BILLING & DENIAL RESOLUTION TUTORING LAB

DECEMBER 4, 2025

AGENDA

- Reminders & Announcements
- DMC Contract Monitoring
- Replacement Claim Metrics
- Tutoring Session Topics
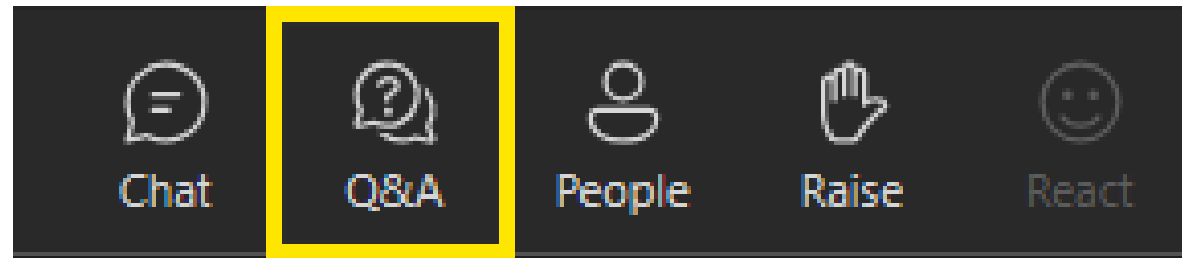 - SFTP
- Open Q&A

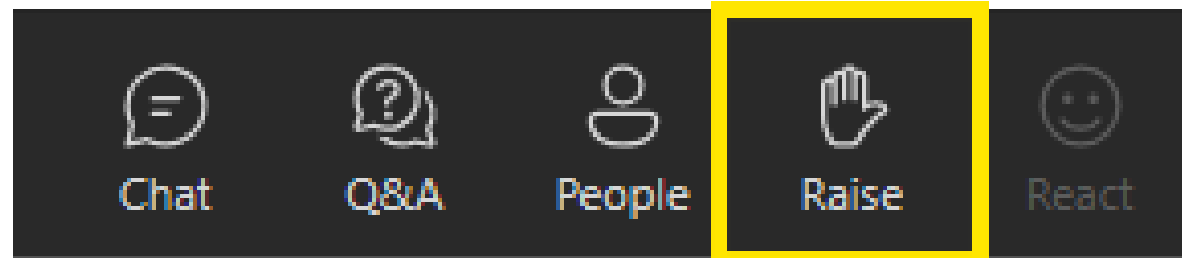# REMINDERS & ANNOUNCEMENTS

REMINDERS

Q&A REMINDER

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

  - Q&A Button

  - Raise Hand Button

FAQ REMINDER

- As a reminder, FAQ are uploaded on a monthly basis. Please check to see if your question has been asked in previous tutoring labs.

  - *Link: http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm*

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

LOCKOUT CONFIGURATION ISSUES

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

| 334609SVC.000 637122 | 341234 | DMC | 08/10/2025 | A | 90791:U7 | 1.0 | $1008.68 | $1008.68 | $0.00 | $0.00 | $1008.68 |
| 334609SVC.000 637122 | 341234 | DMC | 08/10/2025 | D | 90849:U7:XE | 1.0 | $312.69 | $0.00 | $312.69 | $0.00 | $0.00 |

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

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

RECENTLY PUBLISHED GUIDANCE

- CENS DMC Services
    - Supports CENS provider agencies in billing for CENS services billable to DMC
    - Includes the following topics:
        - Identifying billable codes on the Rates Matrix
        - Services covered under the CENS billable codes
        - Identifying CENS PAuth numbers in Sage
        - Billing CENS services in Sage-PCNX (primary Sage users)
        - Billing CENS services via 837 (secondary Sage users)
    - The guide is available for download here: LINK

RECENTLY PUBLISHED GUIDANCE

- Provider Authorizations (PAuths)

  - Provides a high-level overview of the information required in billing for services delivered via PAuth

  - Includes the following topics:

    - How to find PAuth Numbers in Sage

    - How to identify the codes configured under a PAuth

    - Recovery Services PAuth

    - CENS PAuth

    - Field Based Services Transportation PAuth

    - Screening No-Admission Pauth

  - The guide is available for download here: LINK

RECENTLY PUBLISHED GUIDANCE

- Share of Cost
  - Provides a high-level overview of Share of Cost (SOC) for Medi-Cal beneficiaries and how it impacts billing to SAPC
  - Includes the following topics:
    - Determining Share of Cost
    - Meeting Share of Cost
    - Certifying Share of Cost
  - The informational reference is available for download here: LINK

H0049 REMOVED FROM CENS PAUTH

- Effective 11/10/2025, H0049 will be removed as a billable service from the CENS PAuth

- Providers should rebill only if H0049 was denied by DHCS as either a duplicate (CO 96 M80) or lockout.

- SAPC is currently investigating and will notify impacted providers via email.

- Also, CENS providers are advised to instead bill/rebill for screening using H2017.

    - For guidance on how to bill for H2017, please review the Billing for Screening Job Aid

MISSING DIAGNOSIS RECOUPMENTS

- The Department of Health Care Services (DHCS) requires services to contain the beneficiary's admission diagnosis. Services billed to SAPC that do not contain the admission diagnosis cannot be billed to DHCS.
- As of this week, services billed to SAPC that do not contain an admission diagnosis will be:
  - Denied automatically upon submission with a "Eligibility Not Found/Verified in CalPM" denial reason <u>or</u>
  - Recouped manually by SAPC with a "No Admission Diagnosis Present"/CO 16 MA65 denial reason
- Currently, the DMC Fiscal Operations Section staff are working with provider agencies who have not completed the Sage Diagnosis form appropriately to report the client's admission diagnosis.
- Reminder: when entering the Admission diagnosis, the primary diagnosis must be a diagnosis applicable to SUD

MISSING DIAGNOSIS RECOUPMENTS

- Admission Diagnosis SAPC Resources:

    - QI & UM Checklist of Required Documentation: Provides information on what documents and forms are required when submitting a request for a service authorization. *Note that the document indicates the Sage form name as "Provider Diagnosis (ICD-10)", however, the name in Sage-PCNX is "Diagnosis".*
    - DSM-5 Substance Use Diagnosis: Provides a simplified table of diagnoses applicable for SUD and the appropriate ICD-10 code to use for billing purposes.
    - Provider Manual v10.0: Contains multiple references regarding allowable diagnoses.
    - FY 25-26 DMC-ODS Billing Manual (Pages 111-122): Contains reference to covered diagnoses per DHCS.
    - Correcting Diagnosis Errors in Sage: Instructions on how to correct common data entry or date errors for the Diagnosis form in Sage.

