



Communication Release

9/29/2023

Peer Support Specialist to Allow for H0050

DHCS has indicated the addition of Peer Support Specialist as an allowable billable discipline for H0050 Contingency Management. However, this update will not be available to claim in the State Short Doyle System until November 2023. Due to this delay in configuration, providers are instructed to hold claims for H0050 Contingency Management services provided by Peer Support Specialists. SAPC will send out a separate communication to notify providers when the configuration has been updated.

Visibility of FY 23-24 Claims in KPI

FY23-24 claims data is not currently available in KPI. SAPC is working with Netsmart to reconfigure KPI to enable visibility of current FY 23-24 claims. Due to the change in Authorization Groupings to Benefit Plans, KPI security protocols need to be updated as authorizations are utilized in the security protocol to verify the user data is appropriate. SAPC will notify the provider network as soon as KPI is updated. Previous fiscal year data remains available.

For current FY billing, providers can reference their claims details in PCNX with the following reports:

1. Batch Status Report
2. Check/EFT Report
3. Provider EOB Remittance Advice
4. Provider Services Detail Report
5. Provider Services Summary Report
6. Services Denied in MSO Report

Additionally, the Claim Status Report sent monthly to the provider SFTP will contain the needed data.

Updated Rates and Standards Matrix

SAPC published an update to the [Rates and Standards Matrix](#) (updated – September 2023). The following changes are reflected in this most recent update:

- **Care Coordination Tab** - CPT Code 96160 U8 Registered Nurse Tier 2 Rate Updated to \$103.01
- **Perinatal Tab** - Rate Changed to \$.66 per mile for Perinatal Transportation
- **Billing Rules Tab** - HCPCPS Codes H1000 and H0001 Pharmacist added to Billing Rules
- **CPT Codes 90847 & 90846** - Descriptors updated to remove 26 minutes
- **MAT and MED Services Non-OTP Tab** - CPT Code 99213 Updated

- **HCPCS G2212 U8 HQ** - Rate changed from \$27.02 to \$27.03 Pharmacist Rate Tier 2
- **Billing Rule Tab** – H0049-N Screening No Admission Added
- **ASAM 3.7 WM and 4.0 WM Tab** – Room and Board Revenue Code Updated to 9000

Updated DHCS Policy on Roll-Up Services for Groups

After successfully advocating for our providers with DHCS, the State has removed the requirement for multiple group services/patient education groups delivered to the same patient on the same day to be “rolled up” or combined into one service for billing. Providers can once again bill each service separately as in previous fiscal years.

The requirement is still in effect for all individual services and must be rolled up into one total service, such as for multiple individual counseling, assessments, or care coordination, etc. delivered to the same patient in the same day by the same provider.

Guidance for Billing Code Selection for CPT Code and Service Definition Discrepancy

Due to the complexity of medical billing, there are often discrepancies seen in CPT code descriptions as written by the American Medical Association (AMA), the organization that manages CPT codes, and DHCS’ category assignments for each code. In instances where there is discrepancy between the Code Type and Service, SAPC is following the DHCS Code Type as listed on the Rates and Standards Matrix.

For example, the Rates and Standards Matrix (taken directly from [DMC-ODS Billing Manual 1.4](#) published in June 2023), specifies allowable Treatment Planning codes as H2014 and H2027. However, the service descriptions from AMA define these as Skills Training and Psychoeducational Service, respectively. The T1007 code is defined as Treatment Planning but categorized as Discharge Services. In this example, providers should use one of the available Treatment Planning codes when billing Treatment Planning services as referenced by the code type and not the service definition.

SAPC is working with the State for additional clarification on these discrepancies and will update the guidance as we receive it from DHCS. Until such time, SAPC recommends following the code type categories to determine the appropriate code to bill.

Primary Sage User Billing Denial Error for No Units/Max Units

SAPC is aware of a current denial issue affecting Primary Sage Users on the Fast Service Entry Submission form when submitting claims. Providers have reported that the claims are being incorrectly identified as likely subject to denial on preadjudication in the billing form for “No Units Remain for this Procedure Code” on the authorization or “Maximum Number of Units of Procedure Code per Day Exhausted”. Preliminary investigations have determined that the system is not preadjudicating the claims correctly and that these claims will adjudicate correctly when received by SAPC. While SAPC is working with NTST 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 preadjudication issue has been resolved.

Sage-PCNX Form, Reports and Widgets Updates

The following items have been updated in PCNX, effective 9/29/23, to improve providers workflows and organizational needs.

