



SUD Electronic Information System

Sage-PCNX Progress Note Guide

This guide will orient providers to the Progress Note form within ProviderConnect NX (PCNX) and provide instruction on how to complete the form. This guide is geared toward direct service providers who document clinical encounters with patients and clinical supervisors who review and approve documents.

Please note that snips are taken from a test environment and no PHI is shared

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Overview

The Progress Note form combines all necessary fields from the ProviderConnect Classic's Progress Note formats (BIRP/GIRP/SIRP/SOAP) and the Miscellaneous Note into one (1) comprehensive progress note. This allows all clinical notes to be entered on the same form instead of multiple options. This change was in part due to California Advancing and Innovating Medi-Cal (CalAIM) Documentation Reform which no longer required the BIRP/GIRP/SIRP/SOAP

format, as well as CalAIM Payment Reform which necessitated additional fields to help billers appropriately capture all services rendered.

As the BIRP/GIRP/SIRP/SOAP Progress Notes and Miscellaneous Note Options are no longer in use, providers will no longer be able to write/edit these forms, which are available in read-only format.

General Information

Who Completes the Progress Note Form?

Primary Sage Users	Secondary Sage Users
<ul style="list-style-type: none"> - Primary Sage Users will use the Progress Note form within Sage-PCNX. - If Sage-PCNX is unavailable, i.e., due to an outage, users will follow Downtime Procedures and document on a “paper.” - Progress Note form available on the SAPC website. 	<ul style="list-style-type: none"> - Agencies which use their own electronic health records for clinical documentation must provide a copy of their note template(s) to SAPC’s Associate Medical Director for approval. At SAPC.QI.UM@ph.lacounty.gov. - May use the “paper” downtime procedures form.
<ul style="list-style-type: none"> - Downtime Procedures are outlined in SAPC’s Substance Use Disorder Treatment Services Provider Manual 	

Progress Note Timeliness:

Progress notes must be completed within three (3) business days, this includes obtaining necessary co-signatures when applicable, i.e., supervisory or members of a treatment team. Notes for crisis services are required to be completed within one (1) calendar day. The day of service counts as Day zero (0), i.e., if a service was delivered on a Tuesday, the note should be completed and finalized with co-signatures by that Friday. Business days are defined as non-weekend, non-holiday days regardless of whether the SAPC provider is contracted to operate during weekends or holidays.

For more information on progress note timeliness, please see:

- [Behavioral Health Information Notice \(BHIN\) 23-068](#)
- [SAPC Information Notice 22-19](#)

Residential & Group Services:

Residential Services	Group Services
<ul style="list-style-type: none"> - Daily progress notes are required. - Weekly summaries are no longer required for day rehabilitation and day treatment intensive. 	<ul style="list-style-type: none"> - Group services rendered by multiple providers: one progress note with one provider signature is acceptable. - While one progress note with one provider signature is acceptable for a

	<p>group activity where multiple providers are involved, the progress note shall clearly document.</p> <ul style="list-style-type: none"> ○ The specific involvement and duration of direct patient care for each provider of the service. ○ A description of the patient's response to the services.
<p>For more information on progress note documentation of Residential and Group Services the following resource is available: BHIN 23-068 and Substance Use Disorder Treatment Services Provider Manual</p>	

Format

Components of a Progress Note

The Progress Note is comprised of one (1) section and six (6) subsections which are noted on the upper left-hand area of the form, two of which are conditionally enabled.

- 1) The first section is general information, such as Date of Service, Service Start Time, Service End Time, Program, and Service Duration.
 - a. A lightbulb prompt provides additional details as to what should be counted as part of Service Duration.

The screenshot shows the 'PROGRESS NOTE' form. On the left is a sidebar with a 'Progress Note' section containing links for Service Detail, Travel Time, Group Detail, Note, Supplemental/Additional Services, and a lightbulb icon. The main form area has fields for Date of Service (with a calendar icon), Program (with a search icon), Service Start Time (with a 'Current Time' button and AM/PM toggle), Service End Time (with a 'Current Time' button and AM/PM toggle), and Service Duration (minutes) with a lightbulb icon. At the top right are buttons for Submit, Backup, Discard, and Add to Favorites.

When the lightbulb is clicked the screen will reflect the image below. To exit the screen, click on the upper left-hand hyperlink Return to Form

The screenshot shows a pop-up window titled 'Service Duration (minutes)'. It has an information icon (i) in the top left. Below the title is a 'Return to Form' link. The main text explains: 'Service duration is the total number of minutes providing direct patient care. Direct Patient Care: If the service code billed is a patient care code, direct patient care means time spent with the patient for the purpose of providing healthcare. If the service code billed is a medical consultation/care coordination code then direct patient care means time spent with the consultant/members of the beneficiary's care team. Direct patient care does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a patient visit.'

- 2) **Service Detail** provides detailed information about the type of service rendered.
- 3) **Travel Time** is conditionally required when a field-based service is provided. This field allows users to capture travel time and the specific travel destination address.
- 4) **Group Detail** is conditionally required when The Note Type is Residential Group or Non-Residential Group.
- 5) **Note** is where the content of the note will be written describing the service delivery encounter.
- 6) **Supplemental/Additional Services** section captures information regarding whether Supplemental or Additional services were rendered.

Progress Note Requirements:

Per the Department of Health Care Services, the following are the required components of progress notes. For more information, please refer to BHIN 23-068.

- 1) Type of service
- 2) Date the service was provided
- 3) Location/Place of Service
 - a. Non-residential Substance Abuse Treatment Facility
 - b. Non-residential Opioid Treatment Fac
 - c. Residential Substance Abuse Treatment Facility
 - d. Home
- 4) Duration of direct patient care for the service
- 5) Practitioner Name
 - a. Practitioners have a unique log-in which requires a password, when forms are submitted, this submission serves as an e-signature.
 - b. E-signatures are acceptable for secondary providers.
- 6) Narrative describing the service
 - a. Include how the service relates to the patient's behavioral health needs, i.e., the problem list, diagnosis, symptoms, intervention, and/or risk factors.
 - b. Action steps for the provider, collaboration with the patient, and/or collaboration with other providers.
 - c. Goals and actions to address health, social, educational, and other services.