FY 24-25 BILLING DEADLINES

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

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

Deadline to Submit
Friday,
January 30, 2026

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

Deadline to Submit
Thursday,
April 30, 2026

FY 24-25 BILLING DEADLINES

- In preparation of the billing deadlines, we recommend:

  - Don't wait until the last week to submit claims. Submit claims at least once a month before the deadline to allow for any corrections needed for Local and State denials.
  - Review all currently denied services to ensure services have been corrected and replaced (as able).
  - Review available contract amounts and request augmentations if necessary.
  - Lastly, open a Request Billing Assistance ticket for any support needed to resolve outstanding FY 24-25 questions.

SERVICE AUTHORIZATIONS

- Make sure you're using an **Active** and **Approved** service authorization before submitting claims for a patient

- Especially for Secondary providers
  - Do not submit claims when a service authorization is in **Pending** status or a service authorization doesn't exist
  - Will lead to "**This member does not have this authorization number**" denials
  - Denials easily preventable

WE WOULD LOVE TO HEAR FROM YOU!

- Agencies with high local approval rates, what are your best practices for making sure that services are approved at the local level?

- Agencies not satisfied with your local approval rates, what gaps in billing knowledge can SAPC assist with?

Let's connect! Please send an email to SAPC-Finance@ph.lacounty.gov

ANNOUNCEMENTS

CO 96 N30 STATE DENIALS

- CO 96 N30 Denial Reasons
  - The Womens' Health History Form was not filled out correctly
  - **The service was not allowable as a part of the Justice Involved Re-entry Initiative (new)**
- The state has been incorrectly denying services for clients who have a Justice Involved Aid Code listed as a specialty aid code (I2 – I6) even if their primary aid code is allowable for DMC services .
- Impacted providers will receive the list of impacted services via SFTP on Friday December 5th.
- Providers should rebill impacted services no earlier than Wednesday December 10th.

KPI DATA TRUNCATION

- KPI maintains a history of 2 full fiscal years, 2 full calendar years, and the current fiscal year & calendar year billing data
- KPI data is truncated every 6 months
  - Once at the beginning of the calendar year in January
  - Once at the beginning of the fiscal year in July
- Upcoming data truncation – 1/1/2026
- What data will be available in KPI on 1/1/2026?

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 UPDATE – PAYMENT RECONCILIATION VIEW

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

DMC CONTRACT MONITORING

DMC CONTRACT MONITORING – KEEP IN MIND

- Keep in mind - along with services billed for a fiscal year, if an agency participates in additional programs, these activities are paid out through their fiscal year DMC contract.

- These programs can include:
  - Value-Based Incentives
  - Courtesy Dosing
  - R95 Enhanced Activities
  - RYSE Initiative – Pillar I
  - Field Based Enhanced Benefit
  - Child-Friendly Environments
  - ASAM IV Residential Capacity Building Pilot

- Currently, payments for participation in these programs does not reflect in Sage.

DMC CONTRACT MONITORING – STAYING AHEAD

- So how do you stay ahead of potentially running out of funds in your DMC contract?
    - Monitor your Remittance Advice (RA)
        - The RA will show a line for remaining funds available for the RA's indicated fiscal year

SUBSTANCE ABUSE PREVENTION AND CONTROL
Remittance Advice
FY 2025/2026

		Net Payable	$
Check Date:	10/24/2025	Check Amount : DMC	$
Check Date:	10/24/2025	Check Amount : RBH	$
		Remaining DMC Contract Amount Available as of 10/24/2025	$
		Remaining RBH Contract Amount Available as of 10/24/2025	$

    - RA is uploaded to your SFTP and available to download for 2 weeks

DMC CONTRACT MONITORING – STAYING AHEAD

- Incorporate into your workflow:
  - Regularly monitor your SFTP for Remittance Advice (RA) and track your remaining DMC contract amounts
  - If another department within your agency (i.e. accounts receivables) is responsible for downloading the RA from the SFTP, make sure to coordinate with them so you're aware of how much is left in your DMC contract when attempting to bill
    - When there is no more money available in your DMC contract, you'll start receiving "**Total expected disbursement exceeds current account level amount**" local denials

DMC CONTRACT MONITORING – AUGMENTATION

- Services billed against DMC contracts with no more available funding will continue receiving "**Total expected disbursement exceeds current account level amount**" local denials until funds become available

- Running low on DMC contract funds?
  - Request a Contract Augmentation through your SAPC CPA
  - A Contract Augmentation typically takes up to 3 months to process
  - Plan ahead and submit these augmentation requests early so that you have funding available when needed!

- SAPC currently strategizing on how to make it easier for providers to monitor

REPLACEMENT CLAIM METRICS

REPLACEMENT CLAIM METRICS

- Primary Providers (Using the Replacement Claim Assignment (CMS-1500) form)
  - Top 5 Replaced Services
    - H0019:U3 (2,161 Claims)
    - H0019:U1 (1,167 Claims)
    - T1017:U3 (1,397 Claims)
    - H0004:U7 (765 Claims)
    - S9976:U3 (725 Claims)

REPLACEMENT CLAIM METRICS

- Secondary Providers (Using their own EHR)
  - Top 5 Replaced Services
    - H0020:UA:HG (9,830 Claims)
    - H0019:U3 (6,550 Claims)
    - H0005:U7 (3,048 Claims)
    - H2010S:U3 (2,954 Claims)
    - T1017:U3 (2,274 Claims)

