BILLING & DENIAL RESOLUTION TUTORING LAB

JULY 9, 2026

- Reminders & Announcements
- Tutoring Session Topic
  - FY 26-27 Rates Matrix Walkthrough
- 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

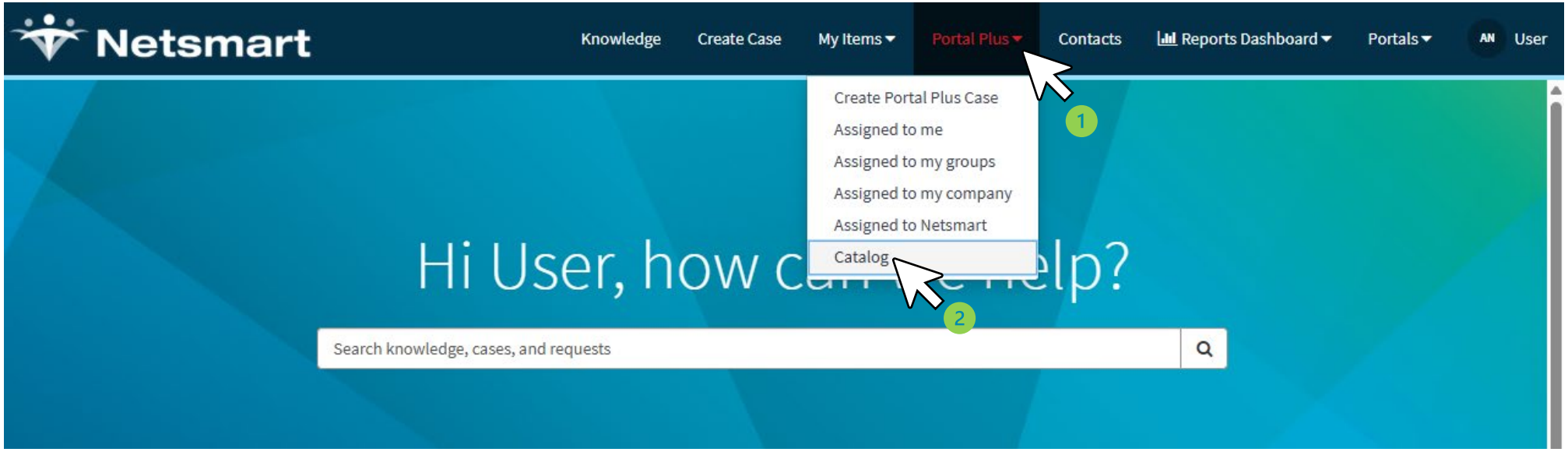
  - Raise Hand Button

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.service-now.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

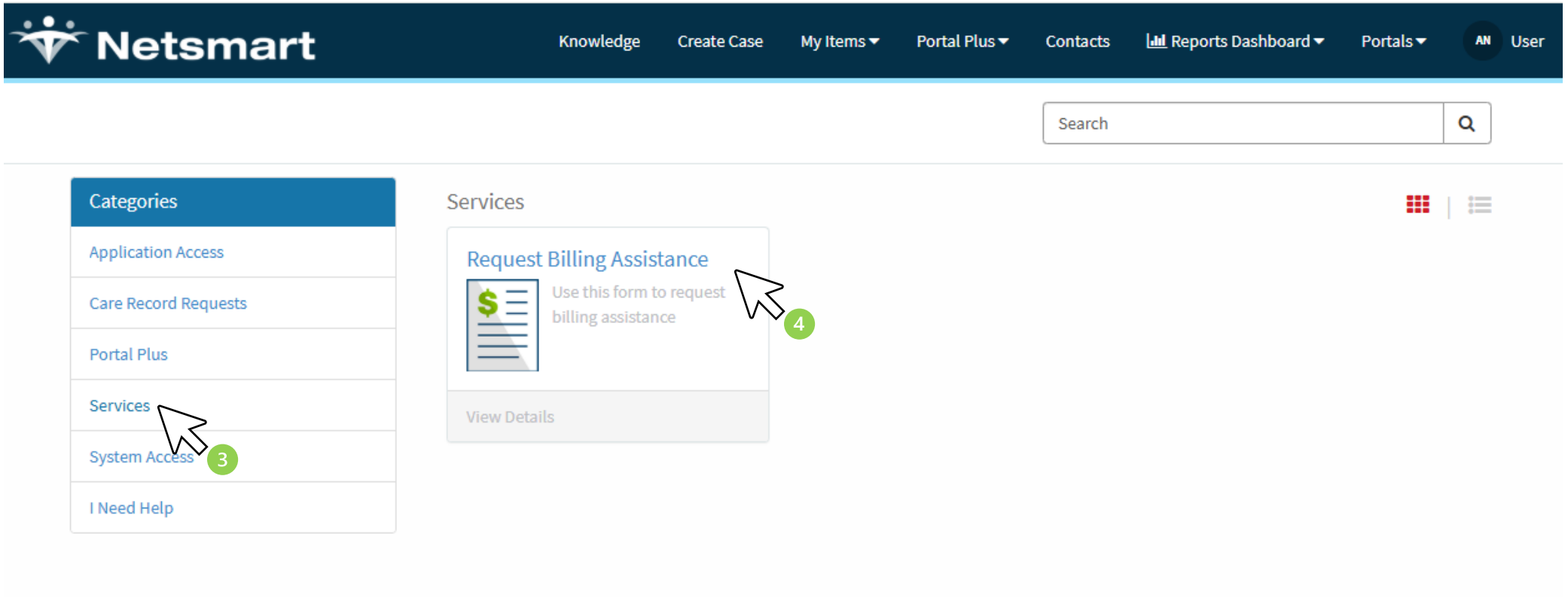
WHERE TO FIND THE REQUEST BILLING ASSISTANCE FORM

- There are two ways to access the Request Billing Assistance form:
  1. Direct Link: Request Billing Assistance
  2. Follow these 4 steps:
     - Step 1: Click **Portal Plus**
     - Step 2: Click **Catalog**



WHERE TO FIND THE REQUEST BILLING ASSISTANCE FORM

- Step 3: Click **Services**
- Step 4: Click **Request Billing Assistance**

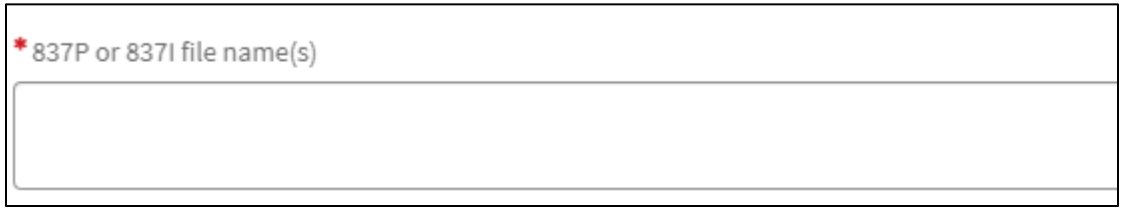


HELP DESK OPERATING HOURS

- SAPC Finance help desk tickets are worked during normal County business hours
  - Monday through Friday, 8AM to 5PM
  - Closed on all federal holidays
  - Any tickets received outside of this time is assigned the next business day
    - i.e. If a ticket is received on a Friday at 6PM, it will be assigned to an analyst on the following Monday

REQUEST BILLING ASSISTANCE FORM – SECONDARY SAGE USERS

- For Secondary Sage Users, there is a field asking for the **837P or 837I file name(s)**



- Please don't enter **837P** in this field, this will delay investigation/resolution of your ticket
- Please provide the actual filename of the 837 file submitted
  - For example:
    - **ADP-1234-837P-07312020-001.txt**
    - **ADP-1234-837I-07312020-001.txt**
    - **ADP-1234-837P-07312020-replacement-001.txt**
    - **ADP-1234-837I-07312020-void-001.txt**

FOLLOW THE RECOMMENDED AGENCY WORKFLOW PRIOR TO OPENING A HELP DESK TICKET

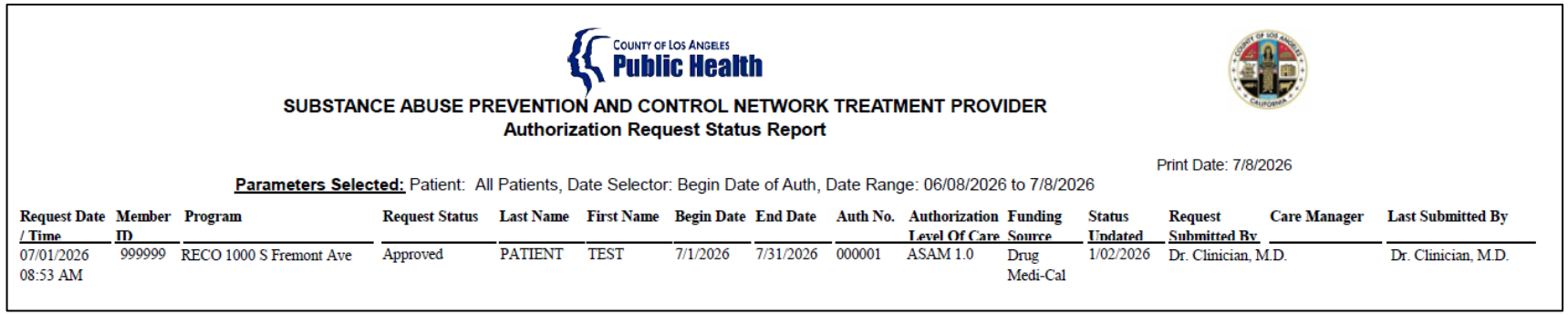
Agency attempts to self-resolve a denial before opening a Help Desk ticket by:

1. Opening the Sage Claim Denial and Resolution Crosswalk Version 5.0
    a. If a State denial, click on the State Denials tab, and look for **CARC/RARC** in **Denial Code** column
    b. If a Local denial, click on the Local Denials tab, and look for **Denial Reason in DMC Description** column
2. Following the resolution steps in the **Cause and Resolution** column
3. If you are unable to fix the issue using the steps above, please open a Help Desk ticket using the Request Billing Assistance form

ANNOUNCEMENTS

FISCAL YEAR CUT-OVER FOR BILLING

- **No Authorization Blackout during FY 26-27 Cut-Over**
  - Additionally, there is no authorization blackout. As such, providers are permitted to immediately submit authorizations for FY 26-27.
    - *Secondary Sage Users:*
      - Please ensure your EHR is updated with the new split authorization numbers for FY 26-27 in preparation for billing for the new fiscal year. New authorization numbers for split authorizations are available for providers to access via Sage PCNX using the **Authorization Request Status Report**



County of Los Angeles Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER
Authorization Request Status Report

Print Date: 7/8/2026

Parameters Selected: Patient: All Patients, Date Selector: Begin Date of Auth, Date Range: 06/08/2026 to 7/8/2026

Request Date / Time	Member ID	Program	Request Status	Last Name	First Name	Begin Date	End Date	Auth No.	Authorization Level Of Care	Funding Source	Status Updated	Request Submitted By	Care Manager	Last Submitted By
07/01/2026 08:53 AM	999999	RECO 1000 S Fremont Ave	Approved	PATIENT	TEST	7/1/2026	7/31/2026	000001	ASAM 1.0	Drug Medi-Cal	1/02/2026	Dr. Clinician, M.D.		Dr. Clinician, M.D.

      - <u>Claims for FY 26-27 submitted with a FY 25-26 authorization number will be denied</u> for “Invalid authorization number” and denial code CO 284 M62

FISCAL YEAR CUT-OVER FOR BILLING

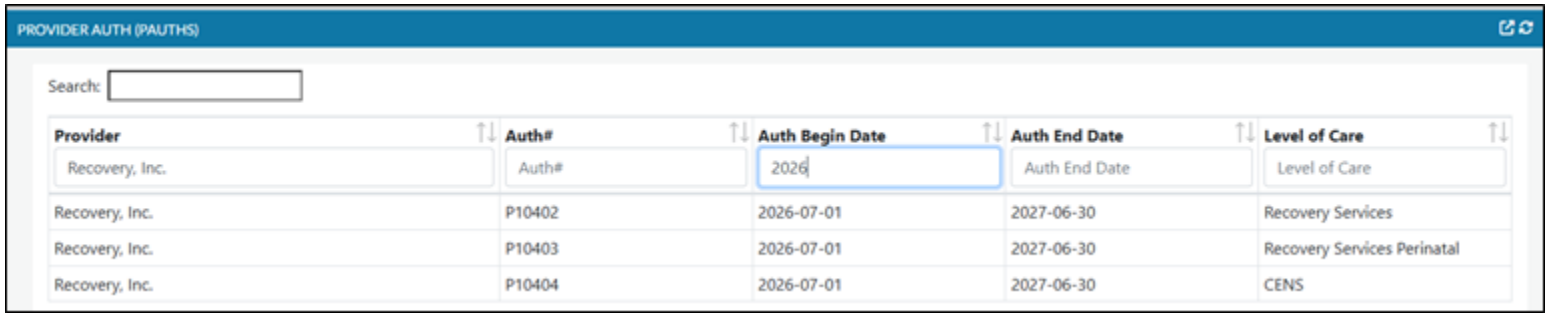
- **Providers can continue to submit claims for FY 25-26**
  - Providers can and should continue to submit claims from FY 25-26 with service dates through June 30, 2026, for adjudication during the EOY cut-over period.
- **Providers will be able to submit claims for FY 26-27 without a Claim Submission Blackout**
  - There will not be a claiming blackout for FY 26-27 services. All services delivered from 7/1/2026 and beyond can be claimed without delay.

OTP SPLITS AUTHS FOR FY 26-27

- Due to upcoming changes in contract numbers for fiscal year FY 27-28 (7/1/2027 - 6/30/2028):
  - OTP providers are required to end date their authorizations to 6/30/2027.
  - QI/UM will deny authorizations if submitted with end date after 6/30/2027.
  - Providers should track the remaining authorization days and submit the split authorizations once the contracts are updated in the system.

FY 26-27 PAUTH AVAILABLE

- Sage has been configured with new Provider Authorization (PAUTH) numbers for FY 26-27.
- The SAPC Access Management Section (SAMS) emailed this information to agency executive directors/CEOs on 6/18/2026.
- However, the PAUTH numbers are also viewable in in Sage via the "**PROVIDER AUTH (PAUTHS)**" widget through the **Financial Only View** and **Financial + Clinical View**.



**Recovery, Inc. is SAPC test agency, and this data does not reflect real authorization numbers.*

KPI DATA TRUNCATION

- Effective 7/1/2026, SAPC is limiting data to include only 1/1/2024 to present
  - 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

Available Fiscal Years (FY)	Available Calendar Years (CY)
All FY 24-25	All CY 2024
All FY 25-26	All CY 2025
FY 26-27 to date	CY 2026 to date

FY 26-27 NEW FISCAL YEAR BILLING OFFICE HOURS

- SAPC Finance will be holding drop-in New Fiscal Year Billing Office Hours starting on 7/23/2026 and will be once per month through October from 1:00-2:00 PM
- During the Office Hours, provider agencies can:
  - Learn about current network-level billing metrics for the new fiscal year
  - Learn about the current common Local denials and how to resolve them
  - Ask questions regarding challenges/issues/clarifications needed for the new FY 26-27 billing configuration
- No registration is required and attendance is optional
- Provider agencies do not need to attend the full Office Hours and can drop-in during the hour as needed
- FY 26-27 New Fiscal Year Billing Office Hours Link
- Dates: 7/23, 8/20, 9/17, 10/15

REPLACEMENT CLAIM ASSIGNMENT (CMS-1500) FORM ISSUE WITH OHC

REPLACEMENT CLAIM ASSIGNMENT (CMS-1500) FORM ISSUE WITH OHC

- SAPC has identified an issue for Primary Sage Users related to the Replacement Claim Assignment (CMS-1500) form when users are attempting to add/edit/remove Third Party Adjudication data.
- When updates are made to the Third Party Adjudication data fields to enter/change Other Health Coverage (OHC) denial information, these changes are not being updated in Sage when the form is submitted.
- This issue only impacts Primary Sage Users; Secondary Sage users can continue to use replacement claims when updating OHC information on a denied service.

REPLACEMENT CLAIM ASSIGNMENT (CMS-1500) FORM ISSUE WITH OHC

While SAPC works with Netsmart on this issue, we request that for Primary Sage Users only, a new original service is submitted instead of a replacement claim.

- **Add** OHC Information: In the new claim if the OHC adjudication information needs to be added it can be included on the original service.
- **Update/Edit** OHC Information: In the new claim if the OHC adjudication information was incorrect then it can be entered correctly.
- **Remove** OHC Information: In the new claim if the OHC information should not have been included then it can be omitted.

CIFP UPDATED GUIDANCE – DUMMY CIN

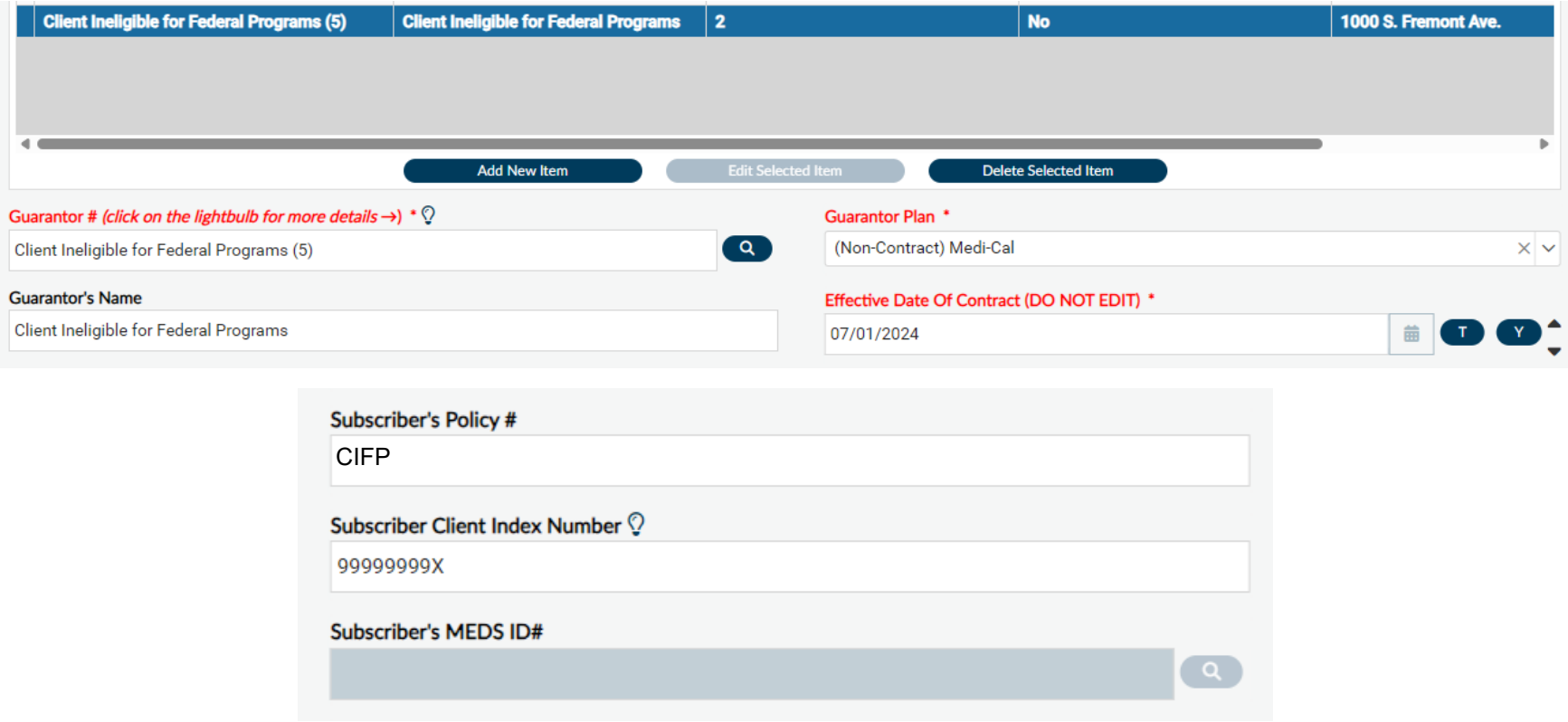
CIFP UPDATED GUIDANCE – DUMMY CIN

- If you're Client's guarantors are setup like this:

- And your Client is receiving a local **Eligibility not found/verified in CalPM** denial

CIFP UPDATED GUIDANCE – DUMMY CIN

- In the Sage Financial Eligibility form, you will need to enter the dummy CIN **(9999999X)** in the **Subscriber Client Index Number** (CIN) field for the **Client Ineligible for Federal Programs** guarantor , otherwise your CIFP claims will deny.



