

BILLING & DENIAL RESOLUTION TUTORING LAB

JANUARY 23, 2025

ATTENDANCE SURVEY

While you wait for today's lab to begin, please complete the brief form linked on this slide (use the QR code) to indicate your attendance.

**Billing & Denial Resolution
Tutoring Lab Attendance**



HOUSEKEEPING

- Today's session will be recorded and posted to the Sage website along with the presentation slides.
- If you have questions during the session, please enter them into the Q&A and not the chat.
 - We will try to answer questions from the Q&A as we go through the tutoring session if they are applicable to the topic, otherwise, they will be answered at the end as time permits.
 - An FAQ will be produced following each tutoring lab and posted to the Sage website.
- If you have a question on the topic being discussed, you can also use the "Raise Hand" feature.

CLINICAL DOCUMENTATION REMINDER

- The SAPC Finance team cannot provide assistance with clinical documentation during the Billing & Denial Resolution Tutoring Lab, as we want to focus on providing support for billing procedures and policies.
 - While billing is impacted by clinical documentation, our primary focus is on billing support.
- If providers have questions or need assistance with clinical documentation, they are encouraged to reach out to the following teams at SAPC:
 - Clinical Standards and Training: SAPC.CST@ph.lacounty.gov
 - Utilization Management: SAPC.QI.UM@ph.lacounty.gov
 - Sage: Sage@ph.lacounty.gov
- Clinical documentation questions asked during the Tutoring Lab will be directed to be sent to the three emails noted above.



- Announcements and Reminders
- Tutoring Session Topics
 - Medication Services for Residential/OP WM Patients
 - H0049-N for Residential/OP WM Patients
 - New Sage Help Desk billing ticket forms
- Open Q&A

ANNOUNCEMENTS & REMINDERS

REMINDERS

- FY 22-23 and 23-24 billing deadlines have been extended to June 30, 2025.
- Effective for dates of service on or after 1/1/2025, DHCS has discontinued codes 99441-99443. Per DHCS guidance, providers should utilize H0001 for services on or after this date.
- Primary Provider Replacement Claim Training is postponed until further notice.
- The 2/6/2025 Tutoring Lab is still planned to be held on that date.

MEDICATION SERVICES FOR RESIDENTIAL/OUTPATIENT WM

FOCUS FOR TODAY IS ON REBILLING SERVICES

- In today's lab we will focus on how providers should rebill the 992** services under H0034R if they are applicable.
- If providers have questions regarding specific service scenarios, **please put them in the Q&A** as we will be unable to answer them today. We will compile all of the related questions from the Q&A and send them to SAPC's Clinical Services Division for response.
- After today, we will be working on publishing a document of full guidance that encompasses billing and documentation as well as any specific service scenarios providers need clarification on to determine if it's billable under H0034R or not.

MEDICATION SERVICES FOR RESIDENTIAL & OUTPATIENT WM LEVELS OF CARE

- Due to recent State denials for 99202-99205, 99212-99215, 99416, and 99418, SAPC has confirmed with DHCS that these codes should not be utilized for medication services for patients in residential/OP WM levels of care.
- SAPC had to remove the fees for these codes at **residential/OP WM levels of care only**.
- Providers who billed these codes for patients in residential for **medication/MAT services**, should rebill them under H0034R if they received a State denial
 - For services not yet recouped, please hold on voiding and resubmitting the service until SAPC has completed recoupments.
 - We will be providing lists of the affected services via the SFTP once the recoupments have been completed.
 - For assessment services billed under these codes, unless the service included a medication or MAT discussion or purpose was assessment for medications, they may not be billable under H0034R.

UNIT TRANSLATIONS FOR H0034R

- When rebilling the denials under H0034R, it is important to note that the previous 992** codes were one max unit per service due to being a code series with varying durations; while H0034R has a max daily unit of 96 units.
 - Providers should confirm the minute duration of the medication service that was delivered to determine the appropriate number of units to bill under H0034R.
 - H0034R has a midpoint of 8 minutes per unit. To calculate, divide the number of minutes provided by 15 and if there is a remainder, the remaining minutes must be more than 8 minutes to count for an additional unit.
 - In the following slides, we give a slightly easier calculation that is applicable for this scenario but may not be applicable for all codes that have a midpoint.
- The 99416 and 99418 add-on codes are not applicable to H0034R and are not necessary to utilize when rebilling, as H0034R has a higher unit max, add-ons codes aren't needed.
 - For your calculation for H0034R, you will use the service duration time not previous units billed for the conversion.