REPLACEMENT CLAIM METRICS

- Top 5 replacement claim Local denials ($)

  1. Procedure not on fee schedule

  2. Eligibility not found/verified in CalPM

  3. No dollars remain for this authorization

  4. Authorization is blank

  5. Duplicate ServiceClaim Status has been set to D because of Claim Adjudication Rule tele_amb_detox_dayrate – Telehealth Amb Detox Dayrates DMC

- Top 5 replacement claim State denials ($)

  1. CO 97 M86

  2. CO 96 N424

  3. CO 96 N362

  4. CO 96 N30

  5. CO 177

TUTORING SESSION:
SFTP

SFTP - AGENDA

- Overview

- How to gain access for your team & how to log in

- How to navigate the SFTP

- What documents are available for download/upload in the SFTP
  - Primary providers
  - Secondary Providers

SFTP - OVERVIEW

- SFTP is available to Primary and Secondary Providers

- SFTP = Secure File Transfer Protocol

- Easy to use: Web-based, accessible through your web browser

- It is SAPC's preferred method to send and receive secured billing related files, and other secured communications

- Files are available to download for 14 days, then disappear from the SFTP

SFTP – HOW TO GAIN ACCESS

- Send an email to sapc_app_support@ph.lacounty.gov

- SAPC App Support Team will reply with a PDF form to fill out

- Complete the form and email it to sapc_app_support@ph.lacounty.gov

SFTP – HOW TO GAIN ACCESS – THE FORM

1. Company Name

2. Company Address

3. ***MFT User Information (Non-County Employee)*** Section
   1. *Full Name*
   2. *Email*
   3. *Phone Number*

4. ***MFT User Approval by a non-County supervisor*** Section
   1. Full Name
   2. Email
   3. Phone Number
   4. Signature
   5. Date

5. Justification

**MFT New Account Application
for Non-County Employees**

Department of Public Health, County of Los Angeles

Company Name		Company Address	
MFT User Information (Non-County Employee)			
Full Name			
Email		Phone Number	
MFT User Approval by a non-County supervisor			
Full Name			
Email		Phone Number	
Signature		Date	
DPH Coordinator			
Full Name		Program/Division	
Email		Phone Number	
Justification: Specify business purposes and data type for MFT file transferring			
Signature (DPH Coordinator)		Date	
DPH IT Notes			

A DPH coordinator, who is a permanent county employee with DPH, assists non-county users in obtaining MFT accounts. This form is submitted by the DPH coordinator.

SFTP – HOW TO LOG IN

- Link to SFTP Site: https://dph.mft.lacounty.gov/

SFTP – HOW TO DOWNLOAD – METHOD 1

To download file, you can click on the check box in front of the file and click on Download
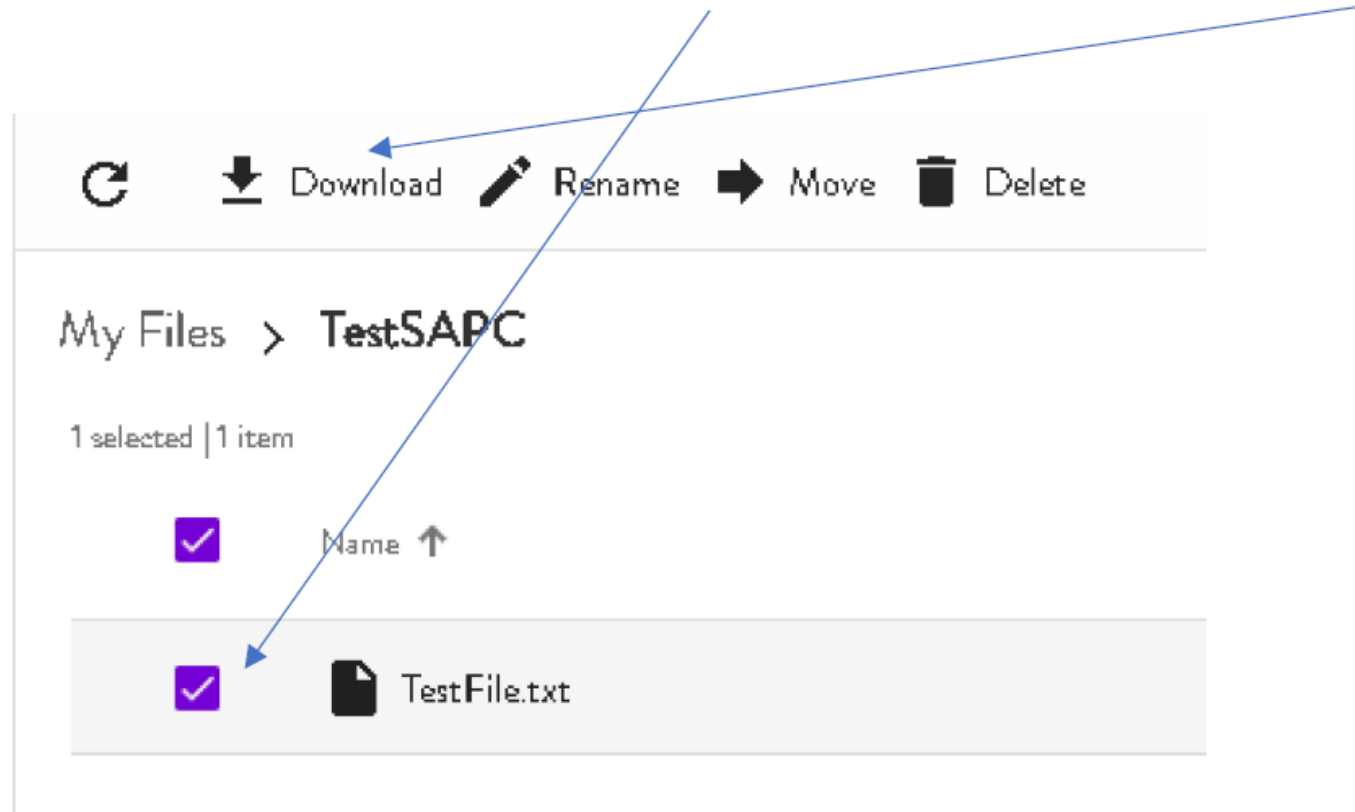
SFTP – HOW TO DOWNLOAD – METHOD 2

Another way is to click on the file and click on Save as on the pop up window.

