BILLING & DENIAL RESOLUTION TUTORING LAB

MARCH 6, 2025
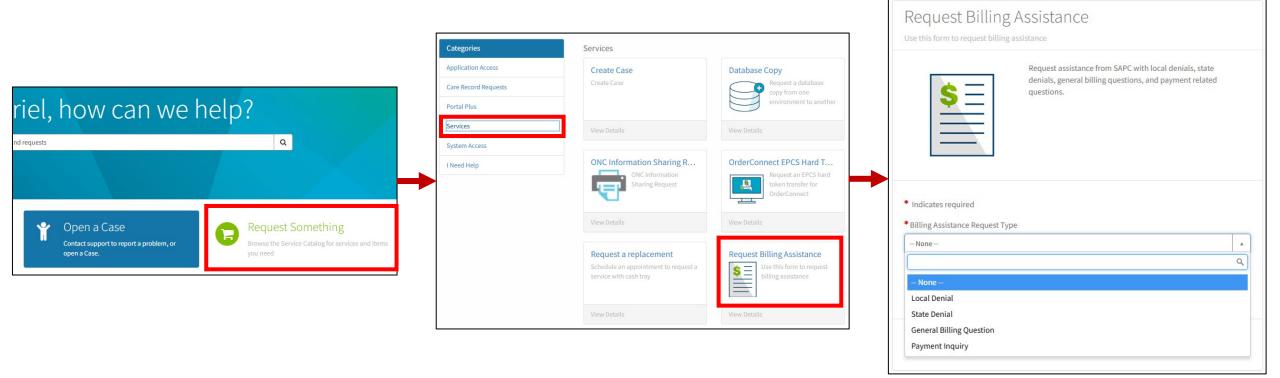
AGENDA

- Announcements and Reminders

- Tutoring Session Topics

  - Financial Eligibility

  - CO 96 N54 State Denials

- Open Q&A

ANNOUNCEMENTS & REMINDERS

REMINDERS

- June 30, 2025: FY 22-23 final billing deadline

- June 30, 2025: FY 23-24 final billing deadline

- FY 22-23 and 23-24 deadlines are for all services – originals and replacements

- Please submit Sage Help Desk tickets NOW for any concerns or assistance, please don't wait until June.

  - Don't forget to use the new [Request Billing Assistance forms](#)!

  - We strongly recommend using these forms and **NOT** calling in to the Help Desk for billing questions/assistance as the Help Desk reps may not ask for all of the necessary information to speed up the resolution of your request. The forms capture all the necessary basic information to start our investigations.

REQUEST BILLING ASSISTANCE FORM

RESIDENTIAL 992** RECOUPMENTS

- Recoupment of residential assessment services (992**) codes has been completed.
    - Affected providers have a spreadsheet in their SFTP indicating the services that were recouped.
        - The spreadsheet is located in the Files folder with a date of either 03-04-2025, 03-05-2025, or 03-06-2025
    - Appropriate services can be rebilled under H0034R. H0034R is also the code to use going forward for medication services in residential LOCs not just for rebilling these services.

PRIMARY PROVIDER REPLACEMENT CLAIM TRAINING

- New date identified: Monday, March 24, 1:00-2:30 pm

- Registration link will be sent out tomorrow (Friday, 3/7) – registration will be required

PCNX ERRONEOUS BILLING DENIAL MESSAGE

- Primary Providers may be receiving a pre-adjudication denial message of: "Maximum Units Exhausted" when using the Fast Service Entry Submission, even when it is the first instance of the service being billed for the date of service.

- SAPC investigations have determined that the system is not pre-adjudicating the claims correctly and that these claims WILL adjudicate correctly when processed by SAPC.

- While SAPC is working with Netsmart to correct this issue, providers are encouraged to disregard this pre-adjudication warning and continue to submit claims to SAPC.

- SAPC will provide additional information once this pre-adjudication issue has been resolved.

FINANCIAL ELIGIBILITY

FINANCIAL ELIGIBILITY FORM

- Common Input Errors in the FE form:
  - Missing or Incorrect Subscriber Client Index #
  - Missing or Incorrect Subscriber Date of Birth
  - Subscriber address Line 1, State, City, Zip Code
    - If the patient does not have an address, the appropriate address to use is the Agency program site, SAPC address, or the DPSS address.
  - Eligibility Verified, coordination of benefits, Subscriber Assignment of Benefits all must be set to "Yes"
  - Coverage Effective Date set after the date of services.
- Please keep in mind if you receive a local denial for Eligibility not Found/Verified in CalPM and are requesting technical assistance to not update the form. This will allow us to determine if the issue was a result of an error in the FE form. If you can identify the error and correct it in the FE form, please resubmit the claim first. If it is denied again, then please open a help desk ticket.

FINANCIAL ELIGIBILITY FORM CONTINUED

- It is important that when selecting the guarantor, only the following guarantors should be used:

  - DMC Medi-Cal (1)

  - LA County – Non DMC (3)

  - Applying for Medi-Cal (4)

  - MLK Sobering Center Guarantors: MLK Guarantors are designated with a –MLK at the end. Please ensure you are selecting the appropriate MLK guarantor.

- Upon selecting the appropriate guarantor, the guarantor information is automatically populated. It is important these default settings are not changed as this will cause denials.

- It is key that the FE form is kept up to date. If the guarantors are selected inappropriately, SAPC will not be able to bill the claim to the State.

FINANCIAL ELIGIBILITY FORM CONTINUED

- Other Health Coverage (OHC) Guarantors:

  - When entering the guarantor #, OHC guarantors may pop-up as an option. These are in the system to allow claims to be submitted with required OHC information for Fast Service Entry Submission. **These are not meant to be selected in the FE form.** They are only to be selected in the Client Other Health Coverage form or on the Fast Service Entry Submission Third Party Payer section.

  - For Providers who bill for MLK Sobering Center services, it is important to select the correct MLK guarantor MLK Guarantors have –MLK at the end of their Guarantor Name.

CO 96 N54 STATE DENIALS

REBILLING

- A DHCS configuration issue generated erroneous CO 96 N54 denials which mainly impacted service codes G2212, H0034,H2017, H2014, and T2021.

- DHCS sent the list of impacted services to SAPC and it was shared with providers via SFTP on Friday February 28th. The list of services can be found under the Files\02-28-2025 folder.

- All services on the list can be rebilled immediately.