

BILLING FOR SCREENING JOB AID

OVERVIEW

This job aid provides a high-level overview of how to bill for screening services. Screening is conducted using the ASAM CO-Triage Tool for Adults (age 21 and over) or the Youth and Young Adult Screener (age 20 and under). Screenings that result in an admission or no-admission can be billed to SAPC for reimbursement. The billing code and authorization used to bill for the screening is determined by multiple factors which are outlined in this document.

When billing for a screening under a Recovery Services Provider Authorization (Pauth), the first modifier is required to be U6, designating the service as a recovery service, and the second modifier is required by DHCS to be a level of care the agency site is certified for. For ease, SAPC recommends using the U code for the lowest level of care the site is certified to deliver, for example, H2017:U6:U7.

Screening delivered to patients with Non-Drug Medi-Cal or Drug Medi-Cal (DMC) eligibility is reimbursable. To ensure the appropriate guarantor is assigned to the service, please note the following:

- ❖ Patients with DMC benefits must have the DMC guarantor as the first guarantor on the patient's Financial Eligibility record. This ensures SAPC is able to bill the service to DMC.
- ❖ Patients without DMC benefits should have the "LA County – Non DMC" guarantor on the patient's Financial Eligibility record.
- ❖ Primary Provider agencies billing in PCNX should choose "Drug Medi-Cal" as the funding source when using the Recovery Services PAuth to bill for screening, regardless of whether or not the patient has DMC benefits.

All providers must complete the Referral Connections form in Sage for all patients that were screened at the agency prior to billing the screening. Screening services may be recouped if the form is not completed.

SCREENING SCENARIOS

Screening and Admission to Agency on Same Day

Individuals who are screened by an agency and are admitted to one of the agency's program sites on the same day as the screening have three pathways to billing for screening depending on the admission site and level of care.

- **Scenario A:** The patient is NOT admitted to the same agency site where the screening was conducted but another program site of the agency on the SAME DAY the screening was conducted.
 - **How to Bill:** Bill code H2017 under the agency's Recovery Services PAuth.
- **Scenario B:** The patient IS admitted to the same agency site where the screening was conducted AND is admitted to a residential or withdraw management level of care (1.0-WM, 2.0-WM, 3.1, 3.2-WM, 3.3, 3.5, 3.7-WM, 4.0-WM) on the SAME DAY the screening was conducted.
 - **How to Bill:** Bill code H2017 under the agency's Recovery Services PAuth.
- **Scenario C:** The patient IS admitted to the same agency site where the screening was conducted AND is admitted to an outpatient level of care (0.5, 1.0, 2.1, OTP) on the SAME DAY the screening was conducted.

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- **How to Bill:** The screening should be billed using the patient's approved service authorization and code H0049.

Screening and Admission to Agency at Later Date

Scenario: A patient was screened and admitted to the screening agency on a different day than the screening was conducted.

