

BILLING & DENIAL RESOLUTION TUTORING LAB

JANUARY 8, 2026



AGENDA

- Reminders & Announcements
- Tutoring Session Topics
 - CO 97 M86
 - Roll-Up Guidance
 - Replacement Claim Assignment (CMS-1500) form
- Open Q&A

REMINDERS & ANNOUNCEMENTS

REMINDERS

Q&A REMINDER

- As a reminder, to ask questions during this lab, please use one the following:
 - Q&A Button



- Raise Hand Button



FAQ REMINDER

- As a reminder, FAQ are uploaded on a monthly basis. Please check to see if your question has been asked in previous tutoring labs.
- Link: <http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm>

SAPC About ▾ Prevention ▾ Treatment ▾ Recovery Harm Reduction Providers ▾ 

Sage Quick Menu

- Sage Home
- Sage User Enrollment
- Sage Provider Communications
- Sage Trainings - Finance

Sage Finance

SAPC Home / Providers / Sage Home / Sage Trainings / Sage Finance

Open All

Billing

Billing and Denial Resolution Tutoring Lab

Subject	Description	Date
Billing and Denial Resolution Tutoring Lab FAQ - 12.05.2024 to 11.06.2025 Sessions <i>(New - December 2025)</i>	Topics include: Cumulative Spreadsheet of the Billing and Denial Resolution Tutoring Lab FAQ Questions and Answers. The spreadsheet includes two tabs named "FAQ" and "Resources". The FAQ tab includes all questions and answers from all tutoring lab sessions, sorted oldest to newest by date of the tutoring lab. The FAQ is categorized by Clinical, Codes, Denials, General, and Policy type questions. The Resources tab includes important websites, emails, and links to tutoring lab presentations.	12/01/25

HELP DESK TICKET FORMS

- Two different forms for Help Desk tickets
- ServiceNow Create Case Form
 - Tickets go directly to Netsmart
 - Use this form to report Sage system issues
- Request Billing Assistance Form
 - Ticket goes directly to SAPC Finance
 - Use this form to report billing-related issues
 - Link: https://netsmart.servicenow.com/plexussupport?id=sc_cat_item&sys_id=1ac545cf1b115e103001a9b6624bcb00&sysparm_category=4cb69d19c3921200b0449f2974d3ae69
- **Note:** Billing-related tickets submitted through the Create Case form will take longer to resolve

LOCKOUT CONFIGURATION ISSUES

- What will it look like to a provider:
 - Batch Status Report (A/D/P Message) & EOB:

334609SVC.000637122	341234	DMC	08/10/2025	A	90791:U7	1.0	\$1008.68	\$1008.68	\$0.00	\$0.00	\$1008.68
334609SVC.000637122	341234	DMC	08/10/2025	D	90849:U7:XE	1.0	\$312.69	\$0.00	\$312.69	\$0.00	\$0.00

CLAIM DENIED DUE TO LOCKOUT

The service was denied for the following reason: Claim Status has been set to D because of Claim Adjudication Rule 90849_Lockout - 90849 Lockout.

- What are the next steps?
 - Open a help desk ticket using the [Request Billing Assistance](#) form, so that we can prioritize configuring the codes you are trying to bill.
 - Please hold off on billing lockouts if you are receiving these denials and wait until we configure the affected codes for you.
 - SAPC Finance is currently doing a full review of the lockout code configurations.

FY 24-25 BILLING DEADLINES

- Submit original and replacement claims for FY 24-25 services by the deadlines listed below:

Dates of Service

7/1/2024 - 12/31/2024

Deadline to Submit

Friday,
January 30, 2026

Dates of Service

1/1/2025 - 6/30/2025

Deadline to Submit

Thursday,
April 30, 2026

FY 24-25 BILLING DEADLINES

- Submit original and replacement claims for FY 24-25 services by the deadlines listed below:

**22
DAYS
LEFT TO
SUBMIT!**

Dates of Service
7/1/2024 - 12/31/2024

Deadline to Submit
Friday,
January 30, 2026

Dates of Service
1/1/2025 - 6/30/2025

Deadline to Submit
Thursday,
April 30, 2026

**112
DAYS
LEFT TO
SUBMIT!**

FY 24-25 BILLING DEADLINES

- In preparation of the billing deadlines, we recommend:
 - 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 amounts and request augmentations if necessary.
 - Lastly, open a [Request Billing Assistance](#) ticket for any support needed to resolve outstanding FY 24-25 questions.