Completing a Progress Note

The following table lists each of the fields found on the Progress Note form. A description is provided to help users identify how to fill in the fields and explain values for form fields.

Field	Description
Date of Service	Required. Enter the date the service was provided. Future date entries are not permitted.
Program	Required. Enter the Provider Program service location for the service. Typically, this is the site location associated with the Authorization. The Provider Program entered is what will be used for billing for Primary Sage users.
Service Start Time	Required. Enter the exact start time of the service provided.
Service End Time	Required. Enter the exact time the service ended.
Service Duration	Required. The total number of minutes providing direct patient care. This should not be rounded up to 15-minute increments but reflect the actual time rendering the service. The lightbulb next to the field provides an explanation of what qualifies as direct patient care. This field will only accept integers with no additional characters including spaces. <ul style="list-style-type: none">• If the service code billed is a patient care code, direct patient care means time spent with the patient for the purpose of providing healthcare. If the service code is medical consultation/care coordination code, then direct patient care means time spent with the consultant/members of the beneficiary's care team.• Direct patient care does not include travel time, administrative activities, chart review, documentation, utilization review, quality assurance activities or other activities a provider engages in either before or after a patient visit. <i>*Note: The service duration time may be less than the total time spent with the patient, which is why duration is not auto calculated based on Start and End Time.</i>

PROGRESS NOTE

Submit

Backup

Discard

Add to Favorites

Progress Note

Service Detail

Travel Time

Group Detail

Note

Supplemental/Additional Services

Date of Service *

T

Y

Service Start Time *

Current Time

H

M

AM/PM

Service Duration (minutes) *

Program *

Service End Time *

Current Time

H

M

AM/PM

Service Detail	
Method of Service Delivery	<p>Required.</p> <p>Select the value that corresponds to how the service was delivered.</p> <ol style="list-style-type: none"> Face-to-Face: Select if meeting with the patient in person. Field Based Services: This should only be selected by authorized Field Based Service (FBS) providers. Telehealth: Select if service was provided via synchronous video/audio format. Telephone: Select if session occurred telephonically, audio only. Not Applicable: Typically, this is associated with non-billable Note Types. <p><i>*Note the modifiers have been removed as telehealth modifiers are different under payment reform</i></p>
Note Type	<p>Required.</p> <p>Select the type of service that was provided:</p> <ol style="list-style-type: none"> Individual: For all services provided with only the patient present or when the patient was not present for care coordination or collateral services. Family: Used for family counseling or therapy. Crisis: For crises related to substance use only. Non-Residential Group: This option is used to document all groups or patient education sessions in non-ASAM 3.1, 3.3, or 3.5, i.e., Outpatient, IOP, WM1.0, WM 2.0, Recovery Services, and OTP settings. Residential Group: This option is used to document any group or patient education provided in a residential treatment center. Non-Billable: Information note that should be documented but can't be billed (e.g., No Show, Leaving voicemail).
Was Client Present?	<p>Required.</p> <p>Select Yes or No, indicating if the patient participated in the session.</p>

Service Type	<p>Required.</p> <p>In conjunction with the Note Type, this field specifies the type of service that was delivered and is required for billers to identify which billing code to select.</p> <p>Key types:</p> <ul style="list-style-type: none"> • Assessment: Select this to document any assessment services completed, including the ASAM and Intake information. <ul style="list-style-type: none"> - Note: <i>Do NOT use this for Medical Necessity Justification.</i> • Care Coordination: Select this to document all Care Coordination services. • Care Coordination Child: For PPW approved sites, select this to document all Care Coordination Child services. • CENS: Select if services are to provide screening to identify alcohol/drug treatment needs and connect individuals to an appropriate local treatment center. • Childcare - Cooperative (Co-Op): For PPW approved sites, select this to document all Licensed-exempt childcare services delivered while the mother is receiving treatment services. • Childcare – Licensed – Like: For PPW approved sites, state licensed, treatment agency provides on-site childcare and supervision to children in a group setting while the mother is receiving SUD treatment services. • Counseling- typically for non LPHAs to document any counseling services provided. Used for either individual or group counseling as identified under Note Type. • Education-When in conjunction with Group note type, this will provide billers the needed distinction between a patient education group vs counseling group. • Medical Necessity Justification- Select this to document Medical Necessity at various stages of treatment when required for Admissions, Service Authorizations/Reauthorization as required by the Provider Manual and Drug Medi-Cal. <ul style="list-style-type: none"> - Note: <i>Utilization Management (UM) will specifically look for this Service Type when reviewing Authorization Service Requests and reauthorizations</i> • Peer Services - Only for certified Medi-Cal Peer Support Specialists (CMPSS) to document peer related services. • Therapy- only for LPHAs to document family therapy. <ul style="list-style-type: none"> - Note: <i>family therapy is the only billable therapy type under CalAIM. If individual <u>therapy</u> is provided, it can still</i>
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	<p><i>be documented, but it is non-billable and Non-Billable should be selected under Note Type.</i></p> <p>See Appendix A for full list of Service Types.</p>
Procedure Codes (CPT/HCPCS)	<p>This field was expanded to list all primary CPT/HCPCS base procedure codes available to peers, counselors, clinicians, and medical practitioners. The purpose of this field is to allow specificity of the service rendered, so billing may be accurately captured. Although this field is not a forced required field, it should be filled out in most circumstances. Examples where this field would be left blank would be for a nonbillable voicemail as there is not currently a procedure code that could describe that service.</p> <p>Users are highly encouraged to review the most recent Rate and Standards Matrix which has a full list of codes, who is allowed to bill them, and rules for those codes.</p> <p>This will provide billers with the specificity needed to distinguish the service that was rendered as there are multiple codes available for similar services, such as assessments and care coordination.</p> <p>The available options match the language of the rate matrix.</p> <ul style="list-style-type: none"> • Administration of patient-focused health risk assessment instrument, 15 mins (96160) • Alcohol and/or other drug testing- point of care tests; 15 mins (H0048) <p>For a full list of available codes, see Appendix B</p>
Provider Name	<p>Required.</p> <p>Enter the name of the staff who rendered the service.</p>
Provider Name (Optional)	<p>Enter the name of a secondary staff present at the service, such as a group co-facilitator.</p>
Location	<p>Required.</p> <p>Enter the location value where the service was provided. This list has been expanded by DHCS under CalAIM, however, most items are not applicable under SAPC's current policies.</p> <p>This is the location of the PATIENT during the service, not where the performing provider delivered the service, if different than the patient.</p>