TUTORING SESSION: FY 26-27 RATES MATRIX

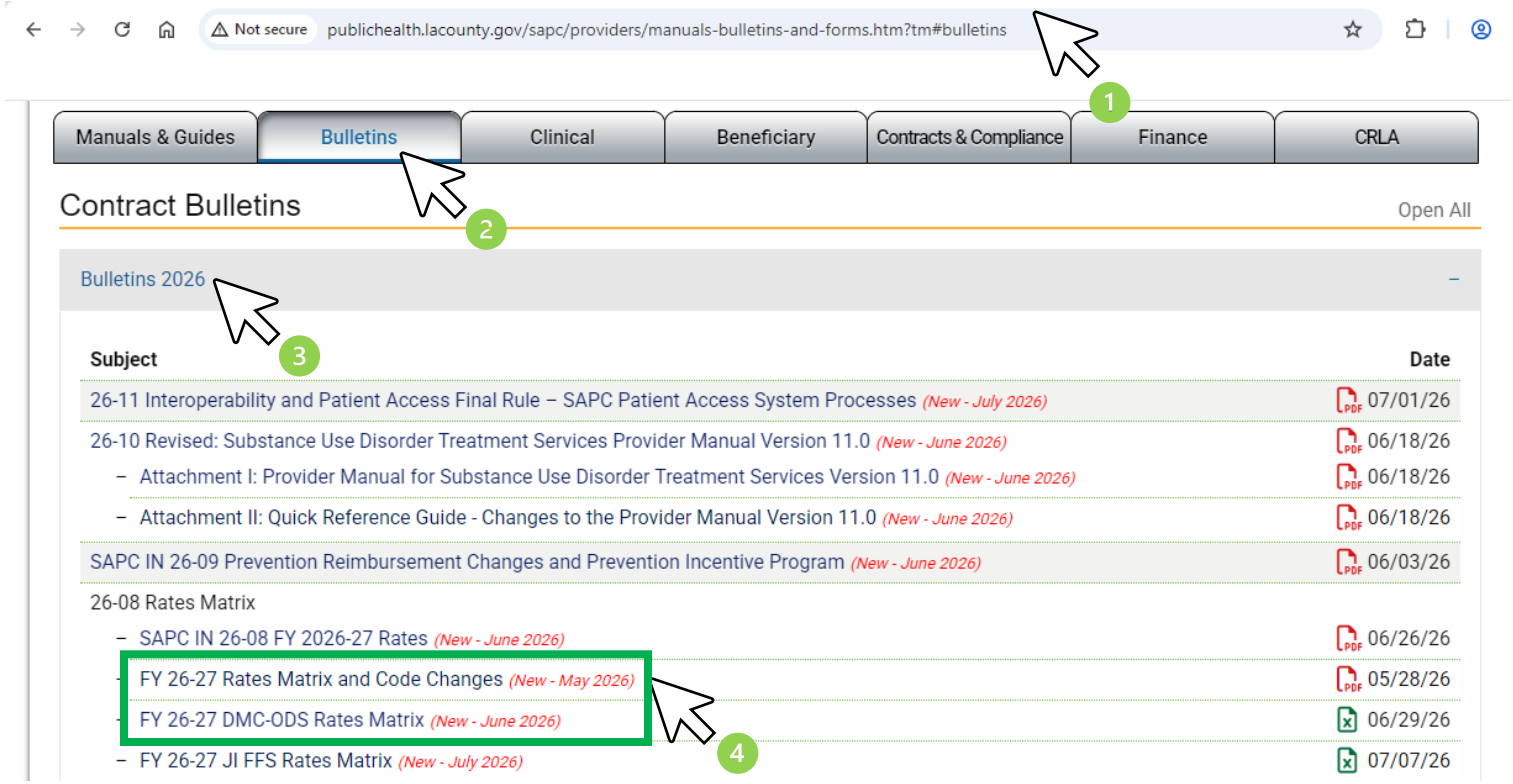
FY 26-27 RATES MATRIX - AGENDA

- Downloading the Rates Matrix and supporting documents
- Tabs walkthrough
- How to filter data in Excel
- A closer look at the Rates Matrix and Code Changes
  - Updated level of care labels on tier tabs
  - Rate updates
  - Submitting NDC Information for H0033 in 3.2-WM
  - Removal of Clinical Trainee modifiers
  - LPHACOD
  - Caregiver codes
  - Naloxone incentives updates
  - S9976-C and H2034-C updates

FY 26-27 RATES MATRIX – DOWNLOADING THE RATES MATRIX AND SUPPORTING DOCUMENTS

FY 26-27 RATES MATRIX – DOWNLOADING THE RATES MATRIX AND SUPPORTING DOCUMENTS

- First, go to: http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#bulletins
- Next, click **Bulletins**, then click **Bulletins 2026**. Finally, navigate to the **26-08 Rates Matrix** section and click on **FY 26-27 Rates Matrix and Code Changes** and **FY 26-27 DMC-ODS Rates Matrix**



FY 26-27 RATES MATRIX - TABS WALKTHROUGH

FY 26-27 RATES MATRIX – TAB WALKTHROUGH

- The Rates Matrix has the following tabs:
  - Tier 1, Tier 2, Tier 3
  - Billing Rules
  - MAT NDCs
  - Place of Service
  - MAT Lockouts
  - CPT Add On Codes
  - Disciplines
  - Modifiers
  - Taxonomy Codes
- Next, let’s open up the FY 26-27 Rates Matrix and walk through each tab listed above

FY 26-27 RATES MATRIX - HOW TO FILTER DATA IN EXCEL

FY 26-27 RATES MATRIX - HOW TO FILTER DATA IN EXCEL

- Filtering in Excel is helpful in:
  - Making long lists of data more manageable & easier to read
  - Making searching columns with many rows of data easy
  - Narrowing down billable codes and rates for specific levels of care (Tier 1, Tier 2, Tier 3 tabs)
  - Looking at rules for single codes, or to compare rules for multiple codes (Billing Rules tab)
  - Focusing on primary code/add-on code relationships
- Next, let’s open up the FY 26-27 Rates Matrix, and we’ll walk through how to filter data within the Excel file

FY 26-27 RATES MATRIX – A CLOSER LOOK AT THE RATES MATRIX AND CODE CHANGES

FY 26-27 RATES MATRIX – UPDATED LEVEL OF CARE LABELS ON TIER TABS

FY 26-27 RATES MATRIX – UPDATED LEVEL OF CARE LABELS ON TIER TABS

FY 25-26

- (Select All)
- ASAM 0.5 (U6:U7)
- ASAM 0.5 (U7)
- ASAM 1.0 (U6:U7)
- ASAM 1.0 (U6:U7) - CENS
- ASAM 1.0 (U7)
- ASAM 1.0 (U7) - CENS
- ASAM 1.0 WM (U4:U7)
- ASAM 1.0 WM (U4:U8)
- ASAM 1.0 WM (U6:U4:U7)
- ASAM 1.0 WM (U6:U4:U8)
- ASAM 2.0 WM (U5:U7)
- ASAM 2.0 WM (U5:U8)
- ASAM 2.0 WM (U6:U5:U7)
- ASAM 2.0 WM (U6:U5:U8)
- ASAM 2.1 (U6:U8)
- ASAM 2.1 (U8)
- ASAM 3.1 (U1)
- ASAM 3.1 (U6:U1)
- ASAM 3.2 WM (U6:U9)
- ASAM 3.2 WM (U9)
- ASAM 3.3 (U2)
- ASAM 3.3 (U6:U2)
- ASAM 3.5 (U3)
- ASAM 3.5 (U6:U3)
- ASAM 3.7 WM
- ASAM 4.0 WM
- OTP (U6:UA:HG)
- OTP (UA:HG)
- Recovery Bridge Housing (RBH)

FY 26-27

- (Select All)
- CENS - Outpatient 1.0 (U6:U7)
- Inpatient 3.7 WM
- Inpatient 4.0 WM
- Intensive Outpatient 2.1 (U8)
- Opioid Treatment Program (UA:HG)
- Outpatient 0.5 (U7)
- Outpatient 1.0 (U7)
- Outpatient 1.0 WM (U4:U7)
- Outpatient 1.0 WM (U4:U8)
- Outpatient 2.0 WM (U5:U7)
- Outpatient 2.0 WM (U5:U8)
- Recovery Bridge Housing (RBH)
- Recovery Service - Intensive Outpatient 2.1 (U6:U8)
- Recovery Service - Opioid Treatment Program (U6:UA:HG)
- Recovery Service - Outpatient 0.5 (U6:U7)
- Recovery Service - Outpatient 1.0 (U6:U7)
- Recovery Service - Outpatient 1.0 WM (U6:U4:U7)
- Recovery Service - Outpatient 1.0 WM (U6:U4:U8)
- Recovery Service - Outpatient 2.0 WM (U6:U5:U7)
- Recovery Service - Outpatient 2.0 WM (U6:U5:U8)
- Recovery Service - Residential 3.1 (U6:U1)
- Recovery Service - Residential 3.2 WM (U6:U9)
- Recovery Service - Residential 3.3 (U6:U2)
- Recovery Service - Residential 3.5 (U6:U3)
- Residential 3.1 (U1)
- Residential 3.2 WM (U9)
- Residential 3.3 (U2)
- Residential 3.5 (U3)

