Communication Release
10/23/2025
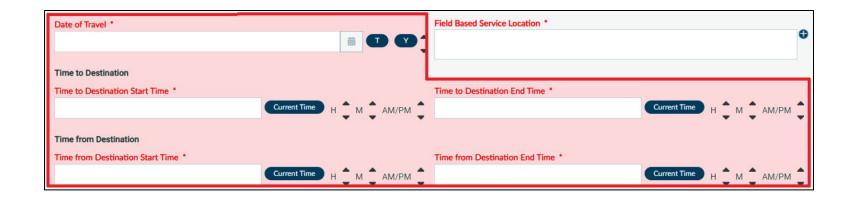
Women's Health History Form Updates

Effective Monday 10/27/2025, the Expected Due Date field in the Women's Health History form will be hidden. This field will no longer be required for completion. The following fields are still required to be completed:

- Add, Edit or Delete a Record
- Client ID
- Episode Number
- Selected Record
- Assessment Date
- Date of Last Menstrual Period (2300-DTP-03) [needed for billing purposes]
- Pregnancy Start Date [needed for billing purposes]
- Pregnancy End Date [should be entered for existing record to close out the pregnancy period and for clients who enter treatment within the 1-year postpartum period]
- Have you started prenatal care at another facility?
- Initial treatment Date (2300-DTP-03) [needed for billing purposes]

While this form is encouraged to be used with all clients who express pregnancy intention, this form is only required for PPW-Perinatal clients and those in a 1-year post-partum period receiving services at a PPW contracted program. Failure to complete this form prior to billing will result in State denials, as this form generates a Pregnancy Indicator on outbound claims to the State.

Progress Note Form Updates: Field Based Services

Effective Monday 10/27/2025, the Travel Time subsection will be renamed to Field Based Services. This subsection will only contain the conditionally required Field Based Service Location field that is enabled when the Method of Service delivery is "Field Based Services." All other fields in this section will be disabled and hidden as noted in red in the image below. Historical entries will remain visible in the Progress Note Printout.

Problem List/Treatment Plan Requirements

As a reminder, per CalAIM Documentation Reform, all DMC-ODS patients require a Problem List except for OTP patients who still require Treatment Plans. SAPC has noted discrepancies with completion of the Problem List/Treatment Plan form, where the Problem List section of the form is left blank. The image below indicates which sections are required, optional, and recommended for completion.

Problem Lists are reviewed during adjudication of reauthorizations and during SAPC audit cycles. Failure to identify at least one SUD related Problem in the Problem List section may result in denials of re-authorizations and/or Corrective Action Plan (CAP).

Primary Sage Users who also need to complete a treatment plan for CARF or Joint Commission accreditation, may use the Treatment Plan Problem(s) section to add elements not covered in the Problem List section; however, the Problem List section is still required and Problem List required components should be documented in the Problem List section. Please see the Problem List/Treatment Plan Form Job Aid for Primary Sage Users for instructions on completing the form.

CO 96 MA43 State Denials

Recently, recoupments with a denial code of CO 96 MA43 indicated that the client has an "unsatisfactory immigration status." However, the actual reason for the recoupments is a lack of eligibility. The denial should be addressed as if fixing a CO 177 denial, by ensuring the correct CIN is listed in the Financial Eligibility and that the patient had active Medi-Cal at the time of service. Additional guidance can be found in the Sage Guide to Claim Denial Resolution and Crosswalk v 5.0. The most common reasons for the recoupments were that the CIN number listed in the Financial Eligibility Form was incorrect when compared against the MEDS file, or that the client did not have active Medi-Cal at the time of service.
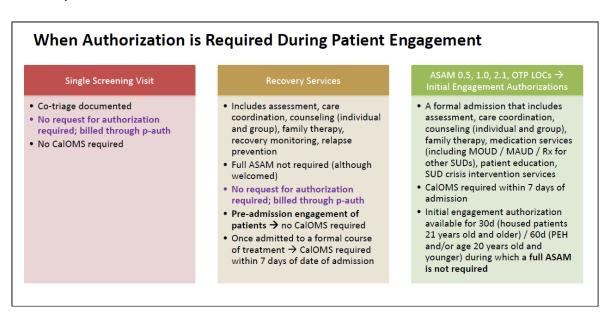
Billing for Screening and Initial Engagement Activities

