Sage

Substance Use Disorder Information System

Communication Release

10/07/2022

Deadline for Temporary Grace Period for Late Submission of Service Authorizations is October 15th

As a reminder, UM implemented a temporary grace period for late submission of service authorizations with start dates of 7/1/2022-8/15/2022. Providers were given until 10/15/2022 to submit these authorizations in order to not be subject to late authorization submission deadlines. However, authorizations with start dates 8/16/2022 and on will be subject to SAPC's 30-day submission policies. As a reminder, medical necessity documentation was to be completed timely and will be subject to date modifications if outside of the expected timeframes.

Merge Updates and Instructions

SAPC and Netsmart have completed our backlog of older merge cases and are working on more recently submitted merge cases. It is expected that nearly all merge cases will be resolved by the end of October 2022. However, if there is billing from both the source ID and target ID for the same provider, the merge cannot be processed. There is a small number of merge cases that fall in this category where the full merge cannot be processed.

For these cases that cannot be fully processed, we have identified a workaround that can help to move the clinical documentation, forms, and attachments from the source ID to the target ID. However, the source ID will remain in the system. For the incorrect ID, the following actions will be placed to assist in preventing further issues:

1. This name for the source ID will be changed to "DO NOT USE" as the middle name to alert providers this ID should not be used. When this is noted in the patient's name, staff should NOT use this ID and search for the correct ID to complete documentation and billing.
2. A blackout will be placed to prevent future billing on the wrong ID.
   a. The claim status denial reason and explanation of coverage when billing is submitted on a merge blackout is "Pending Merge- This service occurs during a Claims Processing Blackout".
   b. If the provider experiences this denial, please find the correct ID and rebill under the correct ID for that patient.

Additionally, the following forms will be printed and attached but cannot be automatically moved or recreated through the merge or other processes, therefore, must be recreated on the target ID to prevent billing issues or other issues:

- ASAM Assessment
  - All ASAM information is printed and attached to the target ID. Providers do not need to do anything for the ASAM after a merge.
- CalOMS Admission/Discharge
  - The CalOMS data cannot be ported to the target ID. It can only be printed and attached.
  - If providers need to complete a CalOMS discharge or annual update, they may need to re-enter the CalOMS admission on the target ID.
- Provider Diagnosis (ICD-10)
  - The diagnosis must be re-entered for auditing and billing purposes.
- Financial Eligibility
  - The F.E. must be re-entered for billing on the merged record.
- Women's Health History

- The Women's Health History is required for PPW billing. For auditing and billing purposes this form must be re-created on the target ID.

Changes to Medication Services FY 22-23

Effective 7/1/2022, SAPC and DHCS changed how Medication Services are reimbursed and delivered to better account for services provided by medical professionals related to Medications for Addiction Treatment. To accommodate this rate change, SAPC clarified the definitions and usage of the two different HCPCS - MATSvc and H2010 - related to medication services, which follow the guidance in Provider Staffing Guidelines SAPC IN 19-07 and http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/22-13/SAPCIN22-13FY2022-23Rates.pdf .

1. MATSvc: DHCS approved SAPC's rate of $87.00 per 15-minutes (equivalent to $348 per hour) for Medication for Addiction Treatment (MAT) Services in Non-OTP settings using the "MATSvc" HCPCS code to cover medical LPHAs (MD/DO/PA/NP) evaluating patients, ordering, prescribing, and administering medications, and monitoring medication response specific to MAT.
2. H2010: The "H2010" HCPCS code can be used to support services conducted outside of the Medication Services scope, which include safeguarding medications at residential treatment services and educating patients about MAT. This code can be billed by RNs, non-medical LE/LPHA, and SUD counselors.

The current Rates and Standards Matrix was previously updated to reflect this change. SAPC is also in the process of updating the above bulletins to clarify these services and other changes.

Documentation for Care Coordination is Disallowed for Fiscal Years Prior to 22-23

As a reminder documentation time for care coordination is not allowable for fiscal years prior to FY 22-23, per SUD Treatment Services Provider Manuals versions 4.0 and 6.0. This aligns with previous SAPC guidance stating documentation time for care coordination, formerly case management, was not allowable for reimbursement.

For FY 22-23, care coordination is a reimbursable service to allow providers to claim time required to document in Sage (SAPC IN 22-13). DHCS stipulates that documentation of the activity must be included in a Progress Note or Miscellaneous Note.

Service-Based LOC: For ASAM 1.0 and 2.1, up to 10-minutes of documentation time per patient for group services using 1-minute increments and up to 15-minutes for individual services in 15-minute increments. This includes care coordination, Peer Support Services and Recovery Services.

Day Rate-Based LOC: For ASAM 3.1, 3.3, 3.5, 1-WM, 2-WM, 3.2-WM, 3.7-WM, and 4-WM, SAPC incorporated the cost of documentation into the daily rate. Separate claim submissions are not permitted. Daily or per service notes are now required for these levels of care; the weekly note allowance has been discontinued effective July 1, 2021.

Care Coordination Miscellaneous Note Documentation

SAPC has deactivated the Case Management option under the Miscellaneous Note types in Sage to prevent mislabeling of Care Coordination services. Please document all Care Coordination services using the Care Coordination Miscellaneous note type. For any note where Case Management was previously selected, the pre-display screen in Sage will show the note type with the number 1. Within the note drop-down menu for type, since Case Management has been removed, the drop-down will be blank. The Provider Activity Report will continue to display Case Management for those older notes.

