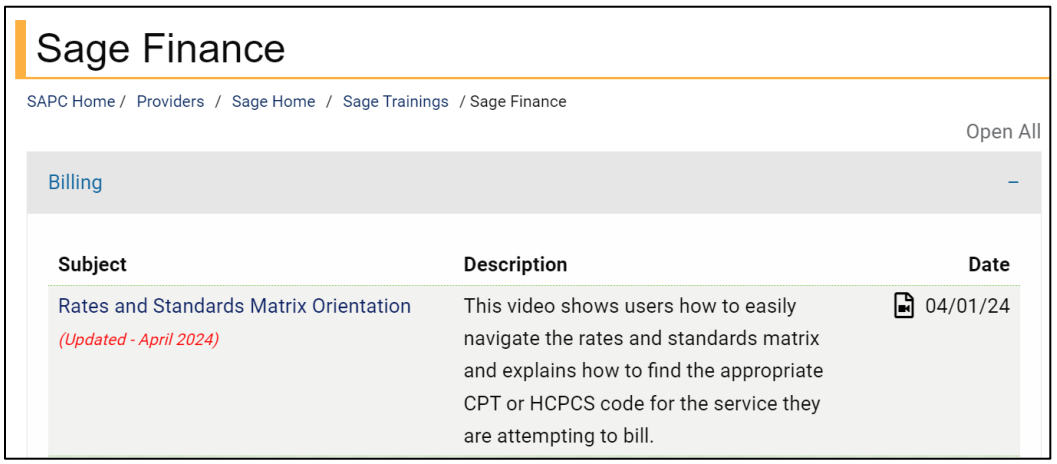
Communication Release

04/12/2024

Updated Rate Matrix Video

The Rates and Standards Matrix orientation video has been updated to reflect the most recent changes made and is available on the Sage Finance page. These updates include the removal of sub-tabs for MAT, Care Coordination, and Recovery Services with all HCPCS/CPTS for these services re-located under the appropriate ASAM levels of Care. Additionally, as the new performing provider types have been added, including Clinical Trainee/Student Billing for each of these new provider types. This video is intended to assist providers in understanding how to read and interpret the Rates and Standards Matrix. Agencies are encouraged to access this helpful resource.



Local Lockout Code Denials Resolved

In the 3/18/2024 Sage Provider Communication, SAPC notified providers of an issue in Sage that resulted in incorrect local denials for the following codes with lockouts: 90791, 99203, 99213, 99214, 99215. This issue has been corrected in Sage. If agencies received denials for these codes when a lockout code was not actually billed the same day, then these services should be resubmitted for adjudication.

Real Time Inquiry (270) Report Resolved

There was a known issue that prevented users from viewing the 271-Response Report when running the Real Time Inquiry (270) Request. Netsmart implemented an update that resolved this issue. Sage users are now able to view the 271-Response Report when running the Real Time Inquiry (270) Request.

As a reminder, providers should be posting the results, as this populates the County and Aid Code Report and the 270 Inquiry widget, which is viewable on the Client Dashboard.

Procedure Code Modifier Order

For a transaction to be HIPAA-compliant, a procedure code cannot use more than four (4) modifiers. The following modifier order must be used when submitting claims to SAPC.

Specified Modifier Order

1. ASAM Level of Care (LOC)
2. Special Population (Youth, Perinatal)
3. Place of Service (Telehealth)
4. Lockout (XU, XE, 59, 27)
5. Clinical Trainee/Student

Run the **MSO PROVIDER CONFIG REPORT FY2023+** in PCNX to see a listing of the complete HCPC/CPT code set with relevant modifiers that your site has been configured to claim. This report will support your agency in identifying the code and modifier combinations to use for services.

Trainee Modifiers Specifics

1. Clinical Trainee/Student Modifier will always be the last modifier and if a modifier needs to be dropped to accommodate it, the place of service (telehealth 93 ,95, SC, GQ) modifier will be dropped.
2. HL/GC will not be used in conjunction with Clinical/Student Trainee Modifiers

Modifiers to Drop If Needed

In rare situations that a service would exceed four modifiers per procedure code in a given transaction, do not use telehealth modifiers. If not using telehealth modifiers is not enough to keep transaction under four modifiers, do not to include modifiers HL (Intern) and GC (Resident). If more modifiers need to be dropped, remove modifiers that do not affect payment determination. For a complete listing of modifiers please refer to the modifiers subtab located on the Rates and Standards Matrix.