KPI UPDATE - PAYMENT RECONCILIATION VIEW



Payment Reconciliation View

Fiscal Year	PATID	Check Number	Claim Status	Contract Number	Batch ID	EOB ID	Ret

Procedure Overview (1)

Client Name	Contracting Provider Program	Age on DOS	DOS	Performing Provider	Procedure	Location	Auth LOC	Auth #	Claim Status	Total Units	Total Charge	Total Disbursed	Procedure Count
Totals										1.00	\$0.00	\$0.00	1
TEST, PATIENT (000000)	Recovery Facility	71	2025-12-04	DOCTOR, CERTIFIED	Alcohol or other drug testing, 15 mins (Use this code to submit claims for point of care tests) (H0048:U7)	Office (11)	ASAM 1.0	123456	Approved	1.00	\$50.00	\$50.00	1 -

Payment Reconciliation View

Fiscal Year	PATID	Check Number	Claim Status	Contract Number	Batch ID	EOB ID	Ret

Procedure Overview (1)

Client Name	Procedure Count	Total Takeback	Takeback Date	Retro Reason	Proc...	ID	Date Claims Received	Batch ID	EOB ID	Retro Claim EOB	Check #	Check Amount	Check Date	MSO Service ID	Claim ID	Unit Cost	Proc Nan
Totals	1	\$0.00															\$0.00
TEST, PATIENT (000000)	1 -	-	-	-	12345678	2025-12-04	123456	123456	123456	-	2025120412345678910	50.00	2025-12-04	SVC.00001	12345678	\$50.00	Rec

- This KPI update:
 - Moves and freezes Client Name to first column
 - Adds columns:
 - EOB ID
 - Retro Claim EOB
 - Check #
 - Check Amount
 - Check Date

DATE OF DISCHARGE BILLING

- Discharge Date typically falls on the last day of the patient's service authorization
- Per Provider Manual 10.0 billing on the date of discharge-
 - Allowed
 - Billing Outpatient Services
 - Not Allowed
 - Billing the Day Rate such as RBH (Page 99)

ANNOUNCEMENTS

FY24-25 CONFIGURATION UPDATES

SAPC Finance has been working with Netsmart to update the Sage configuration for minor changes. These are anticipated to be fully configured by 1/16/2026. An updated Rates Matrix will be posted to the Sage website by 1/16/2026.

- T2021 and T2024 have been updated to remove the modifiers 93 and 95 and replaced with the SC modifier (No rebilling necessary)
- 95 modifier has been removed from procedure codes 98966, 98967, and 98968
- 27 modifier has been removed from all codes
- H2010 has been updated to remove 02 and 10 location for Place of Service. The modifiers and unit max have been updated to align with FY 25-26.
- 99415 has been removed from Levels of Care 3.1 (U1), 3.3 (U2), and 3.5 (U3)
- 99202-99205, 99212-99215 and 90849 have been removed from LOC 1.0WM (U4:U7 and U4:U8)

FY24-25 CONFIGURATION UPDATES

- GC and HL modifiers have been removed from the following codes:

Change
Removed GI and HC as an allowable modifier to codes: 90885,90887,90889,96170,96171,99367,99368,99417,99418,H0001,H0007,H0012, H0014,H0019,H0033,H0034,H0048,H0049,H0049,H1000,H2010,H2014,H2015, H2017,H2027,H2034,S9976,T1006,T1007,T1009,T1013,T1017,T2027

- Fees have been removed for Occupational Therapist & Occupational Therapist Clinical Trainee for procedure code 99368 for all Levels of Care.
- Fees have been removed for Registered Nurse and Registered Nurse Clinical Trainee for procedure code H2017 for all Levels of Care.

TUTORING SESSION: PART 1 - CO 97 M86

CO 97 M86 - WHAT IS IT?

- One of the most common State denials providers receive
- What is a CO 97 M86 denial?
 - CO 97 = The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - M86 = Service denied because payment already made for same/similar procedure within set time frame.

CO 97 M86 - WHAT CAUSES THIS DENIAL?

- In a Nutshell:
 - Medi-Cal denied this service because it had already approved the same service provided on the same day, by the same rendering provider, to the same beneficiary on another claim.

CO 97 M86 - WHAT CAUSES THIS DENIAL?

CLAIM 1

Service 1 (9AM)

Test, Patient
Dr. Clinician
H0004:U7, POS 02
1.0 Unit
15 mins
DOS: 1/8/2026

CLAIM 2

Service 2 (3PM)

Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

CLAIM 3

Service 3 (5PM)

Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

SEPARATE IDENTICAL CLAIMS BILLED TO THE STATE

APPROVED

Service 1 (9AM)
Test, Patient
Dr. Clinician
H0004:U7, POS 02
1.0 Unit
15 mins
DOS: 1/8/2026

DENIED

Service 2 (3PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

DENIED

Service 3 (5PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026



CO 97 M86 - WHAT DOES IT LOOK LIKE TO A PROVIDER?