HOW TO CALCULATE UNITS TO BILL

- **Step 1:** Calculate full units delivered
 - (Service duration minutes / 15 minutes) → the whole number in the result is the amount of full units delivered
- **Step 2:** Review decimal value from step 1 result
 - If over 0.5 → add an additional unit to units determined in step 1;
 - If decimal is under 0.5, no additional unit can be added as it won't meet the midpoint rule for the remaining minutes.
 - **Note: This only applies in this scenario and may not be accurate for all codes in calculating the units to bill. Please see the example calculations on the Billings Rules tab of the Rates Matrix. This is a simplified calculation to support ease of translating the needed units to bill.*

EXAMPLE CALCULATIONS

- **Example 1:** A 22-minute medication service was delivered and billed under 99202.
 - Calculation:
 - Step 1: (Service duration / 15 minutes) → $22 \text{ minutes} / 15 \text{ minutes} = 1.467$ units, so 1 whole unit was delivered
 - Step 2: Review decimal value from step 1 (0.467) → under 0.5 so no additional units can be billed as it won't meet the midpoint rule
 - **Result:** Bill 1 unit of H0034R.

EXAMPLE CALCULATIONS

- **Example 2:** A 53-minute medication service was delivered and billed under 99215.
 - Calculation:
 - Step 1: (Service duration / 15 minutes) → 53 minutes/15 minutes = 3.53 units, so 3 whole units were delivered
 - Step 2: Review decimal value from step 1 (0.53) → over 0.5 so 1 additional unit can be billed
 - **Result:** Bill 4 units of H0034R.

**BILLING FOR SCREENING NON-
ADMISSION FOR
RESIDENTIAL/OUTPATIENT WM**

CLARIFICATIONS ON SCREENING NON-ADMISSION FOR RESIDENTIAL AND OP WM SITES

- The fees for H0049-N were also removed for residential and OP WM sites but is still billable and reimbursable with a modification to how it's being billed.
- If a potential patient is screened and is NOT admitted, previously this would have been billed under H0049-N with fees utilizing the agency's P-Auth.
- Going forward, the H0049-N will still be billed with the agency's P-Auth but for \$0 for tracking purposes but should then be also billed with the agency's Recovery Services P-Auth utilizing code H2017.

SCENARIO 1

- **Situation:** Potential patient was: 1) screened and not admitted and 2) no Recovery Service was provided (beyond the screening)
- **How to Bill**
 - Bill the “screened and not admitted” H0049-N service code under the Screening Non-Admission P-Auth for a \$0 service with the units delivered (for tracking purposes) and
 - Bill the H2017 service code under the Recovery Services P-Auth with the appropriate fees based on the units of screening delivered

SCENARIO 2

- **Situation:** Potential patient was: 1) screened and not admitted and 2) additional Recovery Service was provided
- **How to Bill**
 - Bill the “screened and not admitted” H0049-N service code under the Screening Non-Admission P-Auth for a \$0 service with the units delivered (for tracking purposes) and
 - If the additional Recovery Service delivered would have been billed under H2017, roll-up the units from the service and the screening and use the Recovery Services P-Auth to bill with the appropriate fees based on the combined units

Scenario	Patient is screened and not admitted (H0049-N)	Recovery services delivered to patient (H2017)	What to Bill
1	Yes	No	H0049-N + H2017
2	Yes	Yes	H0049-N + H2017 (Rolled-up as needed*)

**Only the H2017 is potentially rolled up.*

Allowable Recovery Services Billing Codes	Previous Service and Billing Codes
<p>H2017: Psychosocial Rehabilitation, 15 minutes</p>	<p>H0001: Assessment H0004: Individual Counseling H0005: Group Counseling H0049-N: Screening No-Admission (Residential & OP WM only) *NEW* 90846/90847: Family Therapy</p>
<p>H2015: Comprehensive community support services, 15 minutes</p>	<p>H0038-R: Recovery Monitoring H0038-S: Relapse Prevention T1017: Care Coordination</p>