FY 26-27 RATES MATRIX – RATE UPDATES

FY 26-27 RATES MATRIX – RATE UPDATES

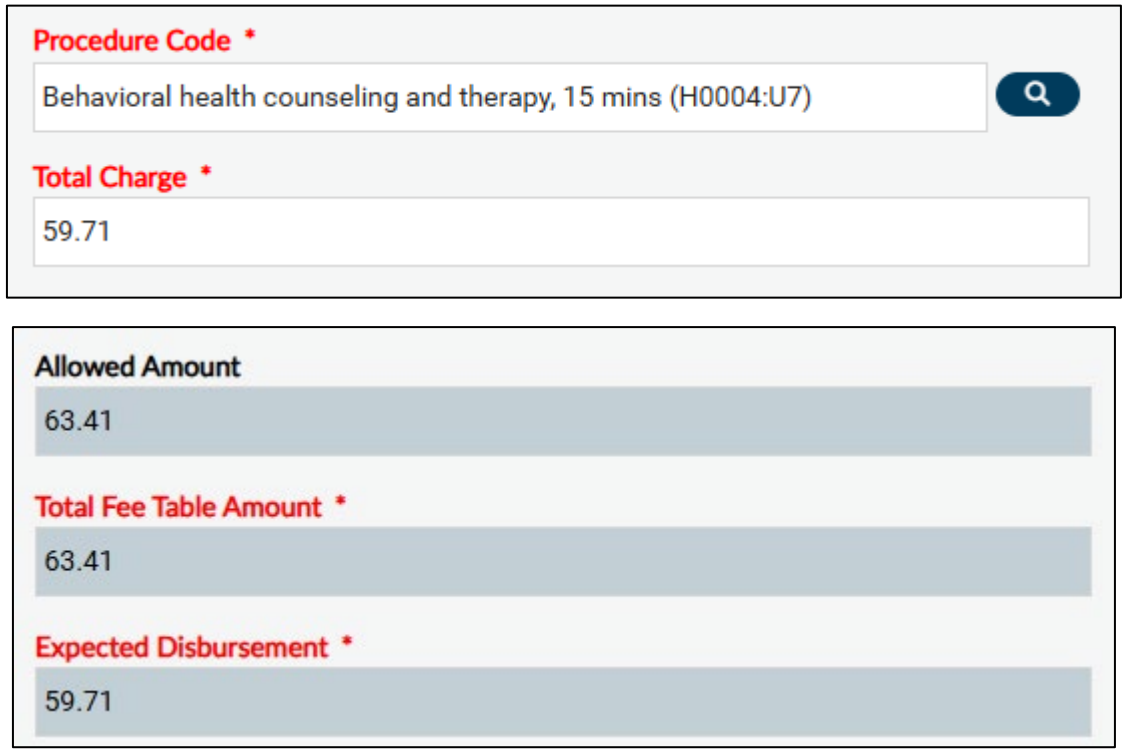
- **Rate Increases**
  - Increased rates by 6.2% for LOCs 0.5, 1.0, 2.1, OTP, Recovery Services, 1.0-WM, 2.0-WM, 3.7-WM, and 4.0- WM
  - Increased rates by 9.3% for LOCs 3.1, 3.2-WM, 3.3, and 3.5
  - Increased Recovery Bridge Housing (RBH) day rates by $5
  - Increased mileage rate to $0.73 per mile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

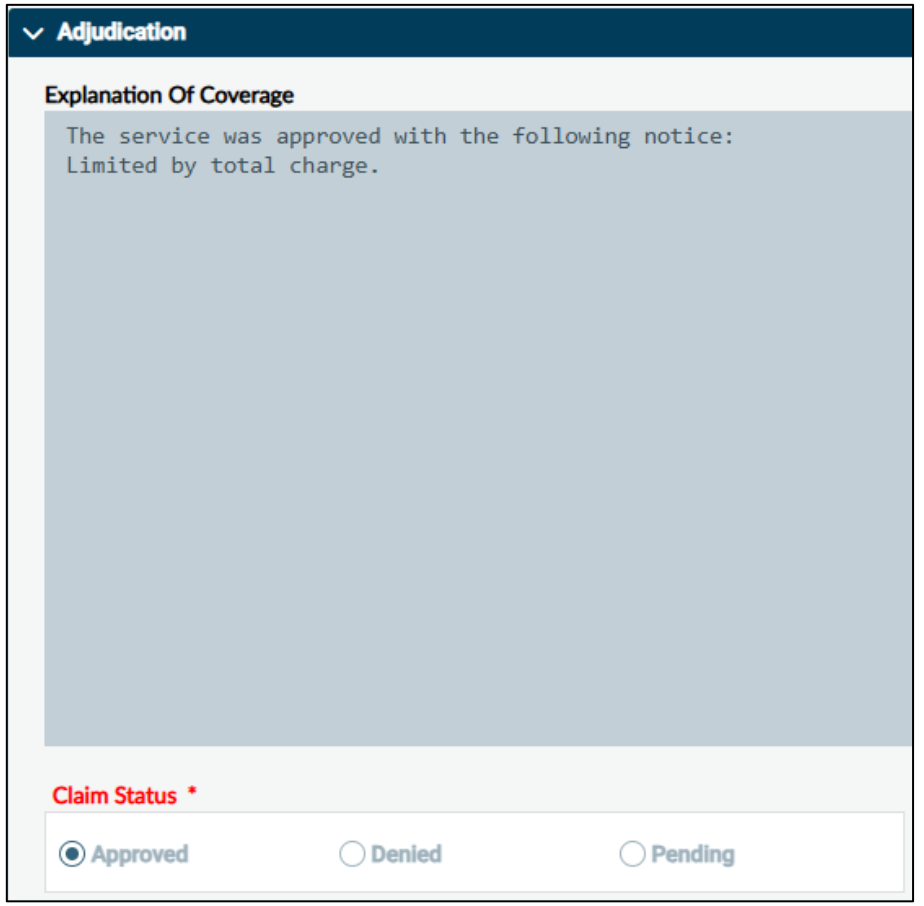
FY 26-27 RATES MATRIX – RATE UPDATES – BILLING CONSIDERATIONS – PRIMARY SAGE USERS

- When creating claims in the Sage **Fast Service Entry Submission** or **Replacement Claim Assignment (CMS-1500)** forms, please be mindful of the **Total Charge** entered.
  - In general, the **Total Charge** entered will be the **Expected Disbursement** for the claim
  - If the **Total Charge** entered is **less than** the **Allowed Amount** for the service, you will only be disbursed the **Total Charge**
  - If the **Total Charge** entered is **greater than** the **Allowed Amount** for the service, you will only be disbursed the **Allowed Amount**

FY 26-27 RATES MATRIX – RATE UPDATES – BILLING CONSIDERATIONS – PRIMARY SAGE USERS

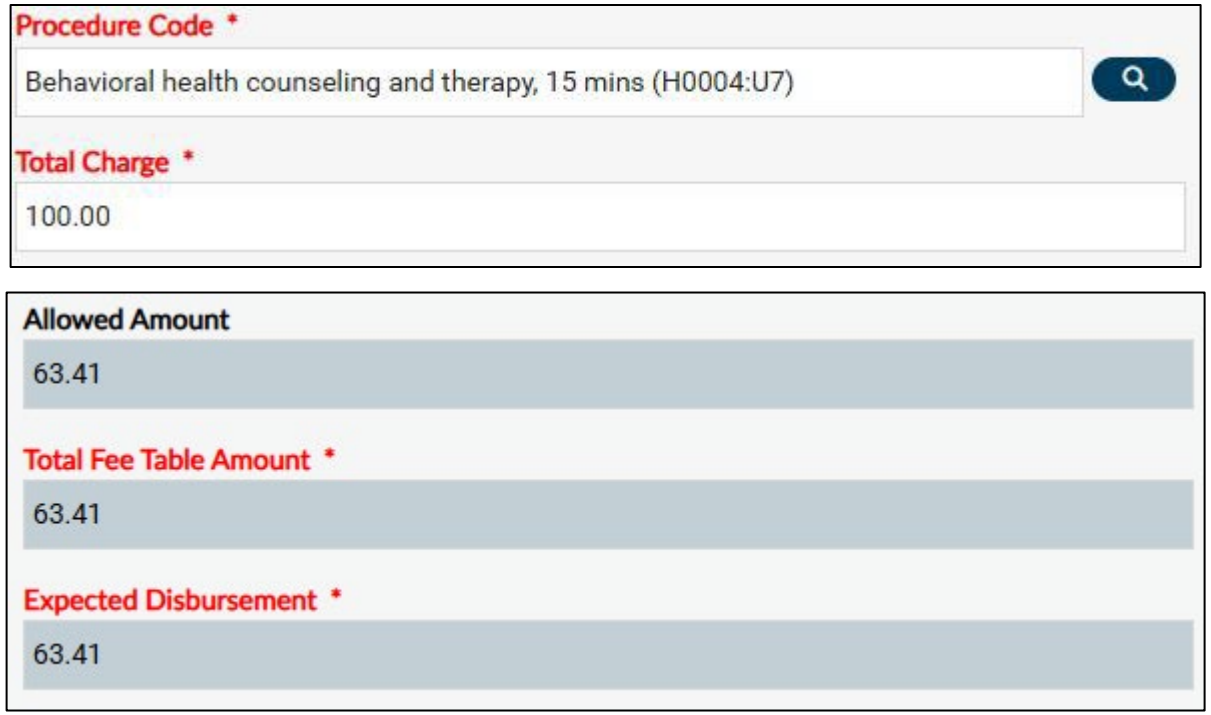
- If the **Total Charge** entered is **less than** the **Allowed Amount** for the service, you will only be disbursed the **Total Charge**

