



## Communication Release

1/17/2025

---

### LA Wildfire: Notification of SAPC & Sage-Related Flexibilities

**ASAM Requirements for Emergency Transfers:** Utilization Management (UM) is waiving the requirement of a new ASAM Continuum for patients relocated due to the fires. Providers are advised to submit a Medical Necessity note, indicating for example “Patient relocated from X to Y on XX/XX/XXXX due to wildfires”, and UM will be able to verify the patient’s prior authorization and approve the remainder of the authorization.

SAPC is implementing an expedited approval process for residential authorizations whereby a non-LPHA may submit a note indicating “Patient relocated from X to Y on XX/XX/XXXX due to wildfires” with the assumption that medical necessity was previously established at the transferring facility. If the ASAM Continuum was not able to be completed prior to the relocation, the new site should complete it.

For impacted outpatient/intensive outpatient sites, providers may still render telehealth services if the patient consents to this method and consent should be documented within the Progress Note. Additionally, providers who are SAPC approved to provide field-based services (FBS) may render services at approved community locations, including the patient’s home.

---

### SAPC Clinical Training: Telehealth Treatment Services Training

SAPC is offering a training for providing telehealth services within the DMC-ODS in response to the potential increased need to providing telehealth services due to the LA Wildfire. Providers seeking training on telehealth services are encouraged to attend this training.

**January 22, 2025 | Can You Hear Me?: Providing Substance Use Telehealth Treatment Services**

**Location:** Webex

**Time:** 9:00 am – 12:15 pm

[Flyer Link](#) | [Registration Link](#)

---

### RESOLVED: KPI Data Truncated

On January 1<sup>st</sup>, 2025, KPI Dashboards 2.0 went through its semi-annual data truncation. The Netsmart KPI team has restored access to 7/1/2022-12/31/2022 service data. As a reminder, providers can also use reports available through Sage. For a listing of finance related reports please see the [Sage-PCNX Guide to Reports](#).

---

### TRAINING: Primary Replacement Claim Training POSTPONED

Due to the recent fires, SAPC Finance postponed the Primary Provider Replacement Claim Functionality training and will notify providers when a new date and time is selected. Primary Sage Users will be trained on new Sage functionality that will allow the submission of replacement claims. All Primary Provider agency staff who conduct billing should attend the webinar.

---

## TRAINING: PCNX – Release of Information Form

SAPC has developed a new form in Sage-PCNX that will allow providers to document a patient’s authorization to release protected health information (PHI) within the SAPC provider network. **The Release of Information\_In Network form** was developed to replace the hard copy SAPC Release of Information form that is currently being completed and uploaded to Sage through Provider File Attach. The **Release of Information\_In Network form** allows providers to add a new release of information to a patient’s chart as well as to revoke an existing release that is on file. This training will review and demonstrate how to complete the form for both purposes, along with policies, procedures, and recommended workflows.

**Who Should Attend:** This training is intended for all primary and secondary Sage users that enter clinical documentation and supervisors at each agency.

### Meeting Information

- **Date & Time:** Tuesday, January 21<sup>st</sup> 3:00pm-4:30pm
- **Venue:** Microsoft Teams
- **Meeting Access:** Registration is required, use this [Registration Link](#) to sign up!

---

## SAPC Finance Billing & Denial Resolution Tutoring Lab

The January Billing & Denial Resolution Tutoring Lab has been rescheduled for Thursday, January 23<sup>rd</sup> from 1-2:30pm and will continue to meet on the first Thursday of every month. These sessions will include announcements and reminders related to billing, demonstration of billing processes/review of policies/troubleshooting, and open Q&A. SAPC Finance encourages all agency billing staff to attend as well as any additional agency staff interested in hearing billing and denial resolution information. If providers have requests for procedures or policies to review during the lab, please email [SAPC-Finance@ph.lacounty.gov](mailto:SAPC-Finance@ph.lacounty.gov). The link to the meeting is below and will also be added to the SAPC Training Calendar. Please be sure to add it to your calendars!

**Meeting Name:** Billing & Denial Resolution Tutoring Lab

**Date and Time:** First Thursday of every month from 1-2:30 pm

**Meeting Link and Call-in Information (via Microsoft Teams):**

[Billing & Denial Resolution Tutoring Lab Meeting Link](#)

Meeting ID: 278 929 667 194

Passcode: shijHi

**Dial in by phone**

[+1 323-776-6996](tel:+13237766996), [743250887#](tel:+13237766996) United States, Los Angeles

Phone conference ID: 743 250 887#

---

## Budget Tracking Form

SAPC will be releasing a new report into Sage that will enable providers to better track their treatment and RBH expenditures within Sage. The Budget Tracking Report provides information on the DMC and/or Non DMC accounts (contracts) within Sage for a given time period as entered in the report parameters. To ensure timely processing time, this report should only be run for one (1) fiscal year at a time, i.e. 7/01/2024 to 6/30/2025.

