Sage
Substance Use Disorder Information System

Communication Release

1/5/2024

Reminder: Agencies that Intend Convert to Secondary Sage User Must Submit Official Request

Effective 7/1/2024, SAPC will only allow Primary or Secondary Sage User configuration status and will no longer permit what was referred to as a hybrid configuration. Agencies that are currently configured as Primary or Hybrid Sage Users and would like to convert to Secondary Sage Users in FY 24/25, must submit an official written request to SAPC's Director, Gary Tsai, MD, (gtsai@ph.lacounty.gov) by **Wednesday 1/31/2024**. If the official request is not submitted by 1/31/2024, then Hybrid users will be required to convert to Primary Sage user, utilizing Sage for all clinical documentation and billing starting on 7/1/2024. For questions related to the Primary to Secondary conversion process please email SAPC_support@ph.lacounty.gov.

KPI RI-Contingency Management Discrepancy

SAPC has become of an issue impacting the data displayed in MSO KPI Dashboards for patients with RI - Contingency Management Authorizations where the procedure code for these services is blank. SAPC is working with Netsmart's KPI team to identify the cause of the issue and resolve it. In the interim, providers are advised to use the Provider Services Detail Report in Sage which will accurately provide a listing of billed services.

KPI Procedure Count Issue

A calculation discrepancy was observed for "Procedure Count" columns and in KPIs where some services are counted more than once. This miscalculation did not have an impact on the number of rows or dollar amounts noted on the Payment Reconciliation sheet; however, the Total Disbursed amounts on the Financial Analysis by Year Sheet were slightly inflated for some providers. SAPC has updated the calculation for counting the procedures on the following sheets:

- Payment Reconciliation
- Financial Analysis by Year
- Procedure Auth Review
- Financials

There are a few remaining Public Sheets that reference the original calculation which cannot be changed because they are standardized sheets for all KPI clients. SAPC is working with Netsmart's KPI team to identify a resolution for displaying consistent information on the affected sheet: Procedures, Authorizations, Operational Details.

Also, as a reminder KPI is still pending updates to incorporate Benefit Plans, therefore not all the objects broken down by Auth LOC on the Financial Analysis by Year will reflect the true dollars.

Use of G2212 for Assessment Codes with 1 Unit Maximums

Several assessment CPT codes added this year under CalAIM have a maximum of one (1) unit billing which is equivalent to 15 minutes of service time. DHCS is allowing the use of G2212 as an add-on code to bill the remaining time for certain assessments. As part of SAPC's ongoing claims monitoring, it was noticed that there are very few G2212 claims as compared to the assessment claims, such as 90791

and 90792. If an assessment service duration was longer than 15 minutes then only billing 90791 or 90792 for one (1) unit will result in only being reimbursed for a small portion of the actual service if G2212 is not also billed as an add-on code.

If using any of the CPT codes with a maximum of one (1) unit, providers should verify if use of the G2212 add-on code is needed to account for the additional units. There are some assessment codes that distinguish the service time and are paid at higher rates for longer service times. These assessment codes which are also maximum of one (1) unit would not need an add-on of G2212 as it is already incorporated into the CPT Code.

Additionally, G2212 must be billed on the same claim as the original service. It cannot be billed at a later time. Providers should check their previously approved services for assessment codes which may be missing the G2212 add-on code. Those claims must be voided and resubmitted with the add-on code on the same claim.

Group Counseling and Patient Education for FY 22-23

SAPC recently became aware of a Sage configuration issue causing some group counseling and patient education services for FY 22-23 to be denied by DHCS for CO 96 N362. These services were recently billed to DHCS by SAPC and were recouped by SAPC in November and December 2023. SAPC is working with Netsmart to identify a resolution in Sage to prevent further denials.

While SAPC works to resolve this issue, SAPC requests that providers temporarily hold submitting original or resubmitted claims for group counseling and patient education services delivered for FY 22-23 until the configuration can be updated. SAPC will notify the network as soon as a resolution has been implemented.

Workflow for those who Cannot Access the ASAM in Sage

There is a small number of provider staff across the network who are unable to access the ASAM Continuum using either the Finalize ASAM Assessment or ASAM Assessment forms. SAPC and Netsmart have prioritized identifying a resolution to this issue. If staff are unable to access the ASAM Continuum or Co-Triage, please follow the below steps depending on discipline level.

SUD Counselors/LPHAs completing the Assessment:

1. Utilize the paper based/soft copy version of the assessment tool published on the SAPC website
   a. Adult Assessment
   b. Youth Assessment
   c. Screening- Adult
2. The youth and young adult screener is still accessible in Sage as it is not affected by this issue.

LPHAs that cannot review or finalize an ASAM completed by another staff:

1. The staff who completed the assessment must print or save to PDF the ASAM assessment for the LPHA to review.
   a. The LPHA can sign using a wet signature, including printed name, credential and date of signature, then scan/uploaded into Sage.
   b. If using a PDF, the LPHA can use an e-signature via PDF or topaz device to sign the PDF, along with a printed name, credential and date of signature, which will also be uploaded into Sage.

Update to the Patient Handbook Acknowledgement will be Live on January 15, 2024

Patient Handbook Acknowledgement: The Patient Handbook and Orientation Video Acknowledgement Form will be added to PCNX effective 1/15/2024. Providers and patients will now have the option of documenting in PCNX that a patient has viewed the patient orientation video and/or been provided with the Patient Handbook as is required per DHCS Behavioral Health Information Notice 23-048. As outlined in the most recent Provider Manual, providers are required to complete this form after new patients have viewed the

video or received the patient handbook on the date of first service intake/appointment, and in some cases no longer than 5th service date.

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Reminder: HF Modifier Required for Contingency Management Claims

As per BHIN 23-040, the HF modifier is required on all Contingency Management claims. Failure to include the HF modifier will result in claim denials. Please ensure you are consistently including the HF modifier on all Contingency Management claims you submit.