

# 04/03/2025 Billing & Denial Resolution

## Tutoring Lab FAQ

### Open Q&A

Question	Answer
What are the billing deadlines for each fiscal year? Are these deadlines for all billing?	The billing deadline for all services from fiscal years 22-23 and 23-24 is June 30, 2025. The billing deadline for services from July 2024 to December 2024 is June 30, 2025.
We recently resubmitted billing for State Denial 107 after being notified that the previous configuration issue was fixed, but we received further denials. What is the resolution?	Another configuration error was discovered very recently within Sage. SAPC is working on sending a list of impacted claims to each provider along with steps to resolve them. Agencies will have to void or replace the primary codes and rebill with the add-on codes.
Will rebilled claims be repaid to agencies? If so, does payment occur after the claims are approved by the State?	When rebilled claims are submitted to SAPC and approved, SAPC begins the process of paying the agency. After agencies are paid, SAPC bills them to the State to be reimbursed.
Will a new orientation video be made for the Rates and Standards Matrix, similar to the one from FY 23-24?	Yes, this training is on SAPC Finance's list of trainings to be created. A communication will be released when it is published.
For clients who are referred to a higher level of care at another program, can the ASAM assessment and other intake services be billed under recovery services H2015 using a p-auth?	Please email SAPC's Clinical Standards Team with this question.
How is the Field-Based Services mileage code A0080-F billed at the ASAM 1.0 level of care?	This code should be billed using a p-auth. In the Fast Service Entry Submission form, choose non-DMC as the funding source and enter service code A0080-F:U7. If you click "Display Valid Authorizations", the appropriate p-auth for your agency should be displayed. One unit is 15 minutes and multiple units can be billed up to the maximum (80). Everything else will be similar to billing for other codes. Please submit a help desk ticket if further assistance is needed.
Can you clarify the duration of a unit? For example, for H0004, the unit is 15 minutes and the minimum time needed to claim 1 unit is 8 minutes.	Using the midpoint rule, 8 minutes is the minimum amount of time needed to claim the first unit. For every unit thereafter, it would be 15 minutes per unit, and rounding up an additional unit is permitted if the remainder is 8 minutes or more. The billing rules tab on the matrix shows an example calculation. Please email the SAPC

	finance email or submit a help desk ticket if further assistance is needed.
Can denials shown in KPI be rebilled in the fast service entry submission form as a regular claim?	Yes. For any claim that has already been denied, you can resubmit claims using the fast service entry submission form for services from fiscal year 23-24 or prior, and the new form Replacement Claim Assignment (CMS-1500) to replace claims from fiscal year 24-25 onward.
Is there a report to view services that have not been billed?	Currently, there is no direct report to show unbilled services in Sage. However, for primary providers using PCNX, they may generate the Progress Note Status Report for a defined date range for a patient, then compare the progress notes listed to the services in the Patient Billing History widget to see if those services have been billed.
What modifier can be used so that different staff can bill for 90791 and 90792 for the same client on the same day?	There were some configuration issues found in Sage that SAPC is working to resolve with Netsmart so that 90791 and 90792 can be billed for separate providers for the same patient on the same day. The exact modifier will be shared when the configuration is complete.
When will the Rates Matrix for FY 25-26 be released? Will there be another claims blackout for July like last year?	<p>The Rates Matrix for next fiscal year is still in progress and we do not have an anticipated release date as of now.</p> <p>We are anticipating another claims blackout at the start of the fiscal year but do not have an estimated time frame yet.</p>
Is the following scenario allowable? One client is seen by two different doctors for MAT services (99213) for 25 minutes each. Can 99214 be used in this scenario?	<p>The maximum allowed per day per patient is one unit. One unit of service cannot be split between multiple clinicians. 99214 cannot be used to extend 99213 for a different provider. For billing purposes, it would make more sense to provide the two services on different days.</p> <p>For further clarification, please contact the Clinical Standards Team.</p>
What is the status of KPI's reliability?	Providers were notified of KPI Degradation on 03/18/2025. It was resolved on 03/21/2025.
Does the same service provided to the same client on the same day at a different location need to be rolled up?	Yes. Because location is not one of the criteria, you would need to roll up the services into one service and choose one place of service.
If one practitioner provides an individual service and another practitioner provides that same service, should those be two separate claims?	Yes, because they are performed by different providers, therefore not meeting the "same service by the same practitioner to the same client on the same day" criteria.