The information in the Budget Tracking Report should not solely be used to determine the remaining contracted amount as there are additional payments made to providers outside of billing in Sage. For a full picture of a provider’s remaining budget amount, the amount shown on this report should be considered along with payments made for items such as capacity building, incentives, staff hours, etc. For assistance on identifying the remaining amount in an agency’s contract, the amount is reported on the check

Remittance Advice uploaded in the SFTP when payments are made for DMC or RBH payments and can be requested by submitting a Sage Help Desk "Request Billing Assistance" ticket with the "Payment Inquiry" option to route the request to the Contracts Reimbursement Unit in SAPC Finance.

The report will populate the following information:

1. Current Budget amount as entered in Sage by Contracts
2. Sum of approved claims
3. Sum of provider voids
4. Sum of retro adjudications, either state denials or SAPC initiated takebacks
5. Disbursement total (Approved claims minus provider voids minus retro adjudications = Disbursement Total)
6. Remaining dollars and percent of total budget remaining

1	Recovery, Inc.	Begin Date	End Date	Budget Amount	Approved Claims	Provider Voids	Retro Adjudication	Disbursement Total	Remaining Dollars % of total
<b>Account Level Name: FY24-25</b>									
	PH00RBCO DMC- Recovery, Inc 2	07/01/2024	06/30/2025	10,000,000.00	\$696.52	\$179.24	\$0.00	\$517.28	\$9,999,482.72 99.99%

## Update on Billing for Medication Services for Residential Patients

As noted in the previous Sage Provider Communication, recent State denials and clarifications from DHCS have necessitated the need to remove the fees for codes 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99416, and 99418 for residential levels of care. This is due to the State classifying these codes as assessment codes; however, SAPC had issued guidance to utilize these codes for medication/MAT services.

To rebill MAT/medication services for residential patients whose service was billed under one of the 992\*\*\* codes, please utilize code H0034R in order to be paid for the service. Current and future MAT services in residential levels of care should be billed under H0034R. It is important to note that there is a difference in the units that need to be billed as the 992\*\*\* codes were a one (1) unit maximum per day, while the H0034R code is a 96 unit maximum per day. Providers will need to calculate the appropriate unit amounts to bill for H0034R based on the duration of the service. The Billing & Denial Resolution Tutoring Lab on Thursday, January 23<sup>rd</sup> will go into detail on rebilling these services and calculating the appropriate units.

For the services listed in this guidance, if the service has been denied by DHCS and recouped, the claim should be resubmitted under H0034R. For services not yet recouped, SAPC will be taking back the payments for the services in order to prevent duplicate payments and billing denials. Once providers see the recoupments, they can resubmit them. SAPC Finance will be sending providers a list of services being recouped for this issue via the SFTP and will email the Finance Contacts provided to SAPC when the documents have been uploaded. SAPC Finance anticipates this work will be conducted over the upcoming two to three weeks.

When rebilling denials of claims for medication service delivered in residential settings (CPT codes 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99416, and 99418) to H0034, provider agencies should include a note in the patient's chart from that care episode to reflect that the previously billed CPT codes are being billed to H0034 based upon time. A single note in the chart for the entire care episode is sufficient - this note will serve as a reference to any state or local auditor who might question why a note previously referencing a CPT code in the note was subsequently rebilled to H0034 based upon time.

## Highlights From Previous Communications

**99441-99443 Codes Discontinued as of January 1, 2025:** DHCS has issued guidance to counties that codes 99441, 99442, and 99443 will be discontinued effective 1/1/2025. Per DHCS guidance, providers are instructed to utilize code H0001 to bill for these services delivered on or after 1/1/2025. SAPC will notify providers once the updated Rates and Standard Matrix is published to the SAPC website within the next few business days.

**Medical Record Modification is NOT Required for Group Sessions:** Providers are reminded that it is not necessary nor recommended to submit a Sage Help Desk medical record modification request to change the number of members in a group session. Providers can edit the number of members in a group by appending the record. While this will not replace the original record it is acceptable as this information is no longer required on a claim.

**Primary to Secondary Provider Conversion:** SAPC provides an annual enrollment opportunity for all Contracted Providers to convert from a Primary User to Secondary User of the Sage Electronic Health Record (EHR) System. If your agency would like to convert from Primary to Secondary Sage User status, please send an official, signed request addressed to the SAPC-IT at [SAPCProvConvReq@ph.lacounty.gov](mailto:SAPCProvConvReq@ph.lacounty.gov) no later than **January 31, 2025**.

Provider agencies that meet this deadline will receive an acknowledgement letter and will be required to begin the necessary testing by **March 31, 2025**.