

BILLING & DENIAL RESOLUTION TUTORING LAB

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AGENDA

- Announcements and Reminders
- Tutoring Session Topics
 - FY 25-26 Rates Matrix and Code Updates
- Open Q&A

ANNOUNCEMENTS & REMINDERS

REMINDERS

- June 30, 2025: FY 22-23 final billing deadline – originals and replacements
- June 30, 2025: FY 23-24 final billing deadline – originals and replacements
- July 1, 2025: Billing timeliness deadlines begin; applies to FY 24-25 and 25-26
 - Six months (180 days) for original services
 - Twelve months (365 days) for replacement services
 - SAPC Finance is working on a claiming timeline chart to provide to agencies that will clearly outline based on the current day's date, which services are outside the 180 and 365 days.
 - Will review it at the next Tutoring Lab.

ANNOUNCEMENTS

- Primary Sage Users were encountering inaccurate pre-adjudication result in some scenarios and claims were being marked as denied in pre-adjudication with the message, "Maximum Number of Units of Procedure Code per Day Exhausted".
- The issue has been resolved as of 4/25/2025.
- If providers continue to encounter this denial but no other service has been submitted for the same code on the same day, please open a Sage Help Desk ticket.

UPCOMING TRAININGS ON CPT/HCPCS CODES

May 08, 2025 | Connecting Clinical Documentation to CPT and HCPCS Medi-Cal Codes (for LE/LPHA)

- **Location:** Webex
- **Time:** 9:00 am – 11:45 am
- [Click for Flyer](#) | [Click for Registration Link](#)

May 22, 2025 | Connecting Clinical Documentation to HCPCS Medi-Cal Codes for SUD Counselors and Certified Medi-Cal Peer Support Specialists

- **Location:** Webex
- **Time:** 9:00 am – 11:45 am
- [Click for Flyer](#) | [Click for Registration Link](#)

FY 25-26 RATES MATRIX AND CODE CHANGES

RATES MATRIX PUBLISHING

- SAPC is aiming to release the FY 25-26 Rates Bulletin and the Rates Matrix to providers in early to mid-May.

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
 - Was: Code Type, Service Description, Code
 - Will be: Code, Code Type, Service Description
- Removed Clinical Standards tab > Refer to Provider Manual for information on Clinical Standards

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
 - Aligns approach for billing Screening Non-Admissions for outpatient and residential LOCs
- H2010M/N only need to be billed with 1 unit for the service
 - Incentive tracking does not utilize unit counts for these services

These changes can be implemented now!

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 & Recovery Services 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
 - Example: instead of H2015-CN > bill H2015; will still use CENS P-Auth
- 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
 - For the remainder of FY 24-25, can bill with just the LOC modifiers
- “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



OPEN Q&A