



Communication Release

11/13/2023

RESOLVED: Incorrect Denial Reason “No Units Remain for this Procedure Code on the Authorization” corrected to “Invalid Authorization Number”/ “Procedure code not found in Authorization” during the Pre-adjudication Phase Claim Submission Process in Sage

Previously, providers reported receiving pre-adjudication denials and claim denials for “No Units Remain for this Procedure Code on the Authorization” during the claim submission process for claims that were entered incorrectly. 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.

SAPC engaged Netsmart on this issue and approved a system update on Thursday 11/09/2023 to correct the issue. The following claim denial reasons will now show when incorrect claim information is entered (generally when the modifier does not match the benefit plan on the authorization):

1. *Invalid Authorization Number* - This denial reason will correctly display when the procedure code entered on the claim does not match the authorization number selected using Display Valid Authorizations when using Fast Service Entry Submission.
 - a. After entering a procedure code, if that code is not found on any valid authorization, providers should now receive a message stating “No valid authorizations were found for this procedure code” if using Display Valid Authorizations functionality.
2. *Procedure code not found in Authorization* - This denial reason will correctly display for Secondary Sage Users or if a Primary Sage User enters the authorization manually (bypassing the Display Valid Authorizations function) when the procedure code is entered incorrectly and does not match the authorization number entered on the claim.

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 can 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. Providers are encouraged to check to ensure the procedure code and modifier combination that were billed is associated with the benefit plan on the authorization for that patient.

Agencies are Required to Notify SAPC upon Provider’s Separation from Agency

This is a friendly reminder that agencies are required to notify SAPC when staff is no longer associated with the agency and therefore should no longer have access to Sage (DMC Provider Contract Section 18AA. Electronic Health Record System “...Contractor shall have procedures to regularly monitor access for appropriate use, ensure there are practices in place to prevent inappropriate access as well as the termination of user access within 24 hours of employment termination.”). Failure to notify SAPC within the required 24 hours can result in unauthorized access to Sage and potential privacy or security violations. Please refer to the [Sage User Offboarding Procedure](#):

Scenario	Process
<p>Offboarding a Sage User</p> <p><i>Example: A provider is no longer associated with a Sage User.</i></p> <p>In this scenario, an account is being terminated. Providers can terminate a Sage account by completing the Sage Registration form.</p>	<p><u>SAGE REGISTRATION</u></p> <ul style="list-style-type: none">• Provider will complete Sage ProviderConnect User Creation Form. The form is available at http://publichealth.lacounty.gov/sapc/Sage/Sageinfo.htm• Under “Request Type”, please indicate this is a “User Termination” and include the existing C Number.• Once completed, provider will email form to sageforms@ph.lacounty.gov• SAPC will verify the request form with provider’s liaison. Once validated, SAPC will work with Netsmart partners to terminate the account.• The provider and user will receive an email confirming the user’s termination

S9976 Denials for Coverage Level has been Resolved

SAPC is aware that providers were erroneously receiving “No Coverage Level Found” denials for CPT code S9976 and U1, U2 or U3 level of care modifiers for FY22-23 and earlier claims. Corrections have been made to correct the underlying issue. Providers can resubmit any denials for those specific codes denied for “No Coverage Level Found” immediately. If unable to submit a Fast Service Entry Submission, contact QI/UM for another authorization. Refer to the FY22–23 the [Rates and Standards Matrix](#) (updated – November 2023) for details related to available codes.

Effective Immediately: Discontinue use of CalOMS Supplemental Form

The CalOMS Supplemental Discharge form has been merged with the CalOMS standard Discharge form. Effective immediately the CalOMS Supplemental Discharge form is not required and providers will no longer be able to complete it. Please answer the additional homeless questions in the standard Discharge form for homeless patients. The CalOMS Supplemental Discharge form will be changed from editable to read-only on Monday 11/13/2023. This will allow continued visibility on historical entries without being able to create new records.

Updated Rates and Standards Matrix

SAPC has published an update to the [Rates and Standards Matrix](#) (updated – November 2023) as of 11/13/2023. The following changes reflected in this most recent update and will be implemented in Sage within the next few weeks:

Rate Matrix TAB	Description of Change
All ASAM LOC Tabs	<ul style="list-style-type: none">• H0048 Zero-dollar billings added.• Peer Support Rate added to Contingency Management H0050 CPT Code• Registered Nurse Rate added to 90887 CPT Code
All Tabs	H0001 clarified that code is used for ASAM assessment
CENS Tab	CENS Tier 1 Rates Updated
MAT Services Tab	H0034R Clarified as MAT Training in Residential
OTP Medications Tab	NDC Codes Updated
Place of Service Code Tab	Place of Service Code 27 Added: Outreach Site/Street effective 10/1/2023
Withdrawal Management Tab	ASAM 1 WM and 2 WM rates changed to \$0.00 billings, provider should bill main rate of hourly rates for H0014

No Requirement for Peer Support Specialists to Complete ASAM A and ASAM B for Sage Credentialing

SAPC obtained clarification that DHCS does not require Certified Peer Support Specialists to complete ASAM trainings A & B. ASAM A & B are specifically related to those practitioners who complete the level of care and diagnostic assessments within the network. Peer Support Specialists cannot complete the ASAM comprehensive assessment within their scope of practice and therefore would not be required to receive the ASAM A & B trainings. Peer Support Specialists can claim for H0025, H0038 and H0050 (Contingency Management) per the [DMC-ODS billing manual](#). Short Doyle Medi-Cal only requires the taxonomy code and the Certified Peer Support Specialist rendering provider's NPI to reimburse the claim, the certification of the provider is monitored outside of SDMC.

SAPC is No Longer Processing PCON Progress Note Modification

As previously communicated, effective 11/01/2023, SAPC is no longer accepting or processing medical record modifications for progress notes entered in the previous ProviderConnect Classic/Sage system. These include all Miscellaneous notes and Progress Notes (BIRP/SIRP/SOAP/SOAP) formats. If changes are still needed for any of the historical notes, providers must create a new note within PCNX referencing the previous note and reason for duplicate note entry.

SAPC is updating the Modify a Medical Record helpdesk ticket form to reflect these changes. Until the form is updated, please select "Other Form" from the 'Type of Form' drop down and specify "PCNX Progress Note" in the text box to request a Progress Note modification for PCNX entered progress notes.

REMINDER: PCNX Office Hours

SAPC continues to hold regular PCNX Provider and PCNX Billing Weekly Office Hours; links can be found on the [SAPC Calendar of Events, Trainings and Conferences](#). PCNX users are encouraged to drop in with their questions, comments and concerns to these regularly scheduled technical assistance sessions. These office hours are the primary avenue for providers to be able to get technical assistance on a regular basis.