- Retro EOB

KPI

 COUNTY OF LOS ANGELES
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice
as of 1/8/2026



Remittance Advice EOB Number: 163407 Check #: 1_DENIED_163407 Check Date: 1/8/2026

RECOVERY, INC. (1)
5794 WASHINGTON STREET
MIAMI, CA 12060-9163

Page: 1

Adjustment Notice
An adjustment of \$ -200.00 has been applied to this payment.

Current Claims:
Adjustment: -200.00
Adjusted EOB Total: -200.00

Detail Adjustment Information for EOB Number: 163407

Original Service Information

Orig EOB
163405

Adjustment Information									
Client Name (ID):PATIENT,TEST (289566)					DOB: 1/1/2000 Gender: M				
Batch_SvcRef#	DOS	Proc	Auth #	Status	Billed	Paid	Adj Date	Adj Amt	Adjustment Reason
334850SVC.00002	1/8/2026	H0004:U7	637536	A	100.00	100.00	1/8/2026	\$-100.00	Denial Co 97 M86
334850SVC.00003	1/8/2026	H0004:U7	637536	A	100.00	100.00	1/8/2026	\$-100.00	Denial Co 97 M86
					200.00	200.00		-200.00	

Total Adjustments: \$-200.00

Retro Reason 

Denial CO 97
M86

CO 97 M86 - HOW DO WE FIX IT?

ROLL-UPS!

TUTORING SESSION: PART 2 - GUIDE TO ROLLUPS

ROLL-UPS - OVERVIEW - WHAT ARE THEY?

- Roll-up services refer to the consolidation of multiple identical claims into a single billed service that contain the same:
 1. Patient
 2. Rendering Performing Provider
 3. Procedure Code and
 4. Date of Service
- This process ensures compliance with Department of Health Care Services (DHCS) guidelines to prevent duplicate billing for outpatient services. Per the DHCS DMC-ODS Billing Manual, duplicate services are not allowed for outpatient services with minimal exceptions.

ROLL-UPS - OVERVIEW - WHEN DO THEY APPLY?

- Roll-ups are required for:
 - All outpatient services (except for code exceptions noted below)
- Roll-ups are not required for:
 - There are some code exceptions per DHCS, where roll-ups are not required:
 - Sign language or Oral Interpretive services (T1013)
 - Interactive complexity (90785)
 - Health behavior interventions for the family without the patient present (96170 and 96171)
 - Group Counseling (H0005)
 - Group services using the HQ modifier (H0034, H2017, T2021)
 - Patient Education services using the HQ modifier (H2014)

ROLL UPS - OVERVIEW - WHAT NOT TO DO



CLAIM 1

Service 1 (9AM)

Test, Patient
Dr. Clinician
H0004:U7, POS 02
1.0 Unit
15 mins
DOS: 1/8/2026

CLAIM 2

Service 2 (3PM)

Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

CLAIM 3

Service 3 (5PM)

Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

SEPARATE IDENTICAL CLAIMS BILLED TO THE STATE

APPROVED

Service 1 (9AM)
Test, Patient
Dr. Clinician
H0004:U7, POS 02
1.0 Unit
15 mins
DOS: 1/8/2026

DENIED

Service 2 (3PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

DENIED

Service 3 (5PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026



ROLL UPS - OVERVIEW - WHAT TO DO



COMBINE

Service 1 (9AM)

Test, Patient
Dr. Clinician
H0004:U7, POS 02
1.0 Unit
15 mins
DOS: 1/8/2026



Service 2 (3PM)

Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026



Service 3 (5PM)

Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

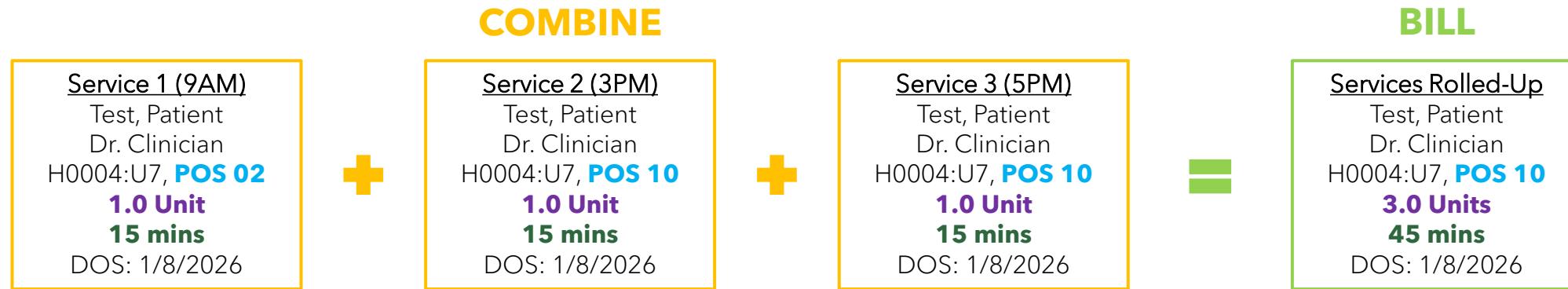


BILL

Services Rolled-Up

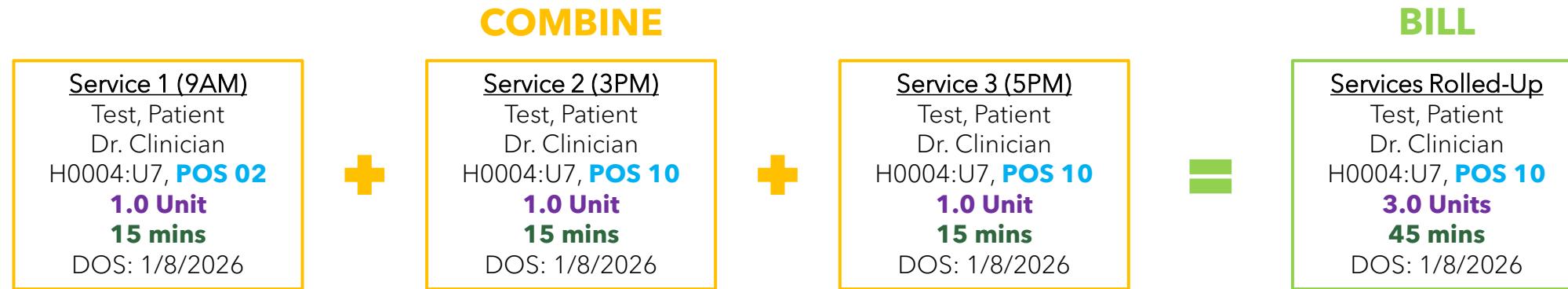
Test, Patient
Dr. Clinician
H0004:U7, POS 10
3.0 Units
45 mins
DOS: 1/8/2026

ROLL UPS - HOW TO ROLL UP - THINGS TO CONSIDER



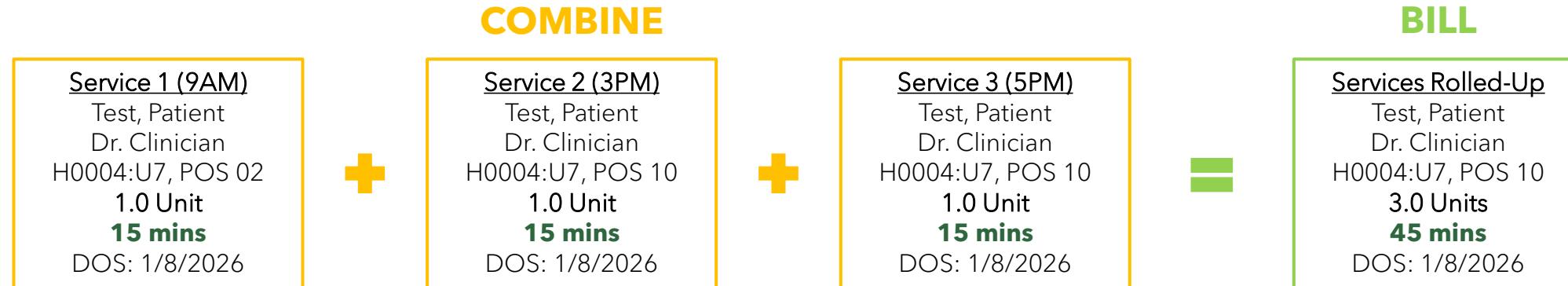
- Parts of the claim to think about when rolling-up services. These can potentially change after rolling-up:
 - **Place of Service**
 - **Duration (Minutes) and the Midpoint Rule**
 - **Units**

ROLL UPS - THINGS TO CONSIDER - PLACE OF SERVICE



- **Place of Service (POS)**
 - Notice in the example above you have: POS 02, POS 10, POS 10
 - For simplicity, select the POS that occurs the most
 - In the example above, POS 10 occurs two times, while POS 02 occurs once
 - So, when rolling-up, we selected POS 10 because it occurred more often than POS 02

ROLL UPS - THINGS TO CONSIDER - MIDPOINT



- **Duration (Minutes) and the Midpoint Rule**
 - What is the Midpoint Rule?
 - The minimum time needed to claim 1 unit
 - If the service duration is less than the minimum time = cannot claim 1 unit
 - If the service duration is at least the minimum time = can claim at least 1 unit
 - **Before a roll-up, you'll consider the midpoint on an individual service basis**
 - Let's take a look at the FY25-26 Rates Matrix > Billing Rules Tab > H0004