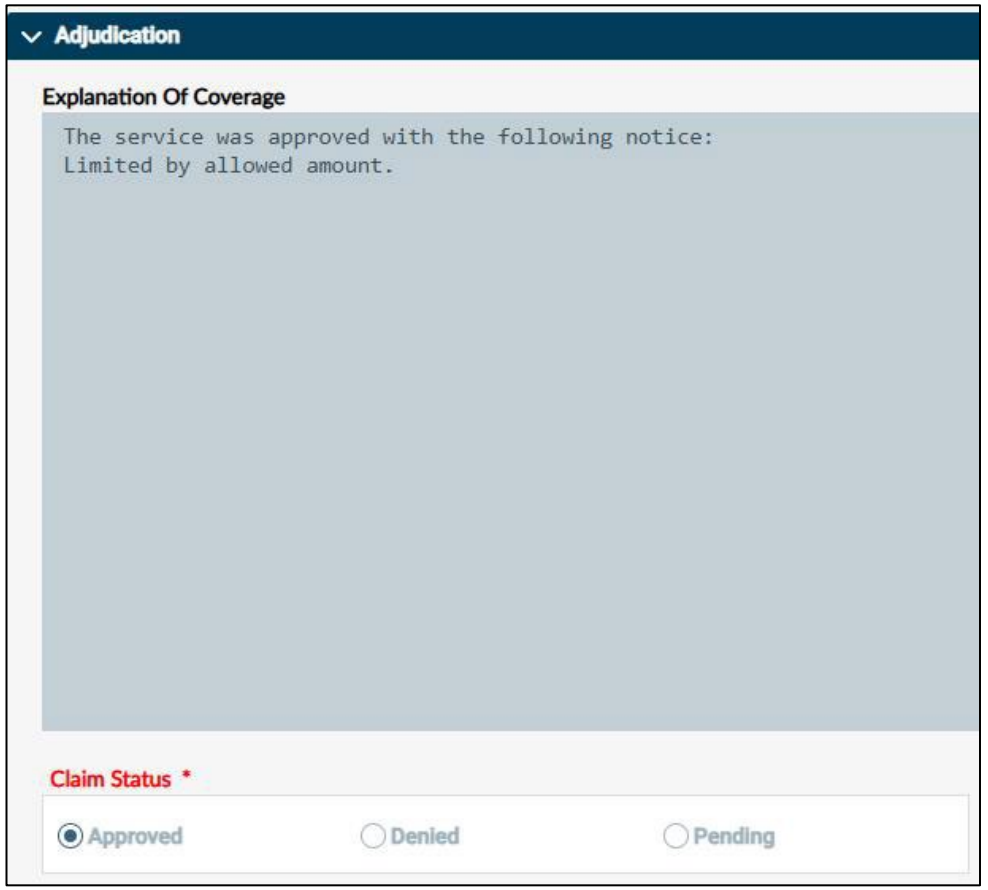




FY 26-27 RATES MATRIX – RATE UPDATES – BILLING CONSIDERATIONS – PRIMARY SAGE USERS

- If the **Total Charge** entered is **greater than** the **Allowed Amount** for the service, you will only be disbursed the **Allowed Amount**





FY 26-27 RATES MATRIX – RATE UPDATES – BILLING CONSIDERATIONS – SECONDARY SAGE USERS

- Before submitting 837 files, please consider the following
  - Verify that tje rates configured in your EHR are correct for the fiscal year services being billed. **Please don't configure FY 26-27 codes using FY 25-26 rates**.
    - If the rates are not configured correctly, please coordinate with your EHR Vendor to update
  - If disbursed payment is less than the published rates in the Rates Matrix
    - Check your submitted 837 files for rates entered that are less than the FY's published rate in the SV1 segment
  - **For example –**
    - In the following scenario, an 837 file was submitted, where H0004:U1 service was provided by a Registered Counselor at a Tier 1 Agency with a rate of $52.20

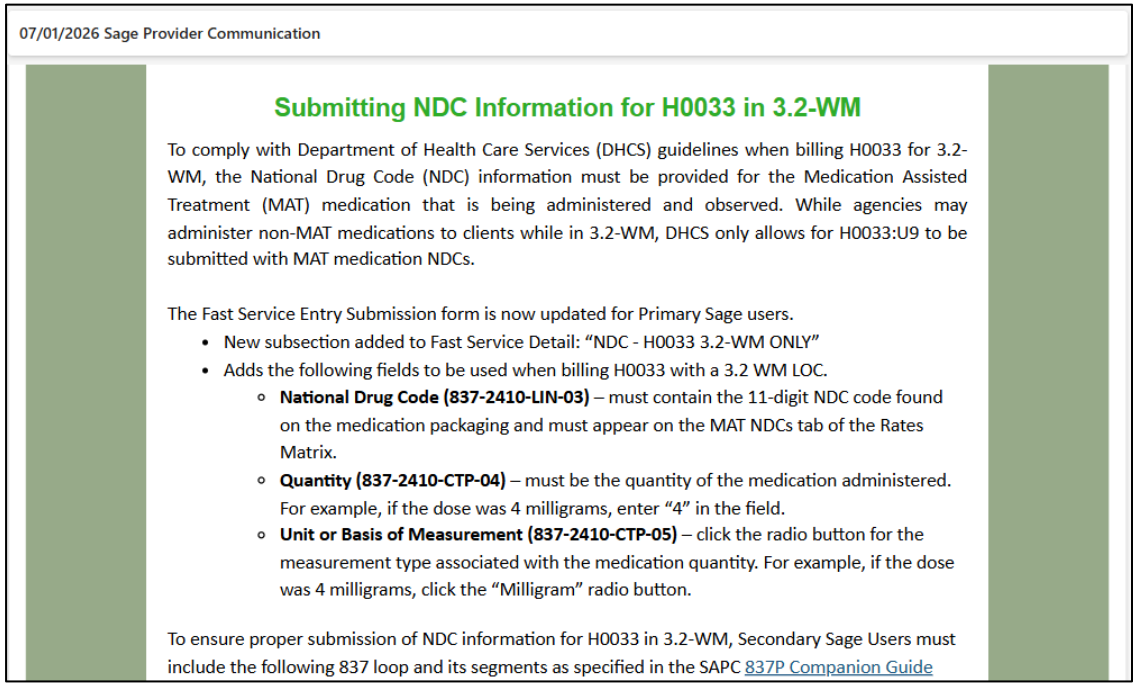
SV1*HC:H0004:U1***52.20***UN*1*10**1:2:3********

    - For FY 26-27, the published Tier 1 rate for H0004:U1 for a Registered Counselor is $55.44. However, the Agency was only disbursed $52.20 because the FY 25-26 rates were configured for this procedure code instead.

FY 26-27 RATES MATRIX – SUBMITTING NDC INFORMATION FOR H0033 IN 3.2-WM

SUBMITTING NDC INFORMATION FOR H0033 IN 3.2-WM

- On 7/1/2026, a Sage Provider Communication update was emailed out and the **Submitting NDC Information for H0033 in 3.2-WM Informational Reference** was uploaded to the SAPC website



07/01/2026 Sage Provider Communication

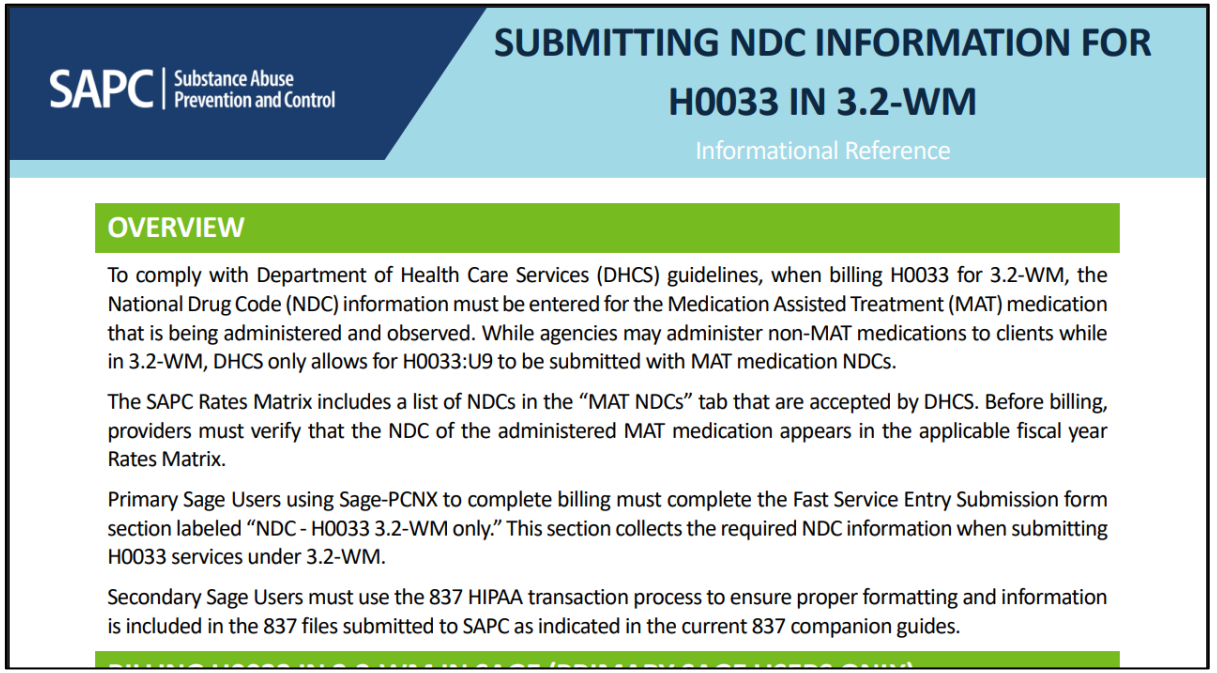
Submitting NDC Information for H0033 in 3.2-WM

To comply with Department of Health Care Services (DHCS) guidelines when billing H0033 for 3.2-WM, the National Drug Code (NDC) information must be provided for the Medication Assisted Treatment (MAT) medication that is being administered and observed. While agencies may administer non-MAT medications to clients while in 3.2-WM, DHCS only allows for H0033:U9 to be submitted with MAT medication NDCs.

