



Communication Release

10/10/2025

EOY Phase 2 Configuration

SAPC has been working on completing a set of updates for FY 25-26 code configuration which will take effect on October 17, 2025. The items below are the updated configurations that will be completed. The updated FY 25-26 Rates Matrix will be posted to the SAPC website by October 14th and will include a new Revision History tab which outlines the changes from version 1.0 to 1.1. The updated Rates Matrix version 1.1 will include the added telehealth modifiers and places of service, as well as other minor edits to correct for typos and other small corrections.

Telehealth Modifiers and Place of Service

Added the 93 and/or 95 modifiers to a variety of codes as well as place of service 02 and 10 where applicable. For example, 99341:U7:93 or H0007:U7:SC. Please see the revision tab in the FY 25-26 Rates Matrix for more details on the impacted codes.

Clinical Trainee Billing when over Four Modifiers

Procedure Codes have a four (4) modifier limit per, DHCS. When services rendered by Clinical Trainees would exceed the four (4) modifier limit, providers are instructed to drop the clinical trainee modifier. Sage configurations have been updated to allow clinical trainees to bill certain code combinations without the clinical trainee modifier. For example, T1017:U4:U7:HD:SC cannot accommodate the AJ modifier, but now includes the "LCSW, LMFT, LPCC Clinical Trainee" as an allowable practitioner type. Please check the MSO Provider Config Report to review allowable practitioner types. DHCS will adjudicate the claim against the clinical trainee's taxonomy code, which will verify the practitioner type.

Updated Sage Code Descriptions

The code descriptions in Sage have been updated to match the Rates Matrix for easier reference, conciseness, and clarity.

Resolution of Day Rate Denials

SAPC identified and resolved a configuration causing erroneous day rate denials, when S9976 was billed alongside a day rate (i.e., H0019) resulting in a local denial indicated by the message: *"The service was denied for the following reason: Claim Status has been set to D because of the Claim Adjudication Rule tele_amb_detox_dayrate – Telehealth Amb Detox Dayrates DMC."*

The following screenshots show how the denials appeared on an EOB and in KPI:

The denial in an EOB

DUPLICATE SERVICE

The service was denied for the following reason: Claim Status has been set to D because of Claim Adjudication Rule tele_amb_detox_dayrate - Telehealth Amb Detox Dayrates DMC.

The denial in MSO KPI Claim Denial View

Claim Status	Claim Status Reason	Explanation of Coverage
Denied	Duplicate Service	Claim Status has been set to D because of Claim Adjudication Rule tele_amb_detox_dayrate -

Recommended next steps: Providers are advised to replace claims that were denied with the denial message “The service was denied for the following reason: Claim Status has been set to D because of the Claim Adjudication Rule tele_amb_detox_dayrate – Telehealth Amb Detox Dayrates DMC”. For primary providers, rebill these denied services as replacement claims using the Replacement Claim Assignment (CMS-1500) form in Sage. For secondary providers, rebill as a replacement using your EHR.

Updated Check/EFT Number Report

The Check/EFT Number Report has been refreshed and the updates will be published effective **10/14/2025**. The changes feature the addition of two new fields: the **EOB Number** and **Denied Amount** columns. These new columns will help contracted provider agencies identify the associated EOBs paid on the check and verify the line amount for denied services in the batch. Other updates to this report include standardized column names (Billed Amount and Approved Amount), display improvements for the Program and Batch # columns, the removal of the Total Pending column, and more export-friendly formatting overall. The image below shows a screenshot of how the updated report will look.

Check/EFT Number Report

Check/EFT Date Range: -

Check/EFT Number: 577897987Q

Check/EFT Amount: \$6,328.40

Provider(s): Recovery, Inc.

Batch #	EOB Number	Total Billed	Total Approved	Total Denied
333860	162330	\$5,209.40	\$4,980.89	\$0.00
333865	162335	\$2,169.49	\$1,347.51	\$821.98
Grand Total:		\$7,378.89	\$6,328.40	\$821.98

Batch #	EOB Number	Program	Client ID	Date of Service	CPT Code	Claim Status	Explanation of Coverage	Billed Amount	Approved Amount	Denied Amount
333865	162335	Recovery Facility	289266	9/2/2024	Group counseling by a clinician, 15 mins (H0005:U7)	Approved		\$50.00	\$50.00	\$0.00
333865	162335	Recovery Facility	289266	9/3/2024	Psychiatric diagnostic evaluation, 60 mins (90791:U7)	Approved		\$410.99	\$410.99	\$0.00
333865	162335	Recovery Facility	289266	9/3/2024	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	Denied	The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types.	\$410.99	\$0.00	\$410.99
333865	162335	Recovery Facility	289266	10/1/2024	Behavioral health counseling and therapy, 15 mins (H0004:U7)	Approved		\$102.75	\$102.75	\$0.00
333865	162335	Recovery Facility	289266	10/2/2024	Group counseling by a clinician, 15 mins (H0005:U7)	Approved		\$50.00	\$50.00	\$0.00
333865	162335	Recovery Facility	289266	10/3/2024	Psychiatric diagnostic evaluation, 60 mins (90791:U7)	Approved		\$410.99	\$410.99	\$0.00
333865	162335	Recovery Facility	289266	10/3/2024	Psychiatric diagnostic evaluation with medical services, 60 mins (90792:U7)	Denied	The service was denied for the following reason: Performing Provider does not have any License Types that match the CPT Code's allowed License Types.	\$410.99	\$0.00	\$410.99
333865	162335	Recovery Facility	289267	9/5/2024	Long Term Residential Day Rate (H0019:U1)	Approved		\$220.03	\$220.03	\$0.00

Primary to Secondary Provider Conversion

SAPC provides an annual enrollment opportunity for all Provider Agencies to convert from a Primary User to Secondary User of the Sage Electronic Health Record (EHR) System. If your agency would like to convert from Primary to Secondary Sage User status, please send an official, signed request addressed to the SAPC-IT at SAPCProvConvReq@ph.lacounty.gov no later than **January 31, 2026**.