	<p>Providers should use the following locations if the service was rendered on site.</p> <ul style="list-style-type: none"> • Outpatient, Intensive Outpatient, Recovery Services <ul style="list-style-type: none"> - Non-residential Substance Abuse Treatment Facility • Opioid Treatment Providers <ul style="list-style-type: none"> - Non-residential Opioid Treatment Fac - Mobile Unit (approved for mobile OTPs only) • All residential LOCs <ul style="list-style-type: none"> - Residential Substance Abuse Treatment Facility <p>Note: Only approved Field Based Service sites may select non facility based/non-telehealth location.</p> <p>See Appendix C for full list of locations, including descriptions.</p>
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Service Detail

Method of Service Delivery *

☐ Face-to-Face
☐ Field Based Services
☐ Telehealth
☐ Not Applicable

Note Type *

☐ Individual
☐ Family
☐ Crisis
☐ Non-Residential Group
☐ Residential Group
☐ Non-Billable

Was Client Present? *

☐ Yes
☐ No

Service Type *

Select

Procedure Codes (CPT/HCPCS)

Select

Procedure Codes (Historical)

Select

Provider Name *

Provider Name (Optional)

Location *

Select

TRAVEL TIME	<i>This section is conditionally required for Field Based Services</i>
Date of Travel	Conditionally Required. This should be the same date as the date the service.
Field Based Service Location	Conditionally Required. As Field Based Services are expanding SAPC is tracking specifically where these services are rendered which should be SAPC approved locations. Enter the approved location, address, cross street, or name of the facility such as a school name where the service was rendered.
Time to Destination Start Time	Conditionally Required. Enter the start time when heading to the session location.

Time to Destination End Time	Conditionally Required. Enter the time when session location is reached.
Time from Destination Start Time	Conditionally Required. Enter the time when leaving the session location.
Time from Destination End Time	Conditionally Required. Enter the time when next destination is reached.

▼ Travel Time

Date of Travel

T

Y

Field Based Service Location

Time to Destination

Time to Destination Start Time

Current Time

H

M

AM/PM

Time to Destination End Time

Current Time

H

M

AM/PM

Time from Destination

Time from Destination Start Time

Current Time

H

M

AM/PM

Time from Destination End Time

Current Time

H

M

AM/PM

GROUP DETAIL	<i>This section is conditionally required for Group type services</i>
Number of Counselors in Group	Enter the number of staff in group. *Note: Residential Groups documented by session must fill this out.
Number of Clients in Group	Enter the number of patients in group. *Note: Residential Groups documented by session must fill this out.
Total Session Time	FOR RESIDENTIAL GROUPS ONLY If documenting aggregate sessions for the day, enter the total session time for the patient.
Number of Sessions	FOR RESIDENTIAL GROUPS ONLY If documenting aggregate sessions for the day, enter the number of sessions attended by the patient.

Group Detail

Number of Counselors in Group

Number of Clients in Group

Residential Group Details Only

Total Session Time

Number of Sessions

NOTE:	Free text box
Note	Enter the summary of the session. BIRP, GIRP, SIRP, SOAP are no longer required by DHCS. If you need to use them for CARF or Joint Commission reasons, templates are available. See Templates section.

Note

Note *

SUPPLEMENTAL/ADDITIONAL SERVICES	<i>This section was added to ensure billers are capturing Supplemental/Additional billable services on top of the primary services.</i>
If Patient's preferred language is NOT English, were services provided in the patient's	Required. Select N/A if the patient's preferred language is English. Select Yes if services were provided in the patient's preferred language. Select No if services were NOT provided in the patient's preferred language.

preferred language?	
Language in which service was provided	<p>If the previous question's answer was Yes, this field is conditionally required.</p> <p>Select in what language the service was provided.</p>
Please explain why services were not provided in patient's preferred language	<p>If previous question's answer was no, this field is conditionally required.</p> <p>Indicate why services were not provided in patient's preferred language.</p>
Was an interpreter used?	<p>Required.</p> <p>Indicate if a third party was present to serve as an interpreter. This could be another employee or a professional service.</p> <p><i>Note: If the rendering practitioner is communicating in the same language as the patient, it is NOT interpretation.</i></p>
Name of interpreter of service used	<p>Conditionally required if previous question was answered, Yes.</p> <p>Identify the person or service who interpreted the service.</p>
Was a supplemental service provided in addition to the primary service?	<p>Required.</p> <p>This question is to assist billers in identifying if there are additional procedure codes that may be billed to the primary service.</p> <p>There are four (4) types of supplemental services that are billable under Payment Reform</p> <ul style="list-style-type: none"> • Interactive Complexity - LPHAs only • Sign Language/Oral Interpreter - all practitioners, except peers • Interpretation of Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons - LPHAs only • Health Behavioral Intervention family without patient - LPHAs only <p>Users should select if any of these services were additionally provided on top of the primary service.</p>
Supplemental Service (Select all that apply)	<ul style="list-style-type: none"> • Sign Lang./Oral Interpreter (T1013): This is a HCPCS code and is not limited to LPHAs. <ul style="list-style-type: none"> ○ If an interpreter was used, check this box.

