



Communication Release

8/2/2024

Submitting Claims for H2010-M/N/S

SAPC will allow providers to submit claims for H2010-M/N for data collection and tracking incentives on these non-billable/\$0 codes:

- Patients may receive Naloxone (-N) or MAT Education (-M) while in Recovery Services without having to enroll in a separate level of care.
- Patients may receive Naloxone (-N) or MAT Education (-M) from Peer Support Specialist.

For outpatient, intensive outpatient providers, and OTP providers to receive payment for the MAT service, agencies should also bill the units under T1007. T1007 is still required to be rolled-up if more than one applicable service is delivered per day. Each service must still have its own progress note.

Providers should continue to submit claims for H2010-S for Medication Handling/Safeguarding for residential and withdraw management.

Medical Necessity Justification

As a reminder, QI/UM care managers utilize the Service Type field with Medical Necessity Justification drop-down selected during the authorization review process. Please select Service Type Medical Necessity Justification not Assessment. This will assist with expediting adjudicating your authorization. Thank you for your help with this matter.

PROGRESS NOTE Autosaved at 9:19 AM Submit Backup Discard Add to Favorites

Progress Note

- Service Detail
- Travel Time
- Group Detail
- Note
- Supplemental/Additional Services

Date of Service * **Program ***

Service Start Time * Current Time H M AM/PM **Service End Time *** Current Time H M AM/PM

Service Duration (minutes) *

Service Detail

Method of Service Delivery *

Face-to-Face Field Based Services
 Telehealth Telephone
 Not Applicable

Service Type *

Procedure Codes (CPT/HCPCS)

Procedure Codes (Historical)

Note Type *

Individual Family
 Crisis Non-Residential Group
 Residential Group Non-Billable

Provider Name *

Sage Report Updates

Form/Report/Widget	Updates/Changes	Environment	Date Available
Census Report	This report provides of listing of the status of patients (Active, Discharged, or Provider Site Admission (PSA) in Draft) who are currently receiving, or have received services at specific treatment site within a designated date range. This report can only populate patients who have had a PSA form completed at one or more programs within an agency during a chosen time frame. Provides patient demographic information and calculates current age/age at discharge, length of stay, and displays last date of service billed.	LIVE TRN	8/09/24
Provider File Attach Report	This report offers providers a concise listing of files stored in patients' records in Sage-PCNX that had been uploaded through the Provider File Attach form during a chosen time frame for tracking. It may be used for, compliance checking and reporting purposes. In addition, the Provider File Attach Report can be a tool for helping the provider validate that they have achieved the "Optimizing Care Coordination" Incentive Initiative with uploaded Release of Information files.	LIVE TRN	8/09/24

ASAM Demo Site Unavailable in TRAIN

The ASAM demonstration site remains unavailable via the Sage TRAIN environment. While providers are still able to access the ASAM for practice needs, information entered into the ASAM is not transferring back into the Sage TRAIN environment to complete the ASAM Assessment form in Sage-PCNX. While SAPC is working with Netsmart and ASAM to have this address, SAPC is currently unaware of a timeline for resolution but will notify providers when this issue is resolved.

REMINDER: Finance Billing Office Hours

SAPC's Finance Division will host ongoing Thursday weekly virtual drop in Billing Office Hours for providers to ask questions about billing submissions and/or denials, clarifications on the rates and standards matrix, and general questions and rules regarding billing. No Protected Health Information (PHI) will be shared during Office Hours. Meeting information can be found below as well as on the [SAPC Training Calendar](#).

When: Every Thursday, July 25th, 2024, through October 24th, 2024.

Time: 1:00 – 2:00 PM

Meeting Link: [Billing Office Hours](#)

ID: 272 057 978 167

Passcode: RSqBKx +1 323-776-6996,586591664#

Phone conference ID: 586 591 664#

REMINDER: FY 24-25 Claims Blackout Lifted & New Fiscal Year Reminders

The claiming blackout for fiscal year 2024-2025 was lifted Thursday 8/1. This message is to again notify SAPC treatment providers that they may begin submitting claims for FY 24-25.

As a reminder providers also can and should continue to submit authorizations for FY 24-25 as well as continue to submit any needed authorizations and claims for FY 23-24 and 22-23. Important information regarding changes for the new fiscal year configuration are noted below. Please be sure to read the information carefully.

Split Authorization Numbers

Please note that authorizations spanning the previous fiscal year (ending 6/30) and the new fiscal year (beginning 7/1) are referred to as "split authorizations." This means that the authorization for the patient will have two different authorizations and different authorization numbers for the different fiscal years. Providers can run the Authorization Request Status Report in PCNX-Sage to identify those authorization numbers.

