

BILLING & DENIAL RESOLUTION TUTORING LAB

JUNE 4, 2026



- Reminders & Announcements
- FY 25-26 End of Year Preparation
- KPI Data Not There?
- FY 26-27 Rates Matrix and Code Changes
 - FY 26-27 Clinical Trainee Updates
 - FY 26-27 H0033:U9 Updated NDC Requirements
 - FY 26-27 Naloxone Incentives Updates
- Tutoring Session Topic
 - Before opening a help desk ticket...
- Agency Questions
- Open Q&A

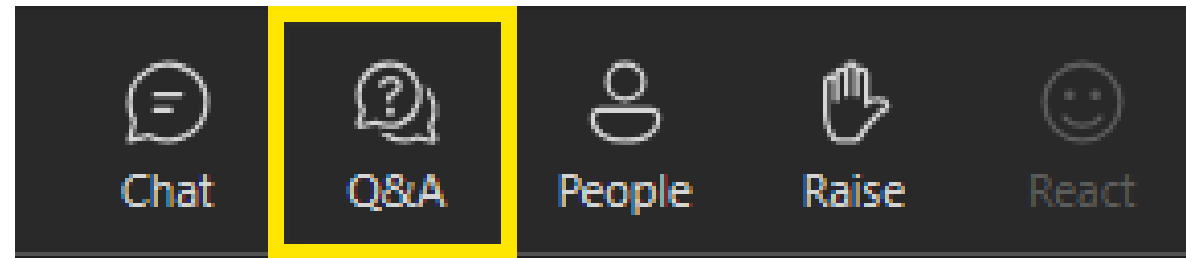
REMINDERS & ANNOUNCEMENTS

REMINDERS

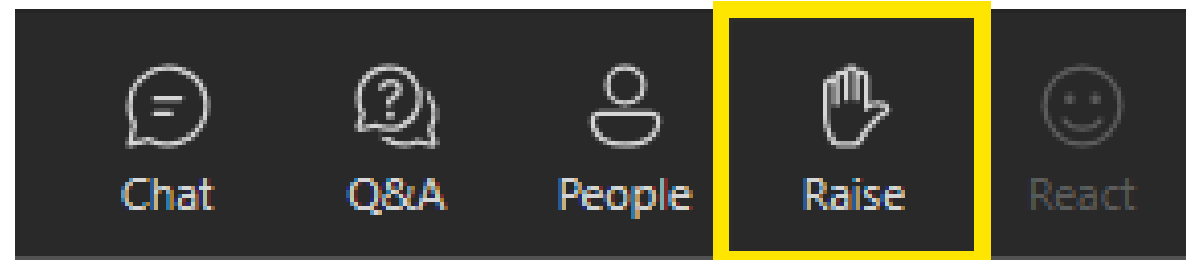
Q&A REMINDER

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

- Q&A Button



- Raise Hand Button



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

JULY 2026 TUTORING LAB DATE CHANGE

- Typically, the Billing & Denial Resolution Tutoring Lab is held on the first Thursday of each month
- However, due the July 4th holiday, we have moved the July 2026 tutoring lab to Thursday, July 9th, 2026.

SAPC Calendar of Events, Trainings and Conferences

July 2026						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9 Billing & Denial Resolution Tutoring Lab (01:00 PM - 02:30 PM)	10	11

CIFP BILLING

- If you're attempting to submit claims under CIFP and are getting local denials, and everything has been setup correctly (Added CIFP Guarantor, end-dated DMC and Non-DMC guarantors, etc.), this may be due to a Sage configuration error.
- We ask that Agencies open up a Sage Help Desk Ticket using the [Request Billing Assistance Form](#) for our team to investigate and resolve

ANNOUNCEMENTS

270 INQUIRY WIDGET UPDATE

- SAPC updated the widget parameters to ensure all records are displaying correctly
- Now includes the corresponding eligibility period for each resulting row & relevant Medicare Part A and B information
- On 5/29/2026, the widget was updated to include County of Residence and Responsibility

The screenshot shows the '270 INQUIRY' widget interface. At the top, there is a blue header with the text '270 INQUIRY' and a refresh icon. Below the header is a search bar with the label 'Search:' and an empty input field. The main content is a table with the following columns:

PATID ↑↓	Name ↑↓	Admit Date ↑↓	Submission Date ↑↓	Eligibility Period ↑↓	Insurance Info (Medi-Cal and/or Medicare) ↑↓	AID_CODE ↑↓	CNTY_CODE
PATID	Name	Admit	Submission I	Eligibility I	Insurance I	AID_CODE	CNTY_CODE

NEW LOGIC FOR CLIENT ADDRESS ENTRY IN SAGE - MULTIPLE FORMS

- On 5/26, a new logic for client addresses was installed in Sage that validates the Street Address entered
- Ensures it follows the required address formatting to include a *street number* and *street name*, for example: *1000 S. Fremont Ave.*
- Clients who are experiencing homelessness or have unstable housing, the Street Address for the client should not include any words indicating their housing status, such as
 - "Homeless"
 - "Unhoused"
 - "Unstable", etc.
- Not following the required address formatting, or including words indicating Client housing status will generate an error popup in Sage

NEW LOGIC FOR CLIENT ADDRESS ENTRY IN SAGE - MULTIPLE FORMS

- Three Sage forms updated with new logic
 - Admission (Outpatient)
 - Update Client Data
 - Financial Eligibility
- Next, we'll take a look in Sage at how the new logic behaves when not following the required address formatting rules and including words indicating Client housing status in each of the forms listed above

NEW LOGIC FOR CLIENT ADDRESS ENTRY IN SAGE - ADMISSION (OUTPATIENT)

ADMISSION (OUTPATIENT)

Admission

Episode Information
Rights/Disabilities

Demographics

Client Demographics
SOGI

Contact Information

Smoking Status
Military Status
Alias

Other Client Data

Online Documentation

Contact Information

Client's Address - Street *(Do not write "Homeless" anywhere on the address. Must contain number and street name)* ?

Client's Address - Street 2

Client's Address - City

Client's Address - State

Client's Address - County

Client's Address - Zipcode

Address Start Date

Client's Home Phone

Client's Cell Phone

Client's Work Phone

Client's Email Address

NEW LOGIC FOR CLIENT ADDRESS ENTRY IN SAGE - ADMISSION (OUTPATIENT)

▼ Contact Information

Client's Address - Street (Do not write "Homeless" anywhere on the address. Must contain number and street name)

Homeless

Client's Address - Street 2

Client's Address - City

Client's Address - State

Client's Address - County

Select

Address Start Date

Street Address 1 is not a valid address. Must contain a street number and street name.