	<ul style="list-style-type: none"> • Interactive Complexity (90785): This is a CPT code and can only be used by select (LE) LPHAs. <ul style="list-style-type: none"> ○ This refers to communication difficulties during the session, such as the patient is significantly impaired in session. This may also occur when there are third parties present and there is a need to manage maladaptive communication amongst the participants. ○ Cannot be billed with Sign Lang./Oral Interpreter or Health Behavioral Intervention family w/o patient. • Interpret Expln of Results (90887): This is a CPT code and can only be used by select (LE) LPHAs. <ul style="list-style-type: none"> ○ This is used when the provider is explaining results to the patient's family or whoever is legally responsible. ○ Cannot be billed with Assessment or Supplemental Service: Health Behavioral Intervention family w/o patient. • Health Behavioral Intervention family w/o patient (96170/96171): This is a CPT code and can only be used by select (LE) LPHAs. <ul style="list-style-type: none"> ○ This is where the provider meets with the family without the patient, providing counseling on "family dynamics and behaviors that adversely affect the patient's physical health and coping behaviors." https://www.aapc.com/codes/cpt-codes/96170
Duration of Supplemental Service in minutes (cannot exceed the service time)	Enter the duration of the supplemental service, this will help the biller identify the correct code to bill.
<i>Ensure all selected services are documented in the note.</i>	Reminder to document any applicable services within the content of the progress note.
Check all applicable services delivered as part of treatment	Select if MAT Education (H2010M) or Naloxone Handling/Distribution (H2010N) were provided during the patient encounter. May select one or both options.

Co-Signature Use Only- Draft Ready to Submit?	If an LPHA signature is required by policy, check this box off, which will populate a report to flag this note as ready for finalization
Form Status	<p>Select Draft or Final.</p> <p><i>*Note: Progress Notes finalized prematurely or in error, cannot be reverted to draft by the user. A Sage Help Desk ticket is required to request this form to be reverted to draft.</i></p>

Supplemental/Additional Services

If patient's preferred language is NOT English, were services provided in the patient's preferred language? *

☐ N/A
☐ Yes
☐ No

Was an interpreter used? *

☐ Yes
☐ No

Language in which service was provided

Select

Name of interpreter or service used

Please Explain why services were not provided in patient's preferred language.

Was a supplemental service provided in addition to the primary service? *

☐ Yes
☐ No

Duration of Supplemental Service in minutes (cannot exceed the service time)

Supplemental Service (select all that apply)

☐ Sign Lang./ Oral Interpreter (T1013)
☐ Interactive Complexity (90785)
☐ Interpret Expln of Results (90887)
☐ Hlth Bx Int, family w/o pt (96170/96171)

Ensure all selected services are documented in the note.

Check all applicable services delivered as part of treatment

All Clear Search

☐ MAT Education (H2010M)
☐ Naloxone Handling/Distribution (H2010N)

Co-Signature Use Only - Draft Ready to Submit?

☐ Yes

Confirm Document

After submitting the Progress Note, users will receive a pop up of the finalized document. Users may Sign the document and close. Users may Sign and Route if the document needs to be reviewed and finalized by someone else, i.e., a supervisor. Users are encouraged to verify agency workflows for routing documents. Users may also Reject the document if it appears errors have been made or something needs to be added or changed. Once Rejected, filing will be cancelled, the Progress Note will remain open for editing. If the user needs to exit the system and returns, when accessing the Progress Note for the same patient, users will receive an AutoSave message providing an unsubmitted backup of data.

Confirm Document

← 1 of 2 →

Date Signed: 04/29/2025 at 1504 PDT
Form Name: Progress Note
Client's Name: PCNX,MELANIE (000289298)
Client's DOB:

COUNTY OF LOS ANGELES SAPC
1000 S FREMONT AVE
Alhambra, CA 91803

Progress Note

Date of Service:
04/29/2025

Program:
Recovery Inc Two (LE00002)

Service Start Time:
1402

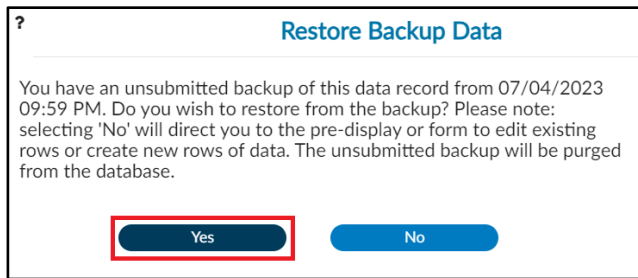
Service End Time:
1502

Service Duration (minutes:

Sign Sign and Route Reject

Auto Save Feature

The auto save feature, which is on most clinical documentation forms, automatically saves all data on an open form every 2 minutes. In the event the end user's system crashes or the browser closes, the next time the user opens that same form, a pop up will display, noting the time of the backup and asking to return to the form or create a new form. Users should select **Yes** to retrieve the data and continue on the same form.



Restore Backup Data

You have an unsubmitted backup of this data record from 07/04/2023 09:59 PM. Do you wish to restore from the backup? Please note: selecting 'No' will direct you to the pre-display or form to edit existing rows or create new rows of data. The unsubmitted backup will be purged from the database.

Yes **No**

If **No** is selected, the previously autosaved data will be discarded permanently and either a blank form will open if this is the patient's first note, or the user will be taken to the Progress Note Pre-Display.

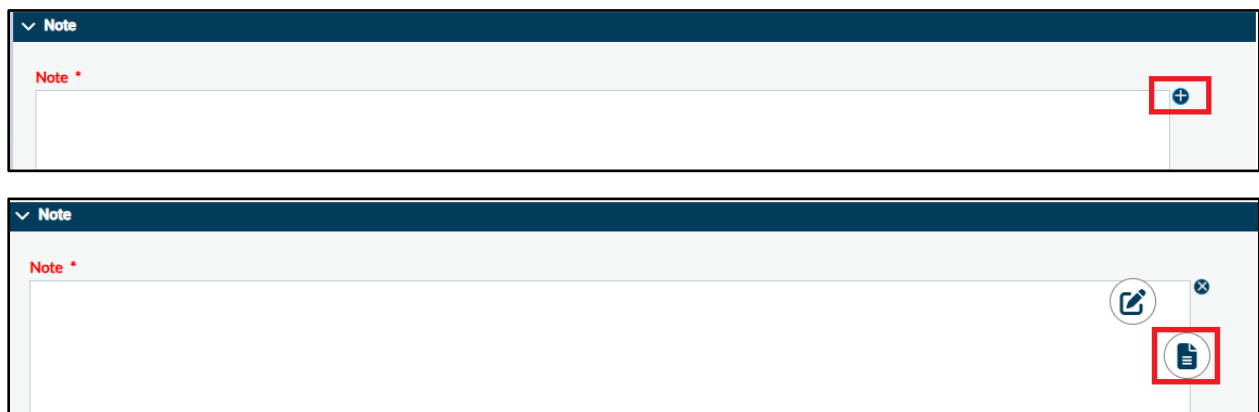
Additionally, users can back-up their data on the form at any point by clicking the **Backup** button. If the **Backup** button is not available, then the form is not configured with the autosave function.



