Billing Office Hours

October 17, 2024

Substance Abuse Prevention and Control
County of Los Angeles Department of Public Health

Open Discussion Expectations

- Please submit questions to sapc-finance@ph.lacounty.gov prior to the meeting – indicate it's for discussion in the next billing office hours
- Submit questions in the Q&A feature during the meeting and we will address them as time permits, please do not use the Chat Feature
- Keep your microphone on mute unless speaking
- Use the raise hand feature to request to speak
- Do not share PHI in the chat or on your screen

Agenda

- Announcements/Reminders
- FY 24-25 Billing Update
- Denial Troubleshooting
- Open Discussion

Fiscal Year Final Billing Deadlines

- FY 22-23: 12/31/2024
- FY 23-24
  - July-Dec. 2023 services: 12/31/2024
  - Jan.-July 2024 services: 3/31/2025
- FY 24-25: original claim submission within 180 days from date of service; replacement claim deadline 365 days from date of service

H2010M/N/S Updates

- H2010M/N/S had an invalid configuration in Sage that caused some of these services to bill to DHCS in error causing the service to be denied and recouped – this mainly affects FY 23-24

  - Agencies should hold off on submission of new services if there is a fee for the service (FY 23-24; FY 24-25 fees not yet ready for H2010S)

  - An error was noted for FY 24-25 where H2010S may have incorrect fees – these should still be $0 in the system as the correct fees have not yet been configured

FY 24-25 Billing as of 10/16/2024

- **Billing Highlights**
  - Total Charged: $96.7M ($6.4M billed since last week)
  - Total Approved: $90.1 – 93.1% (no change from last week)
  - Total Denied: $6.2M – 6.9% (no change from last week)
- **Top Local Denials**
  - Procedure not on fee schedule
  - Eligibility Not Found/Verified in CalPM
  - Performing provider is blank
- **Top State Denials**
  - CO 22 N479 – Medi-Medi patient w/no COB information
  - CO 97 M86 – "Duplicate" service – same service approved by the same performing provider on the same day
  - CO 177 – eligibility related – patient has OHC and no COB information was sent, no eligibility for the service month, aid code not covered by DMC, etc.

Procedure Not on Fee Schedule

- Some performing providers were incorrectly updated in the past month to a license type that did not have fees assigned in Sage
  - This caused agencies to receive Procedure Not on Fee Schedule local denials
- Netsmart and SAPC Contracts are working to correct these assignments and it is estimated it will be completed by EOD Friday, 10/18
- Agencies should have received an email from their CPA with the list of affected performing providers
- Once the license type has been corrected, providers can resubmit the denied service.
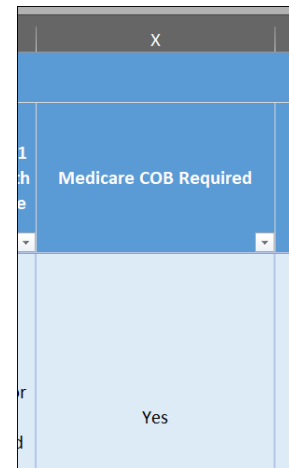
Medi-Medi Beneficiaries

- **Non-OTP Services**
  - Medicare Parts A and B – exempt from OHC billing requirements
  - Medicare Part C or Medicare Advantage Plans – must be billed to Medicare first
- **OTP Services**
  - Must be billed to Medicare FIRST before Medi-Cal
  - Medicare Part D covers some MAT drugs – in general generic medications are covered and some brand name – check w/the plan to confirm coverage
    - Non-covered medications: Disulfiram, Buprenorphine combo, and Naltrexone: Long-acting injection – can skip Medicare billing
- **IOP**
  - As of 1/1/2024, Medicare covers IOP services for certified CMHCs and FQHCs; services must be billed to Medicare first

Medicare Billing Conditions

1. The beneficiary is actively enrolled in both Medicare and Medi-Cal.

2. The rendering service provider is a Medicare recognized provider type.

    a) Recognized Provider Types: Physicians, Physician Assistants, Nurse Practitioners, Clinical Nurse Specialist, Licensed Clinical Social Workers, Marriage and Family Therapists, Licensed Professional Clinical Counselors, and Psychologists

    b) Interns and clinical trainees of the licensed practitioners listed above are not Medicare recognized provider types.

3. The service is a Medicare covered service.