Communication Release

10/25/2023

REMINDER: PCNX Office Hours

SAPC continues to hold periodic PCNX Provider and PCNX Billing Weekly Office Hours which can be located on SAPC Calendar of Events, Trainings and Conferences. PCNX users are encouraged to drop in with their questions, comments and concerns can be demonstrated and addressed in real-time.
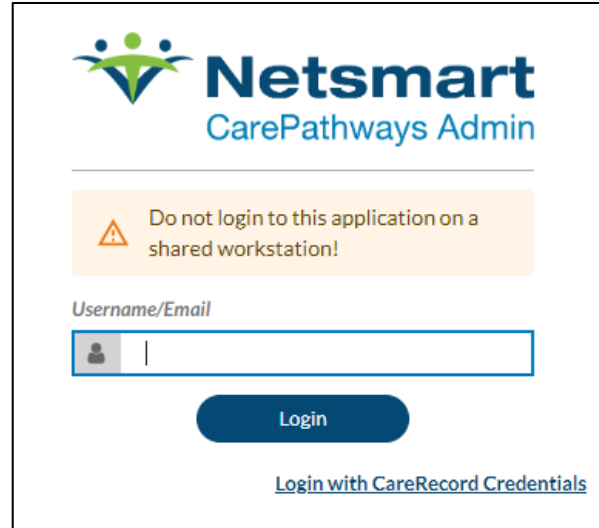

KPI Login

KPI Dashboards is scheduled for an update on Thursday 10/26 and KPI will be unavailable from 6:30pm until the following morning on Friday 10/27. This update will affect the login screen when accessing KPI via the URL. To login with the URL:
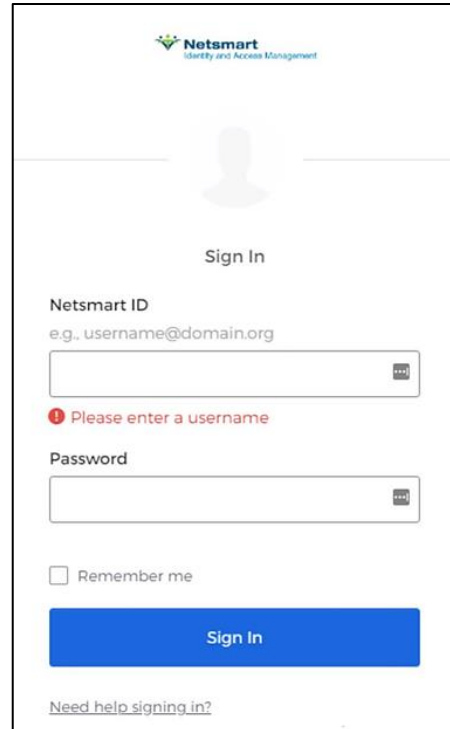
1. Click Login with Netsmart Identity and Access Management

2. Enter your username (c######@ph.lacounty.gov) then click Login

3. Re-enter your (c######@ph.lacounty.gov) and enter your password then click sign in.

Users accessing KPI through PCNX will not be affected. As a reminder, KPI licenses are limited. To request access to KPI a User Creation Form modification must be completed. Contracts will then contact the agency liaison to ensure the requesting user is appropriate to have a KPI account.

Reminder: Selecting the Correct Benefit Plan for FY22-23 Authorization Requests

This is a reminder to providers that for FY 22/23 claims billing, the authorization request 1) Benefit Plan should either be DMC SUD Services, Non-DMC, or RI-Contingency Management only. After choosing the Benefit Plan the user will then need to 2) select Grouping under Authorization Grouping Or Individual Authorizations Section 3) then select the appropriate level of care under Authorization Grouping. For post FY 23/24, select the specific ASAM LOC in the Benefit Plan field and select All under Authorization Grouping Or Individual Authorizations Section while submitting an authorization request.

Guidance for submitting claims for Students/Interns

Per DHSC, master's degree students and non-licensed PhD students who are working in a field practicum may provide clinical services within their scope of practice under the supervision of a licensed behavioral health professional. However, the Short-Doyle system has not yet been updated to allow the appropriate use of CPT codes to claim for reimbursement. Accordingly, SAPC is advising providers to hold claims for student/interns until the State system has been updated. Providers have six (6) months from the original date of service to submit the claim and effective 1/1/2024 this will be expected to twelve (12) months. SAPC will provide updated guidance on claims for services provided by students/interns as updates become available.

Fast Service Entry Submission Errors

Some providers have experienced errors when using the PCNX Fast Service Entry Submission form to complete their billing. To avoid further errors, SAPC recommends the follow guidelines for entering claims and batches from this form.

1. Submit batches every **30 minutes** while entering data in the form. Do not enter services for hours without submitting the batches.
    a. This will prevent loss of data entry if the form errors out unexpectedly.
2. Verify the procedure code and modifier combination are correct for the benefit plan listed on the authorization.
    a. If the user experiences a preadjudication denial or actual denial that does not match the data entered, there may be an issue with the denial reason. This is typically resolved by correcting the procedure code or authorization.
    b. Additionally, ensure the date of service is within the begin and end dates on the authorization.
3. Please note when using the multiple dates functionality, once the user selects Create Services for Selected Dates, the process can take up to a few minutes to complete.

Incorrect Denial Reason "No Units Remain for this Procedure Code on the Authorization" During the Preadjudication Phase Claim Submission Process in Sage

Providers have reported that they are receiving an indication of anticipated claim denials for "No Units Remain for this Procedure Code on the Authorization" during the claim submission process for the first entry of that service. Upon investigation, SAPC has determined that Sage is correctly indicating that the claim will be denied; however, the claim denial reason is incorrect. These claims are being correctly denied because the procedure code and modifier combination that were billed is not related to the benefit plan on the authorization. For example, a provider who is certified for ASAM 3.1 and 3.5 services, is billing for a patient who has an authorization for ASAM 3.5 level of care but

uses the billing code H0019:U1. While the provider may be certified for that code, it is not on the authorization benefit plan for that patient. The correct denial should be "No Coverage Level Found," meaning the procedure is not covered under that benefit plan. While SAPC is working with Netsmart to update the denial reason, the claim would be correctly denied if submitted and should be corrected to the procedure code for that benefit plan and authorization.

When entering claims in PCNX, the procedure code field is no longer restricted to only codes found in the authorization as it was in Provider Connect-Classic. Therefore, providers are able to select any and all codes available in the system. Providers should double check that they are using the correct procedure code and authorization if receiving this denial reason.