SAPC | Substance Abuse Prevention and Control

sage
SUD Electronic Information System

SAGE BILLING QUICK GUIDE

Provider Authorizations (PAuths)

OVERVIEW

This quick guide provides a high-level overview of the information required to support SAPC-contracted treatment provider agencies in billing for services delivered via Provider Authorization (PAuth). A PAuth is a pre-approved authorization for a certain set of HCPCS procedure codes and services that do not require authorization from SAPC Utilization Management before billing to SAPC. Each PAuth has a specific set of codes configured under the authorization which are the only codes allowed to be billed using that PAuth number.

PAuths are generally configured in Sage for a full fiscal year from July 1st through June 30th. Exceptions to this are newly added levels of care to an existing site or a new site configured in Sage; the start date of the authorization would be setup as the effective date based on the contract amendment. Each provider agency receives a PAuth for Recovery Services. Provider agencies contracted to provide CENS and/or Field Based Services will receive separate PAuths for these two services. Prior to FY 25-26 each provider agency also received a PAuth for Screening No-Admission; however, billing processes for screenings have been updated and are noted in the Screening No-Admission PAuth section of this guide.

This quick guide contains the following sections:

- How to Find PAuth Numbers in Sage
- How to Identify the Codes Configured Under a PAuth
- Recovery Services PAuth
- CENS PAuth
- Field Based Services Transportation PAuth
- Screening No-Admission PAuth

HOW TO FIND PAUTH NUMBERS IN SAGE

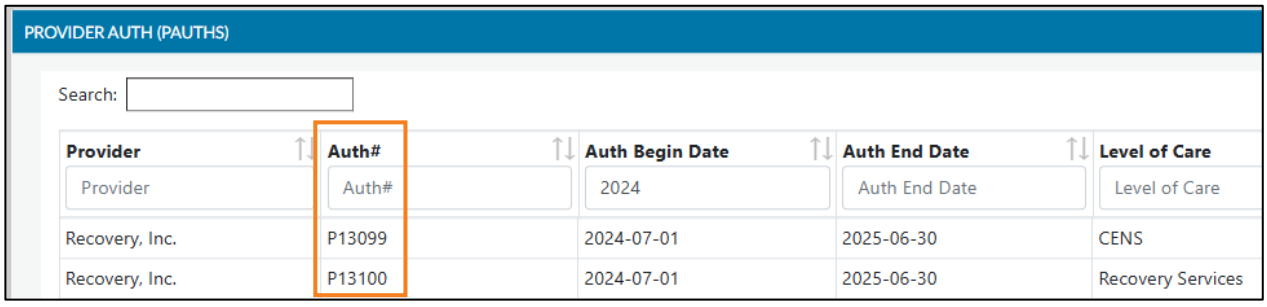
1. Login to Sage-PCNX.
2. Navigate to the Provider Auth (PAuths) widget, located in the Financial or Financial + Clinical views displayed as tabs at the top of the screen.
    a. The Provider Auth (PAuths) widget is only available for Financial-related user roles in either the Financial or Financial + Clinical view tab dependent on user role.
3. In the Level of Care field (the far-right column), the name of the PAuth is listed. Each PAuth is named for the services contained.
    a. CENS = CENS
    b. Recovery Services = Recovery Services and Recovery Services Perinatal
    c. Screening No-Admission = Screening – No Admission
    d. Field Based Services Transportation = FBS-Transportation

County of Los Angeles Public Health

SAGE BILLING QUICK GUIDE

Provider Authorizations (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.
5. Once the appropriate row is identified, the PAuth number to use for billing is under the Auth# column.

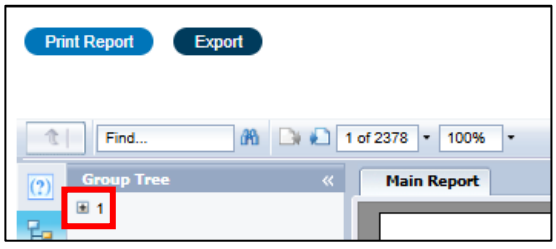


HOW TO IDENTIFY THE CODES CONFIGURED UNDER A PAUTH

All provider agencies have access to the MSO Provider Config Report 2023+ in Sage, which provides a listing of the configured procedure codes and fees by site, level of care, and practitioner type for the agency. Codes within a PAuth listed in this report are billable in Sage. The appropriate code, and applicable modifiers, should be selected based on the service provided to the patient.