Autosaved at 7:16 AM **Submit** **Backup** **Discard**

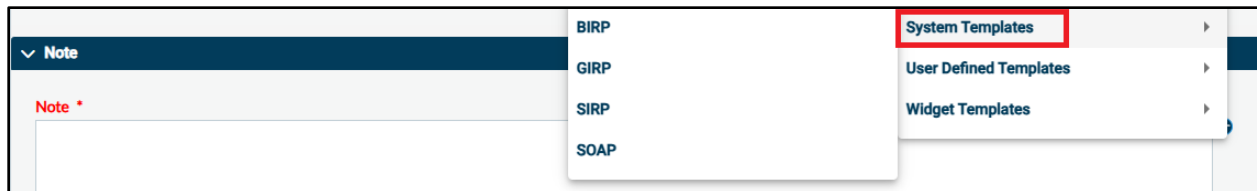
Templates

The Template option is found in the Note section of a progress note. By clicking on the Plus icon in the upper right-hand corner of the Note field the user will be provided with two (2) icons, a Page and a Pen on Paper icon. By clicking on the Page icon, the user will be able to choose which type of Template to create.

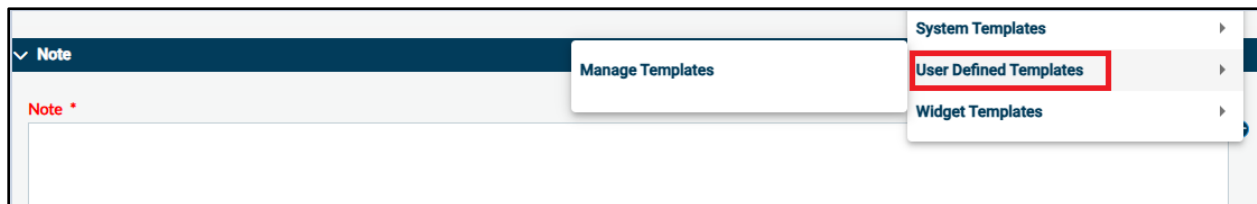


The first screenshot shows the 'Note' field with a Plus icon in the top right corner. The second screenshot shows the 'Note' field with a Plus icon and a Page icon in the top right corner.

The Page icon will bring up the System Templates in the 1) BIRP, 2) GIRP, 3) SIRP, and 4) SOAP format. These formats may be required by some accrediting agencies or by provider agencies.

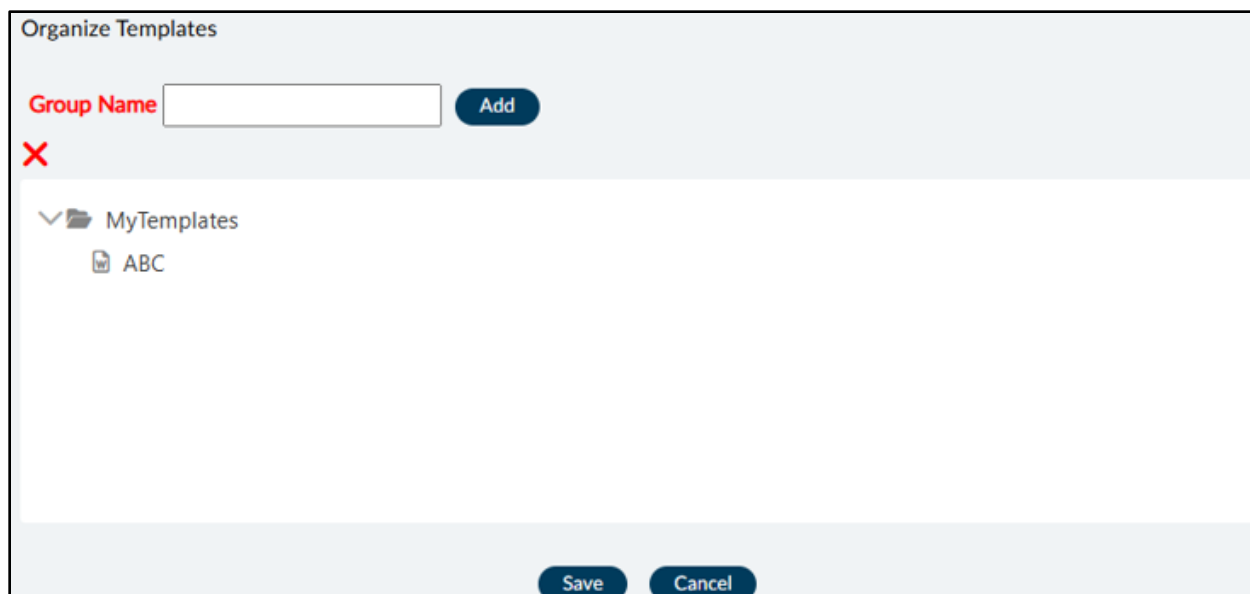


Personalized Templates may be created by clicking on User Defined Templates then click on Manage Template to create.



To create a User Defined Template, first provide a Template Name. Auto populate Fields which pull information from other forms in Sage-PCNX will auto populate into the text field. Other information may be entered into the Template free text field, such as Diagnosis, Level of Care, or Justification, click Add to save the information. The new template will be located under the My Templates. Click Save to finalize the template.