OK

▼ Contact Information

Client's Address - Street (Do not write "Homeless" anywhere on the address. Must contain number and street name)

Client's Address - Street 2

Homeless

Client's Address - City

Client's Address - State

Client's Address - County

Select

Address Start Date

Street Address 2 is not a valid address.

OK

NEW LOGIC FOR CLIENT ADDRESS ENTRY IN SAGE - ADMISSION (OUTPATIENT)

▼ Contact Information

Client's Address - Street *Do not write "Homeless" anywhere on the address. Must contain number and street name) ?*

Fremont Ave.

Client's Address - Street 2

Client's Address - City

Client's Address - County

Client's Address - Zipcode

Client's

ent'

ent'

Client'

!

Street Address 1 is not a valid address. Must contain a street number and street name.

OK

NEW LOGIC FOR CLIENT ADDRESS ENTRY IN SAGE - FINANCIAL ELIGIBILITY

FINANCIAL ELIGIBILITY

Financial Eligibility

Episode Information
Guarantor Order

Guarantor Selection

Guarantor Information
Subscriber Information
Benefits and Eligibility
Eligibility Inquiry
Employer Information

Customize Plan

Policy Number Override

Online Documentation

Subscriber Information

Client's Relationship To Subscriber *

Self

Subscriber's Name *

PATIENT,TEST

Subscriber's Social Security # *

432-23-2814

Subscriber's Birth Date

01/01/2000

Subscriber's Sex *

Female

Male

Unknown

Subscriber's Address - Street Line 1 *

Subscriber's Address - Street Line 2

Subscriber's Address - City *

Subscriber's Address - State *

Select

Subscriber's Address - County

Select

Subscriber's Address - Zip *

Subscriber's Phone Number

Subscriber Mobile Phone Number

NEW LOGIC FOR CLIENT ADDRESS ENTRY IN SAGE - FINANCIAL ELIGIBILITY

Subscriber's Address - Street Line 1 *
Homeless

Subscriber's Address - Street Line 2

Subscriber's Address - City *

Subscriber's Address - State *
Select

Subscriber's Address - County
Select

Subscriber's Address - Zip *

Subscriber's Phone Number

Subscriber Mobile Phone Number

Street Address 1 is not a valid address. Must contain a street number and street name.

OK

Subscriber's Address - Street Line 1 *

Subscriber's Address - Street Line 2
Homeless

Subscriber's Address - City *

Subscriber's Address - State *
Select

Subscriber's Address - County
Select

Subscriber's Address - Zip *

Subscriber's Phone Number

Subscriber Mobile Phone Number

Street Address 2 is not a valid address.

OK

NEW LOGIC FOR CLIENT ADDRESS ENTRY IN SAGE - FINANCIAL ELIGIBILITY

Subscriber's Address - Street Line 1 *
Fremont Ave.

Subscriber's Address - Street Line 2

Subscriber's Address - City *

Subscriber's Address - County
Select

Subscriber's Phone Number

!

Street Address 1 is not a valid address. Must contain a street number and street name.

OK

NEW LOGIC FOR CLIENT ADDRESS ENTRY IN SAGE - UPDATE CLIENT DATA

UPDATE CLIENT DATA

Update Client Data

Demographics

SOGI

Contact Information

Smoker Status

Pregnancy Status

Veteran/Military

Alias

Online Documentation

▼ Contact Information

Client's Address - Street *(Do not write "Homeless" anywhere on the address. Must contain number and street name)* ?

Client's Address - Street 2

Client's Address - City

Client's Address - State

Client's Address - Zipcode

Client's Address - County

Communication Preference

Email

Work Phone

Regular Mail

Cell Phone

Home Phone

Do Not Contact

Text

Consumer Portal

NEW LOGIC FOR CLIENT ADDRESS ENTRY IN SAGE - UPDATE CLIENT DATA

▼ Contact Information

Client's Address - Street *(Do not write "Homeless" anywhere on the address. Must contain number and street name)* ?

Homeless

Client's Address - Street 2

Client's Address - City

Client's Address - Zipcode

Client's Address - County

Street Address 1 is not a valid address. Must contain a street number and street name.

OK

▼ Contact Information

Client's Address - Street *(Do not write "Homeless" anywhere on the address. Must contain number and street name)* ?

Client's Address - Street 2

Homeless

Client's Address - City

Client's Address - Zipcode

Client's Address - County

Street Address 2 is not a valid address.

OK

NEW LOGIC FOR CLIENT ADDRESS ENTRY IN SAGE - UPDATE CLIENT DATA

▼ Contact Information

Client's Address - Street *(Do not write "Homeless" anywhere on the address. Must contain number and street name)* ⓘ

Fremont Ave.

Client's Address - Street 2

Client's Address - City

Client's Address - Zipcode

Client's Address - County

Select

!

Street Address 1 is not a valid address. Must contain a street number and street name.

OK

NEW LOGIC FOR CLIENT ADDRESS ENTRY IN SAGE - MULTIPLE FORMS

- As a reminder –
 - Entering invalid address formats can delay State claiming, slowing down the entire adjudication process
 - If a Client does not have a home address, agencies can use
 - The program site address the client is enrolled at or
 - The address of the local DPSS office

FY 25-26 END OF YEAR PREPARATION

EOY PREPARATION FOR FY 25-26

- The end of the 2025-2026 fiscal year is approaching on June 30, 2026. - **26 days left!**
- What can agencies do to prepare
 - I. Work on resolving and rebilling all denials (as appropriate) as soon as possible
 - II. Secondary Providers
 - I. Connect with your vendor to fix any configuration issues
 - II. The Rates Matrix for FY26-27 released on 5/28/2026
 - III. EOY Cleanup
 - I. Make sure all FY 25-26 claims are submitted ASAP
 - II. Augmentations
 - I. Double check if you need an augmentation
 - II. If you have an existing augmentation, make sure to follow up with your SAPC CPA for the latest updates
 - IV. Sage "Network Practitioner Report"
 - I. Make sure your practitioners are up to date and accurate before billing
 - II. Make sure whoever is responsible in your agency for managing practitioners is monitoring this report

KPI DATA NOT THERE?

KPI DATA NOT THERE?