As part the new Appointment and Referral Connections process, providers have identified additional questions related to various billing activities for services surrounding the screening and admission process. As such, SAPC is providing the following clarification on billing for screening and initial engagement activities as presented in the March 5, 2024 All Treatment Provider Meeting.

As a reminder, all clients must be initially screened for the appropriate level of care for direct to provider referrals, that were not referred by SASH, CENS or CORE. The only exception to this requirement is if the screening provider offers all available ASAM levels of care, in which case, the agency will be able to offer an appropriate LOC regardless of the screening results. Additionally, once a screening is completed, the provider will be required to complete a Referral Connections form in Sage, which will serve as the required documentation.

When providers are engaging with a client to motivate and encourage them to engage in treatment where the client has not been formally screened or assessed, the provider can still utilize the Recovery Services model to bill for those engagement activities. Providers would utilize the same Recovery Service PAuth and billing codes (H2015 and H2017) for billing purposes and corresponding documentation. Once the client is able to be admitted, then the provider can submit for a full authorization or an initial engagement authorization as appropriate.

In reference to the March 5, 2024, All Treatment Provider Meeting, Slide 17 of the Clinical Services Division presentation outlines the different scenarios, including when to seek authorization, complete the CalOMS and how to bill for each step of the admission process.

When Authorization is Required During Patient Engagement

Single Screening Visit	Recovery Services	ASAM 0.5, 1.0, 2.1, OTP LOCs → Initial Engagement Authorizations
• Co-triage documented • No request for authorization required; billed through p-auth • No CalOMS required	• Includes assessment, care coordination, counseling (individual and group), family therapy, recovery monitoring, relapse prevention • Full ASAM not required (although welcomed) • No request for authorization required; billed through p-auth • Pre-admission engagement of patients → no CalOMS required • Once admitted to a formal course of treatment → CalOMS required within 7 days of date of admission	• A formal admission that includes assessment, care coordination, counseling (individual and group), family therapy, medication services (including MOUD / MAUD / Rx for other SUDs), patient education, SUD crisis intervention services • CalOMS required within 7 days of admission • Initial engagement authorization available for 30d (housed patients 21 years old and older) / 60d (PEH and/or age 20 years old and younger) during which a full ASAM is not required

SAPC is updating the training videos regarding the screening process and Referral Connections with this information and additional updates that have been incorporated since the initial implementation in order to help better address common questions SAPC has been receiving. These will be available in the SAPC-LNC system in November.

Providers are encouraged to reach out to Sage@ph.lacounty.gov with any feedback on the Appointment and Referral Connections workflow.

Medical Record Printouts

SAPC's Sage Management Division has been developing a more cohesive and comprehensive method to print medical records within Sage. Printouts of clinical documentation are available as reports and are formatted to match the layout of the associated document and to include all relevant electronic signatures. Form printouts are intended to allow providers to give patients a copy for their own records or if a record request is solicited.

Printouts for the following documents are now available in LIVE and have been assigned to all clinical user roles. Searching for "printout" in Sage's search bar will generate the list of available printouts. Note that printouts are meant to be exported as PDFs only.