Secondary Providers: When preparing billing for the new fiscal year, please ensure your EHR is updated with the new authorization numbers for the 2024-2025 fiscal year for these split authorizations. New auth numbers for split authorizations are already available for providers to access via Sage. If the prior fiscal year's authorization number is submitted for the patient for the new fiscal year, providers will receive local denials with the coverage denial reason, "Invalid authorization number," and denial code CO284 M62. The resolution for these denials is to update the authorization number for the current fiscal year and resubmit these claims.

Sage Help Desk

Should you experience any difficulty submitting claims or have questions regarding billing, please contact the Sage Help Desk. Your notification will help us better monitor Sage and provide timely resolution.

- Sage Help Desk Phone Number: (855) 346-2392
- Sage Help Desk ServiceNow Portal: <https://netsmart.service-now.com/plexussupport>

Reminders FY 24-25 Pending Configuration

As part of the FY 24-25 Sage rates configuration process, SAPC has identified the items below as pending configuration. SAPC is working with Netsmart to configure these items as quickly as possible to allow providers to bill appropriately for these services. SAPC will provide additional guidance for billing these services in a future communication once completed.

Treatment providers are asked to **HOLD** billing for the following HCPCS/CPT Codes until further notification:

- H0049-N: Screening Non-Admission
- H0050: Contingency Management
- ASAM 1.0 WM for 99415, 99416, and 99417
- Residential/WM services using the HA modifier – these codes will be removed from the Sage system for services as of 7/1/2024 as DHCS has removed HA as an applicable modifier
- T1017: Nurse Practitioner - Targeted Case Management
- 90791 for LPHA Clinical Trainee

Topics From Prior Sage Provider Communications

New Fiscal Year Rates and Payment Updates: On 7/18/24, FY 24-25 billing updates were communicated via email “SAPC Bulletin 24-04 - Fiscal Year 2024-2025 Rates and Payment Policy Updates”.

- [SAPC Bulletin 24-04 - Fiscal Year 2024-2025 Rates and Payment Policy Updates](#)
- [Rates and Standards Matrix FY 24-25 - Provider Version 1.0](#)
- [FY 24-25 Service Codes & Rates and Standards Matrix Changes 07.09.2024](#)
 - Rates and Standards Matrix Tab Formatting Changes
 - CENS Available Codes
 - G2212 Removal & New Add-on Codes
 - T2021 and T2024 Substitution Codes
 - Clarification on Use of HL Modifier
 - Performing Provider Types
 - 90785 and T1013
 - Unit Maximum Caps for Service Codes
 - Time Associated with Code
 - Service Code Description Updates

REMINDER: New User Creation/Modification/Termination Workflow: Effective 7/22/2024, SAPC and the Sage Help Desk are implementing a new workflow to improve the processing time of user creations, modifications, and terminations. Sage Liaisons will no longer complete the Excel user creation form to create, update, or terminate user information in Sage. The new instructions for submitting a request directly through the [Sage Help Desk online portal](#).

Denials for New Performing Provider Types: Providers were notified they could begin billing FY 23-24 services rendered by [new performing provider types](#) as of 7/1/2024. In the months leading up to this, SAPC announced and reached out to providers requesting a modification to the Sage User Creation Form for any staff that needed their credentials updated to one of the new performing provider types. Failure to update a user's credentials would result in a local or State denial.

SAPC noticed providers billing services with modifiers associated with Clinical Trainees and most are getting denied locally for "**Procedure not on fee schedule.**" This is due to the rendering practitioner not being configured in Sage as a Clinical Trainee. Review the [7/19/2024 Sage Provider Communication](#) for resolution steps.

Appointment Disposition Log Training: Sage users may now access the Referral Appointment Disposition Training video directly in Sage-PCNX through the PCNX Training Videos View and scrolling to the bottom. This supplements the [Appointment Disposition Job Aid](#) posted on the [SAPC website](#) which describes the overall functionality of the Sage-PCNX Appointment Disposition Log and Referral ID Report.

KPI Blank Procedures: SAPC and KPI Netsmart are aware of an issue impacting a small percentage of services in MSO KPI resulting in MSO KPI displaying a blank procedure description/code in "Procedure" columns and/or filter. SAPC and the Netsmart KPI team are working to resolve this issue as quickly as possible. As an interim solution an additional column will be added to Community Sheets containing a "Procedure" column that will show just the procedure code billed without the description. Providers may use Sage reports such as the Batch Status Report, Provider EOB Remittance Advise, Cost of Service by Client Report, or Provider Services Detail Report to verify the procedure code billed.