What do you want to do with TestFile.txt?
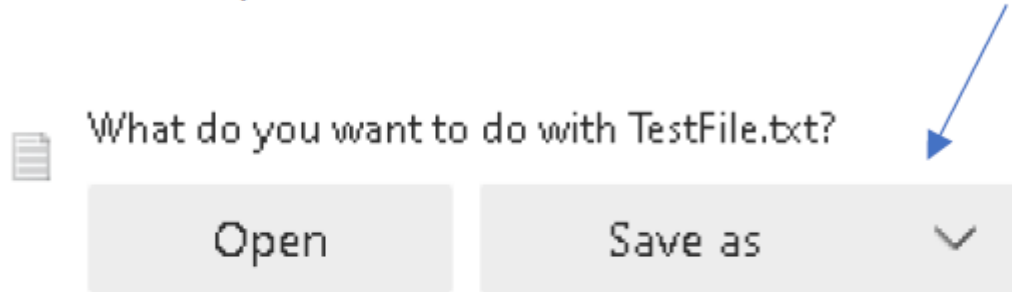
Open   Save as   ⌄

Then save the file to your location.

SFTP – HOW TO UPLOAD

To upload file, go to the folder where you want to upload the file to, click on Upload. A window is opened, browse to your file location, select the file and click Open.
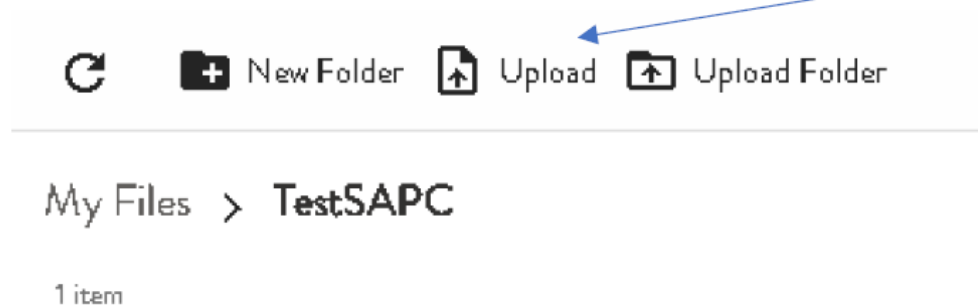
SFTP – COMMON DOWNLOAD FOLDERS

277

835

EOB
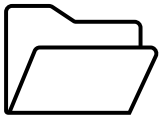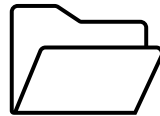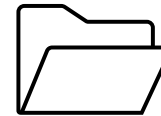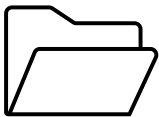
Remittance_Advice
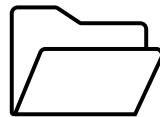
Compile_Report
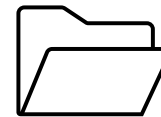
Claim Status Report

SFTP – PRIMARY PROVIDERS - DOWNLOADS

- What files can Primary providers download from the SFTP?

277

835

EOB

Remittance_Advice

Compile_Report
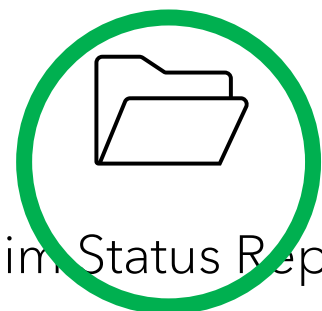
Claim Status Report

SFTP – SECONDARY PROVIDERS - DOWNLOADS

- What files can Secondary providers expect to download from the SFTP?

277

835

EOB

Remittance_Advice

Compile_Report

Claim Status Report
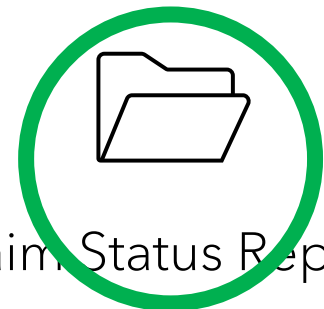
SFTP – COMMON UPLOAD FOLDERS
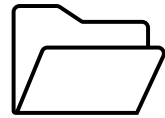
837
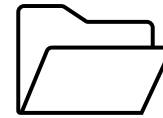
837i

SFTP – PRIMARY PROVIDERS - UPLOADS

- When would a Primary provider upload billing files to the SFTP?

837

837i*

* ASAM 3.7 & 4.0 Providers

SFTP – SECONDARY PROVIDERS - UPLOADS

- When would a Secondary provider upload billing files to the SFTP?
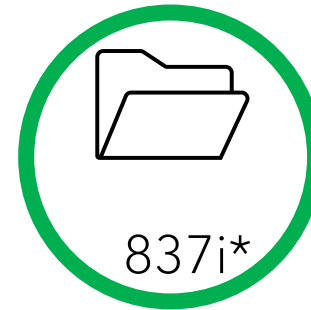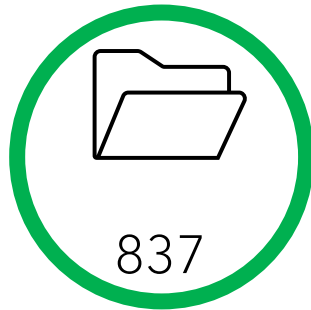
837

837i*

* ASAM 3.7 & 4.0 Providers

SFTP – SECONDARY PROVIDER UPLOAD – CLOSER LOOK

- Let's take a look at what happens after your 837P/837i file is uploaded to the SFTP

Agency Billing

837P/837i
SFTP Folder

Imported into Sage
for processing

SFTP – SECONDARY PROVIDER UPLOAD – CLOSER LOOK

- Let's take a look at what happens after your 837P/837i file is uploaded to the SFTP