There are two main reasons for why your claims data may not be visible in KPI:

- 1) KPI Data Truncation
- 2) KPI Data Suppression

KPI DATA TRUNCATION

- KPI data is truncated every six (6) months at the beginning of the calendar and fiscal year
- KPI maintains a rolling history of two (2) full fiscal years (FY), two (2) full calendar years (CY), and the current FY and CY
- The most recent truncation occurred on 1/1/2026, with the next truncation expected 7/1/2026

Available Fiscal Years (FY)	Available Calendar Years (CY)
All FY 23/24	7/1/2023 - 12/31/2023
All FY 24/25	All CY 2024
FY 25/26 to date	All CY 2025
	CY 2026 to date

KPI DATA SUPPRESSION

- What is KPI Data Suppression?
 - Claims data that is automatically hidden in KPI due to potential HIPAA issues

KPI DATA SUPPRESSION

- Where can we view these services if they're not visible in KPI?
 - Provider EOB Remittance Advice
 - Services Denied in MSO
 - Provider Services Detail Report
 - Check/EFT Number Report
 - Cost of Services by Client Report
 - Patient Billing History Widget



KPI DATA SUPPRESSION

- Where can we view these services if they're not visible in KPI?
 - Provider EOB Remittance Advice (State Denials)

Adjustment Notice An adjustment of \$ -4068.85 has been applied to this payment.						Current Claims: Adjustment: -4068.85 Adjusted EOB Total: -4068.85			
<u>Detail Adjustment Information for EOB Number: 17282</u>									
<u>Original Service Information</u>					<u>Adjustment Information</u>				
Orig EOB 14430									
Client Name (ID): TEST,NEWYEAR (162341)				DOB: 1/1/1980		Gender: F			
<u>Batch SvcRef#</u>	<u>DOS</u>	<u>Proc</u>	<u>Auth #</u>	<u>Status</u>	<u>Billed</u>	<u>Paid</u>	<u>Adj Date</u>	<u>Adj Amt</u>	<u>Adjustment Reason</u>
24653SVC.00001	6/2/2024	H0005:U7	115028	A	14.83	14.83	10/15/2024	\$-14.78	Denial Co 167 N30
					14.83	14.83		-14.78	
<u>Batch SvcRef#</u>	<u>DOS</u>	<u>Proc</u>	<u>Auth #</u>	<u>Status</u>	<u>Billed</u>	<u>Paid</u>	<u>Adj Date</u>	<u>Adj Amt</u>	<u>Adjustment Reason</u>
24670SVC.00001	6/1/2024	H0025:U8	115029	A	12.45	12.45	10/15/2024	\$-12.45	Denial Co 167 N30

KPI DATA SUPPRESSION

- Where can we view these services if they're not visible in KPI?
 - Services Denied in MSO

SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER
Services Denied in MSO

Print Date: 10/7/2025

Parameters Selected: Date Range: 09/01/2024 to 9/4/2024

Agency	Member ID	Service Date	Batch ID	EOB ID	Reason for Denial	Service	Amount
Recovery, Inc.	289266	9/3/2024	333865	162335	The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types.	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	\$ 410.99
Recovery, Inc.	289266	9/3/2024	333867	162336	The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types.	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	\$ 410.99
Recovery, Inc.	289268	9/1/2024	333867	162336	The service was denied for the following reason: This contracting provider does not have this authorization number.	Alcohol and/or drug screening (H0049-N:U7)	\$ 63.65
Total Amount							\$ 885.63

KPI DATA SUPPRESSION

- Where can we view these services if they're not visible in KPI?
 - Provider Services Detail Report

COUNTY OF LOS ANGELES S APC
 1000 S FREMONT AVE
 ALHAMBRA, CA 91803

Provider Services Detail Report

Batch Status: Closed
 Date Range: 7/2/2023 - 7/2/2023
 Filtered By: Date of Service
 Providers Selected:
 Recovery, Inc. (1)
 Programs Selected:
 All

Run Date: 2/15/2024 9:21:44 AM Page 1 of 1

Provider	Contracting Provider	Client ID	Client Name	Auth Number	Date of Service	Date Billed	CPT Code	Units	Duration	Location	Clinician	Amount Billed (\$)	Expected Disbursement (\$)	Status	Check #	Check Date	Check Amount (\$)	Batch #	Voided?	Date Voided	Voided Amount (\$)	Adj Billed (\$)	Adj Expected Disbursement (\$)
Recovery, Inc.	Recovery Facility	159908	TEST,QIUM	112549	7/2/2023	7/11/2023	"Behavioral health counseling and therapy, 15 minut" (H0004:U7)	4.00	60	Office	Hindman, David Sapc	365.48	365.48	Billed				22895	Yes	7/12/2023	365.48	0.00	0.00
Recovery, Inc.	Recovery Facility	161118	PCNX,PC	112739	7/2/2023	8/27/2023	Alcohol and/or drug assessment. (Note: Use this co (H0001:U7)	1.00	15	Office	Test, B'Renna	50.00	45.61	Billed				23034	No		0.00	50.00	45.61
Recovery, Inc.	Recovery Facility	161118	PCNX,PC	112739	7/2/2023	8/27/2023	Alcohol and/or drug assessment. (Note: Use this co (H0001:U7)	1.00	15	Office	Schwarz, Greg Sapc	50.00	45.61	Billed				23034	No		0.00	50.00	45.61
Recovery, Inc.	Recovery Facility	159906	DOO,SCOOBY	113312	7/2/2023	12/1/2023	Recovery Bridge Housing (H2034)	1.00	15	Office	Kim, Tina Sapc	50.00	50.00	Billed	Testttt 1234	12/1/2023	50.00	23399	No		0.00	50.00	50.00

Totals: Services: 4 Units: 7.00 Amount Billed: 515.48 Expected Disbursement: 506.70
 Adjusted Billed: 150.00 Adjusted Expected Disbursement: 141.22

KPI DATA SUPPRESSION

- Where can we view these services if they're not visible in KPI?
 - Check/EFT Number Report

COUNTY OF LOS ANGELES SAPC 1000 S FREMONT AVE ALHAMBRA, CA 91803										
Check/EFT Number Report										
Check/EFT Date Range: -										
Check/EFT Number: 09876556789										
Check/EFT Amount: \$200.00										
Provider(s): Recovery, Inc.										
Summary										
Batch #	Total Billed				Total Pending		Total Approved		Total Denied	
22668	\$182.44				\$0.00		\$136.83		\$45.61	
Total:	\$182.44				\$0.00		\$136.83		\$45.61	
Detail										
Batch #	Program	Client ID	Date of Service	CPT Code	Claim Status	Explanation of Coverage			Amount Billed	Approved Payment
22668	Recovery Facility									
		160851	2/25/2023	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used	Denied	The service was denied for the following reason: No coverage level found.			\$45.61	\$0.00
		160851	2/26/2023	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used	Approved				\$45.61	\$45.61
		160851	2/26/2023	"Behavioral health counseling and therapy, 15 minut" (H0004:U7)	Approved				\$91.22	\$91.22

KPI DATA SUPPRESSION

- Where can we view these services if they're not visible in KPI?
 - Cost of Services by Client Report