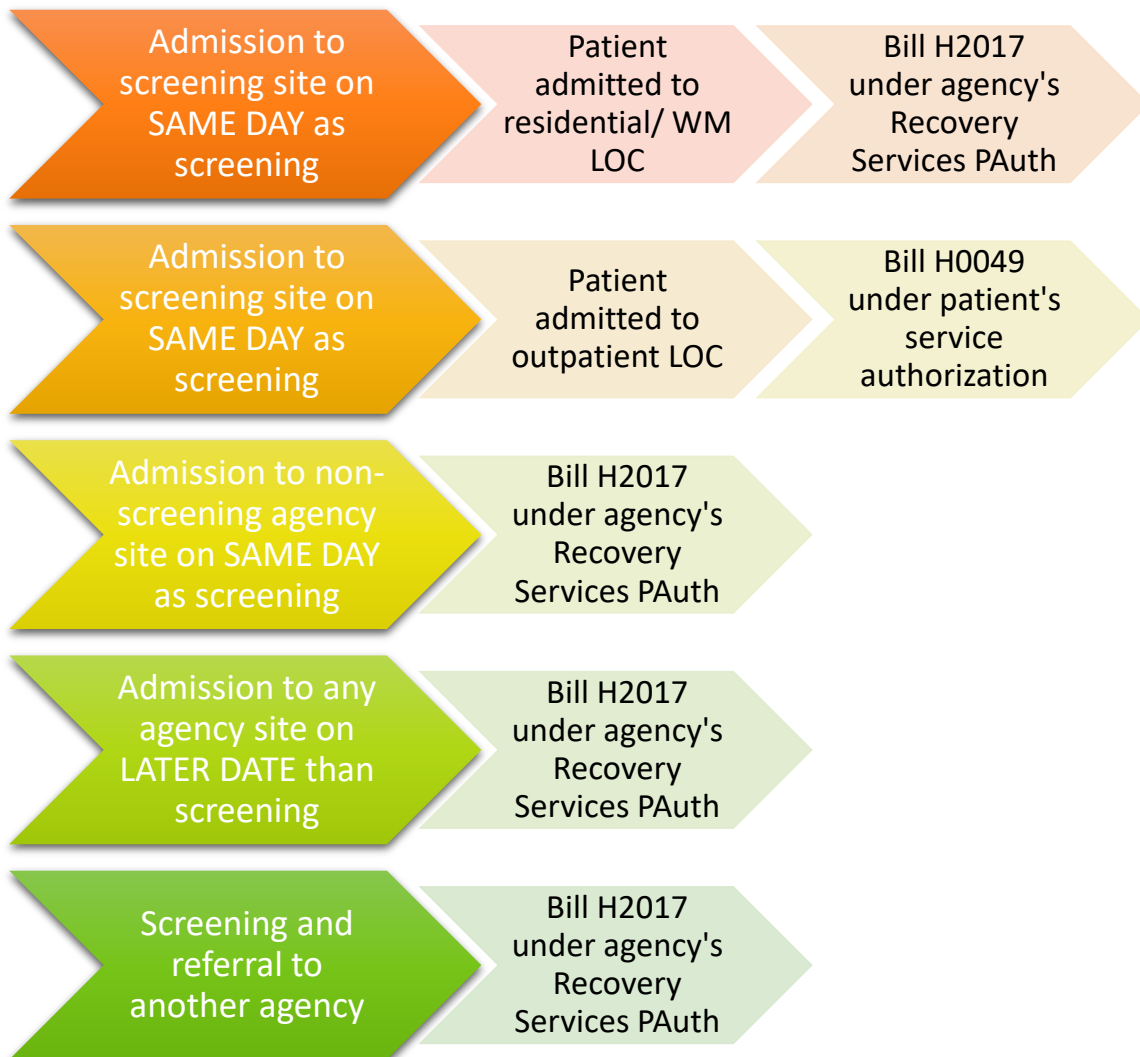
How to Bill: Bill code H2017 under the agency's Recovery Services PAuth.

Screening and Referral to Another Agency

Scenario: A patient was screened and referred to another agency.

How to Bill: Bill code H2017 under the agency's Recovery Services PAuth.

SCREENING SCENARIOS BILLING DECISION TREE



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IDENTIFYING PAUTH NUMBERS IN SAGE

1. Login to PCNX.
2. Navigate to the Provider Auth (PAuths) widget.
 - a. The Provider Auth (PAuths) widget is only available for Financial-related user roles.
3. In the Level of Care field, type in "Recovery Services". This will filter the results in the widget to just the Recovery Services PAuths.
4. To identify the appropriate PAuth number to utilize for billing based on the fiscal year, view the dates in the Auth Begin Date and Auth End Date fields.
 - a. New PAuths are issued for each fiscal year. It is important to ensure the appropriate authorization number is being utilized for billing.
5. Once the appropriate row is identified, the PAuth number to use for billing screening is under the Auth# column.

PROVIDER AUTH (PAUTHS)				
Search:				
Provider	Auth#	Auth Begin Date	Auth End Date	Level of Care
recovery, inc.	Auth#	Auth Begin Dat	Auth End Date	recovery services
Recovery, Inc.	P10295	2024-07-01	2025-06-30	Recovery Services
Recovery, Inc.	P10296	2024-07-01	2025-06-30	Recovery Services Perinatal
Recovery, Inc.	P10097	2025-07-01	2026-06-30	Recovery Services
Recovery, Inc.	P10147	2025-07-01	2026-06-30	Recovery Services Perinatal