After processing, files export from Sage into SFTP, ready for download*

277

835

EOB

Remittance_Advice

Compile_Report
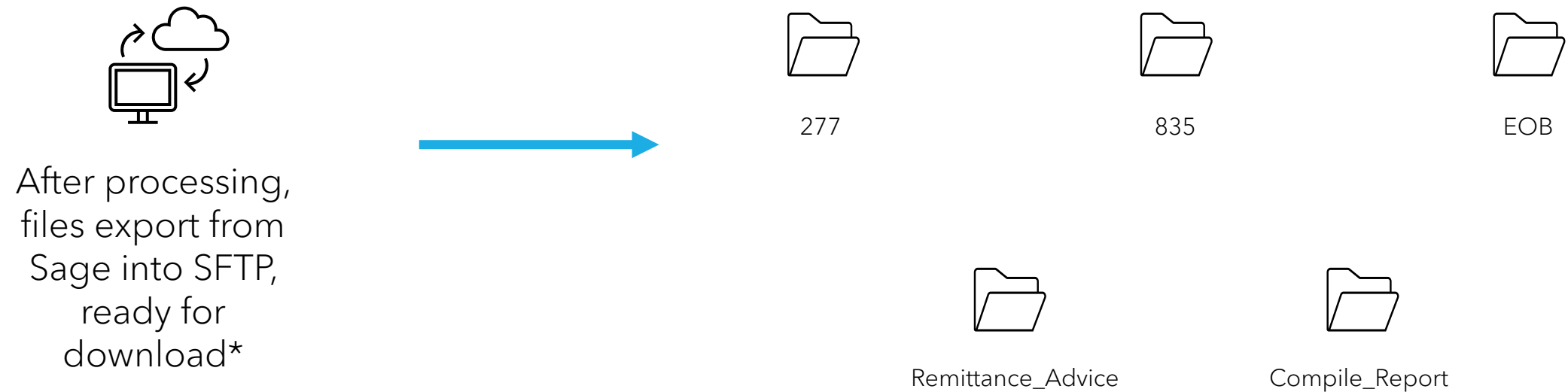
*at various times, each file is generated based on where the claim is in the processing workflow

SFTP – SECONDARY PROVIDERS – 277CA

- 277CA files
  - What is it?
    - This is a health insurance claim acknowledgement that lets you know if a claim was accepted or rejected in the file.
  - Why is it important?
    - It is important to download and post this file into your EHR so that system updates the claim status to accepted or rejected. If a claim is rejected, review the compiled Error file. Rejected claims are not processed in Sage!
  - Potential issues you may run into
    - Some EHRs may update the claim status to denied if the 277CA indicates a rejection. This would be inaccurate. If a claim is rejected, it is not processed in Sage and therefore has no adjudication status.

277

SFTP – SECONDARY PROVIDERS – 277CA

277CA Claim Status Codes

The following are most common rejection Claim Status Codes returned on the Sage 277CA:

Inbound 837P Claim Rejections	Claim Status Codes on Sage 277CA
Client's date of birth not match	A7:0
Void or Replacement Claim with invalid Payer Claim Control #	A7:0
Void or Replacement Claim where Client ID/MSO # on the Void or Replacement does not match the Client ID/MSO # of the original claim	A7:0
Date of Service is a future date	A7:0
Procedure code not defined in SAGE MSO HCPC/CPT table	A7:21 & A7:454
Client ID with the 'MSO' prefix but does not exist in SAGE	A7:33
Client ID without the 'MSO' prefix	A7:33
Total claim charge amount not equal sum of line-item charge amount	A7:178
Claim is out of balance – service line paid amount + all service line adjustment amounts do not equal the line-item charge amount	A7:400
Diagnosis Code Not Defined in SAGE Diagnosis Table	A7:477
A claim will be rejected if an ICD-9 diagnosis indicator is received and the service date (outpatient) or discharge/thru date (inpatient) are on or after the ICD-10 cutover date.	A7:477
Submitter ID NOT found	A7:478
Other Payer Primary ID is missing or invalid or the value sent in the 2330 loop does not match the value sent in the 2430 loop	A7:479

SFTP – SECONDARY PROVIDERS – 277CA

277CA

```
ISA*00*          *00*          *30*951234567      *30*680290013      *171107*0939*^*00501*000000003*1*T*:~
GS*HC*951234567*68029013*20171107*093907*3*X*005010X222A1~
ST*277*0003*005010X214~
BHT*0085*08*3*20171107*093907*TH~
HL*1**20*1~
NM1*AY*2*Los Angeles County SAPC*****FI*68290013~
TRN*1*20171107093907~
DTP*050*D8*20171107~
DTP*009*D8*20171107~
HL*2*1*21*1~
NM1*41*2*RECOVERING, INC.*****46*951234567~
TRN*2*12345H~
STC*A2:20*20171107*WQ*60~
QTY*90*1~
AMT*YU*60~
HL*3*2*19*1~
NM1*85*2*RECOVERY LYNWOOD*****XX*1751934005~
TRN*1*0~
STC*A2:20**WQ*60~
QTY*QA*1~
AMT*YU*60~
HL*4*3*PT~
NM1*IL*1*CLIENT*TREATMENT****MI*MSO109994~
TRN*2*36044~
STC*A2:20*20171107*WQ*60~
REF*1K*1~
DTP*472*D8*20170911~
SE*26*0003~
GE*1*3~
IEA*1*000000003~
```

277

2200B Loop - Information Receiver Application Trace ID
- TRN01 – Provider Reference ID from the 837P -- BHT03
- STC01 – Claim Status Category Code*
- QTY01 – 90=Acknowledged Quantity /AA=Unacknowledged Quantity
- AMT01—YU=Total Accepted Amount / YY= Total Rejected Amount

2200D Loop – Claim Status Tracking
- TRN02 – Provider's Claim ID from the 837P - CLM01
- STC02 – Claim Status Category Code*
- REF02 – Claims Reference Assigned by Sage.
- DTP03 – Claim Level Service Date

