TELEHEALTH ADJUDICATION REPORT JOB AID

7/15/2022

Introduction to Telehealth

During the State of Emergency sparked by the spread of COVID-19, telehealth options have been implemented to help limit the spread of COVID-19. This alternative service delivery method assisted providers in continuing to provide vital SUD services when confronting staffing and patient access challenges due to COVID-19.

The California Department of Health Care services (DHCS) published [Behavioral Health Information Notice 21-047](#) regarding new telehealth modifiers required to be included on all claims for services provided via telehealth and telephone along with the corresponding place of service code no later than 01/01/2022. This is intended to allow DHCS to track access to services and measure the proportion of services delivered by telehealth, telephone or in person services.

The Sage system was configured to support requirements from DHCS which contained the telehealth modifiers required to be included on all claims for services provided via telehealth (televideo) and telephone along with the corresponding place of service code effective 01/01/2022. Providers have been submitting claims with the telehealth modifiers, however, treatment providers currently are unable to see telehealth claim status in KPI. Primary Sage Users are able to review claim adjudications for telehealth services via ProviderConnect and Explanation of Benefits (EOBs). Secondary Sage Users are able to review claim adjudications for telehealth services via 835s, EOBs, and ProviderConnect.

Telehealth Adjudication Report Purpose

Currently, providers are unable to view telehealth claims in KPI, which is a common avenue to review adjudications for services. To allow providers to have easier visibility on telehealth claim status, SAPC's Finance and IT teams have developed a report outside of Sage containing data that will assist providers in identifying where a claim is currently in the billing process and the status of the claim. The report contains both local and State adjudication information to assist providers in reviewing claim status and take action to resolve local and State denials, identify trends to reduce future denials, and reconcile payments containing telehealth claims.

It is important to note that the report will provide claim status updates conducted during the prior month. For example, in July 2022, providers will receive a report that shows claim status updates from the month of June. The Last Update Date field will show the date the claim was updated. The report may contain services from a variety of service months.

Effective July 15, 2022, and every month following on the 15th, SAPC will upload the Telehealth Adjudication Report to each provider's SFTP on the 15th of every month. The report will be provided as a PDF and Microsoft Excel worksheet for providers use.

Understanding the Report Fields

The following information explains the data captured in each column of the report. For each line, the bolded text refers to the name of the column, followed by what data is contained in the column.

   a. **Provider Name:** The name of the provider delivering services
   b. **Provider Site:** The program site associated with the claim
   c. **Patient ID:** The patient's Sage ID number
   d. **Last Update Date:** The date in this column lists the last time there was an update to the claim in

e. **Last Update Event:** What occurred during the last update of the claim in Sage. One of the following terms listed below will be displayed in this column depicting what update occurred for the claim:

Last Update Event	Definition
Claim submitted	The claim was submitted in Sage
Claim updated	A general update to the claim was made in Sage
Check number issued	SAPC issued an EOB check number in Sage.
Claim voided or replaced	The claim was voided or replaced either by the provider or by SAPC.
State adjudication received	The date SAPC received the claim adjudication results from DHCS and uploaded the results to Sage
Service retro-adjudicated	The service was retro-adjudicated in Sage

f. **Authorization Number:** The authorization number associated with the service
g. **Date of Service:** Date the service was rendered to the patient
h. **Procedure Code:** Code used to bill for service provided to the patient
i. **Procedure Name:** Name of the procedure provided to the patient
j. **Telehealth Service Type:** This field will show which services were provided via telephone or telehealth (televideo)
k. **Location Code:** The place of service code submitted on the claim
l. **Performing Provider:** The name of the provider that provided the service as indicated on the claim
m. **Total Charge:** The total cost of the service billed
n. **Expected Disbursement:** The amount expected to be paid for the service
o. **Retro Take Back Amount:** The amount that was retro-adjudicated due to a denial of service either by DHCS
p. **Local Claim Status:** The status of the claim at the local level
q. **Explanation of Coverage:** Explanation of local level denial, if the claim was approved this field will be blank
r. **EOB ID:** The EOB number
s. **EOB Date:** The date that the EOB number was generated
t. **EOB Check Number:** The check number the EOB was paid on, if the field is blank the check has not yet been paid and/or entered in Sage
u. **EOB Check Date:** The date the check was created, if the field is blank the check has not yet been paid and/or entered in Sage
v. **State 835 Reasons and Remarks:** The status of the claim at the state level showing either Approved by State, Awaiting State Adjudication, or the State Denial code if the service was denied by the state. If the service was denied locally, this field will show as N/A, as the service was never sent to the State.