

SAPC Billing & Denial Resolution Tutoring Lab FAQ

Session Date: 12/05/2024

The following questions were discussed during the 12/5/2024 Tutoring Lab. Please review the responses below and see the available resources and contacts at the end of the document for further assistance.

#	Question	Answer
1	For H2010M, how would you bill if discussing MAT education during the assessment?	Bill the assessment service and bill H2010M for the applicable number units during the assessment MAT education was discussed. Example: Intake assessment in total was 60 min, and within that discussed MAT for 15 min. Bill 4 units of Assessment and 1 unit of H2010M.
2	Do we still bill MAT Services under T1007?	No, that was original guidance that is no longer applicable unless the MAT support for naloxone for example was provided during the service where typical services billed under T1007 were delivered. Provider do not need to go back and void or replace any previous T1007 services.
3	Are the minutes included in billing H2010M since it is a \$0 service.	Yes, bill the H2010M with the units delivered as it's helpful for SAPC to track and see how much MAT Education is being delivered. The incentive tracking is per patient. So if bill 1 unit or 5 units, only get paid the incentive once for that patient. Units aren't used for incentive tracking, it is per patient.
4	Should H2010M be submitted after the individual claim?	For best practice, should bill the H2010M at the same time as the service where the MAT education is discussed, as H2010M is not a standalone service. However, can bill it separately if you realize later MAT education was discussed during the primary service. The H2010M is NOT an add-on service for a primary code.
5	Is the H2010M billing just for this fiscal year?	Yes, this only for FY24-25. This guidance only applies for the current FY. For FY 23-24, refer to the matrix and guidance provided during the prior FY.
6	Are the providers & counselors aware of the H2010 incentives?	We will follow up Dr. Hurley on opportunities to share this with the clinical staff. Please forward the documentation to any staff that need it. http://publichealth.lacounty.gov/sapc/docs/providers/sage/finance/H2010M-N-S-Guidance-for-FY-24-25.pdf
7	Can we no longer bill for MAT services? For example, if the medical director meets with client, has a discussion, prescribes medication, and a writes a note on it, none of that is billable?	No, that is still billable. If start discussing MAT education during that service, then can also bill H2010M.
8	If the patient has a 60-minute individual counseling session and then MAT services were discussed for an additional 30 minutes, would you bill those separately?	No, that would be billed as 90 minutes of individual counseling, and 30 minutes of MAT Education under H2010M to document for the incentive.

9	If MAT education is discussed during the initial assessment, are two separate notes for assessment and MAT education required?	The clinical team will need to provide more information on how to document this, but just continue to document as you are now. Please reach out to Clinical Standards and Training at sapc.cst@ph.lacounty.gov or Sage Management at sage@ph.lacounty.gov for any clarification regarding how to document.
10	Are there any clinical trainings available?	Yes, please review the SAPC Training Calendar at: http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=pho&ou=ph&cal_id=24
11	Has something changed with the way we are billing H2010M, H2010N and T1007?	Yes, going forward T1007 should not be used for MAT education or Naloxone education or distribution. H2010M & H2010N are \$0 services to be billed alongside any other applicable code where MAT Education and Naloxone Handling /Distribution is discussed. H2010M & H2010N are being used in FY24-25 for incentives.
12	If a patient receiving Naloxone along with MAT education, that can all be billed under individual counseling or care coordination?	Yes, you would bill for the service where the MAT education took place, like individual counseling or care coordination. You would also bill for H2010M and H2010N as applicable.
13	Should H2010M & N be treated as a supplemental service? It would be added on to the primary service (like T1013) but there would not need to be a separate note?	H2010N & H2010M are not stand-alone services, however, they are not billed like an add-on code as they are not add-ons. They should be billed whenever a service is delivered that includes MAT Education or Naloxone Handling/Distribution, to record that MAT Education or Naloxone Handling/Distribution was delivered to the patient to count towards incentives. For clinical documentation questions reach out to Clinical Standards and Training at sapc.cst@ph.lacounty.gov or Sage Management at sage@ph.lacounty.gov
14	As a primary provider, we currently, have separate documentation templates for H2010 M, N, & S and we bill as standalone services. Do we need to add a separate note for each one, or can we include it in the individual counseling note?	For residential sites, if during individual counseling discussed MAT education or Naloxone Handling/Distribution, you can bill H2010 M & H2010 N for incentives. Individual counseling would be billed as a \$0 service because is part of the day rate. Please reach out to Clinical Standards and Training at sapc.cst@ph.lacounty.gov or Sage Management at sage@ph.lacounty.gov for any clarification regarding how to document.
15	If having one individual session that was four units and the entire discussion was about MAT, would it be billed at 4 units individual counseling and 4 units of MAT education (H2010M)?	Yes correct.
16	For residential services, if performed a 15-minute individual counseling session discussing only MAT, that would require one individual counseling note and one MAT education note?	Please reach out to Clinical Standards and Training at sapc.cst@ph.lacounty.gov or Sage Management at sage@ph.lacounty.gov for any clarification regarding how to document.