SFTP – SECONDARY PROVIDERS - 835

835

- 835 files
  - What is it?
    - The 835 is the Health Care Claim Payment/Advice File. It contains information on all Approved and Denied (Local and State) claims. Additionally, it will contain the check number for the payment that will be disbursed to the provider.
  - What does it look like?
    - 835v5010vProviderIDxEOB #xMMDDYYYYxTime
    - Example: 835v5010v9999v12345x10012025x115050
  - Why is it important?
    - It is important to download and post the 835 into your EHR to update and reconcile claim/payment status.
  - Potential issues you may run into
    - Providers get one 835 no matter how many EHR are used, SAPC cannot split 835

SFTP – SECONDARY PROVIDERS – 835 APPROVED

835

Denied Service

```
CLP*56050*1*60*0**16*2*11*1~
NM1*QC*1*CLIENT*TREATMENT****MI*3~
REF*F8*14877~
DTM*232*20170911~
DTM*233*20170911~
SVC*HC:99203:UA:HG:HA:HD*60*0**0**6~
DTM*472*20170911~
CAS*CO*96*60~
REF*BB*P1538~
LQ*HE*N216~
```

CAS02 - Service denied with Claim Adjustment Reason Code* (CARC) CO96 – Non-covered charge(s). At least one Remark Code must be used.

LQ02 – Remark Code** N216 – We do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.

SFTP – SECONDARY PROVIDERS – 835 STATE DENIAL & TAKEBACK

State Denial and Takeback

```
ISA*00*          *00*          *ZZ*680290013      *ZZ*951234567      *171109*2205*!*00501*000000055*1*P*:~
GS*HP*951234567*680290013*20171019*220515*1*X*005010X222A1~
ST*835*0137~
BPR*I*0*C*NON***********20171019~
TRN*1*34_DENIED_1378*1953893470~
REF*F2*AVATAR MSO 2017~
DTM*405*20171019~
NM1*PR*COUNTY OF LOS ANGELES SAPC~
N3*1000 FREMONT AVE~
N4*ALHAMBRA*CA*918039998~
PER*CX*CONTRACT NAME*TE*8008751850*EM*GRODRIGUEZ@PH.LACOUNTY.GOV~
PER*BL*SAPC EDI HELP DESK*EM*GRODRIGUEZ@PH.LACOUNTY.GOV~
N1*PE*RECOVERY, INC.*XX*1751934005~
REF*TJ*951234567~
LX*1~
CLP*3048*22*-28*-28**HM*288*11*1~
NM1*QC*1*CLIENT*TREATMENT****MI*12~
REF*F8*288~
DTM*232*20170904~
DTM*233*20170904~
SVC*HC:90846:U8*-28*-28**1~
DTM*472*20170904~
REF*BB*P1136~
AMT*B6*-28~
CLP*3048*1*28*0**HM*288*11*1~
NM1*QC*1*CLIENT*TREATMENT****MI*12~
REF*F8*288~
DTM*232*20170904~
DTM*233*20170904~
SVC*HC:90846:U8*28*0**0**1~
DTM*472*20170904~
CAS*CO*177*28*1~
REF*BB*P1136
PLB*1619008380*20180630*FB:34_DENIED_137*-28~
SE*24*0137~
GE*1*1~
IEA*1*000000055~
```

This 835 only contains a takeback due to a State Denial and is processed as a $0.00 payment with a future deduction listed in the PLB segment.

The first loop of 2100 – 2110 segments contain a negative transaction to takeback funds previously paid for this claim.
The CLP and SVC segments contain a negative payment of -$28.00.

The second loop of 2100 – 2110 segments contain the denial of the claim. The CAS segment contains the CARC from Drug Medi-Cal.

PLB Segment shows the amount of a future takeback. This amount will be deducted from the next 835(s) until full amount has been consumed.

SFTP – SECONDARY PROVIDERS – RESOURCES

- 837P Companion Guide:
  http://publichealth.lacounty.gov/sapc/Sage/Documentation/CompanionGuideHIPAA837P.pdf

- 837I Companion Guide:
  http://publichealth.lacounty.gov/sapc/Sage/Documentation/CompanionGuideHIPAA837I.pdf

- Critical Error Report Guide for 837 Files:
  http://publichealth.lacounty.gov/sapc/NetworkProviders/ITForms/CriticalErrorReportGuide837Files.pdf

SFTP – SECONDARY PROVIDERS - EOB

- EOB files
  - What is it?
    - Two types
      - EOB
        - Approved claims
        - Some locally denied claims with denials reasons
        - Adjusted claims
      - Retro EOB
        - Will contain State denials
        - Contractor voids
        - All locally denied claims with denial reasons
        - SAPC initiated recoupments
  - What does it look like?

EOB

SFTP – SECONDARY PROVIDERS - EOB

- EOB

EOB

COUNTY OF LOS ANGELES
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice

as of 10/17/2025

Remittance Advice	**EOB Number: 163169**	**Check #:**	**Check Date:**

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

Amount Approved: $5918.43   **Page: 1**

Client Name (ID): GAMGEE,SAMWISE (289435)												DOB: 01/01/2000	Gender: M

Date Claim Received: 10/09/2025

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
334642SVC.000	637130	341234	DMC	08/19/2025	D	90889:U7	1.0	$252.17	$0.00	$252.17	$0.00	$0.00

CLAIM DENIED DUE TO LOCKOUT
The service was denied for the following reason: Claim Status has been set to D because of Claim Adjudication Rule 90889_Lockout - 90889 Lockout.

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
334642SVC.000	637130	341234	DMC	08/19/2025	D	90887:U7	1.0	$839.73	$0.00	$839.73	$0.00	$0.00

CLAIM DENIED DUE TO LOCKOUT
The service was denied for the following reason: Claim Status has been set to D because of Claim Adjudication Rule 90887_Lockout - 90887 Lockout.

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
334642SVC.000	637130	341234	DMC	08/19/2025	A	99202:U7	1.0	$370.70	$370.70	$0.00	$0.00	$370.70
334642SVC.000	637130	341234	DMC	08/19/2025	A	96170:U7	1.0	$504.33	$504.33	$0.00	$0.00	$504.33
334642SVC.000	637130	341234	DMC	08/19/2025	D	96171:U7:XU	1.0	$241.83	$0.00	$241.83	$0.00	$0.00

The service was denied for the following reason: Missing valid primary CPT Code.

