

FY 26-27 RATES MATRIX AND CODE CHANGES

OVERVIEW

This document provides a high-level overview of the changes made to the Rates Matrix for the 2026-27 fiscal year. While this document aims to highlight high-level changes for the fiscal year, SAPC recommends agencies thoroughly review the Rates Matrix for changes pertaining to the services and levels of care (LOCs) they are contracted to provide. The changes for this fiscal year were made due to the following: 1) Department of Health Care Services (DHCS) regulations and policy changes, 2) SAPC policy changes, and 3) Simplifying billing processes and codes.

Major changes for the FY 26-27 fiscal year include:

- ⊕ Rate increases (see Rate Updates section)
- ⊕ Addition of new caregiver service codes (see Service Code Updates section)
- ⊕ Removal of Clinical Trainee modifiers (see Billing Rules Updates section)
- ⊕ H0033:U9 requires a National Drug Code (NDC) to be included on the claim per DHCS

Questions regarding these changes can be directed to SAPC Finance at SAPC-Finance@ph.lacounty.gov.

Please note: The information on this document is applicable at the date of publishing. This document will not be updated throughout the fiscal year. Providers must refer to subsequent Sage Provider Communications, Information Notices, official communication emails, and Treatment Provider Meeting/Billing & Denial Resolution Tutoring Labs for updated information.

RATE UPDATES

- ⊕ Increased rates by 6.2% for LOCs 0.5, 1.0, 2.1, OTP, Recovery Services, 1.0-WM, 2.0-WM, 3.7-WM, and 4.0-WM
- ⊕ Increased rates by 9.3% for LOCs 3.1, 3.2-WM, 3.3, and 3.5
- ⊕ Increased Recovery Bridge Housing (RBH) day rates by \$5
- ⊕ Increased mileage rate to \$0.73 per mile
- ⊕ Added fees for Community Health Workers (CHW) for code T1013
- ⊕ Added fees for 90889 when delivered in OTP

SERVICE CODE UPDATES

- ⊕ Added new caregiver service codes: 96202, 96203, 97550, 97551, 97552, G0539, G0540, G0541, G0542, G0543
- ⊕ Added new LPHACOD for incentive tracking
- ⊕ Added T2021 as an add-on code for 90887
- ⊕ Added T2024 as an add-on code for 90785 and 90887
- ⊕ Removed “-” from codes H0234-C and S9976-C, now billable as H2034C and S9976C

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- Remains as H2034-C and S9976-C for FY 25-26
- ⊕ Removed H2010N

BILLING RULES UPDATES

- ⊕ Added CHW as allowable discipline for T1013
- ⊕ Added LPHACOD details
- ⊕ Added UA and HG modifiers for 90889
- ⊕ Added new rows for caregiver code rules
- ⊕ Updated H0033 for 3.2-WM (H0033:U9) to include details regarding requirement of National Drug Code (NDC) on claims per Dept. of Health Care Service requirement
- ⊕ Added SC modifier to H0034
- ⊕ Added T2024 as a Dependent on Code (column T) for 90785 and 90887
- ⊕ Added T2021 as a Dependent on Code (column T) for 90887
- ⊕ Removed override modifiers (59, XE, XP, XU) from 90792, 96131, 96170, 98960, 98961, 98962, 98966, 98967, 98968.
- ⊕ Removed HL modifier from 99212, 99213, 99214, 96130, 96131, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99415, 99451, H0020
- ⊕ Increased max units for A0080 to 100
- ⊕ Decreased max units for T1009 and T2027 to 16
- ⊕ Removed Clinical Trainee modifiers AJ, AH, TD, TE, HM, CO, HP, and HO from Allowable Modifiers column
- ⊕ Removed non-applicable codes from the Outpatient Overridable Lockout column

OTHER CHANGES

- ⊕ Updated Level of Care labels on the Tier Tabs
- ⊕ Updates to the CPT Add On Codes tab to align with changes made to the Billing Rules
- ⊕ Removed Clinical Trainee modifiers from the Modifiers tab
 - The modifiers remain applicable for FY 25-26 services