



## Communication Release

12/7/2023

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### Complete Sage Provider Configuration Survey by Monday 12/18/23

SAPC sent out a survey to the All Treatment Providers listserv on Monday 12/04/2023 requesting confirmation of the current and future Sage configuration status. Effective 7/01/2024, SAPC will only allow Primary or Secondary Sage User configuration status and will no longer permit what has been referred to as hybrid configuration.

This survey will help SAPC to assist providers who many need to transition from Primary or Hybrid Sage users to Secondary Sage Users. It is very important that we receive your completed survey by Monday 12/18/2023 in order to assist each agency appropriately.

SAPC will also be holding an informational meeting/Q&A session for providers who intend to convert to a Secondary Sage User status. This informational meeting will be held the week of 12/18/2023.

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### PCNX Updates to Forms/Reports/Widgets

Effective Monday December 11<sup>th</sup>, providers will have access to additional reports. The [Sage-PCNX Guide to Reports](#) has been updated and has been posted to the [SAPC PCNX Resources](#) webpage. It provides a summary of the reports including the recommended export method. Access to the reports in Sage is based on an individual's User Role, so not all users may have access to all reports.

- Check/EFT Number Report
  - County and Aid Code Report
  - Documents Requiring Co-Signature Report
  - Miscellaneous Note Options Report (Printout)
  - Problem List Reminder Report
  - Problem List/Treatment Plan Printout
  - Progress Note Report (Printout of BIRP, GIRP, SIRP, SOAP)
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### Upcoming EOB & Check Number Changes

Effective Monday, December 11<sup>th</sup>, SAPC Finance is implementing changes to the Sage system that will decrease the volume of EOBs generated for an agency per day, and instituting a change to the check numbers entered in Sage when

more than one EOB is paid on a single check. Both changes are planned based on provider feedback to the volume of EOBs received and challenges for secondary providers in posting 835s.

### EOB Generation

- ❖ **Current Process:** Currently, the Sage system creates an EOB when a claim batch is closed. For primary providers, this is when a batch of services is submitted via the Fast Service Entry form. For secondary providers, this is a batch of services submitted via an 837. Both scenarios create a batch of claims in the system. When the batch is closed for adjudication then an EOB is created for those services. Due to current settings, an agency may receive anywhere from 1-100 EOBs per day based on how batches were submitted.
- ❖ **New Process:** The new change will cause EOB creation to be held until a specific time of each day in an effort generate fewer EOBs; most likely one EOB per day where billing was received and adjudicated. An EOB will have services submitted across all batches/files submitted and adjudicated within one day. EOBs will still be uploaded to the agency SFTP on a daily basis.

### Check Number Naming Convention

- ❖ **Current Process:** When the Finance Contract Reimbursement Unit (CRU) is preparing checks for payment to providers, unpaid EOBs are reconciled to determine the next payment. When the payment is made to an agency, the CRU obtains the County's check number and enters it into Sage to associate all of the EOBs paid on the check. For secondary providers, this can cause their 835 files with their payment information and adjudications to be unable to post into their system. This creates the need for manual work to correct the issue as the check information is the same for every file which causes errors.
- ❖ **New Process:** Finance CRU will add a letter to the end of the check number when a check contains payment for more than one EOB. For example, if check 12345 paid services on EOBs 5678 and 7890 rather than each EOB and secondary provider 835 having check 12345 listed, now EOB 5678 may read check 12345 or 12345A and EOB 7890 will read check 12345A or 12345B. This allows the TRN segment on an 835 to be different and be able to be posted to the provider's EHR. This change will impact viewing the KPI Payment Reconciliation View and using the Check/EFT Number report with more details below. As providers see this change, feedback can be provided to [SAPC-Finance@ph.lacounty.gov](mailto:SAPC-Finance@ph.lacounty.gov) if this change in the check number naming convention causes difficulties in reconciling payments.
  - This change will impact usage of the KPI Payment Reconciliation View if a user is filtering for a specific check that contains payment for multiple EOBs. If filtering by check number in KPI, all variations of the check number should be selected in the Check Number filter so that a full picture of all services paid on the check can be seen.
  - This change will also impact usage of the Check/EFT Number Report. When running the report, all variations of the check number has to be ran by selecting the variations in the Check/EFT Number field and compiling the data onto one comprehensive report.

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## Providers Can Edit Patient Demographics without Submitting a Sage Help Desk Ticket

SAPC and the Sage Helpdesk continue to receive help desk tickets requesting changes to patient demographic information. Prior to PCNX, providers were instructed to submit a help desk ticket to edit most patient demographics since they could not be edited by an end user. However, current PCNX functionality enables providers to update the following fields using the Update Client Data form in PCNX:

1. Client First and Last name
2. Date of Birth
3. Social Security Number

- 4. Sex
- 5. Gender Identity

**IMPORTANT:** These fields are NOT agency specific. Any updates made to these fields on the Update Client Data form will change for all providers who have a current episode for that same patient. Providers should be *very* careful to confirm any changes before making them to avoid issues in the future.