Cost Of Services By Client Report																							
PCNX,ESTER MIDDLE MS, Services Dated 12/1/2023 To 12/30/2023																							
Provider	Program	Patient	PATID	Date of Service	EOB	BATCHID	Proc Code	Performing Provider	Units Billed	A/P/D	Tot Fee Table Amount	Amt Billed	Expected Disbursement	Member Copay	Member Deductible	Auth Number	Retro Reason 1	Retro Date 1	Retro Amt 1	Retro EOBID 1	Retro Reason 2		
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/1/2023	13269	23451	H0001:U7	TEST,B'RENNA	2.00	A	103.16	103.16	103.16	0.00	0.00	P12275	Contractor Void	12/08/2023	103.16	13271			
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/1/2023	13272	23453	H0004:U7	ORELLANA,ESTH ER	4.00	A	365.48	365.48	365.48	0.00	0.00	P12275	Denial CO177	12/20/2023	365.48	13301			
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/2/2023	13272	23453	H0005:U7	ORELLANA,ESTH ER	6.00	A	548.22	548.22	548.22	0.00	0.00	P12275	Contractor Void	12/08/2023	548.22	13273			
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/4/2023	13272	23453	90791:U7	HINDMAN,DAVID SAPC	3.00	A	274.11	274.11	274.11	0.00	0.00	P12275	Contractor Void	12/08/2023	274.11	13273			
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/8/2023	13272	23453	T1017:U7	TEST,B'RENNA	2.00	A	182.74	182.74	182.74	0.00	0.00	P12275	Denial CO177	12/11/2023	169.92	13277			
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/9/2023	13277	23456	T1017:U7	HINDMAN,DAVID SAPC	3.00	A	274.11	274.11	274.11	0.00	0.00	P12275	Denial CO177	12/11/2023	160.29	13279	Denial CO177		
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/10/2023	13278	23457	H0005:U7	TEST,PRACTITION ER	4.00	A	206.32	206.32	206.32	0.00	0.00	P12275							
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/10/2023	13277	23456	T1017:U7	TEST,B'RENNA	4.00	A	206.32	206.32	206.32	0.00	0.00	P12275	Denial CO 167 N30	12/20/2023	100.00	13298	Denial CO 167 N30		
Recovery, Inc. (1) TOTALS :																							
Total Amount Billed:				\$2,160.46		Original Expected Disbursement:		2,160.46															
						Updated Expected Disbursement:		219.14															

KPI DATA SUPPRESSION

- Where can we view these services if they're not visible in KPI?
 - Patient Billing History Widget

Client: TEST,NEWYEAR (000162341) | Episode: All

PATIENT BILLING HISTORY

Name	PATID	Program	DOS	Procedure	Orig Units	ProviderName	Status	Orig Disb	Updated Disb	Batch Created On	Takeback Date	Voided By User	BATCHID	EOBID	Check#	BilledtoState
Name	PATID	Program	DOS	Procedure	Orig U	ProviderName	Status	Orig C	Updated D	Batch Cre	Takeback D	Voided B	BATCHID	EOBID	Check#	BilledtoState
		SOUTH SECOND AVE, STES 6 AND 7	05				167 N30									
TEST,NEWYEAR	162341	SOCI 510 SOUTH SECOND AVE, STES 6 AND 7	2024-06-05	90791:U7	1	GHIARELLI,MICHELLE	A	1021.35	1021.35	2024-06-05	N/A	N/A	24835	14612	13298	Yes
TEST,NEWYEAR	162341	SOCI 510 SOUTH SECOND AVE, STES 6 AND 7	2024-06-05	90792:U7	1	GHIARELLI,MICHELLE	Denial CO 167 N30	1021.35	0	2024-06-05	06/28/24	N/A	24835	14612	13298	Yes
TEST,NEWYEAR	162341	SOCI 510 SOUTH SECOND AVE, STES 6 AND 7	2024-06-05	H0050:U7:HF	1	BIGSOLDIER,FRANK	Denial CO 167 N30	66.73	66.49	2024-06-05	06/28/24	N/A	24844	14621	12872	Yes
TEST,NEWYEAR	162341	SOCI 510 SOUTH SECOND AVE, STES 6 AND 7	2024-06-05	90887:U7	0	ELLO,ELIZABETH	D	0	0	2024-06-05	N/A	N/A	24819	14596	12847	No

KPI DATA NOT THERE?

- For more details on these Sage reports, please refer to the [Sage-PCNX Guide to Reports](#)

FY26-27 RATES MATRIX AND CODE CHANGES

FY26-27 RATES MATRIX AND CODE CHANGES

- On Thursday, 5/28/2026, SAPC Released:
 - The FY 26-27 DMC-ODS Rates Matrix
 - The FY 26-27 Rates Matrix and Code Changes document
- Both files can be downloaded [HERE](#)

Manuals, Bulletins, and Forms

SAPC Home / Network Providers / Manuals, Bulletins, and Forms

To search for a specific document use the search box or click on the tabs below.

Click [here](#) if you want to expand all tabs and view all documents.



1

Manuals & Guides **Bulletins** Clinical Beneficiary Contracts & Compliance Finance CRLA

Contract Bulletins Open All

2

Bulletins 2026

Subject	Date
26-08 Rates Matrix	
- FY 26-27 Rates Matrix and Code Changes (New - May 2026)	 05/28/26
- FY 26-27 DMC-ODS Rates Matrix v1.0 - Provider Agency (New - May 2026)	 05/28/26

3

FY 26-27 RATES MATRIX UPDATES

- First, highlighting some major changes for FY 26-27 which include:
 - Rate increases
 - Addition of new caregiver service codes
 - Removal of Clinical Trainee modifiers
 - H0033:U9 requires a National Drug Code (NDC) to be included on the claim per DHCS

FY 26-27 RATES MATRIX UPDATES

- Overall, updates to the Rates Matrix occurred in the following categories:
 - Rates
 - Service Codes
 - Billing Rules
 - Other

FY 26-27 RATES MATRIX UPDATES

- Rates
 - 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

FY 26-27 RATES MATRIX UPDATES

- Service Codes
 - 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 H2034-C and S9976-C, now billable as H2034C and S9976C FY 26-27
 - Remains as H2034-C and S9976-C for FY 25-26
 - **Removed H2010N**

FY 26-27 RATES MATRIX UPDATES

- Billing Rules
 - 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

FY 26-27 RATES MATRIX UPDATES

- Billing Rules
 - 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

FY 26-27 RATES MATRIX UPDATES

- Other
 - 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

FY26-27 RATES MATRIX AND CODE CHANGES

- On Thursday, 5/28/2026, SAPC Released:
 - The FY 26-27 DMC-ODS Rates Matrix
 - The FY 26-27 Rates Matrix and Code Changes document
- Both files can be downloaded [HERE](#)

Manuals, Bulletins, and Forms

SAPC Home / Network Providers / Manuals, Bulletins, and Forms

To search for a specific document use the search box or click on the tabs below.

Click [here](#) if you want to expand all tabs and view all documents.

