1/23/2025 Billing & Denial Resolution Tutoring Lab FAQ

Medication Services for Residential/Outpatient WM Patients

Question	Answer
If I am doing 2 units of medication and support per 15 minutes for a service duration of 23 minutes, the total amount will be different [from the 992-code calculation]. Which would be the correct amount, since the H0034-R calculation might result in the provider being paid slightly more than what they were being paid for a single service.	SAPC did some sample calculations when going through this process and the results were close. Agencies may be getting paid slightly more under H0034-R for some services because previous codes were series codes, which cover a larger period than how this is calculated. In some cases, agencies might be paid slightly less. SAPC is not changing any rates or making any adjustments.
For the new or returning patient E/M codes (99202-99205 & 99212-99215), can you please clarify whether the E/M codes are now considered part of the bundled services in Residential (and cannot be billed as unbundled), or whether the E/M codes cannot be provided/documented at all during a residential admission?	99202-99205, 99212-99215, 99416, and 99418 are all considered part of the bundled residential service rate. The guidance SAPC has received is to use medication service codes H0033 and H0034. If needed, Finance may seek further clarification from the clinical team on what may be billed under a 992 code, but Dr. Hurley does not anticipate anything will need to be billed under these codes that is not covered under H0034-R.
Which fiscal years does this change apply to?	Fiscal Years 23-24 and 24-25.
If we billed 992** codes in 23-24 and 24-25, we would need to wait until we receive an email from SAPC to indicate that we can rebill. Will this email let us know which services to rebill?	Depending on the agency, you may be able to rebill already. If you have state denial recoupments already, you can rebill. For ones where you do not see a recoupment yet, please hold until SAPC has recouped and sent you a full list of affected services to rebill, or until you see the recoupment.
I received guidance from DHCS that the maximum allowable units per day for H0034 is 16 units instead of 96.	Please forward the correspondence to Ariel Young/SAPC. The DHCS service table says 96 units, so we will need to follow up on the discrepancy.
Are we now approved to bill MAT services under the H0034 codes?	Yes. For everyone who has residential services, you do not need to hold on billing new services under H0034-R. Everything is set up with fees already, but if you do encounter any issues, please let us know or open a help desk ticket for assistance.
Should we be submitting H0034-R for Residential/WM and H0034 for Outpatient?	Yes, for outpatient, just use the regular H0034, and H0034-R for residential only. However, for outpatient withdrawal management sites, bill H0034.

Billing for Screening Non-Admission for Residential/Outpatient WM

Question	Answer
What do we do about current H0049-N services that have a dollar amount associated due to prior rules?	Similarly to the 992** codes, if it was recouped, please rebill them in the new format so that you can still be paid with your Recovery Services P-Auth. Anything new that comes in can be submitted in this way and we will add that to the spreadsheet we send you of what was recouped.

Open Q&A

Question	Answer
What happens if we bill after the 10th of the month? Will it be considered for payment of the month we billed for?	Potentially, it can be, but it is at the discretion of the Contracts Reimbursement Unit. The 10th is the cut-off to ensure that they can capture everything because the preparation process to send payment must go through multiple levels of approval and can take a while. However, if the deadline is missed by a day or two and they have not started working on your payment yet, they often do try to include more EOBs to ensure a bigger payment.
How can we bill RSS services for naloxone? When we try to bill for naloxone distribution, there is no authorization for the RSS, so it does not allow us to bill.	Please see the guidance on page 2 of the H2010M/N/S Billing Guidance for FY 24-25 document. If you are unable to bill in the way outlined on the document, please open a Sage Help Desk ticket utilizing the new billing assistance forms.
For the MAT billing codes 94412 and 99413 being discontinued effective January 1st, is there a new code that we should substitute for outpatient ASAM 1.0?	The State DHCS guidance is to use H0001.
We have been receiving state denial CO177. Are we able to resubmit those?	You may resubmit those after making adjustments or corrections. CO 177 is a broad eligibility denial which can encompass various reasons for the state to find the patient ineligible. We commonly see that the wrong CIN was entered on a patient's financial eligibility, so the State is basing the patient's eligibility off of another individual who might not have Medi-Cal coverage. Sometimes the patient loses benefits or has a lapse in coverage, which can be missed if eligibility checks were not run every month. In this case, if they did not have eligibility, you should not rebill. Sometimes the patient has OHC that needs to be submitted. The protocol for rebilling for a CO 177 denial depends on the situation, but if you know that the wrong information was entered on their financial eligibility or MEDS record and it was fixed, then you can resubmit those. We recommend consulting the denial crosswalk to ensure that everything listed there looks right.
Are we still unable to bill RSS clients for MAT	Please see the guidance on page 2 of the