1. **Check/EFT Report:** Assigned to the appropriate user roles in LIVE:
 - PCNXFinancialOnly
 - PCNXFinClinLPHA
 - PCNXFinClinCounselor
 - PCNXAudit
 - PCNXOperations
 - PCNXCertPeerFinClin
2. **Documents Requiring Co-Signature Report:** Assigned to the appropriate user roles in LIVE.
3. **Client Open Episodes Widget:** Added to the Client Dashboard to allow providers to view other open episodes for a given patient.
4. **Client's Current Eligibility Verification (EV) Widget:** Added to the Client Dashboard to allow providers to access to the current EV status for a given patient.
5. **Problem List/Tx Plan Compliance Widget:** Added to the LPHA views to give LPHAs visibility on Problem Lists/Tx Plans requiring CoSignature.
6. The patient name, in addition to the PATID, has been added to several widgets as requested by various providers through the enhancement process.

To submit an enhancement request for desired functionality or updates to current areas of PCNX, submit a Help Desk and select Enhancements as the Asset Type.

FY23-24 Claim Blackout Lifted & New Fiscal Year Reminders

The claiming blackout for fiscal year 2023-2024 was lifted as of Friday 9/22/2023. As a reminder, the authorization submission blackout was previously lifted on 9/12/23. Providers can and should submit authorizations and billing for FY 2023-2024 services as well as to continue to submit claims for the prior fiscal year. Important information regarding changes for the new fiscal year configuration are noted below. Please be sure to read the information carefully.

Grace Period for authorization submission timelines for authorization start dates of 7/1/2023 - 9/11/2023

UM implemented a temporary grace period for late submission of service authorizations with start dates 7/1/2023-9/11/2023. Providers will have until 11/30/2023 to submit these authorizations and will not be subject to late authorization submission deadlines. However, authorizations with start dates 9/12/2023 and on will be subject to our 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. Additionally, UM is working expediently to review service authorizations submitted following Sage-PCNX go live/authorization blackout lift. Service authorizations are generally reviewed in the order that they were received. Providers should expect some delays, your patience is appreciated as we work to review the current backlog. Providers are reminded to not submit claims on pending authorizations. Ensure authorizations are approved before submitting claims.

Split Authorization Numbers

Please note that authorizations spanning the current fiscal year and the new fiscal year are referred to as “split authorizations.” This means that the authorization for the patient will have two different authorizations and different authorization numbers for the different fiscal years.

Secondary Providers: When preparing billing for the new fiscal year, please ensure your EHR is updated with the new provider authorization numbers and benefit plan for the 2023-24 fiscal year for these split authorizations. New pauth numbers for split authorizations are already available for providers to access via Sage-PCNX MSO Provider Configuration 2023+ report. If the prior fiscal year’s authorization number is submitted for the patient for the new fiscal year, providers will receive local denials with the coverage denial reason, “Invalid authorization number,” and denial code CO284 M62. The resolution for these denials is to update the authorization number for the current fiscal year and resubmit these claims.

End Dating Authorization Requests Fiscal Year 24-25 Auths

Provider contracts will expire on 6/30/2024 due to contract lengths being five years as set by Los Angeles County. SAPC is working to renew provider contracts with the County, which requires several steps and approval by various County entities. Due to provider contracts ending on 6/30/2024, SAPC QI & UM requests that all OTP authorizations with an end date beyond FY23/24, are end dated at 6/30/2024. Submitting authorization requests that extend beyond 6/30/2024 will result in delayed processing, review and approval. End dating authorization for 6/30/2024 will allow timely processing of those authorizations.

If the auth request end date extends beyond the current fiscal year, the system will attempt to create a split authorization, which requires a contract to select. Because there is no contract in Sage beyond FY23/24, the authorization cannot be processed. Once the new contracts are approved by the County and entered into Sage then SAPC will work with providers on a process to create those split authorizations for services with end dates beyond 6/30/2024. At this time, this will only impact OTP authorizations as the contract period is only for one year. Starting in January 2024 all outpatient authorizations will require the same end date.

Recoupment of Transitional Payments

Due to delays with cut-over and configuration of Sage-PCNX, SAPC issued transitional payments to providers. With the lifting of authorization and claims blackouts for FY23-24, SAPC is scheduled to recoup those transitional payments in totality:

- **Transitional payments issued in August 2023 will be recouped in November 2023.**
- **Transitional payments issued in September 2023 will be recouped in December 2023.**

Transitional Payments will be recouped in full based on this schedule. Providers must ensure the timely and complete submission of claims to avoid cash flow issues.

Secondary Providers: Submitting Claims with Limit of Four Modifiers

Providers are reminded that for a transaction to be HIPAA-compliant, a procedure code cannot use more than four modifiers. In situations where the procedure code exceeds four modifiers remove the telehealth modifiers.