 A screenshot of the 'User Defined Templates' form. The form has a title bar 'User Defined Templates' and a section 'Create Template'. In this section, there is a 'Template Name' field with the value 'ABC'. Below this is a 'Template' section with a text area containing the text '<Age> <Date of Birth> <City> Diagnosis Justification'. To the right of the text area is a list of 'Available Fields' with a scroll bar. The fields listed are: Age, City, Client ID, Client ID - No Leading Zeros, Compliance Specified, Complies, and Current Date. At the bottom of the form, there are two buttons: 'Add' and 'Preview'.



Organize Templates

Group Name Add

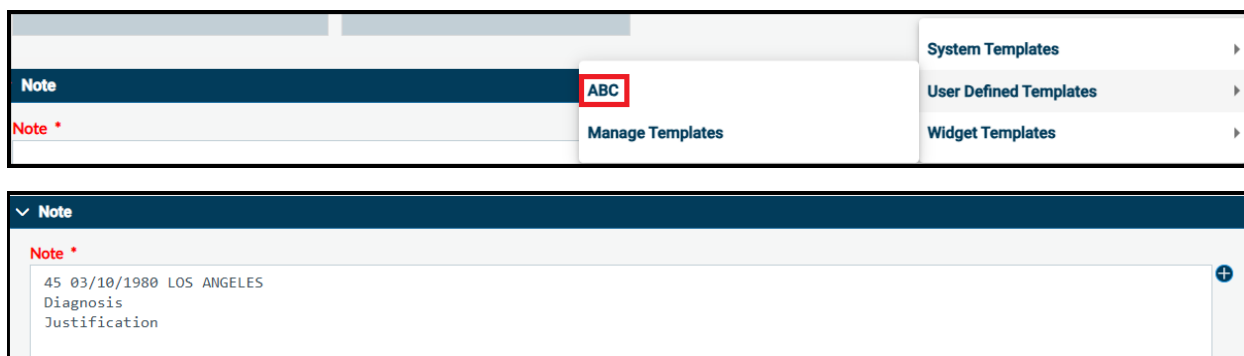
✖

MyTemplates

ABC

Save Cancel

To find the template, click on User Defined Templates. The Template name is listed to the left of User Defined Templates. When selected, this will auto populate the previously entered information in the Create Template form.



System Templates

User Defined Templates

Widget Templates

Note

Note *

ABC

Manage Templates

▼ Note

Note *

45 03/10/1980 LOS ANGELES

Diagnosis

Justification

+

Templates are available on any field or form with the Plus “+” Icon.

All Doc/Chart

To view Progress Notes which have been submitted go to the All Doc/Chart view under the Clinical Documentation tab. Within this tab, all submitted Progress Notes will be displayed. The view may be filtered by agency, date, or form, i.e., progress note.

The screenshot shows the 'ALL DOC/CHART' interface with the 'Clinical Documentation' tab selected. Below the tab are filters for Form Description, Episode, Date, Time, Data Entry By, and Workflow Status, all set to 'ALL'. A search bar is present. A list of progress notes is displayed, with the first one highlighted. The highlighted note is a 'Progress Note' for '1 (Recovery Inc Two)' dated '04/29/2025', entered by 'MELANIE CAIN Ph.D. (Lic. Psychologist)' with a 'Final' status.

Form Description	Episode	Date	Time	Data Entry By	Workflow Status
Progress Note	1 (Recovery Inc Two)	04/29/2025	--	MELANIE CAIN Ph.D. (Lic. Psychologist)	Final

The Progress Note will display when the hyperlink for Progress Note is clicked within the Form Description column, visible in the Console Widget Viewer. Within the Console Widget Viewer, you may Open Record, Close All forms, Print Current, Print All, and append.

The screenshot shows the 'Console Widget Viewer' with a 'Progress Note' selected. The note details include: Date Signed: 07/17/2025 at 0947 PDT, Form Name: Progress Note, Client's Name: SAGEMD, ANA INITIAL (000289349), and Client's DOB: 01/01/1990. The note is from the 'COUNTY OF LOS ANGELES SAPC' at '1000 S FREMONT AVE, Alhambra, CA 91803'. The 'Progress Note' section shows the 'Date of Service' as '07/17/2025' and the 'Program' as 'Recovery Facility (1)'. The 'Form Description' column in the background shows a list of progress notes, with the first one highlighted.

Form Description	Episode	Date	Time	Data Entry By	Workflow Status
Progress Note	1 (Recovery Inc)	07/17/2025	--	ESTHER ORELLANA Ph.D. (Lic. Psychologist)	Final
Progress Note	1 (Recovery Inc)	07/17/2025	--	GREG SAPC SCHWARZ Psy.D. (Lic. Psychologist)	Final
Progress Note	1 (Recovery Inc)	07/16/2025	--	PROVIDER TESTER LCSW	Final

Within the Console Widget Viewer, you may Open Record, Close All forms, Print Current, Print All, and append.

The screenshot shows the 'Method of Service Delivery' section with 'Face-to-Face' selected and the 'Note Type' section with 'Individual' selected. Below these sections is a progress bar showing '1 / 1' and '37%'. There are buttons for 'Print Current', 'Print All', 'Open Record', 'Close All', 'Print', and 'Append'.

Appendix A: Service Types

Service Types	Description
Assessment	Select this to document any assessment services completed, including the ASAM and Intake information. Do not use this for Medical Necessity Justification.
Care Coordination	Select this to document all Care Coordination services.
Care Coordination Child	Select this to document all Care Coordination Child services.
CENS	Select if rendering practitioner is a CENS staff.
Childcare	For PPW approved sites, select this to document all Licensed-exempt childcare services delivered while the mother is receiving treatment services.
Childcare – Licensed – Like	For PPW approved sites, state licensed, treatment agency, select this if providing on-site childcare and supervision to children in a group setting while the mother is receiving SUD treatment services.
Case Conference/Review	Select this to document Case Conference or chart reviews. (Please see the provider manual and current Rates and Standards to determine if this service is billable or Non-billable)
Collateral Contact	Select this to document any contact with family, friends, or other significant persons in the patient's life as it relates to treatment or discharge services.
Consultation	Select this to document any consultation services regarding the patient's treatment. Typically used for physician-to-physician consultation services.
Contingency Management- UDT Stimulant Negative	This is exclusively for Contingency Management providers. Select this if the UDT was negative for Stimulants, regardless of other test outcomes.
Contingency Management- UDT Stimulant Positive	This is exclusively for Contingency Management providers. Select this if the UDT was positive for Stimulants, regardless of other test outcomes.
Counseling	Typically for non LPHAs to document any counseling services provided. Used for either individual or group counseling as identified under Note Type
Discharge Planning/Summary	Select this to document any discharge planning during the patient's treatment and completion of the Discharge and Transfer form.

