

# January 7, 2025 PROVIDER MEETING FAQ

All slides and the recorded presentation are posted on the SAPC Network Provider site:  
<http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm>

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
1.	Where can providers access the resources shared during the meeting?	<ul style="list-style-type: none"> <li>• <a href="#">AB 118 Requirements: Certification of Alcohol and Other Drug Programs - FAQs Published by the Department of Health Care Services (DHCS)</a></li> <li>• <a href="#">American Society of Addiction Medicine (ASAM) Career Center</a></li> <li>• <a href="#">California Society of Addiction Medicine (CSAM) Career Center - Recruitment Resources</a></li> <li>• <a href="#">Medications for Addiction Treatment (MAT) Los Angeles Clinic Directory</a></li> <li>• <a href="#">Resources for Value-Driven Capacity-Building Investment Opportunities and Value-Based Incentive Payments (CB&amp;I)</a></li> <li>• <a href="#">Substance Abuse Prevention and Control (SAPC) Bulletins Webpage</a></li> <li>• <a href="#">SAPC IN 20-11: Member Authorization Submission</a></li> <li>• <a href="#">SAPC IN 22-14: Requesting Amendments to Existing Service Contracts and Agreements</a></li> <li>• <a href="#">SAPC IN 24-01: Addiction Medication Access in the SAPC Treatment Network</a></li> <li>• <a href="#">SAPC Provider Advisory Committee (PAC) Webpage</a></li> <li>• <a href="#">SAPC Training Calendar</a></li> </ul>
<b>Special Programs and Initiatives</b>		
2.	<p>a. What is the Behavioral Health Services Act (BHSA) Community Planning Team (CPT)?</p> <p>b. Can only one person per agency participate in BHSA CPT meetings?</p>	<p>a. The CPT is a stakeholder advisory body formed by the Department of Mental Health (DMH) and DPH-SAPC to make recommendations for LA County’s Mental Health Services Act (MHSA)/Behavioral Health Services Act (BHSA) integrated three-year plan. Substance Use Disorder (SUD) representation and perspectives will be essential to ensure that BHSA focuses on both MH and SUD priorities.</p> <p>b. More than one person per agency can participate in meetings, but not everyone in the agency will be an officially designated BHSA CPT member. The difference between a member of the public, and an official CPT member based on our current understanding, is that only CPT members can vote and participate in certain consensus-building activities</p>

# January 7, 2025 PROVIDER MEETING

## FAQ

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
		<p>later in the year (subject to review). These seats are limited and must adhere to state-required category and diversity requirements. SAPC is recruiting and finalizing BHSA CPT members, allocating seats across Prevention, Harm Reduction, Treatment, and Recovery. Please note that CPT meetings are open to the public, so we invite all interested individuals to attend and participate. They will be held twice a month beginning January 14, 2025.</p> <p>For updates, sign up for the listserv <a href="#">here</a>. Review prior and upcoming meeting agendas, documents, and the meeting schedule <a href="#">here</a>.</p>
<b>Billing</b>		
3.	<ul style="list-style-type: none"> <li>a. What are Medication Services and can outpatient facilities bill for them?</li> <li>b. Can the evaluation and prescription include withdrawal medication protocols?</li> <li>c. What if the patient declines MAT services?</li> <li>d. Can providers bill H0034 for non-MAT medical services, such as a physical exam? If not, what code should we use to bill for performing a physical exam?</li> <li>e. Does the H0034 have a limit on the number of units that can be billed?</li> <li>f. Our agency is unable to access the H0034 code. Who should we contact for assistance?</li> </ul>	<ul style="list-style-type: none"> <li>a. Medication Services refer to the time a practitioner spends prescribing medications which may also include MAT. H0034 is the Healthcare Common Procedure Coding System (HCPCS) code to use for billing Medication Services in residential levels of care. H0034 can also be used for 1.0 and 2.1 levels of care (LOC), as well as the CPT codes (99202 through 99205 and 99212 through 99215) listed on the current version of the rates and standards matrix.</li> <li>b. Yes, Medical Services can include the discussion and prescription of withdrawal medications, provided these services are within the scope of practice for the practitioners involved.</li> <li>c. H0034 covers for the medical clinician's time meeting with the patient to discuss and provide medication services. The time spent evaluating the patient is billable as a medication service under H0034 even if the patient ultimately declines to receive a prescription or take medication.</li> <li>d. H0034 should be utilized if the 992** codes were billed and denied by DHCS for a medication service. Physical exams documents as a component of a medical visit that include a SUD diagnosis and a plan of care for that diagnosis can be billed to H0034. H0034 cannot be billed without an SUD diagnosis and plan of care that addresses the diagnosed SUD(s). H0034 can be used for residential settings. For non-residential settings, H0034, 99202-99205, and 99212-</li> </ul>