ROLL UPS - THINGS TO CONSIDER - MIDPOINT

- Duration (Minutes) and the Midpoint Rule

- Next, go to the “Minimum Time Needed to Claim 1 Unit” column
 - This will tell you the minimum service duration needed to claim 1 unit of H0004
 - For H0004, the minimum time needed to claim 1 unit is 8 minutes
 - If your service duration for H0004 is 7 minutes or less, you cannot claim 1 unit
 - If trying to see if service duration long enough to claim 1 unit:*
 - If your service duration for H0004 is 8 minutes or more, you can claim 1 unit
 - If trying to claim a higher duration beyond the duration in the service description:*
 - Use the following calculation

Code	Code Type	Service Description	Minimum Time Needed to Claim 1 Unit	Minimum Time When Add-On Code or Next Code in Series Can Be Claimed	Can This Code Be Extended with an Add-on or Prolonged Code?
H0004	Individual Counseling	Behavioral health counseling and therapy	15 minutes.	8 Min	23 Min No. Claim multiple units of this code as appropriate up to the maximum units per day. Example Calculation If 100 minutes of service was provided: 100 minutes of service / 15 minutes time for code = 6.6667 units. 6 units accounts for 90 minutes of service. For the remaining 10 minutes of service, 1 additional unit of H0004 can be claimed. Therefore for 100 minutes of service, claim 7 units of H0004.

Example Calculation

For a 100 minute service -

100 minutes of service/15 minutes time for code = 6.6667 units

6 units accounts for
(6 x 15) =
90 minutes of service.

0.6667 units accounts for
(0.6667 x 15) = 10 minutes of service.
Round up to 1 unit, since it meets the 8 minutes minimum

= 7 Units

ROLL UPS - MIDPOINT RULE IN ACTION

"Minimum Time Needed to Claim 1 Unit" of H0004 is 8 minutes. Code is 15 minutes per the service description.
Below are examples of how to determine units when the service duration varies.

Service 1 (9AM)

Test, Patient
Dr. Clinician
H0004:U7, POS 02

? Unit

7 mins

DOS: 1/8/2026

Service 2 (3PM)

Test, Patient
Dr. Clinician
H0004:U7, POS 10

? Unit

23 mins

DOS: 1/8/2026

Service 3 (5PM)

Test, Patient
Dr. Clinician
H0004:U7, POS 10

? Unit

8 mins

DOS: 1/8/2026

Does not meet
minimum time
needed to claim 1
unit.

23 minute service / 15 minute code

= 1.5333 units

1 unit for 15
minutes of
service

(0.5333 x 15)

= 8 minutes
= Round up
to 1 unit

Meets
minimum
time needed
to claim 1 unit.

ROLL UPS - MIDPOINT RULE IN ACTION

"Minimum Time Needed to Claim 1 Unit" of H0004 is 8 minutes. Code is 15 minutes per the service description. Below are examples of how to determine units when the service duration varies.

Service 1 (9AM)

Test, Patient
Dr. Clinician
H0004:U7, POS 02

0.0 Unit
7 mins

DOS: 1/8/2026

Service 2 (3PM)

Test, Patient
Dr. Clinician
H0004:U7, POS 10

2.0 Units
23 mins

DOS: 1/8/2026

Service 3 (5PM)

Test, Patient
Dr. Clinician
H0004:U7, POS 10

1.0 Unit
8 mins

DOS: 1/8/2026

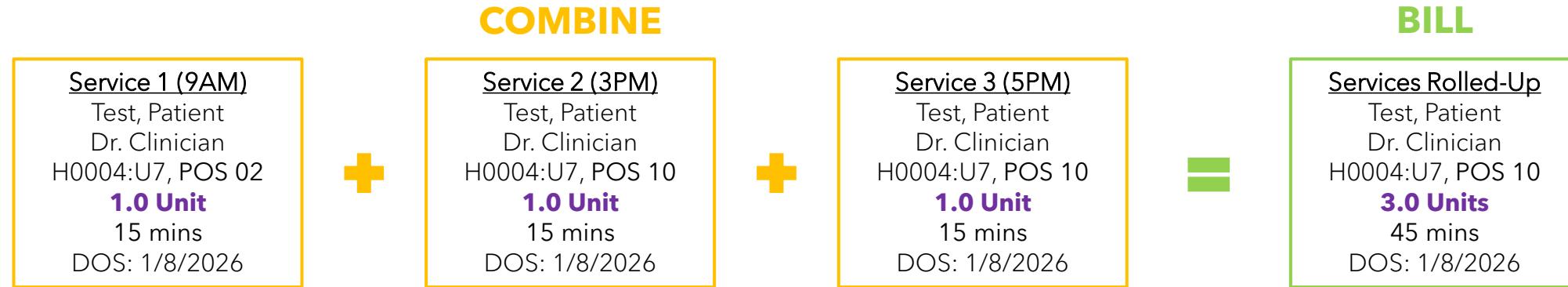
Does not meet minimum time needed to claim 1 unit. **Cannot submit claim for this service.**

