Communication Release

4/22/2022

Expired National Drug Codes

SAPC has been in communication with DHCS regarding National Drug Codes (NDCs) that have been expired but no new code has been issued by DHCS. Per DHCS, an updated listing of NDC Codes will be published in May 2022. Providers may have received State denials with code CO 26 N650 which indicates that, "This policy was not in effect for this date of loss. No coverage is available." Based on SAPC's investigation, this denial code was received for services where an expired NDC was used. Until DHCS publishes the updated listing of NDCs, SAPC encourages providers to withhold replacement/resubmission of these claims until the new codes are issued. Once the updated list is published, SAPC will update the Rates and Standards Matrix with the new codes, publish it to the network, and update Sage to reflect these changes.

Other Health Coverage State Billing Delay

SAPC has encountered a system issue that is preventing OHC information from being produced on SAPC's outbound 837s to DHCS for adjudication. This is affecting claims with OHC information from both Primary and Secondary Providers. SAPC is working with Netsmart to resolve this issue in Sage. This issue is causing delays in SAPC submitting 837s to the State as the OHC information has to be manually reviewed and added to each individual claim on the file. At this time, we are unable to provide an estimate date of when the claims will be able to be submitted to the State. We will continue to provide updates as they are known on the resolution to this issue.

Addresses for Patients Experiencing Homelessness

It is DPSS policy to use the District Office for those who do not have a mailing address as indicted in DPSS form PA 1815. This is specific to recipients of DPSS program benefits (Medi-Cal, CalWORKs, General Relief, Refugee Cash Assistance, CalFresh, Cash Assistance Program for Immigrants) and is limited to DPSS and official government mail only.

SAPC's Provider Manual 6.0 has been updated to indicate:

> *Treatment providers should utilize the Care Coordination benefit to assist patients with obtaining and maintaining Medi-Cal or other benefits throughout the SUD treatment and recovery process, patients will need to provide their new physical and mailing addresses (for people experiencing homelessness this may include the DPSS District Office, provider address as permissible by agency policy, or other designated mailing address) and primary contact number.*

When completing a patient's Financial Eligibility form, please include a mailing address as described above. Entering values that are not a mailing address may cause delays in timely submission of claims to the State as the address must be updated to fit one of the allowable addresses per DHCS.

Correcting Diagnosis Errors

The SAPC Finance Services Branch (FSB) has been encountering errors in services being sent to the State for adjudication due to errors in the patient's chart regarding admission diagnoses. SAPC Finance Analysts have begun routinely reaching out via the SFTP to providers who do not show correct admission diagnosis information on services entered for particular patients. There are three (3) main diagnosis-related issues providers will be requested to correct:

1. **Missing Admission Diagnosis**

   All patient episodes and records must have an admission "Type of Diagnosis" within Sage for the claim to successfully process from Local to State adjudication. There are instances when providers only input an "Update" Type of Diagnosis or "Onset" Type of Diagnosis on the form without a separate "Admission" Type of Diagnosis.

   Please ensure all patients have an admission in the "Type of Diagnosis" field of the patient's chart.

2. **Multiple Admission Diagnoses**

   There are at times when multiple admission diagnosis may be recorded in Sage. There should only be one (1) admission entry in the "Type of Diagnosis" field. If you are contacted to correct this issue and *cannot* see the additional admission diagnosis entry or correct the issue, please notify your Finance Analyst and open a Sage Help Desk ticket.

3. **Service Date Before Date of Diagnosis**

   When selecting "Admission" as the "Type of Diagnosis", the "Date of Diagnosis" will automatically populate to the episode start date. Providers should not change this date as it corresponds to the original date of admission for that episode. There are instances when providers manually change the date to a different date. If the date of service is before the date of diagnosis, this may cause denials or delays with submission to the state.

   To correct the Date of Diagnosis, providers only need to enter a new "Update" Type of Diagnosis with the correct Date of Diagnosis and diagnosis that corresponds with the dates of services being claimed. Providers should not void the incorrect diagnosis. Adding an "Update" will allow the system to associate the "Update" Date of Diagnosis with all services on or after that date. The "Update" diagnosis in this situation will be before the "Admission" diagnosis but should correspond to the actual date of admission for the patient.