The Fast Service Entry Submission form is now updated for Primary Sage users.

- New subsection added to Fast Service Detail: "NDC - H0033 3.2-WM ONLY"
- Adds the following fields to be used when billing H0033 with a 3.2 WM LOC.
  - **National Drug Code (837-2410-LIN-03)** – must contain the 11-digit NDC code found on the medication packaging and must appear on the MAT NDCs tab of the Rates Matrix.
  - **Quantity (837-2410-CTP-04)** – must be the quantity of the medication administered. For example, if the dose was 4 milligrams, enter "4" in the field.
  - **Unit or Basis of Measurement (837-2410-CTP-05)** – click the radio button for the measurement type associated with the medication quantity. For example, if the dose was 4 milligrams, click the "Milligram" radio button.

To ensure proper submission of NDC information for H0033 in 3.2-WM, Secondary Sage Users must include the following 837 loop and its segments as specified in the SAPC 837P Companion Guide



SAPC | Substance Abuse Prevention and Control

SUBMITTING NDC INFORMATION FOR H0033 IN 3.2-WM

Informational Reference

OVERVIEW

To comply with Department of Health Care Services (DHCS) guidelines, when billing H0033 for 3.2-WM, the National Drug Code (NDC) information must be entered for the Medication Assisted Treatment (MAT) medication that is being administered and observed. While agencies may administer non-MAT medications to clients while in 3.2-WM, DHCS only allows for H0033:U9 to be submitted with MAT medication NDCs.

The SAPC Rates Matrix includes a list of NDCs in the "MAT NDCs" tab that are accepted by DHCS. Before billing, providers must verify that the NDC of the administered MAT medication appears in the applicable fiscal year Rates Matrix.

Primary Sage Users using Sage-PCNX to complete billing must complete the Fast Service Entry Submission form section labeled "NDC - H0033 3.2-WM only." This section collects the required NDC information when submitting H0033 services under 3.2-WM.

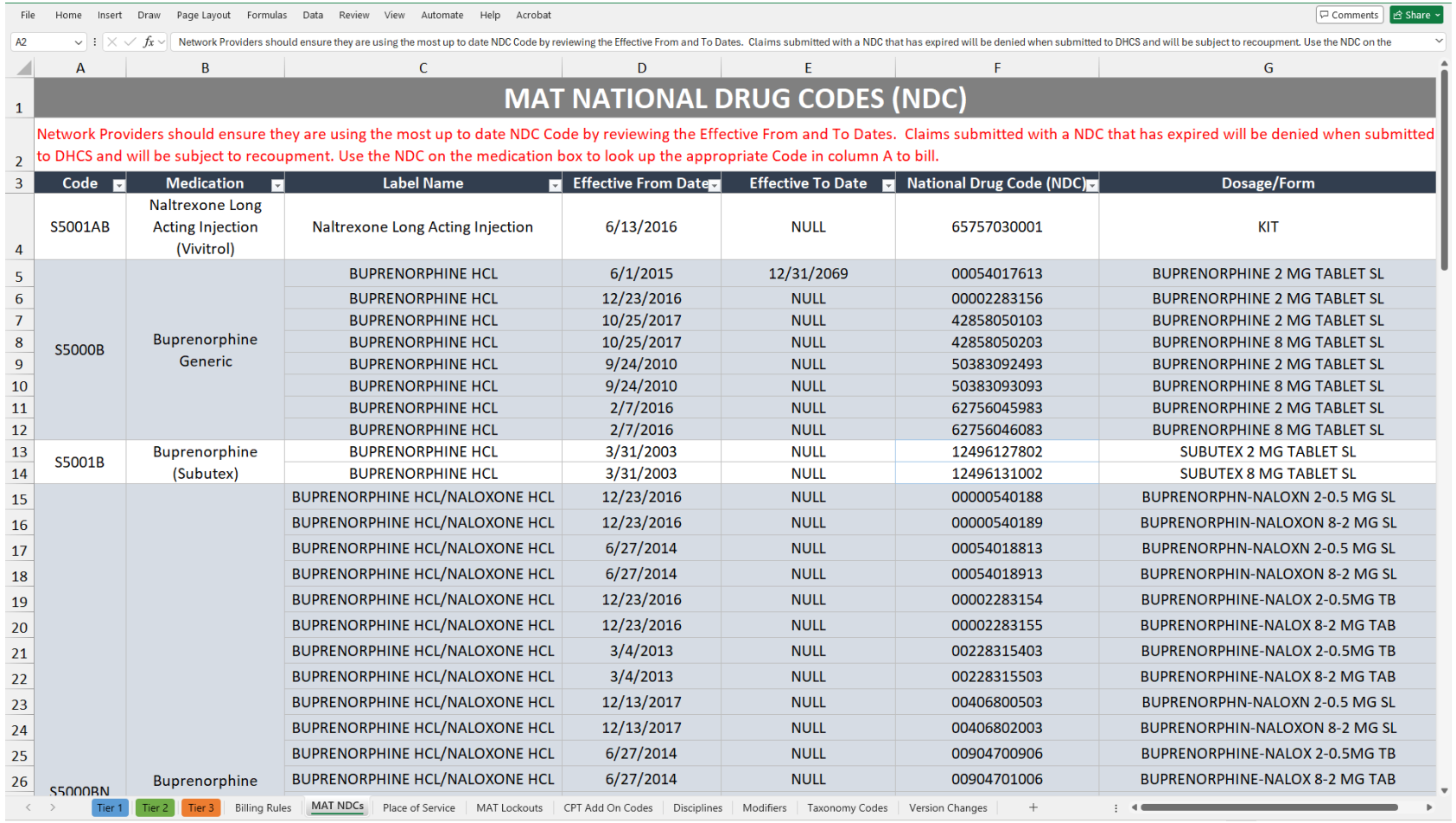
Secondary Sage Users must use the 837 HIPAA transaction process to ensure proper formatting and information is included in the 837 files submitted to SAPC as indicated in the current 837 companion guides.

SUBMITTING NDC INFORMATION FOR H0033 IN 3.2-WM

- To comply with Department of Health Care Services (DHCS) guidelines when billing H0033 for 3.2-WM, the National Drug Code (NDC) information must be provided for the Medication Assisted Treatment (MAT) medication that is being administered and observed.
- While agencies may administer non-MAT medications to clients while in 3.2-WM, DHCS only allows for H0033:U9 to be submitted with MAT medication NDCs.
- This requirement is effective on 07/01/2026 and applies for FY 25-26 and forward.
- FY 25-26 services already submitted do not need to be rebilled to SAPC with the NDC information. However, any new or replacement claims for FY25-26 on should now include NDC information.

SUBMITTING NDC INFORMATION FOR H0033 IN 3.2-WM

- Available NDCs can be found in the **MAT NDCs** tab of the Rates Matrix



File Home Insert Draw Page Layout Formulas Data Review View Automate Help Acrobat — Comments — Share

A2 — Network Providers should ensure they are using the most up to date NDC Code by reviewing the Effective From and To Dates. Claims submitted with a NDC that has expired will be denied when submitted to DHCS and will be subject to recoupment. Use the NDC on the

MAT NATIONAL DRUG CODES (NDC)

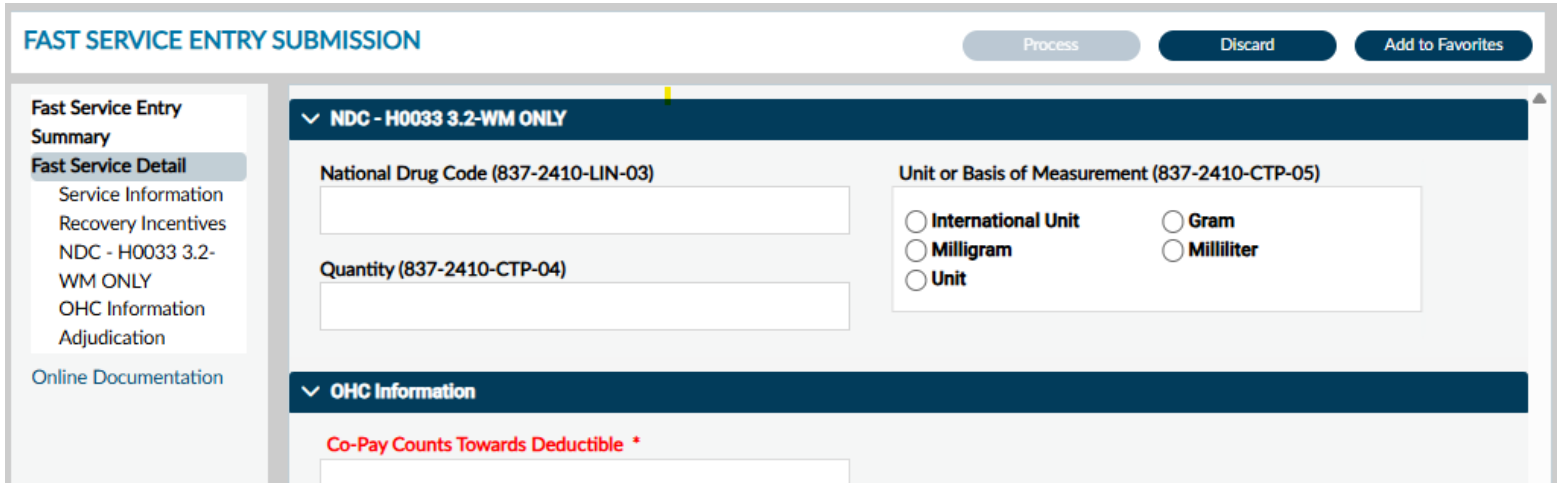
Network Providers should ensure they are using the most up to date NDC Code by reviewing the Effective From and To Dates. Claims submitted with a NDC that has expired will be denied when submitted to DHCS and will be subject to recoupment. Use the NDC on the medication box to look up the appropriate Code in column A to bill.