- Diagnosis
- Monthly Activity Report
- Patient Handbook Acknowledgement
- Progress Note
- Problem List/Treatment Plan
- RBH Discharge
- Referral Connections
- Service Connections Log
- Update Client Data
- Youth and Young Adult Screener

Multiple State Denial Recoupments for Service Codes 0953, H0012, and S5000/1

When service codes 0953, H0012, and S5000/1 are denied by the state, the recoupment for each claim is divided into two separate instances. This occurs because SAPC pays providers a higher rate than DHCS reimburses. Currently, Sage functionality does not allow the total amount to be recouped in one instance. The second recoupment, which is the difference between SAPC rate and the state rate, is a manual process that currently occurs every two weeks but will now be done weekly to assist providers with rebilling the denied claims more quickly.

New LNC Training: Release of Information

SAPC has added the Sage-PCNX: Release of Information Training to the Learning & Network Connections (LNC) Platform. This training reviews how to document a patient's authorization to release protected health information (PHI) within the SAPC provider network using the Release of Information-In Network form. The training was added to all clinical and operation training sets and as an individual module.

11/6 SAPC Finance Billing & Denial Resolution Tutoring Lab

The November Billing & Denial Resolution Tutoring Lab is scheduled for *Thursday, November 6th, from 1:00-2:30pm* 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. 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 1:00-2:30 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
+1 323-776-6996,743250887# United States, Los Angeles
Phone conference ID: 743 250 887#

The recorded presentation, slides, and FAQ for the prior Finance Billing & Denial Tutoring Lab are available at Sage Finance under Billing and Denial Resolution Tutoring Lab.

Last Chance: Sage Help Desk Feedback Survey!

It is time for the Bi-Annual Sage Help Desk Feedback Survey. Users who submitted a Sage Help Desk ticket within the last six months will receive an email with the subject line: "**Sage Help Desk Needs Your Feedback**" from Client Experience at clientexperience@ntst.com. The survey will be open until Monday**, 10/27/2025**. This important survey helps SAPC, and the Sage Help Desk determine if providers are receiving the support, they need from the Help Desk and identify any areas for improvement.

The survey responses and feedback are an important part of our ongoing process improvement efforts to serve you better. We encourage all Sage users that receive the survey to please complete it within the designated two-week period. As a reminder, please check spam and junk folders if you do not receive an email and have submitted a Help Desk ticket in the last six months.

Highlights from Previous Communications

EOY Phase 2 Configuration: SAPC completed a set of updates for FY 25-26 code configuration which took effect on October 17, 2025. The items below are the updated configurations. The updated FY 25-26 Rates Matrix 1.1 posted to the SAPC website on October 15this posted to the SAPC website and includes a new Revision History tab which outlines the changes from version 1.0 to 1.1. The updated Rates Matrix version 1.1 will include the added telehealth modifiers and places of service, as well as other minor edits to correct for typos and other small corrections.

Telehealth Modifiers and Place of Service: Added the 93 and/or 95 modifiers to a variety of codes as well as place of service 02 and 10 where applicable. For example, 99341:U7:93 or H0007:U7:SC. Please see the revision tab in the FY 25-26 Rates Matrix for more details on the impacted codes.

Clinical Trainee Billing when over Four Modifiers: Procedure Codes have a four (4) modifier limit per, DHCS. When services rendered by Clinical Trainees would exceed the four (4) modifier limit, providers are instructed to drop the clinical trainee modifier. Sage configurations have been updated to allow clinical trainees to bill certain code combinations without the clinical trainee modifier. For example, T1017:U4:U7:HD:SC cannot accommodate the AJ

modifier, but now includes the "LCSW, LMFT, LPCC Clinical Trainee" as an allowable practitioner type. Please check the MSO Provider Config Report to review allowable practitioner types. DHCS will adjudicate the claim against the clinical trainee's taxonomy code, which will verify the practitioner type.

Updated Sage Code Descriptions: The code descriptions in Sage have been updated to match the Rates Matrix for easier reference, conciseness, and clarity.