17	Would it be simpler to bill as case management note instead of billing H2010N?	If discussed during case management, bill case management, and also bill the H2010N for incentive tracking purposes.
18	Are incentive codes restricted by diagnosis? Is it only for alcohol and opioid use disorders?	No, the incentives are not restricted by diagnosis.
19	If billing for H2010M,N,S and it does not have a supporting individual note or claim, will it cause denials?	No it will not cause denials, but it should be noted somewhere H2010M & N services were discussed. Please reach out to Clinical Standards and Training at sapc.cst@ph.lacounty.gov or Sage Management at sage@ph.lacounty.gov for any clarification regarding how to document.
20	For rolling up services, for residential care coordination, and you are with a client at the doctors and have 5 different 15 min interactions with the 5 different doctors, does each require an individual note to be billed, or can I roll it up into 1 note and bill the units based off the total time spent.	For billing you would roll it up into one service. For note documentation, as this an example of care coordination which is not included in the residential day rate, a separate note is required for each service/interaction as referenced in the DHCS CalAIM FAQ. https://www.dhcs.ca.gov/Documents/CalAIM-Payment-Reform-Frequently-Asked-Questions.pdf Please reach out to Clinical Standards and Training at sapc.cst@ph.lacounty.gov or Sage Management at sage@ph.lacounty.gov for any clarification regarding how to document.
21	Can SAPC add the billed amount to a note? So when you write the note and finalize it, it automatically bills that service?	Please open a Sage Help Desk ticket and indicate it is an enhancement request so SAPC can review and track it.
22	Can SAPC put the Crosswalk in a PDF so we can save it to our toolbar?	We will take that suggestion under consideration. Providers can always save the Excel version of the Crosswalk as a PDF to use as they would like.
23	Can you touch base on denial CO 96 N362?	It is related to billing more than the maximum units allowed for that service. On the Rates Matrix, on the Billing Rules tab utilize the "Maximum Units That Can Be Billed Per Rendering Provider Per Beneficiary Per Day". Providers can use that field to identify the maximum units the State allows to be billed for the service.
24	Are there any issues with 96160? 1 unit was billed for each service and there are 14 claims denied by the state	Please open a Sage Hep Desk Ticket and then email SAPC-Finance@ph.lacounty.gov with the ticket number so the team can take a closer look.
25	Can you provide an example of what the Women's Health History Form should look like?	In the Women's Health History Form the assessment date and pregnancy start date are required. If those are missing it could be the reason for the denials. Please review the PCNX Guide to Intake and Admission Forms for additional information on the required fields. Please open a Sage Hep Desk Ticket and then email SAPC-Finance@ph.lacounty.gov with the ticket number so the team can take a closer look

26	It doesn't matter how many care coordination notes have been entered, but what matters is that it should be billed in one claim, referencing the midpoint rule?	Services are required to be rolled up if they are provided on the same day, by the same performing provider, to the same patient. It is a State requirement to roll up the billing. If a service is provided to client at separate times of day, once by an LPHA, and once by a Certified SUD Counselor, that would be billed as two separate services and not be required to be rolled up.
27	Does individual counseling H0004 (residential) 3.1 and 3.5 level of care get rolled up as well during billing?	Individual counseling in residential 3.1 & 3.5 does not get billed to the State as they are included in the bundled day rate. So technically no, they not have to get rolled up.
28	For rolled up services, does the place of service apply?	The State has provided guidance for rolls up that either can be used. If performed individual counseling in the morning in the office, and in the afternoon via telehealth, still roll it up and just pick one the locations to use for billing.
29	Do you know what the allowed amount of minutes an individual can be billed for, for care coordination?	Please review the Billing Rules tab of the Rates Matrix which is located on the SAPC website. http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/24-04/Rates-and-Standards-Matrix-FY-24-25-Provider-Version-2.2.xlsx

Helpful Links

- [H2010M/N/S Billing for FY24-25](#)
- [Rates and Standards Matrix FY 24-25](#)
- [Sage Claim Denial Reason and Resolution Crosswalk V4.0](#)
- [Sage Provider Communications](#)

SAPC Contacts

- Billing questions: SAPC-Finance@ph.lacounty.gov
- Documentation/clinical questions: SAPC.cst@ph.lacounty.gov and SAPC.qi.um@ph.lacounty.gov
- Sage questions: Sage@ph.lacounty.gov