23 minute service / 15 minute code
= **1.5333 units**
1 unit for 15 minutes of service
$$(0.5333 \times 15) = 8 \text{ minutes}$$
$$= \text{Round up to 1 unit}$$

Meets minimum time needed to claim 1 unit. **Can submit claim for 1 unit of H0004.**

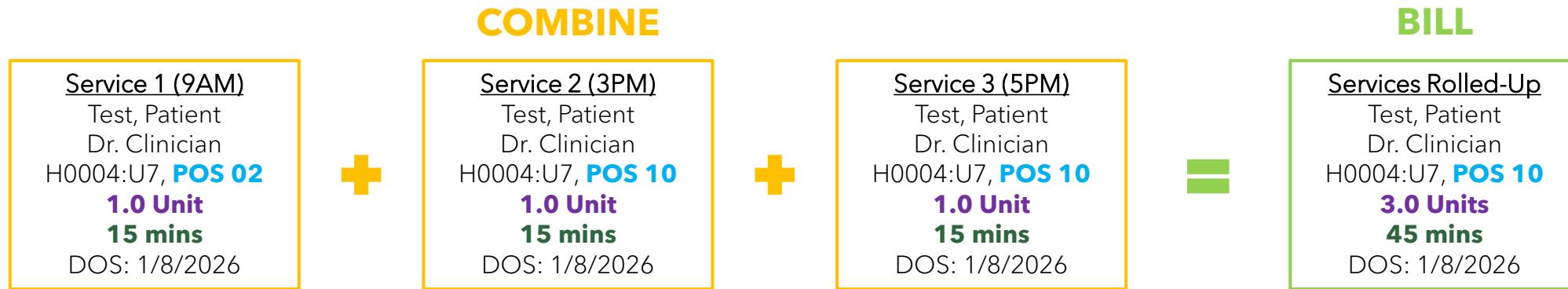
2 units total for 23 minutes of H0004

ROLL UPS - THINGS TO CONSIDER - UNITS



- **Units**
 - Units are calculated based on the billing rules for the code and the midpoint rule
 - Before a roll-up, you'll consider the units on an **individual service basis**
 - Combine all identical service units into one rolled up service
 - Note: Services with a unit maximum of 1 unit cannot be rolled up

ROLL UPS - END RESULT



- End results of rolling up:
 - **Place of Service = POS 10**
 - **Duration (Minutes) and the Midpoint Rule = 45 mins**
 - **Units = 3.0 units**

ROLL-UPS - HOW DO WE BILL THEM?

- If roll-ups are calculated before submitting original claims:
 - Primary
 - Submit originals rolled-up using the Sage **Fast Service Entry Submission Form**
 - Secondary
 - Submit originals rolled-up using your **EHR**
- If roll-ups are calculated after receiving a **CO 97 M86** denial:
 - Primary
 - Submit a replacement claim using the Sage **Replacement Claim Assignment (CMS-1500)** form
 - Secondary
 - Submit a replacement claim using your **EHR**

TUTORING SESSION: PART 3 - PRIMARY REPLACEMENT CLAIMS

REPLACEMENT CLAIMS - SCENARIO



CLAIM 1

Service 1 (9AM)
Test, Patient
Dr. Clinician
H0004:U7, POS 02
1.0 Unit
15 mins
DOS: 1/8/2026

CLAIM 2

Service 2 (3PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

CLAIM 3

Service 3 (5PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

SEPARATE IDENTICAL CLAIMS BILLED TO THE STATE

APPROVED

Service 1 (9AM)
Test, Patient
Dr. Clinician
H0004:U7, POS 02
1.0 Unit
15 mins
DOS: 1/8/2026

DENIED

Service 2 (3PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

DENIED

Service 3 (5PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

CO 97 M86

CO 97 M86

REPLACEMENT CLAIMS - EOB

- Your EOB will show all claims billed


SUBSTANCE ABUSE PREVENTION AND CONTROL



Remittance Advice
as of 1/8/2026

Remittance Advice EOB Number: 163405 Check #: Check Date:

RECOVERY, INC. (1)
5794 WASHINGTON STREET
MIAMI, CA 12060-9163

Amount Approved: \$300.00 Page: 1

Client Name (ID): PATIENT,TEST (289566)						DOB: 01/01/2000		Gender: M				
Date Claim Received: 01/08/2026												
Batch_SvcRef#	Auth #	Contract #	Contract Type	Date of Service	Status	CPT Code	Claimed Units	Claimed Amount	Allowed Amount	Denied/ Adjusted	Member Co-pay	Amount Paid
334850SVC.000637536	341234	DMC	01/08/2026	A	H0004:U7		1.0	\$100.00	\$252.17	\$0.00	\$0.00	\$100.00
334850SVC.000637536	341234	DMC	01/08/2026	A	H0004:U7		1.0	\$100.00	\$252.17	\$0.00	\$0.00	\$100.00
334850SVC.000637536	341234	DMC	01/08/2026	A	H0004:U7		1.0	\$100.00	\$252.17	\$0.00	\$0.00	\$100.00
							3.0	\$300.00	\$756.51	\$0.00	\$0.00	\$300.00