Service Types	Description
Drug Testing	Used to document Drug Testing services outside of Contingency Management.
Education	When in conjunction with Group note type, this will provide billers the needed distinction between a patient education group vs counseling group.
Med Services- Admin and Observation	Select when administering medication to a patient or observing a patient take their medication.
Med Services- Training and Support	Use for individual or group services where training and support around medication is rendered.
Medical Necessity Justification	Select this to document Medical Necessity at various stages of treatment when required for Admissions, Service Authorizations/Reauthorization as required by the Provider Manual and Drug Medi-Cal.
Medication Handling/Safeguarding	Select this to document Medication Handling in outpatient settings or Safeguarding medications in residential settings.
Medication Services (MAT)	Medication Services (MAT) are services provided by the physicians, NPs, PAs, or other providers able to prescribe Medications for Addiction Treatment.
Naloxone Handling/Distribution	Select when the service is handing or distributing Naloxone to the patient.
No Show	Select this option to document a patient No Show.
Other	This is used to cover any services not specifically listed in the Service Type categories.
Peer Services -BH Prevention Education	Only for certified Medi-Cal Peer Support Specialists to document behavioral health prevention education type services.
Peer Services- Self Help	Only for certified Medi-Cal Peer Support Specialists to document services targeting self help strategies for the patient.
Peer Support Services - Plan of Care	Only for certified Medi-Cal Peer Support Specialists to document the Plan of Care development and review.
Prenatal Care, at risk assessment	A specific form of care coordination available to counselors and LPHAs.
Problem List-Tx Plan Development/Review	Select this to document treatment planning services, including development or review of the Problem List/Treatment Plan form.
Recovery Services -Community support	This includes services such as care coordination, recovery monitoring, and relapse prevention.

Service Types	Description
Recovery Services- Psychosocial Rehab	This includes services such as assessment, group and individual counseling, and family therapy.
Residential- Mental Health Services	Residential- Mental Health Services are all services targeting mental health symptoms while in a residential setting, which are typically under a Department of Mental Health contract, but not required. These services count toward the treatment hour requirement but are non-billable.
Residential- Physical Health Services	Residential- Physical Health Services are all services targeting the patient's physical health symptoms while in a residential setting. These services count toward the treatment hour requirement but are non-billable.
Residential- Support Services	Please see <u>SAPC IN 18-13</u> for additional details. Residential- Support Services include Alcohol/drug testing, Safeguarding Medications, Schooling for youth, and non-emergency transport.
Residential- Therapeutic Services	Please see <u>SAPC IN 18-13</u> for additional details. Therapeutic services are organized activities outside of the treatment services provided to a patient which are typically community-based activities.
Screening	Select if an ASAM Co-Triage or Youth and Young Adult Screener was conducted.
Therapy	Exclusively for LPHA's that have therapy within their scope of practice. As of FY 23/24 Family Therapy is the only DMC reimbursable therapy service.

Appendix B: Procedure Code (CPT/HCPCS)

Below is a list of the available base procedure codes. These were obtained from the Rate and Standards Matrix and will be updated as the State add/removes/updates the available billing codes.

**Note: Discontinued and updated procedure codes are in accordance with [FY 25-26 Rates Matrix and Code Changes](#).*

Procedure Code
Administration of patient-focused health risk assessment instrument, 15 mins (96160)
Alcohol and/or drug assessment, 15 mins (H0001)
Alcohol and/or drug screening(H0049)
Alcohol and/or drug screening - No Admission(H0049-N) – Discontinued 7/1/2025. Screening non-admission should now be billed under the agency’s Recovery Services P-Auth using code H2017
Alcohol and/or other drug testing- point of care tests; 15 mins (H0048)
Ambulatory detoxification, per hour(H0014)
Behavioral health counseling and therapy, 15 minutes (H0004)
Behavioral Health Prevention Education service (Peer Support Group Session), 15 mins(H0025)
Brief intervention, Contingency Management Services, 15 minutes (H0050)
Comprehensive community support services, per 15 minutes(H2015)
Cooperative (Co-Op) Child Care, 15 mins (T1009)
Crisis intervention (outpatient), 15 mins (H0007)
Family Psychotherapy (Conjoint psychotherapy with Patient Present), 50 minutes (90847)
Family Psychotherapy (Without the Patient Present), 50 minutes (90846)
Family/couple counseling, 15 mins (T1006)
Group counseling by a clinician, 15 minutes (H0005)
Home Visit of a New Patient, 15-29 Minutes (99341)
Home Visit of a New Patient, 30-59 Minutes (99342)
Home Visit of a New Patient, 60-74 Minutes (99344)
Home Visit of a New Patient, 75-89 Minutes (99345)
Home Visit of an Established Patient, 20-29 Minutes (99347)
Home Visit of an Established Patient, 30-39 Minutes (99348)
Home Visit of an Established Patient, 40-59 Minutes (99349)
Home Visit of an Established Patient, 60-74 Minutes (99350)
Inter-Professional Telephone/Internet/ EHR Assessment by Consultative Physician, 5-30 mins (99451)
Long Term Residential Day Rate (H0019)

