



Communication Release

12/20/2024

KPI – Fiscal Year Cutover Data Truncation

KPI data is truncated every six (6) months, at the beginning of the calendar and fiscal year. KPI keeps a rolling history of two (2) full fiscal years (FY), two (2) full calendar years (CY), and the current FY and CY. On 1/1/2025 data will be truncated, limiting available data to include 7/1/2022-present. As with previous truncation periods, providers who would like copies of KPI data from 1/1/2022-6/30/2022 are encouraged to export relevant data from KPI on or before 12/31/2024.

Data available effective 1/1/2025:

- FY 22/23; FY 23/24; current FY 24/25 to date
- Second half CY 2022; CY 2023; CY 2024

Updated Sage-PCNX Guide to Reports

SAPC has updated the [Sage-PCNX Guide to Reports](#) to include updates to the Batch Status Report and the addition of Contract Performance Reports. This is an excellent resource for providers to know which reports are available within PCNX and how to appropriately utilize and interpret PCNX reports. This and other PCNX Guides are available on the SAPC Sage Website under [Sage Trainings](#) > [Sage-PCNX](#).

Removal of Fees for Residential and Outpatient WM Assessment Codes

SAPC recently concluded a review of State denials and DHCS policy which identified that SAPC incorrectly associated fees to assessment codes for residential and outpatient withdrawal management levels of care. Accordingly, SAPC will be removing the fees for the codes below for FY 23-24 and FY 24-25, as assessment services delivered for patients in residential and withdrawal management levels of care are included in the bundled day rate. Services that have not yet been billed to DHCS will be recouped. Services that were billed to DHCS and were recouped *should not* be resubmitted to SAPC. SAPC will notify providers once the updated Rates and Standard Matrix is published to the SAPC website within the next few business days. These service fees will be placed with "\$0.00" as the fee because they can be billed as a \$0 service to be captured for tracking towards clinical standard hours.

The following codes are impacted: 96160, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99416, 99418, and H0049-N. Additional guidance on billing screening non-admission for these levels of care can be found in the section of this communication (see below): Billing for Screening Non-Admission for Residential and Outpatient WM Sites.

99441-99443 Codes Discontinued as of January 1, 2025

DHCS has issued guidance to counties that codes 99441, 99442, and 99443 will be discontinued effective 1/1/2025. The codes can still be used for services on or prior to 12/31/2024; however, if billed to SAPC for services rendered on or after 1/1/2025, the

services will be denied. Per DHCS guidance, providers are instructed to utilize code H0001 to bill for these services delivered on or after 1/1/2025.

SAPC will notify providers once the updated Rates and Standard Matrix is published to the SAPC website within the next few business days. The impacted codes will appear with the following language in the Sage Service Code Description column: “(Discontinued code - fees expire after 12/31/2024)”.

H2014, H2017, and H0050 State Denials for CO 96 N30 and CO 4

SAPC recently identified a Sage configuration issue which mainly impacts service codes H2014, H2017, and H0050. This issue led to erroneous CO 96 N30 and CO 4 State denials. The CO 96 N30 state denials, which indicate that the pregnancy indicator was not present for a perinatal service, occurred for patients who were not PPW. There may be other service codes impacted as well that received this denial code for a patient that was not PPW. Additionally State denials for CO 4, which indicate incorrect modifiers used for the outpatient procedure, occurred mainly for group services.

Providers can resubmit services for CO 96 N30 and CO 4 State denials if the above scenario applies, as SAPC has temporarily disabled the recoupment for both CO 96 N30 and CO 4 until the configuration has been corrected. When the change has been made, SAPC will recoup the services and providers can resubmit them to SAPC, then upon billing to DHCS another denial for CO 96 N30 nor CO 4 should not be received. SAPC will notify providers when the configuration has been corrected. It is anticipated to be completed in the following 2 weeks. Providers do not need to wait until the configuration has been corrected to rebill the services to SAPC.

As a general reminder when billing PPW services, the Women’s Health History form needs to be completed with the following required fields: Assessment Date, Date of Last Menstrual Period, Pregnancy Start Date, Pregnancy End Date (if applicable), and Initial Treatment Date. If these fields are not completed for PPW services, the State will deny the claims with CO 96 N30 as these fields are what trigger Sage to include the pregnancy indicator on the claim to DHCS.