REPLACEMENT CLAIMS - RETRO EOB

- Your retro EOB will only show denied claims

APPROVED



DENIED

Service 2 (3PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

CO 97 M86

DENIED

Service 3 (5PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

CO 97 M86

REPLACEMENT CLAIMS - RETRO EOB

- Your retro EOB will only show denied claims


COUNTY OF LOS ANGELES
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL


CALIFORNIA

Remittance Advice
as of 1/8/2026

Remittance Advice EOB Number: 163407 Check #: 1_DENIED_163407 Check Date: 1/8/2026

RECOVERY, INC. (1)
5794 WASHINGTON STREET
MIAMI, CA 12060-9163

Page: 1

Adjustment Notice
An adjustment of \$ -200.00 has been applied to this payment.

Current Claims:
Adjustment: -200.00
Adjusted EOB Total: -200.00

[Detail Adjustment Information for EOB Number: 163407](#)

[Original Service Information](#)

Orig EOB
163405

Adjustment Information

Client Name (ID):PATIENT,TEST (289566)							DOB: 1/1/2000	Gender: M	
Batch.SvcRef#	DOS	Proc	Auth #	Status	Billed	Paid	Adj Date	Adj Amt	Adjustment Reason
334850SVC.00002	1/8/2026	H0004:U7	637536	A	100.00	100.00	1/8/2026	\$-100.00	Denial Co 97 M86
334850SVC.00003	1/8/2026	H0004:U7	637536	A	100.00	100.00	1/8/2026	\$-100.00	Denial Co 97 M86
					200.00	200.00		-200.00	

Total Adjustments: \$-200.00

REPLACEMENT CLAIMS - KPI

- To identify claims with the CO 97 M86 denials per the Retro EOB, in KPI only filter for :
 - PATID
 - Date of Service
 - Procedure
- Make note of the following columns:
 - Retro Reason
 - The row with CO 97 M86 was denied
 - We will not be replacing these rows!
 - The row where Retro Reason is blank was approved at the Local and State Level
 - This approved service is the one we're replacing!
 - MSO Service ID
 - Claim ID

REPLACEMENT CLAIMS - KPI

- For primary providers
 - One batch # creates one claim ID # in KPI
 - Only services can be loaded into the Replacement Claim Assignment (CMS-1500) form one Claim ID # at one time
- For secondary providers
 - One batch # may contain multiple unique claim ID #s
 - Replacement occurs in your own EHR

REPLACEMENT CLAIMS - KPI SORT ORDER

- Things to note before performing a replacement claim:
 - By Default, services listed in KPI are inverse to how they are listed in the "Select Service(s) To Replace" popup - from highest to lowest
 - Remember to click the "MSO Service ID" column header to sort the services from lowest to highest, so that it matches the order in the "Select Service(s) To Replace" popup

UNSORTED

MSO Service ID	Claim ID
SVC.00003	19854684
SVC.00002	19854684
SVC.00001	19854684

SORTED

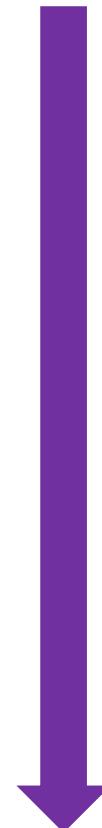
MSO Service ID	Claim ID
SVC.00001	19854684
SVC.00002	19854684
SVC.00003	19854684

3
2
1

MATCHES ORDER OF THE SORTED

1	<input type="checkbox"/> 334850	2026-01-08	19854684	H0004:U7
2	<input type="checkbox"/> 334850	2026-01-08	19854684	H0004:U7
3	<input type="checkbox"/> 334850	2026-01-08	19854684	H0004:U7

REPLACEMENT CLAIMS - SCENARIO + DEMO



CLAIM 1

Service 1 (9AM)
Test, Patient
Dr. Clinician
H0004:U7, POS 02
1.0 Unit
15 mins
DOS: 1/8/2026

CLAIM 2

Service 2 (3PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

CLAIM 3

Service 3 (5PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

SEPARATE IDENTICAL CLAIMS BILLED TO THE STATE

APPROVED

Service 1 (9AM)
Test, Patient
Dr. Clinician
H0004:U7, POS 02
1.0 Unit
15 mins
DOS: 1/8/2026