# January 7, 2025 PROVIDER MEETING

## FAQ

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
		<p>99215 are allowable, depending on the duration of the service.</p> <p>e. The maximum number of units that can be billed under H0034 is 96 units per day. A unit is based on the amount of time providing the service. For example, if you complete a 99205 or 99215 with an extended service code, you take the total amount of time spent on that visit and divide it into 15-minute increments. The result is what you bill under H0034.</p> <p>f. The code has been configured by DHCS and is available for use in Sage. For assistance in resolving technical issues, please submit a Sage Help Desk ticket <a href="#">here</a> or call (855) 346-2392.</p>
4.	We included the Current Procedural Terminology (CPT) codes in the notes section. Do we need to change them when rebilling for MAT services?	There is no change in what providers have to document. However, providers will need to change from the CPT code to the HCPCS code and include an addendum clarifying the change. For reference, a crosswalk is included in slide #6 of this meeting's <a href="#">presentation</a> .
5.	<p>a. Will all CPT codes submitted for Medication Services in residential settings be denied?</p> <p>b. Will SAPC extend the 6-month submission timeframe due to these denials?</p>	<p>a. Yes, they will be denied per state regulations, as they were created on 07/21/23 but have been deactivated. The SAPC finance team is working on a resolution for the claims that are pending by the State and will send out guidance to the provider network soon.</p> <p>b. Replacement claims have a 12-month submission window. SAPC plans to proceed with implementing the 6-month timeframe for agencies to submit their initial claims. We encourage agencies to submit their initial claims in a timely manner to allow sufficient time to resolve any issues.</p>
6.	Will providers be able to resubmit Evaluation and Management (E/M) codes to bill for services provided prior to one year ago?	The items discussed regarding the 992** codes for Medication Services apply to FY 23-24 and 24-25. The billing deadline for services delivered during FY 23-24 is June 30, 2025.
7.	Where can providers find information on H0049-N?	Providers can review how to bill for H0049-N in residential levels of care by referencing the following Sage Communication: <a href="#">H0049-N Guidance</a> .

January 7, 2025 PROVIDER MEETING  
FAQ

	QUESTIONS	ANSWERS (AND UNIT RESPONSIBLE)
8.	For H2010M/N, why are 3.7/4.0 LOCs not eligible for tracking numbers?	This is per current guideline; reconsideration requests can be submitted for review.
<b>Sage</b>		
9.	How will SAPC address denials by Utilization Management (UM) for authorizations submitted beyond the 30-day grace period when the submission is impacted by delays in the SAPC contracting process?	We recommend adding a note within the authorization indicating that it was delayed pending contract execution. This will assist UM Care Managers in assessing the reason why the submission was delayed and prevent the denial. We encourage agency staff to communicate this process to other staff at their agencies.
10.	<ul style="list-style-type: none"> <li>a. Can agencies use their own Release of Information (ROI) form?</li> <li>b. Will there be an expiration date for the new ROI form?</li> </ul>	<ul style="list-style-type: none"> <li>a. Providers must use the SAPC-approved in-network ROI form available on the <a href="#">SAPC website</a> to ensure compliance with 42 CFR Part 2. Please contact the Sage Management Division at <a href="mailto:sage@ph.lacounty.gov">sage@ph.lacounty.gov</a> for any questions.</li> <li>b. The SAPC in-network ROI form does not include an expiration date, which conforms to 42 CFR Part 2 Final Rule that went into effect April 16, 2024. Once signed, the ROI will remain in place until revoked by the patient or overridden by an updated ROI. If a new ROI is entered, it will supersede the previous ROI if not revoked.</li> </ul>
<b>Contracts</b>		
11.	How can agencies add recovery housing to their current SAPC contract?	Agencies will need to complete and submit a <a href="#">contract amendment form</a> available on SAPC's bulletins <a href="#">webpage</a> . For more information, contact Yanira Lima at <a href="mailto:ylima@ph.lacounty.gov">ylima@ph.lacounty.gov</a> or the contracts team at <a href="mailto:SAPCMonitoring@ph.lacounty.gov">SAPCMonitoring@ph.lacounty.gov</a> .
12.	How can SAPC contracted agencies procure a contract with the Department of Mental Health (DMH)?	DMH implements its own contracting process that is distinct to the process SAPC has in place. Agencies are encouraged to reach out directly to DMH to further inquire about their current solicitations and receive guidance relevant to their contracting process.