Manuals & Guides **Bulletins** Clinical Beneficiary Contracts & Compliance Finance CRLA

Contract Bulletins Open All

Bulletins 2026

Subject	Date
26-08 Rates Matrix	
- FY 26-27 Rates Matrix and Code Changes (New - May 2026)	PDF 05/28/26
- FY 26-27 DMC-ODS Rates Matrix v1.0 - Provider Agency (New - May 2026)	X 05/28/26

FY 26-27 CLINICAL TRAINEE UPDATES

FY 26-27 CLINICAL TRAINEE UPDATES

- Removed Clinical Trainee modifiers AJ, AH, TD, TE, HM, CO, HP, and HO from Allowable Modifiers column of Billing Rules tab

FY 25-26 Rates Matrix



FY 26-27 Rates Matrix

Code	Code Type	Service Description	Allowable Modifiers
H0004	Individual Counseling	Behavioral health counseling and therapy, 15 minutes.	AH, AJ, CO, GC, HD, HG, HL, HP, SC, TD, U7, U8, UA

Code	Code Type	Service Description	Allowable Modifiers
H0004	Individual Counseling	Behavioral health counseling and therapy, 15 minutes.	GC, HD, HG, HL, SC, U7, U8, UA

FY 26-27 CLINICAL TRAINEE UPDATES

- Removed Clinical Trainee modifiers from the Modifiers tab
 - The modifiers remain applicable for FY 25-26 services (see screenshot below)

MODIFIERS				
Category	Modifier	Definition	When to Use	Codes/Code Types this Modifier applies to
Clinical Trainee	AJ	LCSW, MFT or LPCC Clinical Trainee	Use this modifier when the service was provided by a Clinical Trainee (taxonomy code 3902) who is studying to become an LCSW, MFT, or LPCC.	This modifier only applies to taxonomy code 3902 the service was performed by Clinical Trainees in the following disciplines: Social Work, Marriage and Family Therapy, Professional Counseling.
Clinical Trainee	AH	Psychologist Clinical Trainee	Use this modifier when the service was provided by a Clinical Trainee (taxonomy code 3902) who is studying to become a psychologist.	This modifier only applies to taxonomy code 3902 the service was performed by Clinical Trainees in the discipline of Psychology.
Clinical Trainee	TD	Registered Nurse Clinical Trainee	Use this modifier when the service was provided by a Clinical Trainee (taxonomy code 3902) who is studying to be a Registered Nurse	This modifier only applies to taxonomy code 3902 the service was performed by Clinical Trainees in the field of Registered Nursing.
Clinical Trainee	TE	Vocational Nurse Clinical Trainee	Use this modifier when the service was provided by a Clinical Trainee (taxonomy code 3902) who is studying to be a Licensed Vocational Nurse	This modifier only applies to taxonomy code 3902 the service was performed by Clinical Trainees in the field of licensed vocational nursing.
Clinical Trainee	HM	Psychiatric Technician Clinical Trainee	Use this modifier when the service was provided by a Clinical Trainee (taxonomy code 3902) who is studying to become a Psychiatric Technician.	This modifier only applies to taxonomy code 3902 the service was performed by Clinical Trainees who are studying to become Psychiatric Technicians
Clinical Trainee	CO	Occupational Therapist Clinical Trainee	Use this modifier when the service was provided by a Clinical Trainee (taxonomy code 3902) who is studying to become an Occupational Therapist.	This modifier only applies to taxonomy code 3902 the service was performed by Clinical Trainees in the field of Occupational
Clinical Trainee	HP	Nurse Practitioner/Clinical Nurse Specialist Clinical Trainee	Use this modifier when the service was provided by a Clinical Trainee (taxonomy code 3902) who is studying to become an advanced practice nurse (Nurse Practitioner or Clinical Nurse Specialist).	This modifier only applies to taxonomy code 3902 the service was performed by Clinical Trainees who are studying to be advanced practice nurses (NPs and CNS).
Clinical Trainee	HO	Pharmacist Clinical Trainee	Claims for services provided by a Pharmacist Clinical Trainee	This modifier only applies to taxonomy code 3902 and the service was performed by Clinical Trainees who are studying to become Pharmacists.

FY 26-27 CLINICAL TRAINEE UPDATES

- Question: Since Clinical Trainees were removed from the Rates Matrix for FY 26-27, can claims be submitted for services provided by Clinical Trainees in FY 26-27?
- Answer: *Yes! They will remain allowable disciplines, and the Sage onboarding process will remain the same. However, when creating claims for FY 26-27, including a Clinical Trainee modifier with a procedure code is no longer a billing requirement. Thanks to a Sage configuration update for next fiscal year only, services billed with Clinical Trainee performing providers will continue adjudicating appropriately without the modifiers.*

FY 26-27 H0033:U9 UPDATED NDC REQUIREMENTS

FY 26-27 H0033:U9 UPDATED NDC REQUIREMENTS

- For FY 26-27, when billing H0033:U9 (Medication administration, direct observation) the National Drug Code (NDC) will need to be included on the claim per DHCS
- This change will only affect ASAM 3.2-WM (agencies billing the U9 modifier)
 - ~ 17 SAPC Agencies
- What does this DHCS NDC requirement look like when submitting claims for:
 - Secondary SAGE Users?
 - Primary SAGE Users?

FY 26-27 H0033:U9 UPDATED NDC REQUIREMENTS

- What does this DHCS NDC requirement look like for:
 - Secondary SAGE Users in the 837P file:

LX*1

Service Code → SV1*HC:H0033:U9*24*UN*1***1

DTP*472*D8*20260604

CN1*09***PH-009999

REF*6R*12345ax67891.001

LIN**N4*1234567890 ← NDC

Units Administered (6
Milligrams)

→ CTP***0*6*ME

*Note: not the same as units billed.
Units billed in SV1 segment above

FY 26-27 H0033:U9 UPDATED NDC REQUIREMENTS

- What does this DHCS NDC requirement look like for:
 - Primary SAGE Users in the Fast Service Entry Submission Form (FSES)

Procedure Code *

Results

- Oral Medication Administration, Direct Observation, 15 Minutes (H0033:U9)
- Oral Medication Administration, Direct Observation, 15

*Still undergoing testing, NDC section in the FSES may appear different when launched for FY 26-27

▼ NDC-WM only

National Drug Code (837-2410-LIN-03)
52427069203

Drug Reference Identification Qualifier (837-2410-REF-01)
 Link Sequence Number
 Pharmacy Prescription Number

Drug Reference Identifier (837-2410-REF-02)

Quantity (837-2410-CTP-04)

Unit or Basis of Measurement (837-2410-CTP-05)
 International Unit Gram
 Milligram Milliliter
 Unit

FY 26-27 NALOXONE INCENTIVES UPDATES

FY 26-27 NALOXONE INCENTIVES UPDATES

- For FY 26-27, incentives will be removed for H2010N (Naloxone)
- In addition, H2010N removed from the FY 26-27 Rates Matrix, and will no longer be billable as a \$0 service for tracking purposes
- H2010M (MAT Education) will still be billable for FY 26-27

TUTORING SESSION: BEFORE OPENING A HELP DESK TICKET...