To locate the PAuth and applicable codes on the MSO Provider Config Report 2023+, follow the steps as outlined below.

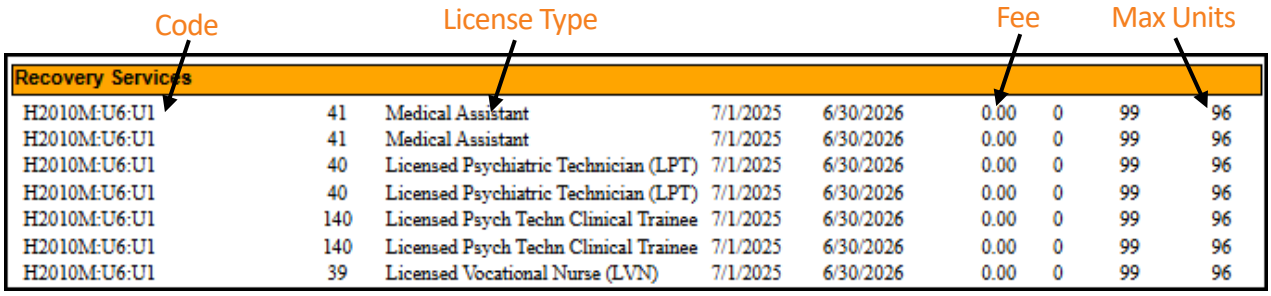
1. Login to Sage-PCNX.
2. Navigate to the MSO Provider Config Report 2023+.
3. On the parameter screen:
    a. In the Start Date field, select the first day of the fiscal year that is under review.
    b. In the End Date field, select the last day of the fiscal year that is under review.
    c. In the Select Provider(s) field, select the agency name.
    d. In the Select Program(s) field, select the site the services are/were delivered at.
4. Click Process to generate the report.
5. In the Report Viewer, click the +1 under the Group Tree to expand the section and display the benefit plans and PAuths configured for the site selected.



SAGE BILLING QUICK GUIDE

Provider Authorizations (PAuths)

6. Click on the name of the Benefit Plan for the PAuth desired from the Group Tree. This will adjust the report output view on the right to locate the start of the listing of codes for the Benefit Plan name. The Group Tree acts as a bookmark for the Benefit Plans to enable faster searching of the report output.
7. Under the Benefit Plan section in the report, the codes available to bill are listed on the left. The third column lists the allowable license type and the sixth row indicates the fee for the code and license type. The maximum number of units per code is the last column.



Recovery Services								
H2010M:U6:U1	41	Medical Assistant	7/1/2025	6/30/2026	0.00	0	99	96
H2010M:U6:U1	41	Medical Assistant	7/1/2025	6/30/2026	0.00	0	99	96
H2010M:U6:U1	40	Licensed Psychiatric Technician (LPT)	7/1/2025	6/30/2026	0.00	0	99	96
H2010M:U6:U1	40	Licensed Psychiatric Technician (LPT)	7/1/2025	6/30/2026	0.00	0	99	96
H2010M:U6:U1	140	Licensed Psych Techn Clinical Trainee	7/1/2025	6/30/2026	0.00	0	99	96
H2010M:U6:U1	140	Licensed Psych Techn Clinical Trainee	7/1/2025	6/30/2026	0.00	0	99	96
H2010M:U6:U1	39	Licensed Vocational Nurse (LVN)	7/1/2025	6/30/2026	0.00	0	99	96

This report can also be used for any level of care for any program site to view the allowable benefit plans and codes with the associated fees and allowable license types, not just for viewing PAuth codes.

