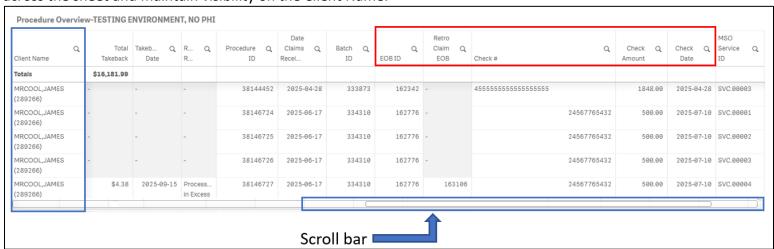# Communication Release
11/24/2025

KPI: Payment Reconciliation View Update

The MSO KPI Dashboards 2.0 Payment Reconciliation View Sheet has been updated. The following fields were added to the Procedure Overview object:

- EOB ID
- Retro Claim EOB
- Check #
- Check Amount
- Check Date

These fields will help reconcile a procedure with an EOB, check, and possible Retro EOB if applicable without having to navigate to a different object.

Additionally, a layout change was made where the Client Name is now the first column. This will allow users to scroll across the sheet and maintain visibility on the Client Name.

Procedure Overview-TESTING ENVIRONMENT, NO PHI

Client Name	Total Takeback	Takeb... Date	R... R...	Procedure ID	Date Claims Recei...	Batch ID	EOB ID	Retro Claim EOB	Check #	Check Amount	Check Date	MSO Service ID
Totals	$16,181.99											
MRCOOL,JAMES (289266)	-	-	-	38144452	2025-04-28	333873	162342	-	4555555555555555555	1848.00	2025-04-28	SVC.00003
MRCOOL,JAMES (289266)	-	-	-	38146724	2025-06-17	334310	162776	-	24567765432	500.00	2025-07-10	SVC.00001
MRCOOL,JAMES (289266)	-	-	-	38146725	2025-06-17	334310	162776	-	24567765432	500.00	2025-07-10	SVC.00002
MRCOOL,JAMES (289266)	-	-	-	38146726	2025-06-17	334310	162776	-	24567765432	500.00	2025-07-10	SVC.00003
MRCOOL,JAMES (289266)	$4.38	2025-09-15	Process... in Excess	38146727	2025-06-17	334310	162776	163106	24567765432	500.00	2025-07-10	SVC.00004

Scroll bar

Additional sheets with tables where the first column is Provider Name will be updated over the next month to have the Client Name listed in the first column and allow for scrolling with the first column fixed in place.

For additional information on KPI sheets please see the SAPC Sage KPI training page.

KPI: REAL SOGI Sheet and Job Aid

The REAL SOGI sheet is now available in PM KPI Dashboards. This sheet provides agency level details from the Race, Ethnicity, and Language (REAL) demographic fields and the Sexual Orientation and Gender Identity (SOGI) demographic fields. This demographic data is captured on the Admission (Outpatient) and Update Client Data forms in Sage. The REAL SOGI sheet can be used to gather statistics on the rates at which the REAL SOGI fields are completed and the breakdown of response options for completed fields. It is also a way for providers to view demographic information about the patients they serve, which may inform programmatic improvements and strategies for meeting patient needs.

For additional information, please see the REAL SOGI Job Aid on the KPI training page.

Diagnosis Form Updates

Language has been added to two fields on the Diagnosis form as a reminder that DMC-ODS requires a primary substance use related diagnosis once medical necessity has been established. For clients in the assessment period who do not yet have a primary SUD diagnosis established, Behavioral Health Information Notice (BHIN) 22-013 indicates ICD-10 codes Z55-Z65 "Persons with potential health hazards related to socioeconomic and psychosocial circumstances" or Z03.89 "Encounter for observation for other suspected diseases and conditions ruled out" may be used. For a list of approved diagnosis, please the FY 25/26 Billing Manual.

New language:

> **Diagnoses:** DMC-ODS requires a primary SUD diagnosis, or ICD-10 codes Z55-Z65 or Z03.89 during the assessment period.

> **Ranking:** The Primary diagnosis must be an SUD diagnosis once medical necessity is established.

T2021 and T2024 Telehealth Modifiers

SAPC and Netsmart are in the process of updating the telehealth modifiers for codes T2021 and T2024. The current configuration includes 93 and 95; however, the Department of Healthcare Services (DHCS) updated the allowable modifiers recently which requires SAPC to make the change in Sage. DHCS has removed the 93 and 95 modifiers from T2021/T2024 and replaced them with SC. Providers should continue to use the 93 and 95 modifiers for codes as indicated in the rates and standards matrix. The FY 24-25 Rates Matrix reflects this change; however, Sage has not yet been updated.

While the configuration is moved forward, provider agencies can continue billing T2021 and T2024 with the 93 or 95 modifiers. SAPC will adjust the modifier to SC before billing DHCS to prevent denials and recoupments. SAPC will announce in a future Sage Provider Communication when the configuration is complete, and the SC modifier is ready to bill for the two codes.

12/4 SAPC Finance Billing & Denial Resolution Tutoring Lab

The December Billing & Denial Resolution Tutoring Lab is scheduled for *Thursday, December 4th, 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.

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 of their EHR system 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.

Highlights from Previous Communications

Progress Note Guide: The Progress Note form was updated on October 27th. The [Sage-PCNX Progress Note Guide](#) has been updated to reflect changes made to the form including the restructuring of the Field Based Services subsection and the addition of the "Check all applicable services delivered as part of treatment." The Sage-PCNX Progress Note Guide and other PCNX guides may be found on the [SAPC Sage website](#).