Code	Medication	Label Name	Effective From Date	Effective To Date	National Drug Code (NDC)	Dosage/Form
S5001AB	Naltrexone Long Acting Injection (Vivitrol)	Naltrexone Long Acting Injection	6/13/2016	NULL	65757030001	KIT
S5000B	Buprenorphine Generic	BUPRENORPHINE HCL	6/1/2015	12/31/2069	00054017613	BUPRENORPHINE 2 MG TABLET SL
		BUPRENORPHINE HCL	12/23/2016	NULL	00002283156	BUPRENORPHINE 2 MG TABLET SL
		BUPRENORPHINE HCL	10/25/2017	NULL	42858050103	BUPRENORPHINE 2 MG TABLET SL
		BUPRENORPHINE HCL	10/25/2017	NULL	42858050203	BUPRENORPHINE 8 MG TABLET SL
		BUPRENORPHINE HCL	9/24/2010	NULL	50383092493	BUPRENORPHINE 2 MG TABLET SL
		BUPRENORPHINE HCL	9/24/2010	NULL	50383093093	BUPRENORPHINE 8 MG TABLET SL
		BUPRENORPHINE HCL	2/7/2016	NULL	62756045983	BUPRENORPHINE 2 MG TABLET SL
		BUPRENORPHINE HCL	2/7/2016	NULL	62756046083	BUPRENORPHINE 8 MG TABLET SL
S5001B	Buprenorphine (Subutex)	BUPRENORPHINE HCL	3/31/2003	NULL	12496127802	SUBUTEX 2 MG TABLET SL
		BUPRENORPHINE HCL	3/31/2003	NULL	12496131002	SUBUTEX 8 MG TABLET SL
S5000BN	Buprenorphine	BUPRENORPHINE HCL/NALOXONE HCL	12/23/2016	NULL	00000540188	BUPRENORPHN-NALOXN 2-0.5 MG SL
		BUPRENORPHINE HCL/NALOXONE HCL	12/23/2016	NULL	00000540189	BUPRENORPHIN-NALOXON 8-2 MG SL
		BUPRENORPHINE HCL/NALOXONE HCL	6/27/2014	NULL	00054018813	BUPRENORPHN-NALOXN 2-0.5 MG SL
		BUPRENORPHINE HCL/NALOXONE HCL	6/27/2014	NULL	00054018913	BUPRENORPHIN-NALOXON 8-2 MG SL
		BUPRENORPHINE HCL/NALOXONE HCL	12/23/2016	NULL	00002283154	BUPRENORPHINE-NALOX 2-0.5MG TB
		BUPRENORPHINE HCL/NALOXONE HCL	12/23/2016	NULL	00002283155	BUPRENORPHINE-NALOX 8-2 MG TAB
		BUPRENORPHINE HCL/NALOXONE HCL	3/4/2013	NULL	00228315403	BUPRENORPHINE-NALOX 2-0.5MG TB
		BUPRENORPHINE HCL/NALOXONE HCL	3/4/2013	NULL	00228315503	BUPRENORPHINE-NALOX 8-2 MG TAB
		BUPRENORPHINE HCL/NALOXONE HCL	12/13/2017	NULL	00406800503	BUPRENORPHN-NALOXN 2-0.5 MG SL
		BUPRENORPHINE HCL/NALOXONE HCL	12/13/2017	NULL	00406802003	BUPRENORPHIN-NALOXON 8-2 MG SL
		BUPRENORPHINE HCL/NALOXONE HCL	6/27/2014	NULL	00904700906	BUPRENORPHINE-NALOX 2-0.5MG TB
		BUPRENORPHINE HCL/NALOXONE HCL	6/27/2014	NULL	00904701006	BUPRENORPHINE-NALOX 8-2 MG TAB

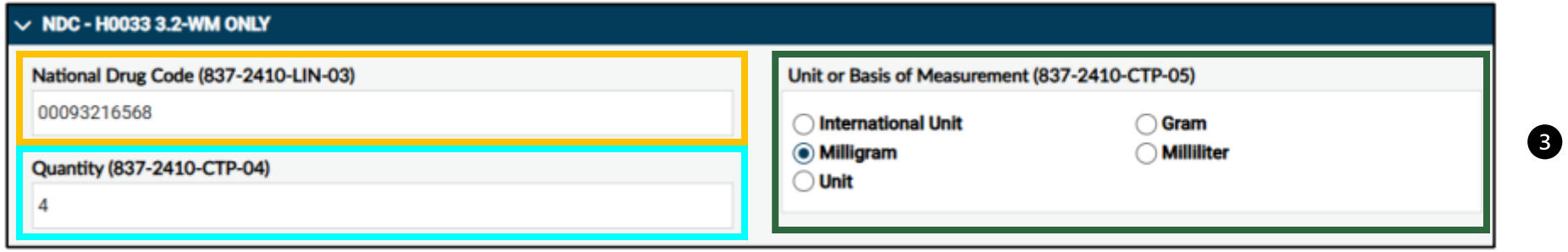
Tier 1 | Tier 2 | Tier 3 | Billing Rules | MAT NDCs | Place of Service | MAT Lockouts | CPT Add On Codes | Disciplines | Modifiers | Taxonomy Codes | Version Changes

BILLING H0033 IN 3.2-WM IN SAGE (PRIMARY SAGE USERS ONLY)

- The NDC requirement is only required for the following procedure codes
  - **FY 25-26 services**: H0033:U9, H0033:U9:CO, H0033:U9:HM, H0033:U9:HO, H0033:U9:HP, H0033:U9:TD, H0033:U9:TE
  - **FY 26-27 services**: H0033:U9
- In the **Fast Service Entry Submission** form, go to the **Fast Service Details** screen and enter the service information as required for all services.
- Then navigate to the section labeled **NDC –H0033 3.2-WM ONLY.** Use the information from the medication packaging and the dosing amount administered to the Client to complete the fields.



BILLING H0033 IN 3.2-WM IN SAGE (PRIMARY SAGE USERS ONLY)



1. In the **National Drug Code (837-2410-LIN-03)** field, enter the 11-digit NDC found on the medication packaging. Confirm that the NDC appears in the "MAT NDCs" tab of the SAPC Rates Matrix. If the NDC does not appear on the Rates Matrix, it is not an accepted NDC by DHCS and cannot be billed under H0033.
2. In the **Quantity (837-2410-CTP-04)** field, enter the quantity of the medication administered.
    a. Refer to the medication packaging to determine the correct dose and unit of measure (e.g., mL, mg, units, gram or IU). For example, for NARCAN 4 MG NASAL SPRAY, enter "4" in the field. The unit of measurement (mg) is entered in the following field.
3. In the **Unit or Basis of Measurement (837-2410-CTP-05)** field, click the radio button for the measurement type associated with the medication quantity (e.g., milliliters, milligrams, grams, units, or international units).
    a. For example, for NARCAN 4 MG NASAL SPRAY, select "Milligram."

BILLING H0033 IN 3.2-WM VIA 837 FILE (SECONDARY SAGE USERS ONLY)

- To ensure proper submission of NDC information for H0033 in 3.2-WM, Secondary Sage Users must include the following 837 loop and its segments as specified in the SAPC 837P Companion Guide.
- Use the information from the medication packaging and the dosing amount administered to the client to populate the required loops and segments.
- If the NDC does not appear on the Rates Matrix, it is not an accepted NDC by DHCS and cannot be billed under H0033.

BILLING H0033 IN 3.2-WM VIA 837 FILE (SECONDARY SAGE USERS ONLY) – REQUIRED LOOPS AND SEGMENTS

- **Loop 2410 – Drug Identification**
- **Segments**
  - **LIN Segment – Drug Identification**
    - **LIN02** must contain the qualifier “N4” indicating National Drug Code
    - **LIN03** must contain the 11-digit NDC with no hyphens or spaces
  - **CTP Segment – Drug Quantity**
    - **CTP04** must include the quantity of the medication administered
      - This refers to the quantity of the medication administered. Refer to the medication packaging to determine the correct dosage amount. For example, for NARCAN 4 MG NASAL SPRAY, the value would be “4.”
    - **CTP05** must include the unit of measure (e.g., ML, ME, UN, etc.)
      - This specifies the measurement type associated with the medication quantity (e.g., milliliters, milligrams, grams, units, or international units). Please select the appropriate measurement type. For example, for NARCAN 4 MG NASAL SPRAY, the value would be “ME.”
      - Allowable values are: F2 - International Unit, GR - Gram, ML - Milliliter, UN - Unit, or ME - Milligram (*Table 1. CTP05 – Measurement Types & Codes*).