NEW SAGE HELP DESK BILLING TICKET FORMS

NEW BILLING TICKET FORMS

- To increase response time and improve technical assistance, SAPC worked with Netsmart to create new billing assistance ticket request forms in the Sage Help Desk Portal.
- Providers are strongly encouraged to use these new forms instead of the use "Create Case" option, as tickets generated from these new forms will go straight to SAPC Finance instead of being routed first to Netsmart who then reviews and reassigns to SAPC Finance.
 - This also ensures your ticket includes all of the necessary information to investigate your questions without the need to go back and forth requesting data.
- Providers have the option of creating tickets to request assistance with:
 - 1) Local Denials
 - 2) State Denials
 - 3) General Billing Questions
 - 4) Payment Inquiries

Hi Ariel, how can we help?

Search knowledge, cases, and requests



ist

or active cases



Open a Case

Contact support to report a problem, or open a Case.



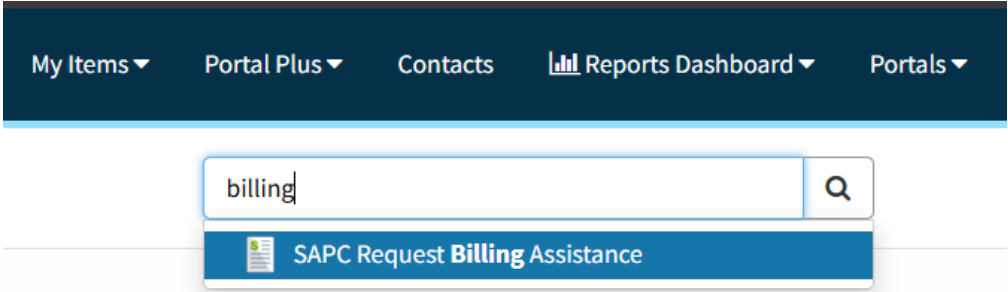
Request Something

Browse the Service Catalog for services and items you need

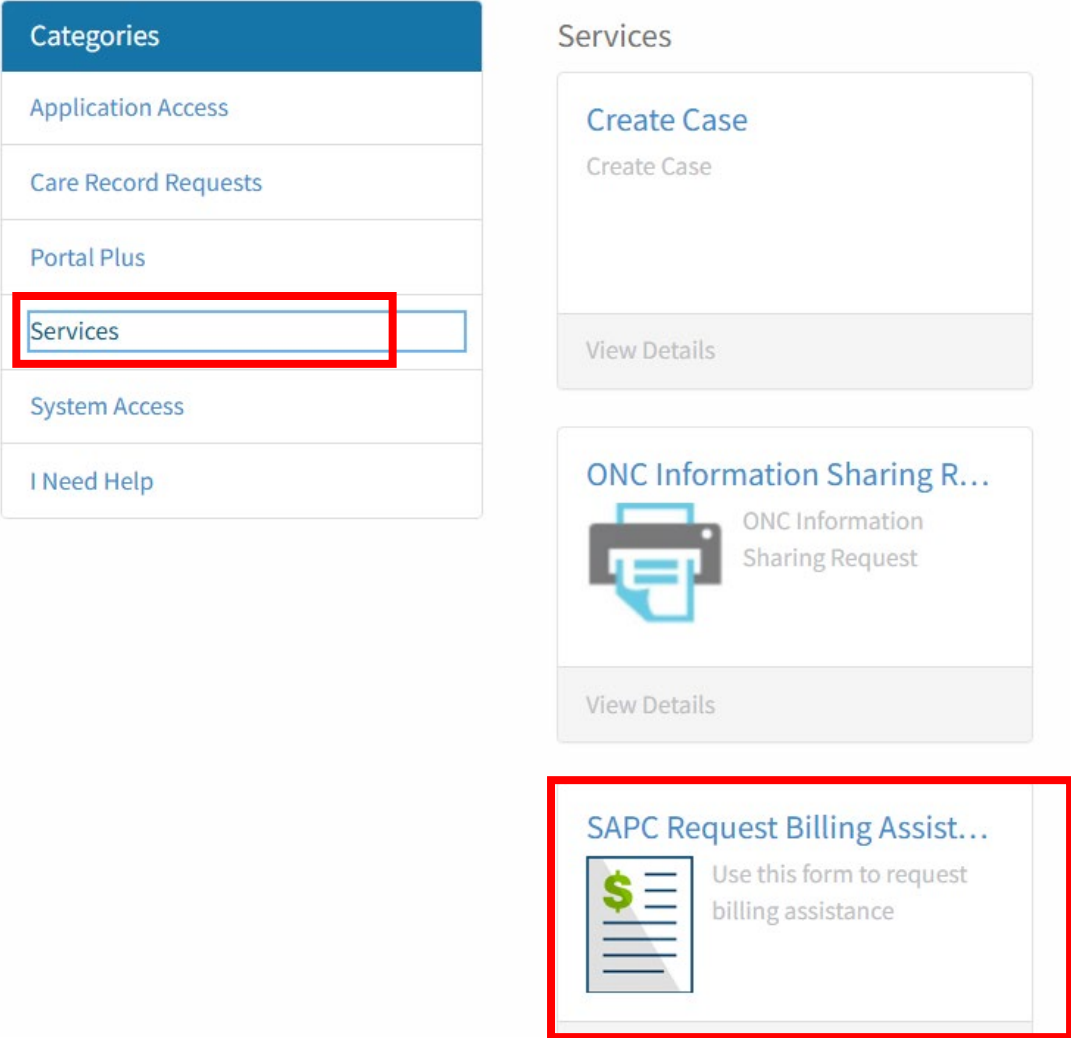
Watch List

Urgent Issue?

Option 1: Search for "Billing"



Option 2: Click on "Services" Category



FORM TYPES

SAPC Request Billing Assistance

Use this form to request billing assistance



Request assistance from SAPC with local denials, state denials, general billing questions, and payment related questions.

* Indicates required

* Billing Assistance Request Type

-- None --

* Agency Name

Headquarters - LA DPH/SAPC

SAPC Request Billing Assistance

Use this form to request billing assistance



Request assistance from SAPC with local denials, state denials, general billing questions, and payment related questions.