TUTORING SESSION - BEFORE OPENING A HELP DESK TICKET...

- Agenda
 - Denial Identification
 - What to do after you've discovered a denial?
 - SAPC Investigation Methodology for Denials
 - Investigation Resources
 - Non-Billing Contacts


TUTORING SESSION - DENIAL IDENTIFICATION

Question: *How do I know if claims have been denied?*

- There are many ways to identify denials for claims submitted to SAPC
 - Sage
 - Provider EOB Remittance Advice
 - Services Denied in MSO
 - Provider Services Detail Report
 - Check/EFT Number Report
 - Cost of Services by Client Report
 - Patient Billing History Widget
 - MSO KPI
 - Payment Reconciliation View
 - Claim Denial View
 - State Denial View

TUTORING SESSION - DENIAL IDENTIFICATION


- Provider EOB Remittance Advice (Local Denials)



**COUNTY OF LOS ANGELES
Public Health**

SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice
as of 8/22/2023



Remittance Advice *EOB Number: 12725* **Check #:** **Check Date:**

RECOVERY, INC. (1)
3250 WILSHIRE BLVD #1709
LOS ANGELES, CA 90010-9998

Amount Approved: \$55.00

Page: 1

Client Name (ID): PCNX,DA (161056)

DOB: 06/23/2000

Gender: M

Date Claim Received: 07/07/2023

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
22887SVC.0000	112460	PH005044	DMC	07/03/2023	A	90791-117	1.0	\$55.00	\$59.44	\$0.00	\$0.00	\$55.00
22887SVC.0000	112460	PH005044	DMC	07/03/2023	D	G2212:U7	2.0	\$55.00	\$0.00	\$55.00	\$0.00	\$0.00
<i>The service was denied for the following reason: No units remain for this procedure code on this authorization.</i>												
							3.0	\$110.00	\$59.44	\$55.00	\$0.00	\$55.00


TUTORING SESSION - DENIAL IDENTIFICATION

- Provider EOB Remittance Advice (State Denials)

Adjustment Notice An adjustment of \$ -4068.85 has been applied to this payment.					Current Claims: Adjustment: -4068.85 Adjusted EOB Total: -4068.85				
<i><u>Detail Adjustment Information for EOB Number: 17282</u></i>									
<u>Original Service Information</u>					<u>Adjustment Information</u>				
Orig EOB 14430									
Client Name (ID): TEST,NEWYEAR (162341)					DOB: 1/1/1980		Gender: F		
<u>Batch SvcRef#</u>	<u>DOS</u>	<u>Proc</u>	<u>Auth #</u>	<u>Status</u>	<u>Billed</u>	<u>Paid</u>	<u>Adj Date</u>	<u>Adj Amt</u>	<u>Adjustment Reason</u>
24653SVC.00001	6/2/2024	H0005:U7	115028	A	14.83	14.83	10/15/2024	\$-14.78	Denial Co 167 N30
					14.83	14.83		-14.78	
<u>Batch SvcRef#</u>	<u>DOS</u>	<u>Proc</u>	<u>Auth #</u>	<u>Status</u>	<u>Billed</u>	<u>Paid</u>	<u>Adj Date</u>	<u>Adj Amt</u>	<u>Adjustment Reason</u>
24670SVC.00001	6/1/2024	H0025:U8	115029	A	12.45	12.45	10/15/2024	\$-12.45	Denial Co 167 N30


TUTORING SESSION - DENIAL IDENTIFICATION

- Services Denied in MSO



**COUNTY OF LOS ANGELES
Public Health**

SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER
Services Denied in MSO



Print Date: 10/7/2025

Parameters Selected: Date Range: 09/01/2024 to 9/4/2024

Agency	Member ID	Service Date	Batch ID	EOB ID	Reason for Denial	Service	Amount
Recovery, Inc.	289266	9/3/2024	333865	162335	The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types.	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	\$ 410.99
Recovery, Inc.	289266	9/3/2024	333867	162336	The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types.	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	\$ 410.99
Recovery, Inc.	289268	9/1/2024	333867	162336	The service was denied for the following reason: This contracting provider does not have this authorization number.	Alcohol and/or drug screening (H0049-N:U7)	\$ 63.65
Total Amount							\$ 885.63

TUTORING SESSION - DENIAL IDENTIFICATION

- Provider Services Detail Report

COUNTY OF LOS ANGELES SAPC
1000 S FREMONT AVE
ALHAMBRA, CA 91803

Provider Services Detail Report
Batch Status: Closed
Date Range: 7/2/2023 - 7/2/2023
Filtered By: Date of Service
Providers Selected:
Recovery, Inc. (1)
Programs Selected:
All

Run Date: 2/15/2024 9:21:44 AM Page 1 of 1

Provider	Contracting Provider	Client ID	Client Name	Auth Number	Date of Service	Date Billed	CPT Code	Units	Duration	Location	Clinician	Amount Billed (\$)	Expected Disbursement (\$)	Status	Check #	Check Date	Check Amount (\$)	Batch #	Voided?	Date Voided	Voided Amount (\$)	Adj Billed (\$)	Adj Expected Disbursement (\$)
Recovery, Inc.	Recovery Facility	159908	TEST,QIUM	112549	7/2/2023	7/11/2023	"Behavioral health counseling and therapy, 15 minut" (H0004:U7)	4.00	60	Office	Hindman, David Sapc	365.48	365.48	Billed				22895	Yes	7/12/2023	365.48	0.00	0.00
Recovery, Inc.	Recovery Facility	161118	PCNX,PC	112739	7/2/2023	8/27/2023	Alcohol and/or drug assessment. (Note: Use this co (H0001:U7)	1.00	15	Office	Test, B'Renna	50.00	45.61	Billed				23034	No		0.00	50.00	45.61
Recovery, Inc.	Recovery Facility	161118	PCNX,PC	112739	7/2/2023	8/27/2023	Alcohol and/or drug assessment. (Note: Use this co (H0001:U7)	1.00	15	Office	Schwarz, Greg Sapc	50.00	45.61	Billed				23034	No		0.00	50.00	45.61
Recovery, Inc.	Recovery Facility	159906	DOO,SCOOBY	113312	7/2/2023	12/1/2023	Recovery Bridge Housing (H2034)	1.00	15	Office	Kim, Tina Sapc	50.00	50.00	Billed	Testttt 1234	12/1/2023	50.00	23399	No		0.00	50.00	50.00

