Communication Release
7/15/2021

Utilizing Recovery Support Service in FY 21-22

Effective 7/1/2021, Recovery Support Services (RSS) procedures for admission, authorization, and billing have changed to reduce barriers to access RSS services. DHCS clarified via BHIN-21-020 that patients may be admitted directly into RSS based on a self-assessment or provider assessment of risk without a previous level of care within the SAPC network. While assessment services remain non-billable within RSS levels of care, SAPC recommends utilizing the ASAM Continuum to assist in establishing medical necessity and to ensure placement at the appropriate level of care.

RSS Authorizations

Medical necessity must be established by the provider and documented within the patient's chart as with all services. However, for all RSS services and RSS claims from 7/1/2021 onward, providers will not be submitting a request for a member authorization through QI & UM as previously done. All providers will be pre-approved for RSS and given a Provider Authorization (PAuth) to utilize for claiming. PAuths will be configured based on contracted age groups and PPW status for RSS. For example, a provider who is contracted for 21 and over PPW and 21 and over non PPW services, will receive two PAuths to cover those services: PAuth 1- RSS 21 and over- NonPPW, PAuth 2- RSS 21 and over- PPW. If a provider has all age groups and PPW contracts, they will be awarded six total PAuths.

RSS Billing

Netsmart and SAPC are working on configuring the system for the new fiscal year, including creating those new PAuths. Once they are created, we will notify providers of the specific PAuth numbers and associated levels of care. These PAuths will cover all RSS claims and services from 7/1/2021 to 6/30/2021. These are billed the same way as the incentives are billed.

Additionally, there is a change in the previous level of care U code included in the HCPCS code for RSS. Providers previously used the U code that corresponded to the previous level of care where patient was discharged. With the new program parameters that allow for direct admission, the previous level of care U code is no longer required. However, a secondary U code is still required and should reflect a level of care for which the program site is certified to provide. For example, RSS delivered at site A after patient discharged from Residential Services at another provider. However, the RSS provider is not certified for residential services, but is certified for outpatient. Provider would bill using certified outpatient U code of U7 (outpatient) as the secondary U code. The exception is for Ambulatory Withdrawal Management, as the State will deny RSS services with U4 or U5 as the secondary U code. In this instance providers should indicate a different level of care for which they are certified to provide services, such as U7 or U8.

Please see PowerPoint slides from the [June 8, 2021 Provider Meeting](link) for additional information.

Naming Conventions for Secondary Provider 837 Files

To provide clear guidance to secondary providers on SAPC's requested naming convention for 837 files, SAPC IT has created a naming conventions guide. This guide has been posted to the SAPC website and can be found using [this link](link) and is also attached to this communication for ease of reference. This document provides the required naming conventions for the 837 files and the associated folders in the SFTP where providers will upload the files to submit them to SAPC. If providers have questions about the naming conventions, contact Vu Pham at vpham@ph.lacounty.gov.

ProviderConnect Newsfeed

SAPC is always making efforts to improve and increase communication with our provider network. As such, SAPC will begin utilizing the ProviderConnect Newsfeed in addition to the bi-weekly Sage Provider Communication to provide updates and notification to providers on a variety of Sage topics. The ProviderConnect Newsfeed, which is shown to Sage users when first logging into ProviderConnect, will

be utilized to announce confirmed issues noted in the system as well as resolutions to these issues. It may also be used to provide reminders and updates to important processes or announcements to the network. SAPC encourages providers to review the ProviderConnect Newsfeed daily to ensure notifications are not missed. These updates will also be included in the bi-weekly Sage Provider Communication, however, posting to the Newsfeed will allow SAPC to provide information faster to providers and will reach a broader group of users to enhance awareness of updates.

Resolution of Duplicate 835s Being Sent to Secondary Providers

An issue was brought to the attention of SAPC that some secondary providers were receiving duplicate 835 files. SAPC has identified the step in a process workflow that was resulting in the duplicate files being created. A resolution has been put in place as of 7/14/2021 that has fixed this issue and providers should no longer receive duplicate 835s. If providers do receive any duplicate 835s as of 7/14/2021, contact Vinay Garg at vgarg@ph.lacounty.gov to report this issue for further investigation.