EOB Summary by Date Export Sage Report: A new report called "EOB Summary by Date Export" has been released in Sage to help providers with reconciliation and monitoring. This report provides a summary of payment and adjustment information sourced from the Provider EOB Remittance Advice based on a selected EOB date range. The "Adjust Code" field reflects the general adjustment reason, with the two main types being CV for Contractor Void and SD for State Denial. This report is export-friendly and designed for use in Microsoft Excel.

Recouping Services with Missing Admission Diagnosis: The Department of Health Care Services (DHCS) requires services to contain the beneficiary's admission diagnosis. Services billed to SAPC that do not contain the admission diagnosis cannot be billed to DHCS. *Services billed to SAPC that do not contain an admission diagnosis will be denied automatically upon submission with a "Eligibility Not Found/Verified in CalPM" denial reason or recouped by SAPC for "No Admission Diagnosis Present"/CO 16 MA65 denial reason*.

Admission Diagnosis SAPC Resources:
- [QI & UM Checklist of Required Documentation](#): Provides information on what documents and forms are required when submitting a request for a service authorization.
    - *Note that the document indicates the Sage form name as "Provider Diagnosis (ICD-10)", however, the form name in Sage-PCNX is "Diagnosis".
- [DSM-5 Substance Use Diagnosis](#): Provides a table of diagnoses applicable for SUD and the appropriate ICD-10 code to use for billing purposes.
    - These applicable diagnoses must be used as the Admission type of diagnosis for billing and medical necessity for services to be reimbursable under DMC-ODS.
- [Provider Manual v10.0](#): Contains multiple references regarding allowable diagnoses.
- [FY 25-26 DMC-ODS Billing Manual (Pages 111-122)](#): Contains reference to covered diagnoses per DHCS.
- [Correcting Diagnosis Errors in Sage](#): Instructions on how to correct common data entry or date errors for the Diagnosis form in Sage.

Sage Billing Quick Guide - CENS DMC Services: SAPC Finance has published the **[CENS DMC Services](#)** [Sage Quick Billing Guide](#). This guide provides information to support CENS provider agencies in billing for CENS services billable to Drug Medi-Cal (DMC). More specifically, this guide covers the following topics:
- Identifying billable codes on the Rates Matrix
- Services covered under the CENS billable codes
- Identifying CENS PAuth numbers in Sage
- Billing CENS services in Sage-PCNX (primary Sage users)
- Billing CENS services via 837 (secondary Sage users)

The guide is available for download [here](#).

Sage Billing Quick Guide – Provider Authorizations (PAuths): SAPC Finance has published the **[Provider Authorizations (PAuths)](#)** [Sage Quick Billing Guide](#). This guide provides a high-level overview of the information required to support SAPC-contracted treatment provider agencies in billing for services delivered via Provider Authorizations (PAuths). More specifically, this guide covers the following topics:
- How to find PAuth Numbers in Sage
- How to identify the codes configured under a PAuth
- Recovery Services PAuth

- CENS PAuth
- Field Based Services Transportation PAuth
- Screening No-Admission PAuth

The guide is available for download [here](#).

Removal of H0049 from CENS PAuth: Effective 11/10/2025, H0049 will be removed as a billable service from the CENS PAuth. Providers should rebill only if denied by DHCS as either a duplicate (CO 96 M80) or lockout. SAPC's State Adjudication and Analysis Unit (SAAU) is currently investigating and will notify impacted providers via email. Also, CENS providers are advised to instead rebill for screening using H2017. For guidance on how to bill for H2017, please review the [Billing for Screening Job Aid](#).

FY 24-25 Treatment Billing Deadlines: FY 24-25 treatment billing deadlines have been updated. Submit original and replacement claims for FY 24-25 services by the deadlines listed below:
- For dates of services from **7/1/2024 to 12/31/2024**, the deadline to submit is **Friday, January 30, 2026**.
- For dates of services from **1/1/2025 to 6/30/2025**, the deadline to submit is **Thursday, April 30, 2026**.

In preparation of the billing deadlines, the following is recommended:
- Don't wait until the last week to submit claims. Submit claims at least once a month before the deadline to allow for any corrections needed for Local and State denials.
- Review all currently denied services to ensure services have been corrected and replaced (as able).
- Review available contract amount and request augmentation if necessary.
- Lastly, open a [Request Billing Assistance](#) ticket for any support needed to resolve outstanding FY 24-25 questions.

Diagnosis Form Required for Billing: As noted in the All-Treatment Provider Meeting on 11/4/2025, each client is *required* to have an "Admission" Type of Diagnosis on the Diagnosis form in Sage-PCNX. The Date of Diagnosis for "Admission" types will prepopulate with the date the client Episode was opened, regardless of whether the client has been readmitted to different programs with the agency. Subsequent diagnosis should be "Update" diagnosis. The Type of Diagnosis field in PCNX has been simplified to only allow Admission and Update diagnosis types. *Failure to have an admission diagnosis may result in denials and/or recoupment from Finance as it prevents billing to the State.* As a reminder, the primary diagnosis for DMC-ODS clients must be an approved substance use related diagnosis. For a full list of covered diagnosis see Appendix 5 of the [FY 25/26 DHCS DMC-ODS Billing Manual](#). For outpatient clients in the assessment period please see [BHIN 22-013](#) for approved Z codes for diagnosis.