Totals: Services: 4 Units: 7.00 Amount Billed: 515.48 Expected Disbursement: 506.70
Adjusted Billed: 150.00 Adjusted Expected Disbursement: 141.22

TUTORING SESSION - DENIAL IDENTIFICATION

- Check/EFT Number Report

COUNTY OF LOS ANGELES SAPC 1000 S FREMONT AVE ALHAMBRA, CA 91803								
Check/EFT Number Report								
Check/EFT Date Range: -								
Check/EFT Number: 09876556789								
Check/EFT Amount: \$200.00								
Provider(s): Recovery, Inc.								
Summary								
Batch #	Total Billed	Total Pending	Total Approved	Total Denied				
22668	\$182.44	\$0.00	\$136.83	\$45.61				
Total:	\$182.44	\$0.00	\$136.83	\$45.61				
Detail								
Batch #	Program	Client ID	Date of Service	CPT Code	Claim Status	Explanation of Coverage	Amount Billed	Approved Payment
22668	Recovery Facility							
		160851	2/25/2023	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used	Denied	The service was denied for the following reason: No coverage level found.	\$45.61	\$0.00
		160851	2/26/2023	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used	Approved		\$45.61	\$45.61
		160851	2/26/2023	"Behavioral health counseling and therapy, 15 minut" (H0004:U7)	Approved		\$91.22	\$91.22

TUTORING SESSION - DENIAL IDENTIFICATION

- Cost of Services by Client Report

Cost Of Services By Client Report																					
PCNX,ESTER MIDDLE MS, Services Dated 12/1/2023 To 12/30/2023																					
Provider	Program	Patient	PATID	Date of Service	EOB	BATCHID	Proc Code	Performing Provider	Units Billed	A/P/D	Tot Fee Table Amount	Amt Billed	Expected Disbursement	Member Copay	Member Deductible	Auth Number	Retro Reason 1	Retro Date 1	Retro Amt 1	Retro EOBID 1	Retro Reason 2
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/1/2023	13269	23451	H0001:U7	TEST,B'RENNA	2.00	A	103.16	103.16	103.16	0.00	0.00	P12275	Contractor Void	12/08/2023	103.16	13271	
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/1/2023	13272	23453	H0004:U7	ORELLANA,ESTHER	4.00	A	365.48	365.48	365.48	0.00	0.00	P12275	Denial CO177	12/20/2023	365.48	13301	
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/2/2023	13272	23453	H0005:U7	ORELLANA,ESTHER	6.00	A	548.22	548.22	548.22	0.00	0.00	P12275	Contractor Void	12/08/2023	548.22	13273	
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/4/2023	13272	23453	90791:U7	HINDMAN,DAVID SAPC	3.00	A	274.11	274.11	274.11	0.00	0.00	P12275	Contractor Void	12/08/2023	274.11	13273	
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/8/2023	13272	23453	T1017:U7	TEST,B'RENNA	2.00	A	182.74	182.74	182.74	0.00	0.00	P12275	Denial CO177	12/11/2023	169.92	13277	
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/9/2023	13277	23456	T1017:U7	HINDMAN,DAVID SAPC	3.00	A	274.11	274.11	274.11	0.00	0.00	P12275	Denial CO177	12/11/2023	160.29	13279	Denial CO177
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/10/2023	13278	23457	H0005:U7	TEST,PRACTITIONER	4.00	A	206.32	206.32	206.32	0.00	0.00	P12275					
Recovery, Inc.	Recovery Facility	PCNX,ESTE160919	R MIDDLE MS	12/10/2023	13277	23456	T1017:U7	TEST,B'RENNA	4.00	A	206.32	206.32	206.32	0.00	0.00	P12275	Denial CO 167 N30	12/20/2023	100.00	13298	Denial CO 167 N30
Recovery, Inc. (1) TOTALS :																					
Total Amount Billed:				\$2,160.46		Original Expected Disbursement:				2,160.46		Updated Expected Disbursement:				219.14					

TUTORING SESSION - DENIAL IDENTIFICATION

- Patient Billing History Widget

Client: TEST,NEWYEAR (000162341) | Episode: All

PATIENT BILLING HISTORY

Name	PATID	Program	DOS	Procedure	Orig Units	ProviderName	Status	Orig Disb	Updated Disb	Batch Created On	Takeback Date	Voided By User	BATCHID	EOBID	Check#	BilledtoState
Name	PATID	Program	DOS	Procedure	Orig U	ProviderName	Status	Orig E	Updated D	Batch Cre	Takeback D	Voided B	BATCHID	EOBID	Check#	BilledtoState
		SOUTH SECOND AVE, STES 6 AND 7	05				167 N30									
TEST,NEWYEAR	162341	SOCI 510 SOUTH SECOND AVE, STES 6 AND 7	2024-06-05	90791:U7	1	GHIPELLI,MICHELLE	A	021.35	1021.35	2024-06-05	N/A	N/A	24835	14612	13298	Yes
TEST,NEWYEAR	162341	SOCI 510 SOUTH SECOND AVE, STES 6 AND 7	2024-06-05	90792:U7	1	GHIPELLI,MICHELLE	Denial CO 167 N30	021.35	0	2024-06-05	06/28/24	N/A	24835	14612	13298	Yes
TEST,NEWYEAR	162341	SOCI 510 SOUTH SECOND AVE, STES 6 AND 7	2024-06-05	H0050:U7:HF	1	BIGSOLDIER,FRANK	Denial CO 167 N30	66.73	66.49	2024-06-05	06/28/24	N/A	24844	14621	12872	Yes
TEST,NEWYEAR	162341	SOCI 510 SOUTH SECOND AVE, STES 6 AND 7	2024-06-05	90887:U7	0	ELLO,ELIZABETH	D	0	0	2024-06-05	N/A	N/A	24819	14596	12847	No

TUTORING SESSION - DENIAL IDENTIFICATION

- MSO KPI
 - Payment Reconciliation View

Payment Reconciliation View												
Procedure Overview												
Procedure ID	Provider Name	Contracting Provider Program	Client Name	DOS	Performing Provider Name	Procedure	Auth #	Claim Status	Total Charge	Total Take...	Total Disb...	
Totals									\$0.00	\$0.00	\$0.00	
2956661	Recovery, Inc.	Recovery Facility	TEST,MIKE S (125928)	2018-09-10	SMITH,JOHN	Treatment Plan (T1007:U7:HA)	88620	Denied	\$0.00	-	\$0.00	
2956660	Recovery, Inc.	Recovery Facility	TEST,MIKE S (125928)	2018-09-10	SMITH,JOHN	Medication Services (H2010:U7:HA)	88620	Denied	\$0.00	-	\$0.00	
2956664	Recovery, Inc.	Recovery Facility	TEST,MIKE S (125928)	2018-09-12	SMITH,JOHN	Family Therapy (90846:U7:HA)	88620	Denied	\$0.00	-	\$0.00	
2956663	Recovery, Inc.	Recovery Facility	TEST,MIKE S (125928)	2018-09-18	SMITH,JOHN	Family Therapy (90846:U7:HA)	88620	Denied	\$0.00	-	\$0.00	
2956662	Recovery, Inc.	Recovery Facility	TEST,MIKE S (125928)	2018-09-18	SMITH,JOHN	Family Therapy (90846:U7:HA)	88620	Denied	\$0.00	-	\$0.00	