DENIED

Service 2 (3PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

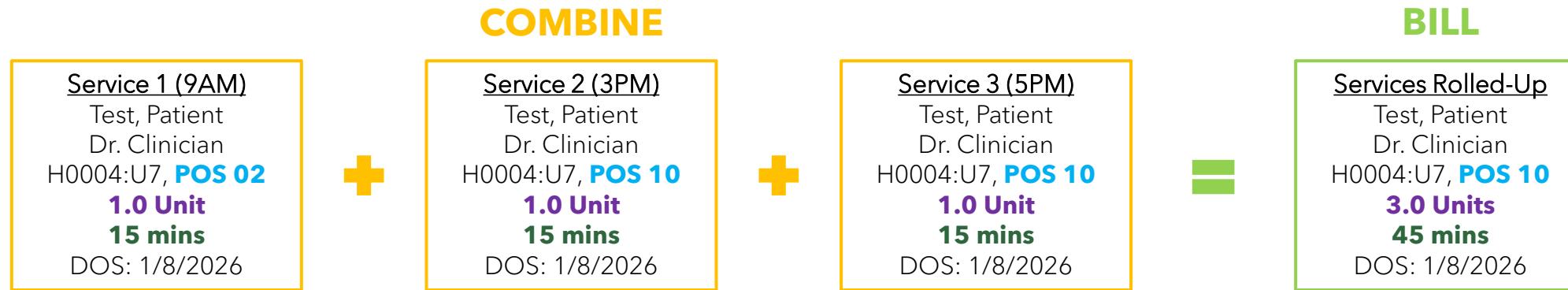
DENIED

Service 3 (5PM)
Test, Patient
Dr. Clinician
H0004:U7, POS 10
1.0 Unit
15 mins
DOS: 1/8/2026

CO 97 M86

CO 97 M86

REPLACEMENT CLAIMS - SCENARIO + DEMO



- End result of rolling up:
 - **Place of Service = POS 10**
 - **Duration (Minutes) and the Midpoint Rule = 45 mins**
 - **Units = 3.0 units**

HELPFUL RESOURCES

HELPFUL RESOURCES

- Denial Crosswalk:
<http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/DenialCrosswalk/Sage-Claim-Denial-Reason-and-Resolution-Crosswalk-V5.0.xlsx>
- Replacement Claim Job Aid:
<http://publichealth.lacounty.gov/sapc/docs/providers/sage/finance/Job-Aid-Replacement-Claim-Assignment-CMS-1500-Provider-Training.pdf>
- Guide to PCNX Reports:
<http://publichealth.lacounty.gov/sapc/docs/providers/sage/pcnx/PCNX-Guide-Reports.pdf>
- Guide to Widgets: <http://publichealth.lacounty.gov/sapc/docs/providers/sage/pcnx/PCNX-Guide-Widgets.pdf>
- The entire catalog of SAPC Finance Billing Aids:
<http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm>

HELPFUL CONTACTS

HELPFUL CONTACTS

Unit/Branch Contact	Email <i>Do not send Protected Health Information (PHI) to any SAPC email</i>	Description of when to contact
Sage Helpdesk	Phone Number: (855) 346-2392 ServiceNow Portal: https://Netsmart.service-now.com/plexussupport	Sage related questions, including system errors, medical record modifications
Sage Management Division (SMD)	SAGE@ph.lacounty.gov	Sage process, workflow, general questions about Sage forms and usage
QI and UM	SAPC.QI.UM@ph.lacounty.gov	All authorization related questions, questions for the office of the Medical Director, medical necessity, secondary EHR form approval
Systems of Care (SOC)	SAPC-SOC@ph.lacounty.gov	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Health Outcomes and Data Analytics (HODA)	hoda_caloms@ph.lacounty.gov	All questions regarding Sage CalOMS: CalOMS submissions guidelines, issues related to CalOMS forms and submissions in Sage, Data Quality Report, and requests for trainings
Contracts	SAPCMonitoring@ph.lacounty.gov	Questions about general contracts, amendments, appeals, complaints, grievances and/or adverse events. Agency specific contract questions should be directed to the agency CPA
Strategic and Network Development	SUDTransformation@ph.lacounty.gov	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	Dsapc.cst@ph.lacounty.gov	Clinical training questions, documentation guidelines, requests for clinical trainings
Finance	Sapc-Finance@ph.lacounty.gov	General questions related to billing. For specific questions related to billing denials, payments, and technical assistance, please open a ticket with the Request Billing Assistance form
Eligibility	DPH-SAPC-EST@ph.lacounty.gov	For any eligibility related questions such as for assistance identifying County of residence, help with the intercounty transfer (ICT) process, applying for Medi-Cal benefits



OPEN Q&A