To ensure accuracy on correcting diagnosis issues, please reference the Correcting Diagnosis Errors in Sage guide for additional details.

Telehealth Services Denied by the State

SAPC has been monitoring the State adjudication of telehealth services submitted by providers. During this monitoring, SAPC found two common denial reasons that are affecting telehealth claims. Through this analysis, SAPC has found two system configuration errors that have led to these denial reasons. If providers have received the two denial reasons noted below for telehealth services, please follow the resolution information indicated.

- **CO 26 N650**
  - **Cause:** This State denial reason was caused by a Sage system configuration error that has been resolved.
  - **Resolution:** Providers do not need to make any corrections to these services as it was caused by a system error. These services should be replaced/resubmitted by providers.
- **CO 96 N362**
  - **Cause:** This State denial reason was caused by a Sage system configuration error that **has not yet been** resolved in the system.
  - **Resolution:** Claims denied for this reason should **not** yet be replaced/resubmitted by providers. SAPC is working with Netsmart to address the error and will update providers when the issue has been resolved and the claims can be replaced/resubmitted.

Submission of Billing Questions via the Sage Help Desk

SAPC requests that providers with questions regarding billing submit a Sage Help Desk ticket via phone - (855) 346-2392 - or the Help Desk portal - https://netsmart.service-now.com/plexussupport. This will ensure that all questions are answered in a timely and appropriate manner. This process will ensure that the question is directed to the appropriate person and provides a history of the communication and resolution to providers, Netsmart, and SAPC. Questions directed to an individual staff member will be redirected to the Sage Help Desk to have their question addressed.

To facilitate the time resolution of cases, SAPC Finance Services Branch would like providers to be aware of some helpful tips prior to and when submitting a Help Desk ticket:

1. **Use SAPC Resources:** You can resolve many denials by using some of the resources available on SAPC's webpages.
    a. Finance Related Forms and Documents
    b. Sage Finance Trainings
    c. Sage Provider Communications
    d. Information Technology (IT) Related and Documents
2. **Submit separate tickets for separate issues**: Concerns can be better investigated when each issue has its own ticket number. When submitting denials for multiple patients or claims open a ticket for each type of denial issue. For example, if you have 25 patients with CO 16 MA 39 and 25 different patients with CO 177, submit one ticket for each denial reason.
3. **Use Attachments**: Attachments can help expedite the review and resolution of a ticket. Please upload any relevant documents that you feel will support the investigation and resolution. For example, include excel files with claims data, EOBs, or screenshots of ProviderConnect. In addition, please use attachments when there is a large volume of claims associated to the ticket.
4. **Alternate Contacts**: When possible, please provide an alternate contact. It is helpful to have an alternate contact that may be close to the matter, in the event the person that opened the ticket is not available.

In addition, SAPC Finance Services Branch requests the following information be provided when submitting a Help Desk ticket for Local and State Denials:

1. **"Please describe your issue" field**
   In this section of the ticket, provide a short description of the issue and include the Fiscal Year (FY) for the claims, the level of the denial (State or Local), and the denial code. Examples are provided below.

   Asset

   * Please describe your issue

   FY 19-20 State Denial CO 177

    a. FY 19-20 State Denial: CO 177
    b. FY 20-21 Local Denial: CO 16
2. **"Additional Details" field**
   In this section of the case, provide details related to the case and include the following information:

   Additional Details

   Received CO 16 N327 denial for PATID #### on 1/1/2022 - 1/5/2022. Followed SAPC communication and crosswalk to fix denial. Confirmed the DOB on the Financial by comparing it to identification provided by the patient. Confirmed the CIN is entered correctly and cannot resolve the denial.

    a. Include the dates that are impacted. For example, 1/1/2022 – 1/5/2022.
    b. Include any investigations steps you have taken to troubleshoot the denial. For example, "Received DOB denial. Confirmed the DOB on the Financial Eligibility by comparing it to identification provided by the patient. Confirmed the CIN is entered correctly."
    c. If you do not include attachments that identify the patient's name, their PATID, and service details (at a minimum the service procedure codes and service date), include that information in this section.