



## Communication Release

03/18/2024

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### OTP Service State Denials for Patients with Medi-Medi

OTP providers must submit billing to Medicare prior to submitting billing to Med-Cal for services provided to patients that are in an OTP level of care with both Medicare and Medi-Cal (Medi-Medi) coverage. Many OTP providers have been receiving a high volume of State denials for code CO 22 N479 which DHCS uses when a patient has Medi-Medi coverage, but Medicare was not billed prior to Medi-Cal if the service was denied or only partially paid by Medicare. Once the denial or partial payment is received from Medicare, the Coordination of Benefits information must be provided to SAPC on the claim for the service to be transmitted to DHCS. If the information is not included on the claim, DHCS will deny the claim.

Providers offering OTP levels of care are recommended to review SAPC's [OHC Provider Billing Manual](#) for more information – page 7 provides information on patients in OTP who have Medi-Medi and page 17 provides information for Secondary providers on submitting OHC information on claims.

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### FY 23-24 Screening and Lockout Local Denials

**Screening:** SAPC has recently resolved an issue for local denials where services submitted for screening (H0049 and H0049-N) for FY 23-24 were incorrectly denied when two or more units were billed for a patient on the same day. This has been corrected and the screening services can be resubmitted to SAPC for adjudication. Please note that the prior screening rules still apply for FY 22-23 where only one unit can be billed for non-OTP levels of care and two units can be billed for OTP levels of care.

**Lockout Codes:** SAPC recently identified an issue causing providers to receive denials for “Claim Status has been set to D because of Claim Adjudication Rule X Lockout” for codes 90791, 99203, 99213, 99214, and 99215 where no other code was billed for the patient on that same day. SAPC is working with Netsmart to resolve this issue and will provide an update when the services can be resubmitted for adjudication. SAPC recommends holding these services for adjudication until the configuration issue has been resolved.

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### Update on FY 22-23 Group Counseling

SAPC continues to work with Netsmart to resolve the issue preventing the submission of new or resubmitted group counseling/patient education group services for FY 22-23. Additional updates will be provided as soon as they are available.

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### Contingency Management

**Diagnosis Reminder:** Patients eligible for Contingency Management services are required to have a current diagnosis of moderate or severe StimUD, as noted on the Sage Diagnosis form, with a primary diagnosis of either R82.998 (other abnormal findings in urine) or Z71.51 (drug abuse counseling and surveillance of drug abuser) as noted in SAPC [Bulletin 23-06 Recovery Incentives Program Pilot: Contingency Management Benefit](#). This primary diagnosis must be entered for each H0050U#HF claim on the Fast Service Entry Submission form in the diagnosis field located in the Recovery Incentives section of Sage and be included in the claim sent to SAPC by Secondary Sage Users. If this diagnosis is not the primary diagnosis for the patient then the services will deny.

**Secondary Sage Users – Local Denials:** SAPC Finance has engaged Netsmart to assist in the investigation of local denials for claims submitted by Secondary Sage Users for Contingency Management for the denial reasons “No coverage level found” and “Procedure not on fee schedule”. The initial investigation determined that most of the services submitted to SAPC did not include one of the two appropriate diagnosis codes; however, upon further investigation and validation, the services continued to deny when the appropriate diagnosis was present. SAPC and Netsmart continue to investigate this issue and will provide updates as they are available. Agencies receiving the two noted denial reasons are recommended to hold further submissions of services for Contingency Management until the issue is resolved.

