

Communication Release

09/17/2024

New Link for Billing Office Hours

There is a new link for the SAPC Billing Office Hours that has been created. Please register using the link below in order to sign-up for the office hours and utilize the link provided after registering to access future office hours. This new link must be used for the meeting as of September 19, 2024; the previous link will no longer allow access to the office hours. The new meeting will show with a 1.5 hour duration each week, however, every other week will be one hour long and the other week will be 1.5 hours as it will include the case study, see the meeting durations below for more details.

As a reminder, providers can send questions in advance, requests for topics to cover, or suggestions for case studies to <u>SAPC-</u> <u>Finance@ph.lacounty.gov</u> to be included in the next office hours.

Sign up here: Registration Link

Office Hour Durations

9/19: 1-2 pm 9/26: 1-2:30 pm w/case study 10/3: 1-2 pm 10/10: 1-2:30 pm w/case study 10/17: 1-2 /pm 10/24: 1-2: 30 pm w/case study - FINAL SESSION

CORRECTION: Upcoming Configuration Changes

On Friday, 9/13/2024, SAPC published the update below, however, one item has an incorrect code labeled. Please see the updated information below in red.

SAPC will be making changes to the Sage configuration to address the items below. SAPC will provide the date when providers will be able to begin billing these services once available. Additionally, updates to the Rates and Standards Matrix to reflect these changes is also forthcoming and will be announced when available.

- H2010M and H2010N will be added to Recovery Services and CENS levels of care and be billable by all performing provider types. The services will remain as \$0 services, but the units can also be billed under T1007 and must be rolled up as one service in order to receive payment.
- H2017-CN will be added to the CENS PAuth and will include both the non-group and group versions of the code (i.e. with and without the HQ modifier)
- H2010S for residential levels of care will have a flat rate added across all performing provider types with the exception of Peer Support Specialists who are currently unable to deliver this service. One unit should/d be billed for each instance the service is delivered to the patient and be rolled up into one service for billing when more than one of the services is delivered to the patient per day.