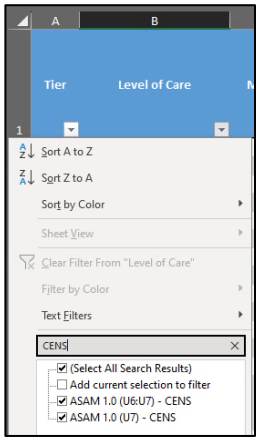


County of Los Angeles Public Health

d. Open the Bulletins 20YY (example Bulletins 2025 for FY 24-25) section that applies to the fiscal year needing to be billed.

e. Click on the link for the FY YY-YY Rates and Standards Matrix. This will download the Rates Matrix Excel file.

2. Open the Rates Matrix.
3. Click on the Tier 1, Tier 2, or Tier 3 tab based on the agency's tier assignment.
4. In the Level of Care filter, type "CENS" in the search field.



5. View the codes listed in the Code column. These are the allowable codes for CENS that are included in the agency's P-Auth.

a. The codes may vary slightly from fiscal year to fiscal year. The example below is from the FY 24-25 Rates and Standards Matrix. Be sure to view the appropriate Rates Matrix for the fiscal year that is being billed to utilize the correct codes. As of FY 25-26, the CENS billing codes no longer include the "-CN".

Code Type	Sage Service Code Description	Code	Code + LOC U Code
MAT Services (CENS)	MAT education	H2010M	H2010M:U6:U7
MAT Services (CENS)	Naloxone handling/distribution	H2010N	H2010N:U6:U7
Recovery Services (CENS)	Comprehensive community support services, 15 mins	H2015	H2015:U6:U7
Recovery Services (CENS)	Psychosocial rehabilitation, group service, 15 mins (Must use HQ modifier)	H2017	H2017:U6:U7
Recovery Services (CENS)	Psychosocial rehabilitation, 15 mins	H2017	H2017:U6:U7

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SERVICES COVERED UNDER THE CENS BILLABLE CODES

The available CENS codes mirror the codes available for Recovery Services. The codes listed below are the base codes not including any modifiers required for billing. All codes billed for CENS services must have U6 as the first modifier after the code, followed by the LOC modifier for the lowest level of care the site is certified to deliver. For example, H2017:U6:U7. Refer to the Billing Rules tab of the Rates Matrix for information on allowable modifiers.

Effective November 10, 2025, the CENS PAuth no longer includes the code H0049. CENS provider agencies should utilize H2017 to bill for patient screening. Previously billed services under H0049 for CENS screenings that have been denied by the Department of Health Care Services (DHCS) should be rebilled under H2017. If the patient had received additional services on the same day and H2017 had already been billed, the H2017 service should be replaced with updated units to incorporate the time spent on screening services on top of the other service units provided.

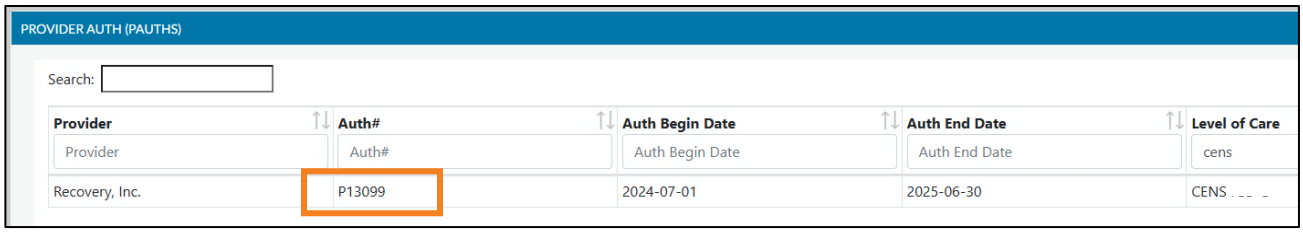
Base Code	Applicable Services to Bill Under the Base Code
H2015	Care Coordination, Recovery Monitoring, Relapse Prevention
H2017	Assessment, Group Counseling, Individual Counseling, Family Therapy, Screening
H2010M	MAT Education (incentive)
H2010N	Naloxone Handling/Distribution (incentive)