MAT Education(H2010M)
Medication Handling/Safeguarding (other than Naloxone) (H2010S) – Discontinued 7/1/2025.
Medical Team Conference with Interdisciplinary Team Participation by Non-Physician, 30+ mins (99368)
Medical Team Conference with Interdisciplinary Team Participation by Physician, 30+ mins (99367)
Medication Training and Support, per 15 Minutes Residential(H0034R) – Updated to H0034 7/1/2025.
Medication Training and Support, per 15 Minutes(H0034)
Methadone(H0020)
Multiple-Family Group Psychotherapy, 84 Minutes (90849)
Naloxone Handling/Distribution (H2010N)
Office or Other Outpatient Visit of a New patient, 30- 44 Minutes (99203)
Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes (99204)
Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes (99205)
Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes (99212)
Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes (99213)
Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes (99214)
Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes (99215)
Office or Other Outpatient Visit of New Patient, 15-29 Minutes (99202)
Oral Medication Administration, Direct Observation, 15 Minutes(H0033)
Prenatal Care, risk assessment 15 mins (H1000)
Prep of report of patient's psych status, hx, txt, progress, 15 mins (90889)
Prescription Drug: Brand Name(S5001)
Prescription Drug: Generic(S5000)
Psychiatric Diagnostic Evaluation with Medical Services, 60 Minutes (90792)
Psychiatric Diagnostic Evaluation, 60 Minutes (90791)
Psychiatric Evaluation of Hospital Records, 60 mins (90885)
Psychoeducational Service, per 15 minutes(H2027)
Psychological Testing Evaluation, Each Additional Hour (96131)
Psychological Testing Evaluation, First Hour (96130)
Psychosocial Rehabilitation, per 15 Minutes(H2017)
Residential addiction program outpatient. Subacute detoxification(H0012)
Self-help/peer services, 15 minutes(H0038)
Skills training and development, 15 minutes (H2014)
Targeted Case Management, 15 mins(T1017)
Telephone Assessment and Management Service, 11-20 Minutes (98967)
Telephone Assessment and Management Service, 21-30 Minutes (98968)

Telephone Assessment and Management Service, 5-10 Minutes (98966)
Telephone Evaluation and Management Service, 5-10 Minutes (99441) – Discontinued by CMS as of 1/1/2025
Telephone Evaluation and Management Service, 11-20 Minutes (99442) - Discontinued by CMS as of 1/1/2025
Telephone Evaluation and Management Service, 21-30 Minutes (99443) – Discontinued by CMS as of 1/1/2025
Treatment plan development/modification, 15 mins (T1007)

Appendix C: Location

Although DHCS has expanded the approved service locations/place of service under CalAIM payment reform, providers should ensure only SAPC approved locations are selected based on the provider's specific contract.

The most common and recommended locations are listed below.

Location Name	Description	Place of Service Code (For Billing)
Non-residential Substance Abuse Treatment Facility	A location, which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.	57
Non-residential Opioid Treatment Facility	A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT).	58
Residential Substance Abuse Treatment Facility	A facility, which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.	55
Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.	12
Telehealth Provided Other than in Patient's Home	The location, other than in patient's home, where health services and health related services are provided or received, through a telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.	2
School	A facility whose primary purpose is education	3
Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters)	4

Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis.	11
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A complete list of the all the service locations/Place of service according to the State are as follows:

Location Name	Description	Place of Service Code (For Billing)
Pharmacy	A facility where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.	1
Telehealth Provided Other than in Patient's Home	The location, other than in patient's home, where health services and health related services are provided or received, through a telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.	2
School	A facility whose primary purpose is education	3
Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters)	4
Indian Health Service Free-Standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.	5
Indian Health Service Provider-Based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.	6
Tribal 638 Free-Standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non- surgical), and rehabilitation services to tribal members who do not require hospitalization.	7
Tribal 638 Provider-Based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non- surgical), and	8

	rehabilitation services to tribal members admitted as inpatients or outpatients.	
Prison/Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State, or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.	9
Telehealth Provided in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology	10
Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis.	11
Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.	12
Assisted Living Facility	Congregate residential facility with self-contained units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.	13
Group Home	A residence with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial services, and minimal services (e.g., medication administration).	14
Mobile Unit	A facility/unit that moves from place to place equipped to provide preventive screening, diagnostic, and/or treatment services.	15
Temporary Lodging	A short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other Place of Service code.	16

Walk-in Retail Health Clinic	A walk-in retail clinic, other than an office, urgent care facility, pharmacy, or independent clinic and not described by any other Place of Service code that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.	17
Place of Employment-Worksite	A location, not described by any other Place of Service code, owned, and operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic, or rehabilitative services to the individual.	18
Off Campus—Outpatient Hospital	A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.	19
Urgent Care Facility	Location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.	20
Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non- surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.	21
On-Campus Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and non- surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.	22
Emergency Room—Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.	23
Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.	24
Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of newborn infants.	25
Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain U.S. Public Health Service (USPHS)	26

	facilities now designated as Uniformed Service Treatment Facilities (USTF).	
Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.	31
Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than individuals with intellectual disabilities.	32
Custodial Care Facility	A facility that provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.	33
Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.	34
Ambulance—Land	A land vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.	41
Ambulance—Air or Water	An air or water vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.	42
Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.	49
Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.	50
Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.	51
Psychiatric Facility—Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.	52

Community Mental Health Center (CMHC)	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.	53
Intermediate Care Facility/Individuals with Intellectual Disabilities	A facility, which primarily provides health-related care and services above the level of custodial care to individuals with intellectual disabilities but does not provide the level of care or treatment available in a hospital or SNF.	54
Residential Substance Abuse Treatment Facility	A facility, which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.	55
Psychiatric Residential Treatment Center	A facility or a distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.	56
Non-residential Substance Abuse Treatment Facility	A location, which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.	57
Non-residential Opioid Treatment Facility	A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT).	58
Mass Immunization Center	A location where providers administer pneumococcal pneumonia or influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.	60

Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetic services.	61
Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.	62
End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.	65
Public Health Clinic	A facility maintained by either State or local health departments that provide ambulatory primary medical care under the general direction of a physician.	71
Rural Health Clinic	A certified facility, which is located in a rural medically underserved area, that provides ambulatory primary medical care under the direction of a physician.	72
Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.	81
Other Place of Service	Other place of service not identified above.	99