Communication Release
4/11/2025

3.7/4.0 WM + H2015 & H2017 Rebills for CO 96 M80

A DHCS configuration issue generated erroneous CO 96 M80 denials when 3.7 & 4.0 WM services were billed with outpatient service codes H2015 and H2017. DHCS corrected the issue on 04/08/2025. Providers can resubmit the impacted services at any time.

NEW! ASAM CO-Triage and Youth/Young Adult Screener Widgets

SAPC is adding two new widgets to Sage-PCNX that will increase visibility on screenings completed within the network by SASH/CENS/CORE and any network provider. Previously, providers did not have visibility on those screenings, which created duplicative work to re-screen referrals.

Screenings completed for a given patient prior to admission for treatment is considered pre-treatment and is not subject to the CFR 42 Part II privacy restrictions. As such, SAPC has created a "CO-Triage Screening Responses" widget and a "Youth and Young Adult Screener Responses" widget, which displays all available responses for the selected patient on any of the previous screeners completed.

The "CO-Triage Screening Responses" widget contains the actual responses from the CO-Triage, any comments from the interviewer, and the Actual Level of Care recommended by the interviewer. While most patient responses are available, the primary substance of use is not available at this time. SAPC is working to include that field and will update the widget once that data point is available.

These two new widgets are available on the Client Dashboard (accessible by clicking the file folders icon next to the patient's name under "My Clients") and the Clinical Only views in Sage-PCNX. Both widgets will be filterable and sortable on any of the columns.
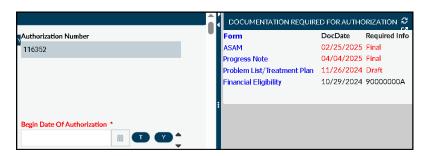

With these two new widgets, providers will now have visibility on screeners completed for any patient referred for treatment with the goal of minimizing the need to ask additional screening questions.

NEW! Documentation Required for Authorization Widget

In coordination with the QI and UM teams, SAPC developed a new widget that will be placed on the Service Authorization Request form to provide quick visibility on essential forms required for a Service Authorization approval. The widget will be available on Monday 04/14/2025.

The widget will display four (4) essential forms and the minimum requirement for each is as follows:

1. *ASAM:* Date of last finalized ASAM with logic to display the text as red if not completed within the last 30 days or left in draft.
2. *Progress Note:* Date of last medical necessity progress note with logic to display the text as red if there is no medical necessity progress note within the last 30 days, or the note is not finalized.
3. *Problem List/Treatment Plan:* Date of last PL/TP with logic to display the text as red if not completed within the last 30 days or if still in draft.
4. *Financial Eligibility:* If DMC guarantor is present then the CIN will display with logic to show the text as red if missing.

The widget will display on the side of the Service Authorization Request. It can be minimized or maximized by clicking the arrows in the middle of the page or it can be undocked. Additionally, providers can click on the blue hyperlink to access the form in question as needed.

The goal of this widget is to assist providers to ensure those required components are completed satisfactorily before submitting the service authorization. This should prevent unnecessary delays or denials if any of the missing requirements are completed upon discovery when accessing the Service Authorization Request.

Provider Feedback Survey for SAPC Finance Training Needs: Due 4/25/2025

SAPC Finance is creating and updating Provider billing-related trainings and resources and is seeking Provider feedback. Provider feedback gathered through survey participation is important because trainings/resources can be created based on what is voiced in this survey by SAPC Providers. SAPC Finance would like to know:

- What specific billing-related training topics would help you be more effective in your daily tasks?
- Which specific SAPC Finance processes or systems do you feel require more clarity or guidance (for example: claim submission, billing, cost/Fiscal reporting, etc.)?
- Which specific guidance/documents from SAPC Finance do you utilize the most in your current role?
- Have you experienced challenges in navigating SAPC Finance policies or procedures? If yes, please describe.

Please provide your answers to these questions in the survey linked here:
Provider Feedback for SAPC Finance Training Needs Survey
The survey will close on Friday, 4/25/2025

Highlights from Previous Communications

Medical Necessity Justification Finalization: A medical necessity justification note is required for service authorization requests and needs to be finalized by an appropriate (LE)LPHA. Medical necessity notes include a SUD diagnosis; therefore, only clinicians with a scope of practice to diagnose are considered appropriate to be the finalizer or co-signer. Disciplines approved to finalize these notes include registered and licensed 1. Board of Behavior Sciences Disciplines (Clinical Social Workers, Marriage and Family Therapists, and Professional Clinical Counselors), 2. Board of Psychology Disciplines (Psychological Associates and Licensed Psychologists), and 3. Medical Board Disciplines (Physicians, Physician Assistants, Nurse Practitioners). Medical necessity justification notes finalized by other disciplines will result in potential delays/denials of service authorization requests. Additional information regarding specific requirements by level of care can be found in the *[Checklist of Required Documentation for Utilization Management](#)*.

CO 96 N54 State Denials for T1017 Services provided by NPs: For both FY23-24 and FY24-25, a DHCS configuration issue has led to erroneous State denials for T1017 services performed by a Nurse Practitioner. *FY23-24:* DHCS resolved the T1017 issue for Nurse Practitioners as of October 2024 and providers can resubmit those services. *For FY24-25*: DHCS configuration issue generating the erroneous denial has not been resolved. Providers can also resubmit all CO 96 N54 denials for T1017 services performed by Nurse Practitioners as SAPC has paused billing to the State until their configuration is corrected. Providers do not need to wait until the State configuration has been corrected to rebill the services to SAPC.

New! Clinical Documentation FAQ: SAPC is pleased to announce the publication of the [Clinical Documentation FAQ](#). This FAQ is a compilation of questions received from providers during trainings, meetings, and email. This document is divided into sections focusing on Progress Notes, Assessment, Diagnosis, Problem List, Release of Information, Women's Health History, Secondary Provider Requirements, and Program Standards Questions. It will be revised periodically as policy and guidelines are updated. The FAQ can be found with other guides and job aids on the SAPC Sage website:
http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm

New! Non-LPHA Finalization of ASAM CO-Triage: Sage was updated on Wednesday 3/25/2025 with new functionality allowing Non-LPHAs, including Registered and Certified Counselors, to finalize the ASAM CO-Triage in Sage. Users with access to the "ASAM Assessment" form will now be able to finalize the CONTINUUM Triage. The CONTINUUM Comprehensive Assessment still requires finalization by an appropriate (LE)LPHA through the Finalize ASAM Assessment form. Providers will not be required to finalize any previously submitted ASAM CO-Triages left in draft; however, they may do so if they choose. Non-LPHA staff should be finalizing any new CO-Triages created on or after 3/28/2025.