### Update on FY 23-24 H0019:U1/U2/U3 State Denials

SAPC has corrected the configuration issue that has caused State denials for FY 23-24 services for H0019:U1/U2/U3. If agencies have received State denials for this service, rebilling of the services can now occur.

### OTP Providers May Submit Split Authorizations

Provider contracts have been approved for FY 2024 – 2025. OTP providers can now submit authorizations per usual process and no longer have to end date them on 6/30/2024.

Type of Authorization	Authorization Period
0.5, 1.0, 2.1	Start Date to last day of 6th month*
OTP	Start Date to last day of 12 <sup>th</sup> month*

For any authorization that was approved with an end date of 06/30/2024, the provider will need to submit a continuing authorization for the remainder of the OTP eligibility period starting 07/01/2024. Providers should document in the authorization’s comments that the authorization is a split authorization.

### Updated Checklist of Required Documentation for Utilization Management

UM has updated the Checklist of Required Documentation on the SAPC website to include Recovery Incentives-Contingency Management (RI-CM): [QI & UM Checklist of Required Documentation Sage Version 6.0](#).

### Certain Users Unable to Access the ASAM

SAPC is aware that a small portion of practitioners may be unable to access the drop-down values on the ASAM preventing them from completing ASAMs in Sage. We are working with Netsmart to resolve this priority issue.

Providers that are unable to access the ASAM Continuum in Sage should utilize the paper-based/soft copy Assessment Tool for Youth or Adult found [here](#) (on the Clinical section of the provider Manuals, Bulletins & Forms). This must be signed and attached to the patient chart via Provider File Attach in PCNX. Providers should create a helpdesk ticket as well.

When requesting authorizations, please note in the comments on the Authorization that the paper-based ASAM was completed due to inability to access the drop-down values on the ASAM Sage directly and reference the helpdesk ticket.

### Claiming for History and Physical (H&P) Services

Medical practitioners, including physicians, physician assistants, or advance practice nurse practitioners conducting H&Ps in non-OTP settings may use the following CPT codes for billing.

CPT Code	Description
90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes
99202-99205	Office or Other Outpatient Visit of New Patient (minute duration varies by code)
99212-99215	Office or Other Outpatient Visit of an Established Patient (minute duration varies by code)
99441-99443	Telephone Evaluation and Management Service (minute duration varies by code)
G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time (in combination with 90792 or 99215)

OTPs are required to conduct H&P exams [to confirm the diagnosis of OUD and initiate medication treatment for the diagnosed OUD and any other substance use disorders identified] as part of their licensing requirements; the costs of these physical exams should not be billed separately using E&M codes, as the cost of conducting this history and physical is bundled into the medication rate. The CPT code 90792 is available to OTPs and could be used by OTP agencies to cover physician, physician assistant, or advance practice nurse practitioners’ services when there are additional diagnosis and management services medically necessary to treat the patient’s SUD which are provided in addition to history and physical exam conducted to confirm the diagnosis of OUD and initiate OTP-dispensed medications.

### Service Authorization Request Benefit Plans

Utilization Management (UM) is reporting that providers are incorrectly submitting Service Authorization Requests. As a reminder, all service authorizations for FY 23/24 must include a Benefit Plan and an Authorization Grouping of “All.” Selecting an authorization grouping from the drop-down list may result in delays in getting the authorization approved and may lead to denials.

The screenshot shows a web form for 'FY 23/24+ Authorizations'. It includes a 'Benefit Plan' dropdown menu with 'ASAM 1.0' selected. Below that is a section for 'Authorization Grouping Or Individual Authorizations' with radio buttons for 'All' (selected) and 'Grouping'. At the bottom, there is an 'Authorization Grouping' dropdown menu with 'Select' chosen, a note 'Only for PRE- FY23/24 auths', and a 'Display Authorization Grouping' button.

### SAGE Reminders From Prior Communications:

**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: SAPC and Netsmart implemented a system update to correct this issue fully described in the [11/13/2023 Sage Provider Communication](#) .

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**Discontinue use of CalOMS Supplemental Form:** The CalOMS Supplemental Discharge form will be changed from editable to read-only on Monday 11/13/2023.

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**Updated [Rates and Standards Matrix](#) (updated – November 2023)** as of 11/13/2023 includes update for S9976 Denials for Coverage Level has been Resolved.

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**PCNX Office Hours:** [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.

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