### Sage-PCNX Form, Report, and Widget Updates

The SAPC Sage Team would like to announce the following updates:

Form/Report/Widget	Changes	Environment	Date Available
<a href="#">Sage-PCNX Guide to Widgets</a>	<b>(New)</b> SAPC published a new guide for providers indicating the available widgets by Views and their purpose.	SAPC Sage website	Available Now
All Doc/Chart View	<b>(New)</b> The Client Picture and Patient Handbook and Orientation Video Acknowledgement have been added to the All Doc/Chart view for easy access.	LIVE	Available Now
Patient Medications History Export	<b>(New)</b> Provides an aggregate list of all Patient Medication forms completed for the patient. This report is meant to be viewed <b>ONLY</b> after exporting.	TRAIN	Friday 3/15/2024
Progress Note (form)	A <b>Service Duration (minutes)</b> field was added to capture the direct patient service time which may be less than the total difference of the Service End/Start time. Please click on the light bulb next to the field on the form for additional information.	TRAIN	Available now
Progress Note Status Report	The logic for the "Duration" column was updated. Notes submitted by 2/8/2024 will have duration calculated by subtracting the Service End Time from Service Start Time. Notes submitted on or after 2/9/2024 will have the Duration field populated by what was entered in duration on the Progress Note FORM.	TRAIN	Friday 3/15/2024
Authorization Request Status Report	This report has been updated to include the word “Report” in the name. An additional parameter was added for targeted authorization search.	TRAIN	Friday 3/15/2024

	<p>The <b>Date Selector</b> parameter will specify if the date range entered will be based off the authorization start date, authorization end date, or authorization entry date (when the last time the submit button was clicked on the authorization)</p> <p>Two additional fields were added to the output based on provider enhancement request. The <b>Funding Source</b> and the practitioner who submitted the authorization originally (<b>Request Submitted By</b>) were added to the report output.</p>		
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For questions regarding using the updated forms, reports, and/or widgets, please email [Sage@ph.lacounty.gov](mailto:Sage@ph.lacounty.gov).

### Medical Necessity Notes Finalized as Non-Billable

Following a set of clinical trainings to help connect clinical documentation to Medi-Cal billing codes providers asked for guidance on handling previously unbilled medical necessity justification notes.

If a medical necessity justification note was written and finalized by an approved LPHA or License Eligible (LE) LPHA as a non-billable note, it may potentially be billable. Medical Necessity Justification notes completed by counselors and finalized by LPHA may not be resubmitted for billing as it was the counselor who rendered the service, not the LPHA. The available service code would be 90885 if the note reflects a review of records for the purpose of making a diagnosis and includes the necessary components of a medical necessity justification note. For FY 23/24 notes that meet this standard, providers should:

1. Create a new note with the same date of service as the original medical necessity justification.
2. Copy all the information from the original note
3. At the beginning of the narrative part of the note indicate, "For billing purposes this note is a copy of the existing medical necessity justification note, which has not been altered.
4. For Primary Sage Users, change Note Type from Non-Billable to Individual.

*The new note will be subject to audit; therefore, the narrative of the note should not change, except for the provided language above. If the existing narrative does not meet the standard of 90885 it may not be billable.*

### Print and View Capabilities for File Attachments

Sage-PCNX has been updated as of Thursday 3/14/24 to improve printing and view capabilities of both historical attachments via the previous iteration of ProviderConnect Classic and attachments via Sage-PCNX. Providers are now able to view, save, and print historical .PDF, .TXT, and image files that were uploaded prior to Sage-PCNX. All user roles have access to the ProviderConnect File Attach form in Sage-PCNX, which will allow providers to view, save, and print .PDF, .TXT and image files only. Word documents, Excel spreadsheets, and other file types are not currently supported via Sage-PCNX in any of the forms. If providers need access to files other than .PDF, .TXT and images, please create a helpdesk ticket and the requested documents can be downloaded and attached to the case.

Additionally, the Print All issue has been resolved for Provider File Attach and the Console Widget Viewer on both the All Doc/Chart view and the Client Dashboard where .PDF and .TIFF files attached using Provider File Attach or opened can now be printed or saved from the widget using the Print All functionality. As a reminder, Print All will print any opened document/form showing on the widget. If providers clicked on and opened multiple forms/documents, print all will save or print each of them in the same file or print job. The Print Current option is meant to only print the item currently being viewed; however, this option continues to have inconsistent functionality.