Resolution of Day Rate Denials: SAPC resolved a configuration causing erroneous day rate denials, when S9976 was billed alongside a day rate (i.e., H0019) resulting in a local denial indicated by the message: "*The service was denied for the following reason: Claim Status has been set to D because of the Claim Adjudication Rule tele_amb_detox_dayrate – Telehealth Amb Detox Dayrates DMC.*" Providers are advised to replace claims that were denied with this denial message. For primary providers, rebill these denied services as replacement claims using the Replacement Claim Assignment (CMS-1500) form in Sage. For secondary providers, rebill as a replacement using your EHR.

Updated Check/EFT Number Report: The Check/EFT Number Report has been refreshed and the updates will be published effective 10/14/2025. The changes feature the addition of two new fields: the EOB Number and Denied Amount columns. These new columns will help contracted provider agencies identify the associated EOBs paid on the check and verify the line amount for denied services in the batch. Other updates to this report include standardized column names (Billed Amount and Approved Amount), display improvements for the Program and Batch # columns, the removal of the Total Pending column, and more export-friendly formatting overall.

Primary to Secondary Provider Conversion: SAPC provides an annual enrollment opportunity for all Provider Agencies 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 no later than **January 31, 2026**. Provider agencies that meet this deadline will receive an acknowledgement letter and will be required to begin the necessary testing by March 31, 2026. Testing processes need to be completed no later than June 30th. During this testing process period, the provider is required to:

1. Identify a minimum of two contact persons at your agency who will be responsible for creating and submitting all 837 test files. These two individuals will also be responsible for responding and addressing all SAPC requests related to this conversion.
2. If needed, submit Sage User Creation forms for any new or modified user accounts per standard procedure.
3. Engage the EHR vendor or Information Technology staff to complete all necessary configuration of the agency's EHR by the identified timeline and in accordance with SAPC specifications.
4. Create and submit test 837 files and resolve identified issues.
5. Once testing is done in the TRAIN environment, create and submit a small number of claims in the Live Environment until the agency has achieved at least an 80% adjudication approval rate.

Once the conversion is successfully completed, a Sage Secondary Provider Certificate will be issued by SAPC. After the certification, the provider will officially be a secondary provider and will be given instructions on how to submit their claims via the 837 process going forward.

Peer Certification Scholarships: SAPC is excited to announce the opening of the sixth cycle of the SAPC Peer Certification Scholarships! This initiative aims to support individuals seeking to become Certified Medi-Cal Peer Support Specialists (CMPSS) through the California Mental Health Services Authority (CalMHSA) Medi-Cal Peer Support Specialist Certification (PSSC) program. SAPC is providing a limited number of scholarships to cover costs associated with the certification process. Scholarships are available to individuals who either *work or live in Los Angeles County* and are seeking *initial certification only*. Scholarships will be awarded on a first-come, first-served basis. Each scholarship will cover: the CalMHSA application fee, 80-hour Peer Support Specialist Core Competency training fee from a CalMHSA-approved provider of your choice, one (1) exam attempt, and one (1) retake exam (if pre-approved by SAPC on a case-

by-case basis). **Apply starting October 15, 2025** at **https://forms.office.com/g/NYuF6dt3cu**. For more information, please visit SAPC's Certified Medi-Cal Peer Support Specialists webpage or contact the SAPC Peers Implementation Team at SAPC-SOC@ph.lacounty.gov.

Updated Paper ASAM Criteria Adult Form: SAPC has updated the Paper ASAM Criteria Adult form to include an updated section to document Substance Use Disorder (SUD) diagnostic criteria. The previous version of the Paper ASAM did not include the DMS-5 SUD Diagnostic Criteria needed to establish a DMC eligible SUD diagnosis required for most SAPC services. This is to be used during downtime procedures. Additionally, a standalone Paper SUD DSM Form was added. This form can be used by Diagnosing LPHAs to capture a DMC eligible SUD diagnosis, such as in the instance when the electronic ASAM does not resolve to one. These forms can be found on the SAPC Website under Manuals, Bulletins, and Forms in the Clinical tab.