IDENTIFYING CENS PAUTH NUMBERS IN SAGE

1. Login to Sage-PCNX.
2. Navigate to the Provider Auth (PAuths) widget.
    a. The Provider Auth (PAuths) widget is only available for Financial-related user roles. CENS Counselors will not have access to this widget.
3. In the Level of Care field, type in CENS. This will filter the results in the widget to just the CENS PAuths.
4. To identify the appropriate PAuth number to utilize for billing based on the fiscal year, view the dates in the Auth Begin Date and Auth End Date fields.
    a. CENS PAuths are generally applicable for an entire fiscal year, however, this can depend on the effective date of when the agency was approved to provide CENS services.
5. Once the appropriate row is identified, the PAuth number to use for CENS billing in Sage is under the Auth# column.

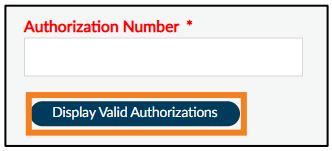
SAGE BILLING QUICK GUIDE

CENS DMC Services

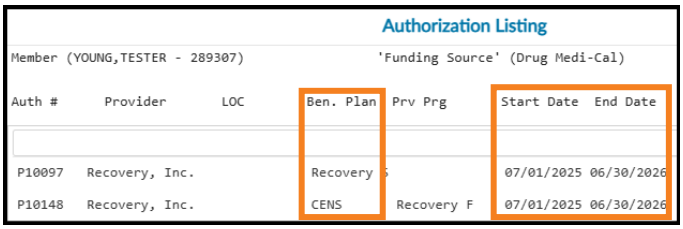


BILLING CENS SERVICES IN SAGE-PCNX (PRIMARY SAGE USERS)

1. Login to Sage-PCNX.
2. Navigate to the Fast Service Entry Submission form.
3. Click on the Fast Service Detail tab in the left menu to begin adding services onto the batch.
4. Click the Add New Item button to begin adding services.
5. Select the appropriate patient in the Member Name or ID field.
6. Select Drug Medi-Cal (3) in the Funding Source field.
7. Enter information in the standard billing fields below as required for all services:
    a. Provider
    b. Contracting Provider Program
    c. Performing Provider
    d. Performing Provider Type
    e. Date of Service
8. In the Procedure Code field, enter the Procedure Code to be billed.
9. Click on the Display Valid Authorizations button.



10. In the Authorization Listing pop-up, click on the P-Auth number that is applicable to the date of service being billed. This can be determined by the Start Date and End Date columns on the pop-up. The CENS P-Auth can be identified by looking at the Ben. Plan column in the pop-up - it will say "CENS".



11. Click OK to select the P-Auth.
12. Complete the remaining fields of the form as required and standard for billing submission.

a. Refer to the PCNX Finance and Billing User Guide for information on the required fields to be completed on the Fast Service Entry Submission form. There are no fields specific to CENS; CENS billing follows the same billing procedures and requirements as non-CENS billing in Sage.

BILLING CENS SERVICES VIA 837 (SECONDARY SAGE USERS)

As outlined in the SAPC Companion Guide 837P, page 23, claims submitted via 837P files are required to include the authorization number in the Loop 2400 REF02 segment. If the appropriate CENS PAuth number is not included on the 837 file, the services may be allocated in Sage to the Recovery Services PAuth as they share the same service codes. If this occurs, the provider agency must void the services allocated to the Recovery Services PAuth and submit new claims with the appropriate CENS PAuth number included on the claim.

Image 1 – Loop 2400 REF Segment Detail from 837P Companion Guide

REF - Prior Authorization - Required			
REF01	Reference Identification Qualifier	G1	G1 = Prior Authorization Number
REF02	Prior Authorization or Referral Number		Prior Authorization or Referral Number

Image 2 – Example of 837 file with PAuth Number

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SV1*HC:H0049:U8*59*UN*2*02**1~
DTP*472*D8*20170707~
REF*G1*P1136~
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