Provider agencies that meet this deadline will receive an acknowledgement letter and will be required to begin the necessary testing by March 31, 2026. Testing processes need to be completed no later than June 30th. During this testing process period, the provider is required to:

1. Identify a minimum of two contact persons at your agency who will be responsible for creating and submitting all 837 test files. These two individuals will also be responsible for responding and addressing all SAPC requests related to this conversion.
2. If needed, submit Sage User Creation forms for any new or modified user accounts per standard procedure.
3. Engage the EHR vendor or Information Technology staff to complete all necessary configuration of the agency's EHR by the identified timeline and in accordance with SAPC specifications.
4. Create and submit test 837 files and resolve identified issues.
5. Once testing is done in the TRAIN environment, create and submit a small number of claims in the Live Environment until the agency has achieved at least an 80% adjudication approval rate.

Once the conversion is successfully completed, a Sage Secondary Provider Certificate will be issued by SAPC. After the certification, the provider will officially be a secondary provider and will be given instructions on how to submit their claims via the 837 process going forward.

Peer Certification Scholarships

SAPC is excited to announce the opening of the **sixth cycle of the SAPC Peer Certification Scholarships**! This initiative aims to support individuals seeking to become Certified Medi-Cal Peer Support Specialists (CMPSS) through the [California Mental Health Services Authority \(CalMHSA\) Medi-Cal Peer Support Specialist Certification \(PSSC\)](#) program.

SAPC Peer Certification Scholarship Information:

SAPC is providing a limited number of scholarships to cover costs associated with the certification process. Scholarships are available to individuals who either work or live in Los Angeles County **and** are seeking initial certification only. Scholarships will be awarded on a first-come, first-served basis.

Each scholarship will cover:

- CalMHSA application fee
- 80-hour Peer Support Specialist Core Competency training fee from a [CalMHSA-approved provider](#) of your choice
- One (1) exam attempt
- One (1) retake exam (if pre-approved by SAPC on a case-by-case basis)

Apply starting October 15, 2025: <https://forms.office.com/g/NYuF6dt3cu>

For more information, please visit [SAPC's Certified Medi-Cal Peer Support Specialists webpage](#) or contact the SAPC Peers Implementation Team at SAPC-SOC@ph.lacounty.gov.

Updated Paper ASAM Criteria Adult Form

SAPC has updated the [Paper ASAM Criteria Adult](#) form to include an updated section to document Substance Use Disorder (SUD) diagnostic criteria. The previous version of the Paper ASAM did not include the DMS-5 SUD Diagnostic Criteria needed to establish a DMC eligible SUD diagnosis required for most SAPC services. This is to be used during downtime procedures. Additionally, a standalone [Paper SUD DSM Form](#) was added. This form can be used by Diagnosing LPHAs to capture a DMC eligible SUD diagnosis, such as in the instance when the electronic ASAM does not resolve to one. These forms can be found on the SAPC Website under [Manuals, Bulletins, and Forms in the Clinical tab](#).

Sage Help Desk Feedback Survey

It is time for the Bi-Annual Sage Help Desk Feedback Survey. Users who submitted a Sage Help Desk ticket within the last six months will receive an email with the subject line: “**Sage Help Desk Needs Your Feedback**” from Client Experience at clientexperience@ntst.com. The survey will be open from 9/29/2025 to 10/27/2025. This important survey helps SAPC, and the Sage Help Desk determine if providers are receiving the support they need from the Help Desk and identify any areas for improvement.

The survey responses and feedback are an important part of our ongoing process improvement efforts to serve you better. We encourage all Sage users that receive the survey to please complete it within the designated two-week period. As a reminder, please check spam and junk folders if you do not receive an email and have submitted a Help Desk ticket in the last six months.

Highlights from Previous Communications

Services Denied in MSO Updated Report: The Services Denied in MSO report has been updated to add two (2) additional service data points: Batch ID and EOB ID. These two columns will help contracted provider agencies identify the specific batch and EOB that included the denied services. Additionally, the report was updated for improved formatting when exporting to Excel by removing extra columns that would previously appear and make it difficult to sort and filter service information. The image below shows the updated report output with the Batch ID and EOB ID fields after the Service Date column.

New Required Demographic Fields: Effective 9/29/2025, the field in which a patient’s language is entered on both the Admission (Outpatient) and Update Client Data forms in Sage-PCNX will be renamed to “Primary or Preferred Language.” This is being done for consistency across the two forms. As a reminder, per [SAPC Information Notice 24-02](#), providers are required to ensure that culturally and linguistically appropriate services are offered and delivered. In addition, effective 9/29/2025, the following fields will be required on both the Admission (Outpatient) and Update Client Data forms in Sage-PCNX: Date of Birth, Primary or Preferred Language, Ethnic Origin, Client Race, Gender Identity, and Sexual Orientation. These fields are crucial for various reporting metrics for both SAPC and providers. For each new episode admission, and when providers access the Update Client Data form, if blank or needs updating, they will be required to enter information for those fields.

Service Authorization Request: Effective 9/29/2025, the Brief Member Review and Member Authorization History buttons will be removed from the Service Authorization Request form. The Brief Member Review information may be found on the All Doc/Chart widget, under the Patient Information section and on the Diagnosis form. The information

found on the Member Authorization History is available on the Client Dashboard and Authorization Request Status Report.