Example of Completed Loop and Segment:

```
LIN**N4*63323024910~
CTP****07*ML~
```

Table 1. CTP05 - Measurement Types & Codes

CTP05 Value	Measurement Type
F2	International Unit
GR	Gram
ML	Milliliter
UN	Unit
ME	Milligram

FY 26-27 RATES MATRIX - REMOVAL OF CLINICAL TRAINEE MODIFIERS

FY 26-27 RATES MATRIX - REMOVAL OF CLINICAL TRAINEE MODIFIERS

- 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

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

FY 26-27 Rates Matrix

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 RATES MATRIX - REMOVAL OF CLINICAL TRAINEE MODIFIERS

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

MODIFIERS				
Categor	Modifie	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 RATES MATRIX - REMOVAL OF CLINICAL TRAINEE MODIFIERS

- 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 FY 26-27 only, services billed with Clinical Trainee performing providers will continue adjudicating appropriately without the modifiers.*

FY 26-27 RATES MATRIX – LPHACOD

FY 26-27 RATES MATRIX – OVERVIEW OF LPHACOD

Level of Care	Code Type	Sage Service Code Description	Code	Code + LOC U Code	Medical Assistant	Licensed Psychiatric Technician/ Clinical Trainee	Licensed Vocational Nurse/ Clinical Trainee	Community Health Worker	Peer Support Specialist	Registered Counselor	Certified Counselor	LPHA (LMFT, LCSW, LPCC)/ Clinical Trainee and LE-LPHA (AMFT, ASW, APCC)	Occupational Therapist/ Clinical Trainee	Psychologist/ Clinical Trainee	Registered Nurse/ Clinical Trainee	Physician Assistant/ Clinical Trainee	Pharmacist/ Clinical Trainee	Nurse Practitioner/ Clinical Trainee	Physician (MD/DO)/ Medical Student in Clerkship
Residential 3.1 (U1)	Residential Capacity Building	Service provided to client with co-occurring mental health condition, delivered directly by a diagnosing LPHA, per encounter	LPHACOD	LPHACOD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$0.00	N/A	$0.00	N/A	$0.00	N/A	$0.00	$0.00
Residential 3.2 WM (U9)	Residential Capacity Building	Service provided to client with co-occurring mental health condition, delivered directly by a diagnosing LPHA, per encounter	LPHACOD	LPHACOD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$0.00	N/A	$0.00	N/A	$0.00	N/A	$0.00	$0.00
Residential 3.3 (U2)	Residential Capacity Building	Service provided to client with co-occurring mental health condition, delivered directly by a diagnosing LPHA, per encounter	LPHACOD	LPHACOD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$0.00	N/A	$0.00	N/A	$0.00	N/A	$0.00	$0.00
Residential 3.5 (U3)	Residential Capacity Building	Service provided to client with co-occurring mental health condition, delivered directly by a diagnosing LPHA, per encounter	LPHACOD	LPHACOD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$0.00	N/A	$0.00	N/A	$0.00	N/A	$0.00	$0.00

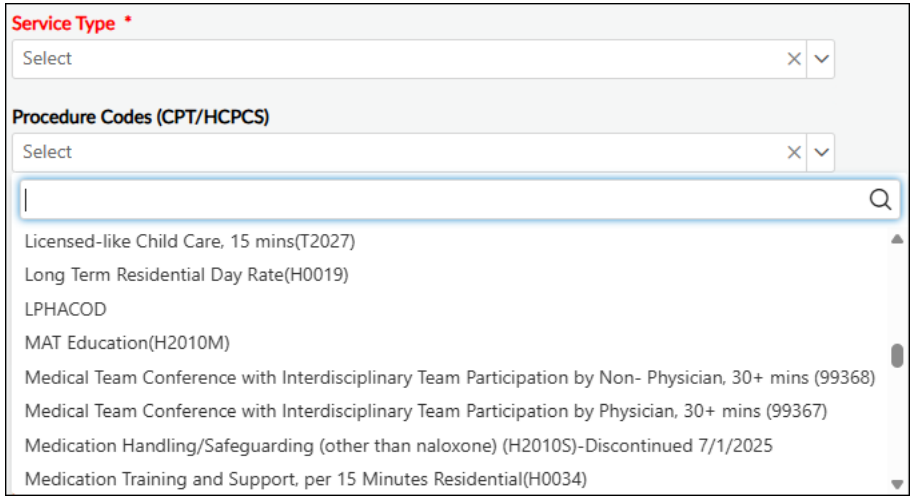
- For qualified LPHA staff who provide direct care to clients with co-occurring disorders (COD)
  - Psychiatrist (MD or DO), Psychiatric Advanced Practice Nurse (APRN), Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage and Family Therapist (LMFT), Licensed-eligible LPHA working under the supervision of licensed clinicians
- Only applicable to 3.1, 3.2-WM, 3.3, and 3.5 levels of care (Residential)
- Billable as a $0.00 service for incentives tracking across Tiers 1, 2, and 3

FY 26-27 RATES MATRIX – BILLING RULES FOR LPHACOD

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?	Example Calculation	Allowable Disciplines	Dependent on Codes (Primary Code)	Is this an Add-On Code	Maximum Units That Can Be Billed Per Beneficiary Per Day
LPHACOD	Residential Capacity Building	Service provided to client with co-occurring mental health condition, delivered directly by a diagnosing LPHA, per encounter	N/A	N/A	No	N/A	LCSW, LCSW-CT, LMFT, LMFT-CT, LPCC, LPCC-CT, MD/DO, MD/DO-Clerks, NP, NP-CT, PhD/PsyD, PhyD/PsyD-CT, PA, PA-CT	N/A	No	6

- Billing for LPHACOD
  - Not configured as an add-on code, and should be billed on a separate claim
  - No minimum time requirements to claim 1 unit
  - Maximum units that can be billed per client per day = 6 units

FY 26-27 RATES MATRIX – LPHACOD PROGRESS NOTE OPTIONS UPDATED



- The **Service Type** can still be the general category of the service
  - For example, so if the LPHA contact was for an Assessment, choose Assessment from the dropdown, if the Therapy or Counseling, select the respective Service Type.
- **LPHACOD** is available in the **Procedure Codes (CPT/HCPCS)** field. This populates in the **Progress Note Status Report.**

FY 26-27 RATES MATRIX – LPHACOD PROGRESS NOTE

- The service and associated note written by the LPHA, which is the basis of submitting the LPHACOD billing code, does not need to be documented separately from what you would usually document for H0001, H0004, etc.
- The idea is that if your LPHA documents an Assessment or Counseling, then the LPHACOD code is submitted, there doesn't need to be a separate note associated with H0001 or H0004 (which was removed from the Rates and Standards Matrix for Residential levels of care).

FY 26-27 RATES MATRIX – LPHACOD OTHER CONSIDERATIONS

- **If documenting a note for LPHACOD, would that service count towards a residential bundled service?**
  - Yes, LPHA services (associated with the LPHACOD code) counts towards the bundled services that support claiming the day rate.
- **What if there is a DHCS audit?**
  - You can point an auditor to the time the LPHA spent with the Client, as documented in each clinical note
- **What if I'm a Secondary Sage User billing LPHACOD?**
  - One consideration for your EHR would be to cross-walk H0001 or H0004 codes reflecting services specific to LPHAs (on your EHR's end) to become an LPHACOD code on the actual claim submitted to SAPC

FY 26-27 RATES MATRIX – MORE INFORMATION ON LPHACOD

- SAPC Information Notice 26-03: The ASAM Criteria 4th Edition Residential Capacity Building Program
  - Launches the ASAM Criteria 4th Edition Residential Capacity Building Program to support staffing and operational expenses to establish co-occurring capability and ensure residential WM services are offered at DPH-SAPC contracted residential sites of care
- **Incentives**
  - This incentive enhances integrated co-occurring treatment through providing an additional incentive when agencies provide integrated mental health services directly to clients who screen positive for mental health conditions identified by the ASAM Dimension 3, the admission CalOMS form, or in the diagnosis form
  - *More information about the incentive here: Percent of Clients with Co-Occurring Mental Health Conditions Seen by LPHA (2-B)*

FY 26-27 RATES MATRIX – CAREGIVER CODES

FY 26-27 RATES MATRIX – CAREGIVER CODES

- **Applicable at Levels of Care**
  - Intensive Outpatient 2.1 (U8)
  - Opioid Treatment Program (UA:HG)
  - Outpatient 0.5 (U7)
  - Outpatient 1.0 (U7)
  - Residential 3.1 (U1)
  - Residential 3.2 WM (U9)
  - Residential 3.3 (U2)
  - Residential 3.5 (U3)
- **Allowable Disciplines**
  - Pharm, MD/DO, PA, PhD/PsyD, LCSW, RN, NP, LVN, LMFT, LPCC, LOT, LPT, MD/DO-Clerk, PA-CT, Pharm-CT, NP-CT, PhD-CT/PsyD-CT, LCSW-CT, LMFT-CT, LPCC-CT, LOT-CT, RN-CT, LVN-CT, LPT-CT
- To learn more on how to clinically document this code type, please reach out to SAPC Clinical Standards and Training at Dsapc.cst@ph.lacounty.gov

Code	Code Type	Service Description
96202	Caregiver	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes
96203	Caregiver	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes
97550	Caregiver	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes
97551	Caregiver	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes
97552	Caregiver	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. 45 mins
G0539	Caregiver	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes
G0540	Caregiver	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes
G0541	Caregiver	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes
G0542	Caregiver	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes
G0543	Caregiver	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers; 45 minutes

FY 26-27 RATES MATRIX - NALOXONE INCENTIVES UPDATES

FY 26-27 RATES MATRIX – NALOXONE INCENTIVES UPDATES

- **FY 26-27**
  - Incentives were removed for H2010N (Naloxone)
  - H2010N was removed from the FY 26-27 Rates Matrix, and will no longer be billable as a $0 service for incentive tracking purposes
- However, H2010M (MAT Education) is still be billable for FY 26-27

FY 26-27 RATES MATRIX – S9976-C AND H2034-C UPDATES

FY 26-27 RATES MATRIX – S9976-C AND H2034-C UPDATES

- **FY 26-27**
  - SAPC removed "-" from codes
    - H2034-C (**RBH** Room and Board of child accompanying patient)
    - S9976-C (**Residential** Room and Board of child accompanying patient)
  - Now billable as H2034C and S9976C
- **FY 25-26**
  - Remains billable as H2034-C and S9976-C

AGENCY QUESTIONS

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

HELPFUL CONTACTS

HELPFUL CONTACTS

Unit/Branch Contact	Email *Do not send Protected Health Information (PHI) to any SAPC email*	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

OPEN Q&A