TUTORING SESSION - DENIAL IDENTIFICATION

- MSO KPI
 - Claim Denial View

Procedure Overview (2)													
Provider Name	Contracti... Provider Program	Client Name/ID	Auth #	DOS	Procedure	Charge Amount	Claim Status	Claim Status Reas...	Explanation of Coverage	EOB ID	EOB Date	Batch ID	KPI Procedure ID
Totals						\$207.35							
Recovery, Inc.	Recovery Facility	TTEST,MEGA (160388)	109253	2020-11-10	Care Coordination (H0006:U1)	\$35.75	Denied	Eligibility not found/verifi... in CalPM	No Entry	9078	2020-11-13	19661	4764818
Recovery, Inc.	Recovery Facility	DOO,SCOOBY (159906)	108010	2021-05-03	Care Coordination (H0006:U7)	\$171.60	Denied	No Entry	Total Expected Disbursement exceeds current Account Level amount	9532	2021-05-12	20130	4768187

TUTORING SESSION - DENIAL IDENTIFICATION

- MSO KPI
 - State Denial View

Procedure Overview													
Proce... ID	Contracting Provider Program	Client Name/ID	DOS	Procedure	Auth #	Claim Status	Denial Reason	Takeback Date	Expected Disburs...	Takeback Amount	Total Payout	Retro EOB ID	
Totals									\$480.79	\$480.79	\$0.00		
8	Recovery Facility	TEST,JONAH (125922)	2017-12-04	Family Therapy (90846:U7)	P2872	Approved	Denial CO177	2017-12-07	\$118.52	\$118.52	\$0.00	3	
9	Recovery Facility	TEST,JONAH (125922)	2017-12-05	Family Therapy (90846:U7)	P2872	Approved	Denial CO177	2017-12-07	\$118.52	\$118.52	\$0.00	3	

TUTORING SESSION - SAPC INVESTIGATION METHODOLOGY FOR DENIALS

- When receiving a Sage Help Desk Ticket, this is the high-level approach SAPC takes in investigating billing denials (The same workflow we recommend Agencies use for investigating/resolving denials):
 1. SAPC receives Sage Help Desk Ticket from Agency through Request Billing Assistance Form
 2. SAPC Analyst reviews the Sage Help Desk Ticket, and determines if it's a State or Local denial by using the resources in the "Denial Identification" slides (*SAPC Tip: KPI used the most*)
 3. SAPC Analyst opens the [Sage Claim Denial and Resolution Crosswalk Version 5.0](#)
 1. If a State denial, click on the State Denials tab, and look for **CARC/RARC** in **Denial Code** column
 2. If a Local denial, click on the Local Denials tab, and look for **Denial Reason** in **DMC Description** column
 4. Follow the resolution steps in the **Cause and Resolution** column
 5. Validate and relay information to Agency in ticket

TUTORING SESSION - DENIAL INVESTIGATION RESOURCES

- SAPC's denial troubleshooting resources can be found in the "Denial Troubleshooting" section here: <http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm>

The screenshot shows the SAPC website navigation bar with links for About, Prevention, Treatment, Recovery, Harm Reduction, and Providers. A 24/7 support icon is also present. The Sage Quick Menu on the left includes Sage Home, Sage User Enrollment, Sage Provider Communications, and Sage Trainings - Finance (highlighted). The Sage Finance section on the right contains a list of links: Billing, Billing and Denial Resolution Tutoring Lab, Billing Office Hours, and Denial Troubleshooting (highlighted). Below this is a table of denial investigation resources.

Subject	Description	Date
Sage Claim Denial Reason and Resolution Crosswalk Version 5.0	This excel document lists local and State denial codes and provides resolution steps to correct claims for rebilling.	07/10/25
Sage Guide to Claims Denial Resolution Version 5.0	This guide explains types of denials, general investigation steps, and how to use the Denial Crosswalk.	07/10/25
State Denial Investigation and Resolution	Reviews the most common state denials	06/25/20

TUTORING SESSION - WHO TO REACH OUT TO?

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 (i.e. Augmentations) 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

AGENCY QUESTIONS

QUESTION 1

- Is there a billing code to use for a billable discharge service for outpatient/intensive outpatient care?

No, there is no discharge code. However, there is discharge planning that occurs throughout a Client's treatment. For further guidance, let's take a look at slides # 10-12 of the [9/4/2025 Billing & Denial Resolution Tutoring Lab](#)

QUESTION 1 - WHAT IS DISCHARGE PLANNING

- What is discharge planning?
 - An ongoing discussion between providers and patients on how and when treatment should end.
- When does discharge planning occur?
 - Provider can start discussing discharge planning as early as the intake and continue throughout the treatment.
- What can the end of treatment (discharge) look like?
 - Referral to another level of care (LOC), post treatment return, or re-entry into the community, and/or linkage of the patient to essential community treatment, housing, and human services.

QUESTION 1- RATES MATRIX - CODE TYPE UPDATE

FY 24-25

Code Type	Service (Brief Definition)	Code
Discharge Services	Alcohol and/or substance abuse services, treatment plan development and/or modification. 15 minutes	T1007



FY 25-26

Code Type	Service Description	Code
Treatment Planning	Alcohol and/or substance abuse services, treatment plan development and/or modification. 15 minutes	T1007

There was prior confusion where there was a "Discharge Services" Code Type, which was an error from DHCS. This was fixed last fiscal year, 25-26.

QUESTION 1 - WHAT TO BILL?

Reminder:

A Provider can start discussing discharge planning as early as the intake and it can continue throughout the treatment.

So with that in mind, for billing, instead focus on services provided throughout the treatment:

It is recommended to use codes for services provided throughout discharge planning:

- During discharge planning, you did treatment planning, then bill treatment planning
- During discharge planning, you did care coordination, so bill care coordination

Specific codes for discharge?

Not at this time. If there are updates regarding specific discharge codes, SAPC will communicate them to the Provider Network.

SUBMIT YOUR QUESTIONS!

If you would like to submit your own questions to be answered in the next tutoring lab, send an email to SAPC-Finance@ph.lacounty.gov

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OPEN Q&A