Substance Use Disorder Information System

Communication Release

10/01/2024

Rates and Standards Matrix Revisions

An updated version of the Rates and Standards Matrix for FY 24-25 was published to the SAPC website on 10/1/2024. Below are the changes made for version 2.0. These are also noted on the Revision History tab of the matrix.

Rates Standards Tab

- A0080-F Standard updated to reflect Field Based Service Standard of up to 500 miles per month per provider site
- References to HA modifier removed

Billing Rules Tab

- Updated standards for S5000, S5001, A0080, A0080-F, H0020, S9976, and S9976-C
- Modifiers AH, AJ, CO, HM, HO, HP, TD, TE added to H0050
- H2034-C and S9976-C removed notation as an add-on code
- HL Modifiers removed for HCPCS where it is not applicable, clarification language added that HL modifier is only applicable to LMFT, LCSW, and LPCC needed for Medi-Medi patients

Tier 1, Tier 2, and Tier 3 Tabs

- G0316 has been removed as it is not applicable to LA County SAPC
- H2034-C HD modifier removed
- H2015, H2015-CN, and H2017 Psychologist and Psychological Clinical Trainee removed as allowable provider types
- H2027 RN and RN Clinical Trainee Removed
- 90887 RN Clinical Trainee added as allowable Performing Provider Type with TD modifier
- T2024 rates set at $0 for all allowable performing provider types for residential and withdraw management levels of care
- S9976-C and S9976 rates updated for Medical Assistant as non-allowable

Tier 2 and Tier 3 Tabs

- ASAM 3.1 (U1) 90792:U7 was marked with wrong U code, updated and corrected to display U1

Modifiers Tab

- HA modifier removed

CPT Add On Codes Tab

- New tab added – Provides a cheat sheet to quickly identify which primary codes are associated with which add on codes

Medication NDC Codes Tab

- Notation added regarding effective dates for NDCs

NDC Code Effective Dates

It is important for providers to review the applicable effective dates of NDC codes for MAT drugs when billing for the S5000 and S5001 codes. Applicable codes may vary from fiscal year to fiscal year and may even become invalid during the middle of a fiscal year. The allowable codes are provided to SAPC by DHCS periodically and the matrix is updated when changes are known. If an expired NDC code is utilized for a service, it may approve locally but will be rejected by DHCS when SAPC attempts to bill the service. In those cases, SAPC

Finance will attempt to confirm with the agency what the correct code is for the drug provided; however, if no response is received, the service will be recouped.

Void Claim Assignment Form Update

Effective Wednesday, October 2nd, an optional parameter for Performing Providers will be available on the Void Claim Assignment form in PCNX. This field will allow Primary Providers to choose a performing provider as a parameter to narrow down the client's applicable services to void. Should any issues with the parameter occur or you do not see the new field, please contact the Sage Help Desk at (855) 346-2392 or https://netsmart.service-now.com/plexussupport.

Update on Billable Services Previously on Hold

At the beginning of the fiscal year, SAPC provided a brief list of services that had not yet been configured in Sage and SAPC requested to be held. These services can be billed as the correct configurations have been completed.

- H0049-N: Screening Non-admitted
- H0050: Contingency Management
- 99415, 99416, and 99417 for ASAM 1.0-WM
- HA modifiers have been removed
- T1017 delivered by Nurse Practitioner
- 90791 delivered by LPHA Clinical Trainee

Real Time Inquiry (270) Request Updates

Effective Wednesday, October 2nd, SAPC is excited to report that updates to the Real Time Inquiry (270) Request will be implemented in PCNX. These changes, as presented during the September 10 Provider Meeting, will add crucial data to the form itself when running the 270 request. The following fields will be automatically visible once the 270 request is processed and posted:

1. County of Responsibility Code (New)
2. Primary Aid Code (New)
3. Secondary Aid Code (New)
4. Gender (as reported from DHCS) (New)
5. OHC plan name (Currently on report)
6. Eligibility or Benefit Information (Currently on report)
7. Service Type (Currently on report)
8. Insurance Type (Currently on report)
9. Share of Cost (Currently on report)

There will be no changes to the 271 report that is currently populated, which does not include these fields, only the "271 Eligibility Benefit Response Data" section of the form. If there are multiple Eligibility or Benefit Information Codes, Service Types, or Insurance Types, each will be displayed in the section.