Hold Resubmission of State Denied Claims for ASAM 1-WM

SAPC has recently become aware that an issue with DHCS's adjudication system is causing services for ASAM 1.0-WM to be erroneously denied, predominately with State denial code CO B7 N570. DHCS has not been able to provide SAPC with an estimated date of resolution in their system. If your agency has received the CO B7 N570 denial from the State for this level of care, please hold off on resubmission of these services temporarily. SAPC is working to implement a configuration in Sage that will hold services for 1.0-WM from billing to the State until DHCS indicates that the issue has been resolved. SAPC will continue to provide updates as this configuration is completed and when an ETA is known from DHCS to correct their system.

Reminder: Providers Can Continue to Bill for FY 18-19 Through FY 21-22

Providers can continue to bill for services delivered from FY 18-19 through FY 21-22 until otherwise communicated by SAPC. The only current fiscal year restricted for billing in Sage is FY 17-18. An end date for submission of FY 18-19 services will be determined soon as cost reporting for that fiscal year is coming to a close. SAPC recommends providers to submit all services for FY 18-19 as soon as possible to ensure the units are captured for cost reporting.

ASAM CONTINUUM Software Update 3.16 Pre-Release Notification

The American Society of Addiction Medicine is pleased to announce that version 3.16 of the ASAM CONTINUUM and CO-Triage software will be released on Tuesday, October 11, 2022. Unless otherwise noted, CONTINUUM changes apply to both standard and RISE versions. Details about the updates to this software version can be found below and on the CONTINUUM website.

CONTINUUM and CO-Triage Question Update:
- Drug and Alcohol Section – Used Substances Subsection:
  For the SubsUse question, we have reworded response options to clarify that the question applies only to substances currently causing a problem. The response option "Any other substances (e.g., high-dose caffeine, steroids, etc.)" will now read, "**Other problem substance**s (e.g., high-dose caffeine, steroids, etc.)."
    - SubsUse in standard CONTINUUM reads: "*Which substances have you had problems with? Think about alcohol or drug use that is currently a problem or could become a problem again. Which substances would you like help with?*"
    - SubsUse in CONTINUUM RISE reads: "*Which substances have you had problems with prior to [your arrest/entering jail or prison/rehab/the halfway house/hospital]? What about since then? Think about alcohol or drug use that is currently a problem or could become a problem again. Which substances would you like help with?*"
- We are also updating this SubsUse response option in CO-Triage to align with the change to CONTINUUM.
    - In CO-Triage, the response option previously read, "Any other **drug of abuse** (e.g., high-dose caffeine, steroids, etc.)" but will now read, "**Other problem substances** (e.g., high-dose caffeine, steroids, etc.)."

CO-Triage Report:
- To clarify whether the interviewer left additional comments for given items, when the interviewer does not enter text in Comment Boxes (for questions DrgInfoN, T5N, T1N, T2N, T3N, T4N, and T6N), the Triage Report will read, "The interviewer did not have any comments for this section."
- To enhance language in the Triage Report, when interviewers enter information about more than one medical or psychological problem in the Comment Boxes, the report text now reads:
    - Dimension 2 – Medical Conditions and Complications, ASm06PxN:
      "Other medical problems"
    - Dimension 3 – Emotional, Behavioral, or Cognitive Conditions, ASp01cN:
      "Other psychological or emotional problems"
If the interviewer does not endorse other medical or psychological problems in the instrument, the report will not print these items.

ASAM Continuum Office Hours-11/9/2022

The ASAM CONTINUUM team is pleased to offer another opportunity for providers to interact with CONTINUUM and CO-Triage experts. On November 9th, 2022, from 4:00 – 5:00 PM ET, they will hold their next hour long user-driven Q&A session on CONTINUUM and CO-Triage. This is your chance to pose your questions and to enhance your knowledge of CONTINUUM from our trainers and other CONTINUUM users. The entire hour will be dedicated to answering your questions and discussing your experience with the assessment.

Please follow the instructions below to register and submit any questions you have.

Office Hours 11/9 Registration Instructions:

1. To create an account, follow this link: https://www.asam.org/login
    a. If you have **recently attended a virtual ASAM CONTINUUM** training session you should already have an account.
    b. If this is your **first virtual ASAM CONTINUUM** session, make sure you scroll to the bottom of the page and review the instructions before you begin creating an account.
        i. **If you run into any problems, please contact 301.656.3920 or** email@asam.org**.**
        ii. **Please allow time for the customer service team to respond to your inquiry. The customer service team is not always able to respond immediately.**

2. To register for the ASAM CONTINUUM Office Hours, please follow this link: https://elearning.asam.org/products/asam-continuum-webinar-office-hours-wednesday-november-9-2022
    a. **If you run into any problems, consult the FAQ page here:** https://elearning.asam.org/faqs **or contact 301.656.3920 or** education@asam.org**.**
    b. **Please allow time for the customer service team to respond to your inquiry. The customer service team is not always able to respond immediately.**

3. On the day of the live trainings **(11/09/2022 from 4:00pm – 5:00pm EST)**, log in to the course page and click on "attend live course". You will be redirected to a zoom webinar where the training takes place.