services?	H2010M/N/S Billing Guidance for FY 24-25 document. If you are unable to bill in the way outlined on the document, please open a Sage Help Desk ticket utilizing the new billing assistance forms.
Where can I find the Denial Crosswalk?	The SAPC Sage webpage (publichealth.lacounty.gov/sapc/providers/sage) contains the Sage provider communications, job aids, guidance, etc. If you click on Sage Trainings – Finance on the Sage Quick Menu to your left, there are different sections to divide up the information. The recording and FAQs for this meeting are also published here. The Denial Crosswalk is under the Denial Troubleshooting section. You can download the Crosswalk as well as the Sage Guide to the Crosswalk, which gives more general guidance. We are in the process of updating these and are anticipating it will be published before the next tutoring lab.
Why do we receive state denials months after eligibility has been verified and approved through SAPC?	SAPC's adjudication process does not check Medi-Cal. It is the responsibility of the agency to check when requesting an authorization or billing SAPC. If they do not, the services will be denied and recouped when we bill them to the state. Per the SAPC Provider Manual and agency contracts, providers should be checking patients' eligibility on a monthly basis. The SAPC Provider Manual outlines policies regarding patients who lose or gain benefits and SAPC has a job aid on how to update a patient's financial eligibility should they lose their benefits. SAPC validates patients' Medi-Cal status through the utilization management process, but if anything changes, or if the information in the financial eligibility is incorrect, it will come back with a state denial, and may need to be corrected and rebilled.
As a secondary provider, is there a way to request that PCNX put remark codes in the 835 files? We are struggling to match up our 835s and 837s due to them having different names from different EHRs, which is especially inconvenient when working with large volumes of billing.	Please open a Sage Help Desk ticket and include an example of an 835 that is missing remark codes so that we can look into it and resolve it for you as soon as possible.
Where can we find the latest rates and standards matrix?	The latest rates and standards matrix can be found on the SAPC website (publichealth.lacounty.gov/sapc). Go to Providers on the menu bar, hover and select Manuals, Bulletins, and Forms under the Treatment column. Click on the bulletins tab and choose the contract bulletin year based on the fiscal year.
Is there any remedy that we can do internally or collaborate with SAPC for treatment plans being denied for being late? In order to appeal, we need the patient's signature, but at that point the patient	There is an email for grievances and appeals. Please reach out to: SAPC_appeal@ph.lacounty.gov

has been discharged.	
Do we have to void services for state denials?	No, you do not have to void, just resubmit. We recommend that Secondary Providers replace the denied claims. Guidance on replacement claims for primary providers will be released soon. Replacement services will be helpful when we start implementing billing timelines to comply with the State's billing requirement because replacement services follow a 15-month timeline versus a 12-month timeline for original services.
Can I bill H2010 services under H2017?	Please see the guidance on page 2 of the H2010M/N/S Billing Guidance for FY 24-25 document. If you are unable to bill in the way outlined on the document, please open a Sage Help Desk ticket utilizing the new billing assistance forms. H2010 services are $0 services, so you would not be paid anything, so it would make sense to bill under H2017, but please await confirmation before proceeding.
What is a standalone service?	We refer to something as a standalone service if it is not paired with something else. For example, H2010S is a standalone service, but H2010M and H2010N are not because they would be billed in addition to something else. They would still be billed as separate services because you cannot attach two procedure codes to a service.
What CPT code would I use for consultation with other providers?	Please direct this question to the Clinical Standards and Training, Utilization Management, or Sage team, as they have more clinical knowledge. The Clinical Standards team hosts a training that is helpful for selecting which codes to use. The registration link is here: Connecting Clinical Documentation to CPT and HCPCS Medi-Cal Codes registration - Webex