REMINDER: PCNX Claim Testing for Secondary providers

PCNX TRAIN has been configured and is currently available for secondary providers to test billing and claim submittal. Instructions for billing testing were sent to Sage Liaisons on Monday, 08/21/23. Please be advised that fees and configurations in the TRAIN environment are not meant to match your actual configurations in LIVE; these are for testing purposes only. If you have any questions about PCNX only, please reach out to sage@ph.lacounty.gov. If you have 837 questions, please reach out to Lina Tsatryan Itsatryan@ph.lacounty.gov and SAPCFinance@ph.lacounty.gov. If needing assistance with denials please submit an e-mail to SAPCFinance@ph.lacounty.gov.

PCNX User Guides and Resources

SAPC prepared [user guides and resources](#) to support providers in adjusting to the new features and functionality. Providers are encouraged to access these documents to become more familiar with PCNX. The Sage-PCNX page contains: [Sage-PCNX Reports Guide](#), [Sage-PCNX FAQ](#), [Sage-PCNX Progress Note Guide](#), [Sage-PCNX Service Authorization Request Guide](#), [PCNX TRAIN Finance and Billing User Guide](#), [PCNX Clinical Documentation Guide](#), [PCNX Navigation User Guide](#), [PCNX TRAIN Guide Admissions and Intake Forms](#), along with previously recorded trainings.

Additionally, there are two types of office hours available that do not require registration. Join in to ask specific questions and connect with fellow providers.

- Thursdays at 1pm- Billing office hours
- Fridays at 10am- PCNX office hours (the system, not policy or rate matrix interpretation)

The links to training resources and the training calendar can be found on the SAPC Training Calendar: <http://publichealth.lacounty.gov/sapc/providers/trainings-and-events.htm?tm>

Providers should consult these user resources before submitting a help desk ticket. While Sage Help Desk agents can aid in problem solving, they will not be able to provide users individual training on how to use Sage-PCNX. If the information being sought cannot be found in the user guide or training resource, please contact the Sage Helpdesk for further assistance <https://netsmart.service-now.com/plexussupport>.

How to Get Assistance if You Are Having Trouble Logging In

If providers experience issues logging in to PCNX with their c-number, correct password, and correct System Code selected, please call the Sage Help Desk Phone Number (855) 346-2392 for assistance.

Process to Access Historical Attachments in Sage

In the transition to Sage-PCNX, providers are currently unable to see attachments uploaded through Sage ProviderConnect Classic. All attachments are in the system and have not been lost but are not currently visible to providers. SAPC is working with Netsmart to convert historical attachments to be visible in PCNX.

In the interim, SAPC has added a form that will show the name of the historical attachments to verify that they are still present. This form is called **ProviderConnect File Attach** and has been made available to all relevant user roles. Providers can use this form to view file names for any previously uploaded attachments from ProviderConnect Classic. New attachments cannot be uploaded to this form.

Providers are advised to submit a ticket to the Sage Helpdesk to request documents needed for audit purposes or to verify eligibility information and specify the files needed. When creating a Sage Helpdesk ticket, providers should reference the file name(s), as described on the ProviderConnect File attach form, that are being requested. Sage Helpdesk will attach the requested files to the actual ticket. Once files are made available via the Helpdesk ticket then providers can download copies. Please only request access to attachments that are needed immediately. Sage Helpdesk will not be able to download all attachments for all patients at this time and are prioritizing those that are needed for audit or eligibility purposes. All other requests will be evaluated by SAPC for approval.

SAPC continues to work on restoring visibility and access of attached files for providers and will notify providers as soon as a resolution has been implemented.

The screenshot displays the 'PROVIDERCONNECT FILE ATTACH' form. The form is titled 'CareLink File Attach' and 'Online Documentation'. It contains several input fields and a dropdown menu. The 'Member ID' field is filled with 'TEST,CARLA MRS (148387)'. The 'Provider' field is filled with 'Recovery, Inc. (1)'. The 'File Type' field has three radio buttons: 'Authorization', 'Provider', and 'Other', with 'Other' selected. Below this is an 'Authorization' dropdown menu set to 'Select'. There is an 'Upload File' button. The 'File Name' field is empty. A 'Comment History' section is visible at the bottom. A red box highlights the 'Existing Files' dropdown menu, which is open and shows a list of files: 'Apex_EDL_Billing_Guide_General.pdf', 'Driver_support_error.PNG', 'Medi-Cal_Workbook_nav_nav.pdf', 'NoticePrivacyPracticeEnglish53017.pdf', 'RatesAndStandardsMatrixFY1718.pdf', and 'RatesAndStandardsMatrixFY1718_2.pdf'.