REMINDER: Diagnosis and Financial Eligibility Corrections DUE Today

Around December 13th, SAPC Finance sent emails to agencies who have patients with diagnosis or Financial Eligibility errors that require correction for the services to bill to DHCS, as well as a document on the SFTP with the list of patients and required corrections. The due date for these corrections is Friday, December 20, 2024. If providers need an extension to complete the changes, please respond to the email sent to your agency’s Finance Contacts with a request for additional time and an estimated completion date.

Patient records not corrected will have impacted services recouped as SAPC is unable to bill the services to DHCS without the information that is currently missing from the patient record. If recouped, providers can fix the patient records and rebill the services to SAPC for re-adjudication.

The following job aids are available on the [SAPC Sage website](#) to assist with correcting Diagnosis and/or Financial Eligibility issues:

- [Correcting Diagnosis Errors in Sage](#)
- [Documenting Changes in Financial Eligibility Status](#)

Billing for Screening No-Admission for Residential and Outpatient WM Sites

SAPC has received State denials for assessment services, specifically Screening-No Admission (H0049-N), billed at residential and outpatient withdrawal management sites. This is due to the State considering screenings as part of the daily bundled rate.

In order for residential and outpatient WM sites to be reimbursed for screening no-admission services, providers at these sites should bill SAPC in the following manner:

- **Scenario 1: Screened and not admitted/no Recovery Services delivered**
 - Bill the “screened and not admitted” H0049-N service code under the H0049-N 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: Screened and not admitted / Recovery Services delivered**
 - Bill the “screened and not admitted” H0049-N service code under the H0049-N 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, **and if needed**
 - If additional H2017 recovery services are delivered, roll-up the units into one service based on the roll-up rules

How to Bill for Screening Non-Admission at Residential and Outpatient WM Sites			
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)

Highlights From Previous Communications

Fiscal Year 2025-2026 Contract Extensions and Split Authorizations: SAPC Contracts has extended current contract numbers for FY 25-26 fiscal year. This will now allow authorizations (auths) that cross from FY 24-25 into FY 25-26 to split appropriately. All providers can now submit auths for the full authorization period if the auth crosses into the next fiscal year. This has primarily impacted OTP providers who have had to end date all auths at 6/30/2025. *Effectively immediately, OTPs and other providers no longer need to end date the authorizations to 6/30/2025 if the request extends to FY 25-26. UM will be able to process those authorizations as normal.*

For authorizations that were end dated for 6/30/2025, providers should submit a second authorization, with begin date of 7/1/2025 for the remaining authorization period.

Minimizing Duplicate Patients Records in Sage: During the intake process it is the responsibility of every provider to verify that the patient does not already have a Sage record with your agency or in the network. The creation of duplicate records for a patient requires merging of those records which is timely and may require new authorization and rebilling.

Guidance on Billing H2010M/N/S for FY 24-25: SAPC has published a [guidance document on the Sage website](#) with clarifications on billing and usage of H2010M/N/S. This document provides examples of how to bill the codes along with the service where the MAT education or naloxone distribution was delivered (H2010M and N) and examples of medication safeguarding/handling allows for billing H2010S for residential levels of care

State Denials for Residential + OTP Counseling: The Department of Health Care Services (DHCS) recently made a change to allow OTP counseling while a client is simultaneously receiving residential treatment, H0019. This is for both individual counseling (H0004:UA:HG) and group counseling (H0005:UA:HG). Providers can resubmit any State denials for FY23-24 for services that were denied for these scenarios. The most likely State denial code associated with previously submitted claims for these services would be CO 96 M80.

Primary to Secondary Provider Conversion: SAPC provides an annual enrollment opportunity for all Contracted Providers to convert from a Primary User to Secondary User of the Sage Electronic Health Record (EHR) System. If your agency would like to convert from Primary to Secondary Sage User status, please send an official, signed request addressed to the SAPC-IT at SAPCProvConvReq@ph.lacounty.gov no later than **January 31, 2025**.

Provider agencies that meet this deadline will receive an acknowledgement letter and will be required to begin the necessary testing by **March 31, 2025**.