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
334642SVC.000	637130	341234	DMC	08/20/2025	A	96130:U7	1.0	$1008.68	$1008.68	$0.00	$0.00	$1008.68
334642SVC.000	637130	341234	DMC	08/20/2025	A	90791:U7	1.0	$1008.68	$1008.68	$0.00	$0.00	$1008.68
334642SVC.000	637130	341234	DMC	08/20/2025	D	90785:U7:XP	1.0	$11.90	$0.00	$11.90	$0.00	$0.00

The service was denied for the following reason: Missing valid primary CPT Code.

Hope, Wellness and Recovery… connecting people, ideas and resources…

SFTP – SECONDARY PROVIDERS - EOB

EOB

- <mark>Retro EOB</mark>

COUNTY OF LOS ANGELES
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice

as of 1/13/2020

Remittance Advice	EOB Number: 21073	Check #:	Check Date:

Amount Approved: <mark>$456.60</mark>   Page: 1

Adjustment Notice
An adjustment of $ -19236.05 has been applied to this payment.

Current Claims: 456.60
Adjustment: -19236.05
<mark>Adjusted EOB Total: -18779.45</mark>

Detail Adjustment Information for EOB Number: 21073

Original Service Information

Orig EOB

Adjustment Information

BatchID	SvcRef	DOS	Proc	PatID	Status	Billed	Paid	Adj Date	Adj Amt	Adjustment Reason
34565	SVC.00004	9/16/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	$-150.37	Contractor Void
34565	SVC.00005	9/17/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	$-150.37	Contractor Void
34565	SVC.00006	9/18/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	$-150.37	Contractor Void
34565	SVC.00007	9/19/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	$-150.37	Contractor Void
34565	SVC.00008	9/20/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	$-150.37	Contractor Void
34565	SVC.00009	9/21/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	$-150.37	Contractor Void
34565	SVC.0001	9/22/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	$-150.37	Contractor Void
34565	SVC.00011	9/23/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	$-150.37	Contractor Void
34565	SVC.00012	9/24/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	$-150.37	Contractor Void
34565	SVC.00013	9/25/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	$-150.37	Contractor Void
34565	SVC.00014	9/26/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	$-150.37	Contractor Void
34565	SVC.00015	9/27/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	$-150.37	Contractor Void

SFTP – SECONDARY PROVIDERS – REMITTANCE ADVICE

Remittance_Advice

- Remittance Advice
  - What is it?
    - A PDF file containing the EOBs associated for a specific check #
    - Will show payments and recoupments for all DMC activity
    - Not to be confused with an EOB
  - What does it look like? ➡️
  - Why is it important?
    - Confirmation of payment

SUBSTANCE ABUSE PREVENTION AND CONTROL
Remittance Advice
FY 2025/2026

		Net Payable	$
Check Date:	10/24/2025	Check Amount : DMC	$
Check Date:	10/24/2025	Check Amount : RBH	$
		Remaining DMC Contract Amount Available as of 10/24/2025	$
		Remaining RBH Contract Amount Available as of 10/24/2025	$

SFTP – SECONDARY PROVIDERS – COMPILE REPORTS

Compile_Report

- Compile Reports
  - What are they?
    - After an 837P/837i is uploaded to the SFTP, Sage generates compile reports, which are then uploaded to the **Compile_Report** folder in the SFTP
    - Three types of compile report files, generated at the same time
      - Compile Post
      - Dump
      - Error

SFTP – SECONDARY PROVIDERS – COMPILE POST

- Compile Reports – Compile Post file
  - What is it?
    - A compiled report of all the services submitted on an 837P file
  - What does it look like? ➡️
  - Why is it important?
    - If a claim was <u>accepted</u> per the 277CA, it will appear in this Compile Post file. If a claim was <u>rejected</u> per the 277CA, it will not appear here, but will appear in the Dump file.
    - Further adjudication can occur after posting (this file is basically a pre-adjudication of submitted claims)

Run Date: 12/4/2025 09:15 AM   Page 1 of 15

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

File Name:	/npc/clients/LASAPC_CA.12345.mp/avatar/live/837P/InProcess/ADP-0000-837P-12042025-001.txt		
File Status:	POSTED	**Data Entry By:**	MSO ADMIN
File Version:	837Pv5010	**Data Entry:**	12/04/2025 01:20 PM

NOTE: Once posted, further adjudication will occur. As a result, the information detailed in this report is subject to change.

Batch Number:	123456	**Diagnosis 1:**	Other stimulant dependence, uncomplicated
Member Name:	PATIENT, TEST - 000000	**Diagnosis 2:**	
Funding Source:	Drug Medi-Cal	**Diagnosis 3:**	
Provider:	Recovery, Inc	**Diagnosis 4:**	
Performing Provider:		**Diagnosis 5:**	
Type Of Service:	Outpatient	**Diagnosis 6:**	
Level Of Care:	Full	**Diagnosis 7:**	
Date Claims Received:	12/04/2025	**Diagnosis 8:**	

Coordination of Benefits

Service Date	Procedure Code	Auth Number	Diagnosis Ref	Claim Status	Units	Total Charge	Third Party Paid	Expected Disbursement
12/04/2025	Residential -Room and Board [S9976-C:U3]	123456	Other stimulant (	D	1.00	146.00	0.00	0.00
	The service was denied for the following reason: Performing Provider is blank.							
12/04/2025	Behavioral Health; Long Term Residential [H0019:U3]	123456	Other stimulant (	D	1.00	253.90	0.00	0.00
	The service was denied for the following reason: Performing Provider is blank.							

