



# SAPC Finance Services Division End of Year Updates

Ariel Young, Section Manager, DMC Fiscal Ops  
Substance Abuse Prevention and Control  
County of Los Angeles Department of Public Health

# Finance Update: Billing Deadline



## FY24-25 Deadline for Submission of Service Reimbursements

- SAPC issued billing deadline memo on April 17, 2025
- Providers list of billing deadlines
- Recommended actions to take now

<b>Drug Medi-Cal Treatment Services</b>	
<b>Claims Submission Deadline</b>	<b>Expected Date of Reimbursement</b>
July 1, 2025 – July 7, 2025	End of July 2025
July 7, 2025 – July 31, 2025	End of August 2025
<b>Prevention</b>	
<b>Claims Submission Deadline</b>	<b>Expected Date of Reimbursement</b>
July 1, 2025 – July 7, 2025	End of July 2025
<b>RBH, Harm Reduction, Client Engagement and Navigation Services, and All Other Services and Contracts</b>	
<b>Claims Submission Deadline</b>	<b>Expected Date of Reimbursement</b>
July 1, 2025 – July 7, 2025	End of July 2025

## **Actions to Take Now**

- Conduct internal audits to identify services/costs that have NOT been submitted for reimbursements.
  - For Treatment Providers: Sage Billing - Run Progress Note Status Report to identify claims that need to be submitted for reimbursements.
- Review contract allocation and identify the amount of unused funds.
- Review Statement/Scope of Work to confirm allowable program activities.
- Work with staff to identify needed equipment(s) and other resources to support the program that may be billed against the contract to leverage funds.
- Work with vendor(s), contractor(s), and/or other organization(s) to secure needed invoices or supporting documentation to request reimbursements and submit by the deadline.

## **When Submitting Invoices**

- Ensure that all costs are supported with proper supporting documentation, including but not limited to invoices, receipts, canceled checks, timesheets, and/or ledgers.
- Ensure all contractual information is accurate and for the services being reimbursed.
- Confirm all expenditures and services were incurred and conducted on or before June 30, 2025.
- Work with your respective SAPC program contact(s) to confirm allowability of expenditure.

## Tier Assessment Confirmation

Tier assignments are based on the following criteria:

- Review Period July through March of fiscal year
- LOC must be billed for at least 6 months
- Based on billing information in Sage

Tiered Rate	Non-Tiered Rate
<ul style="list-style-type: none"> <li>• Outpatient (ASAM 1.0)</li> <li>• Intensive Outpatient (ASAM 2.1)</li> <li>• Outpatient WM (ASAM 1-WM, 2-WM)</li> <li>• Residential (ASAM 3.1, 3.3, 3.5) and Residential WM (3.2-WM)</li> <li>• Care Coordination</li> <li>• Recovery Services</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient WM (3.7-WM, 4-WM)</li> <li>• Opioid Treatment Programs</li> <li>• Recovery Bridge Housing</li> <li>• Recovery Housing</li> </ul>

## Allowed LOC

Tier LOC Consideration	Tier Methodology
<ul style="list-style-type: none"> <li>• ASAM 1.0: Outpatient</li> <li>• ASAM 2.1: Intensive Outpatient</li> <li>• ASAM 1-WM: Outpatient WM</li> </ul>	<p><b><u>Tier 1</u></b> 1 or 2 Levels of Care</p>
<ul style="list-style-type: none"> <li>• ASAM 3.1: Residential</li> <li>• ASAM 3.3: Residential</li> <li>• ASAM 3.5: Residential</li> <li>• ASAM 3.2-WM: Residential WM</li> </ul>	<p><b><u>Tier 2</u></b> 3, 4, or 5 Levels of Care</p>
<ul style="list-style-type: none"> <li>• ASAM 3.7-WM: Inpatient WM</li> <li>• ASAM 4-WM: Inpatient WM</li> <li>• Opioid Treatment Program</li> <li>• Recovery Bridge Housing</li> <li>• Accreditation by Joint Commission or CARF</li> </ul>	<p><b><u>Tier 3</u></b> 6 or more Levels of Care</p>

## **FY25-26 (Year 3): Value-Based Incentives**

- Formerly *Capacity Building & Incentives*
- New name to more accurately reflect purpose and goal

## **FY25-26 (Year 3) Package Preview**

- Streamlined and Focused Activities
- Simplified Administrative Process
- Website Update:
  - Year 3 Provider Listening Session Slides
  - <http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/041025/Provider-Listening-Session-Value-Based-Incentives-Year-3.pdf>

## **FY24-25 (Year 2) Reminder:**

### **Counselor Expedited Training & Certification (1-D & 1-F)**

- Deadline 6/30/25
- No Extensions

## FY 25-26 Code Configuration Approach

### SIMPLIFY

- Reduce variations of codes from the base code (example: H0034 and H0034R)
  - Leading to: 1) Less exceptions to remember, 2) Easier billing, 3) Less codes to configure - faster configuration
- Remove unnecessary modifiers from Non-DMC service codes
- Update configuration rules on the Billing Rules tab for clarity where needed

## Rate Changes



DMC services increased by 3.1% across all LOCs and codes



Non-DMC services remain the same as FY 24-25 with the following exceptions:

S9976-C and H2034-C for children accompanying parent increased to \$65

## Rates Matrix Formatting Changes

- Updated various code descriptions on the Tier (rate and code) tabs for brevity, align time durations, and unnecessary information
- Added a new MAT Lockouts tab that identifies MAT medication lockouts
- Added a new column on the Disciplines tab that identifies the license type configured in Sage for the allowable disciplines/performing provider types
- Relabeled MAT Medications tab to MAT NDCs
- Reordered the first three columns on the Billing Rules tab for easier use and filtering
- Removed Clinical Standards tab > Refer to Provider Manual



## Policy & Process Updates

- **Residential/day LOCs no longer require billing of \$0 services**
  - With the exception of H2010M/N as these are still required for incentive tracking
- **Updating billing process for screening non-admissions (H0049-N)**
  - Removing the H0049-N code and P-Auth; will now be billed under the Recovery Services P-Auth and code H2017
    - Rate is the same between H0049 and H2017 – no loss in revenue
- **H2010M/N only need to be billed with 1 unit for the service**
  - Incentive tracking does not utilize unit counts for these services

## High-level Code Changes: Additions/Updates

- Adding Contingency Management (H0050) and Peer Support (H0025 and H0038) codes and fees for 1.0-WM and 2.0-WM
- Adding T1013 for Oral Interpretation to the CENS P-Auth
- Adding place of service (location) code “09” for Justice Involved (JI) patients in preparation for JI implementation

## High-level Code Changes: Removals

- “-CN” from CENS codes > billed with normal Recovery Service codes
- Medication Services for residential now H0034 > no longer using H0034R
- All modifiers other than LOC modifiers for codes T1009 and T2027 (Child Care for Expanded PPW)
- All modifiers other than LOC modifiers for H2010M/N
- “P” and “Y” from the 3.7-WM and 4.0-WM revenue code (0953)
- 99441, 99442, and 99443 > CMS discontinued as of 1/1/2025
- H2010S > No longer a billable service



## Finance Services Division Update – Contact

# Questions and/or More Information

[SAPC-Finance@ph.lacounty.gov](mailto:SAPC-Finance@ph.lacounty.gov)

**(626) 293-2630**