RECOVERY SERVICES PAUTH

Each provider agency receives a distinct Recovery Services (RS) PAuth per fiscal year. Provider agencies contracted and certified to deliver Pregnant and Parenting Women (PPW) services also receive a Recovery Services Perinatal PAuth. Recovery Services are billed with two level of care U codes: the first U code is required to be U6, designating the service as RS, and the second U code is required to be a level of care modifier the site is certified for with DHCS. SAPC recommends choosing the lowest level of care U code the site is certified to deliver.

Pregnant and Parenting Women (PPW)

Parenting patients more than 365 days post-partum should use the non-perinatal Recovery Services PAuth. If the patient is pregnant or is within the 365 days post-partum period that is covered under DMC-ODS, the services should be billed under the Recovery Services Perinatal PAuth.

PPW patients whose services are billed under the Recovery Services Perinatal PAuth must also have a completed Women's Health History form in Sage. If the form is not completed, the services will be denied by the Department of Health Care Services (DHCS) and recouped by SAPC. If the patient is discharged and later readmitted with a new pregnancy, a new form is required.

The following fields on the Women's Health History form are required to be entered for PPW patients when billing with a perinatal authorization to ensure accurate billing to DHCS:

- Assessment Date
- Date of Last Menstrual Period

- Pregnancy Start Date
- Pregnancy End Date (when available)
- Initial Treatment Date

Additional information regarding completing the Women's Health History form can be found in the Clinical Documentation FAQ.

Billable Service Codes Crosswalk

The table below contains the billable service codes under the RS PAuth, not including any modifiers required for billing. Refer to the Billing Rules tab of the Rates Matrix for information on allowable modifiers. If the service included MAT Education, code H2010M should be billed in addition to H2015 or H2017 to ensure the service is counted toward the provider agency's incentive metrics. If the service included Naloxone handling/distribution, code H2010N should be billed in addition to H2015 or H2017 to ensure the service is counted towards the provider agency's incentive metrics.

Use the table below to determine if H2015 or H2017 should be billed based on the applicable service noted in the second column. For example, if group or individual counseling was delivered to the patient, bill H2017.

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 (admitted and non-admitted)
H2010M	MAT Education (incentive)
H2010N	Naloxone Handling/Distribution (incentive)

CENS PAUTH

Provider agencies contracted with SAPC to deliver CENS services receive a distinct CENS PAuth per fiscal year. For patients served at CENS co-locations who have active Medi-Cal benefits, the services should be billed to SAPC under the CENS PAuth.

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.

SAGE BILLING QUICK GUIDE

Provider Authorizations (PAuths)

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)

FIELD BASED SERVICES TRANSPORTATION PAUTH

Provider agencies approved by SAPC to deliver Field Based Services (FBS) receive a distinct FBS-Transportation PAuth for billing the travel associated with delivering a service in the field. Provider agencies must follow the guidance published in SAPC Field-Based Services: Standards and Practices, which outlines the requirements for billing FBS transportation on page 7.

Code A0080-F should be used for FBS Transportation via the FBS-Transportation PAuth. The code is billed per mile of travel for the service, where the units billed equals the miles traveled. For example, if a performing provider travelled 10 miles for the service, the code A0080-F would be billed for 10 units.

SCREENING NO-ADMISSION PAUTH

Provider agencies were issued Screening No-Admission PAuths for fiscal years 23-24 and 24-25, however, SAPC guidance as of FY 25-26 has instructed provider agencies to no longer use this issued PAuth and to instead bill for Screening No-Admission via the agency's Recovery Services PAuth using code H2017.

This guidance is retroactive and applies to all billable fiscal years, including services delivered in FY 24-25. Provider agencies are not required to resubmit services that were billed under the Screening No-Admission PAuth after this guidance was issued but, going forward, should follow the guidance outlined in the SAPC Billing for Screening Job Aid, which provides information on what authorizations and codes to utilize for billing screening.

All provider agencies must complete the Referral Connections form in Sage for all patients that were screened, before billing the screening. Screening services may be recouped if the form is not completed.