Local Denials Related to Performing Providers

An issue in Sage was identified where duplicate performing providers were incorrectly entered, causing the service to deny locally. Services may have denied for either “Performing Provider not registered on date of service” or “Performing Provider is blank.” Providers who received these denials can resubmit the service for adjudication as it has now been resolved.

Sage-PCNX Form, Report, and Widget Updates

The SAPC Sage Team would like to announce the following updates:

Form/Report/Widget	Changes	Environment	Date Available

Batch Status Report	The Batch Status Report was updated to support future workflow implementations. It now has updated formatting and updated fields including Performing Provider, ADP message, and EOB.	TRAIN	Available Now
Progress Note (form)	**Date of Service** field will error if a future date is entered. A **Service Duration (minutes)** field was added to capture the direct patient service time which may be less than the total difference of the Service End/Start time. Please click on the light bulb next to the field on the form for additional information. The LPHA Specific Procedure (only for LPHA use of CPT procedures) is replaced with **Procedure Codes (CPT/HCPCS).** All non add-add codes have been added to the list so counselors, peers, LE-LPHAs, and LPHAs can select the appropriate code associated with the service rendered. Language used matches the Rate and Standards Matrix. **Documentation Time** section was removed as it is no longer required by DHCS. Documentation time should NOT be counted toward service duration time as it is not reimbursable by the State. This is available in TRAIN now for practice. **Progress Note Guide was updated with the new changes.**	LIVE	Available Now
Progress Note Status Report	The logic for the "Duration" column was updated. Notes submitted by 2/8/2024 will have duration calculated by subtracting the Service End Time from Service Start Time. Notes submitted on or after **4/3/2024** will have the Duration field populated by what was entered in duration on the Progress Note FORM.	LIVE	Available Now
Patient Medications History Export	Provides an aggregate list of all Patient Medication forms completed for the patient. This report is meant to be viewed ONLY after exporting.	LIVE	Available Now
Authorization Request Status Report	This report has been updated to include the word “Report” in the name. An additional parameter was added for targeted authorization search. The **Date Selector** parameter will specify if the date range entered will be based off the authorization start date, authorization end date, or authorization entry date (when the last time the submit button was clicked on the authorization). Two additional fields were added to the output based on provider enhancement request. The **Funding Source** and	LIVE	Available Now

	Request Submitted By (which reflects the practitioner who submitted the authorization originally) were added to the report output.		
Monthly Activity Report (CENS only)	**Report Created By** field was added and refers to the staff whose activities are being recorded. **Draft/Final** form status field was added to allow each staff to complete their own MAR.	TRAIN	Available Now

For questions/feedback/comments regarding the updated forms, reports, and/or widgets, please email Sage@ph.lacounty.gov.

Reminders From Prior Sage Provider Communications

Medical Necessity Notes Finalized as Non-Billable: Following a set of clinical trainings to help connect clinical documentation to Medi-Cal billing codes providers asked for guidance on handling previously unbilled medical necessity justification notes.

If a Medical Necessity Justification note was *written* **and** *finalized* by an approved LPHA or License Eligible (LE) LPHA as a non-billable note, it may potentially be billable. The available service code would be 90885 if the note reflects a review of records for the purpose of making a diagnosis and includes the necessary components of a medical necessity justification note, all performed by an approved LPHA or License Eligible (LE) LPHA. Medical Necessity Justification notes completed by counselors and finalized by LPHA may not be resubmitted for billing as it was the counselor who rendered the service, not the LPHA.

For FY 23/24 notes that meet this standard, providers should:

1. Create a new note with the same date of service as the original medical necessity justification.
2. Copy all the information from the original note.
3. At the beginning of the narrative part of the note indicate, "For billing purposes this note is a copy of the existing medical necessity justification note, which has not been altered.
4. For Primary Sage Users, change Note Type from Non-Billable to Individual.

Note, Medical Necessity Justification notes completed by counselors and finalized by LPHA may **not** be resubmitted for billing as it was the counselor who rendered the service, not the LPHA.

The new note will be subject to audit; therefore, the narrative of the note should not change, except for the provided language above. If the existing narrative does not meet the standard of 90885, it may not be billable.

Update on FY 22-23 Group Counseling: SAPC continues to work with Netsmart to resolve the issue preventing the submission of new or resubmitted group counseling/patient education group services for FY 22-23. Additional updates will be provided as soon as they are available.