SFTP – SECONDARY PROVIDERS – DUMP FILE

- Compile Reports – Dump File

  - What is it?
    - A submitted 837 file which is then organized in order into rows

  - What does it look like? →

  - Why is it important?
    - An easy way to see what was entered on an 837 file
    - Use it with the Error report to fix errors found in the submitted 837 file

12/04/2025

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

File Name:	/npc/clients/LASAPC_CA.12345.mp/avatar/live/837P/ InProcess/ADP-0000-837P-12042025-001.txt	**Data Entry By:**	MSO ADMIN
File Status:	POSTED	**Data Entry Date:**	12/04/2025
File Version:	837Pv5010	**Data Entry Time:**	01:20 PM

Line Number	**Line**
1	ISA*00* *00* *30*12345678 *30*12345678 *123456*033
2	GS*HC*33281912*483294831*20251204*0331*28329*X*0023211X222A1
3	ST*837*3213214*003213X222A1
4	BHT*0019*00*9853305*20251204*0332*CH
5	NM1*41*2*RECOVERY INC****46*321894219
6	PER*IC*PERFORMING PROVIDER*TE*3236773636
7	NM1*40*2*LOS ANGELES COUNTY SAPC*****46*SAPC001
8	HL*1**20*1
9	NM1*85*2*RECOVERY INC*****XX*123456789
10	N3*1000 S FREMONT AVE
11	N4*ALHAMBRA*CA*918012000
12	HL*2*1*24*0
13	SBR*P*18*12345678A******MC
14	NM1*IL*1*PATIENT*TEST****MI*MSO000000
15	N3*1000 S FREMONT AVE
16	N4*ALHAMBRA*CA*91801
17	DMG*D8*20000101*F
18	NM1*PR*2*1229*****PI*123456789
19	CLM*12345678*399.9***11:B:1*Y*A*Y*Y
20	HI*ABK:F1020
21	NM1*82*1*PROVIDER*PERFORMING****XX*12345678
22	PRV*PE*PXC*101YA0400X

SFTP – SECONDARY PROVIDERS – ERROR FILE

- Compile Reports – Error File
  - What is it?
    - A report that contains errors found in the submitted 837 file
    - Also known as the Critical Error report
  - What does it look like?
  - Why is it important?
    - Identifies line item errors in the 837 file
    - Use with Dump file to identify exact loop/segments needing to be fixed and resubmitted

12/04/2025   Page 1 of 3

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

File Name:	/npc/clients/LASAPC_CA.12345.mp/avatar/live/837P/InProcess/ADP-0000-837P-12042025-001.txt		
File Status:	POSTED	Data Entry By:	MSO ADMIN
File Version:	837Pv5010	Data Entry:	12/04/2025 01:20 PM

Error Type	Error Message
Warning	Line: 21 - Claim Level: Could not locate Performing Provider for UPIN Number: 12345678, funding source: (A), Provider: RECOVERY INC (0000))
Warning	Line: 40 - Claim Level: Could not locate Performing Provider for UPIN Number: 12345678, funding source: (A), Provider: RECOVERY INC (0000)

SFTP – SECONDARY PROVIDERS – USING ERROR FILE

- Using the Error file with the Dump file

- Next, refer to the Critical Error Report Guide for 837 files for more details on how to fix the error

SFTP – SECONDARY PROVIDERS – USING ERROR FILE

- After the line item errors are fixed on the 837 file, resubmit a new 837 file with the corrected claims
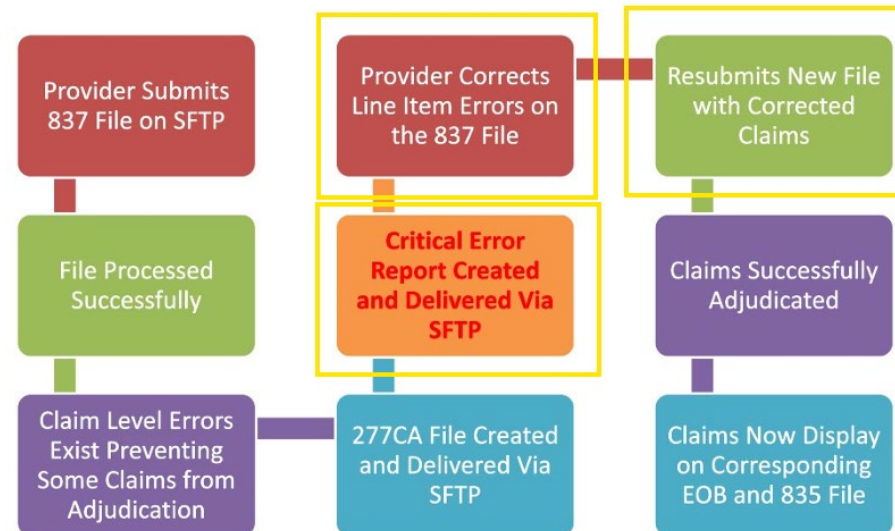
- Error file resources
  - Critical Error Report Guide for 837 Files
  - Link: http://publichealth.lacounty.gov/sapc/NetworkProviders/ITForms/CriticalErrorReportGuide837Files.pdf

SFTP – OTHER FOLDERS

- Claim Status Report (Link: Claim Status Report Job Aid)

- Unbilled Services Report

- Dated Folders

- Files that contain a lot of PHI

SFTP – REQUESTING FILE RE-UPLOADS

- How to request file re-uploads to the SFTP
    - Go to link: http://publichealth.lacounty.gov/sapc/providers/sage/system-guides.htm
    - Download the "**Reupload File (277, 835, EOB, RA) Request Form**" file

Document Requests

Subject	Description	Date
Reupload File (277, 835, EOB, RA) Request Form	This form is required to be filled and sent to SAPC if providers need to request 277, 835, EOB, Remittance Advice, or other files to be reuploaded to the agency's SFTP site.	📄 11/14/24

- Complete the form and submit to: SapcProviderReq@ph.lacounty.gov

SFTP - RECAP

- SFTP is available to Primary and Secondary Providers

- Web-based, accessible through your web browser

- It is SAPC's preferred method to send and receive secured billing related files, and other secured communications

- Missing files can be requested to be re-uploaded, but it is better to download on a regular basis as part of your agency's billing workflow

- Files are available to download for 2 weeks, then disappear from the SFTP

- Please check your SFTP on a regular basis!