Search

-- None --

Local Denial

State Denial

General Billing Question

Payment Inquiry

-- None --

LOCAL DENIAL REQUEST TYPE

* Indicates required

* Billing Assistance Request Type

Local Denial

* Local Denial

Add Remove All

Actions	Local Denial Reason	Member ID	Patient's Initials	Date(s) of Service (MM

Add Row

* Local Denial Reason

* Member ID

* Patient's Initials

* Date(s) of Service (MM/DD/YYYY)

* Authorization Number

* Was the claim submitted on a 837 file?

-- None --

* Description of assistance needed (must be specific)

Close modal

STATE DENIAL REQUEST TYPE

* Indicates required

* Billing Assistance Request Type

State Denial

* State Denial

Add Remove All

Actions	State Denial Reason	Member ID	Patient's Initials	Date(s) of Service (MM

* State Denial Reason

* Member ID

* Patient's Initials

* Date(s) of Service (MM/DD/YYYY)

* Authorization Number

* Was the claim submitted on a 837 file?

-- None --

* Description of assistance needed (must be specific)

GENERAL BILLING QUESTION REQUEST TYPE

* Indicates required

* Billing Assistance Request Type

General Billing Question

* Agency Name

 Headquarters - LA DPH/SAPC

* Description of assistance needed (must be specific)

PAYMENT INQUIRY REQUEST TYPE

*Billing Assistance Request Type	
<input type="text" value="Payment Inquiry"/>	
*Agency Name	
<input type="text" value="Headquarters - LA DPH/SAPC"/>	
EOB ID	*Contract #
<input type="text"/>	<input type="text"/>
*Claim Submission Date(s) (MM/DD/YYYY)	Check # (if payment has been issued)
<input type="text"/>	<input type="text"/>
EFT # (if payment has been issued)	
<input type="text"/>	
*Description of assistance needed (must be specific)	
<input type="text"/>	

OPEN Q&A