

Communication Release

7/27/2021

FY21-22 Claim Blackout Lifted

Dear Treatment Providers,

SAPC is excited to announce that the claiming blackout for fiscal year **2021-2022** has been lifted as of today, **July 27, 2021**. Providers can now begin submitting billing for 2021-2022 services. Important information regarding changes for the new fiscal year configuration are noted below. Please be sure to read the information carefully.

Utilizing Recovery Support Services

Effective 7/1/2021, Recovery Support Services (RSS) procedures for admission, authorization, and billing have changed to reduce barriers to access RSS services. DHCS clarified via BHIN-21-020 that patients may be admitted directly into RSS based on a self-assessment or provider assessment of risk without a previous level of care within the SAPC network. While assessment services remain non-billable within RSS levels of care, SAPC recommends utilizing the ASAM Continuum to assist in establishing medical necessity and to ensure placement at the appropriate level of care.

RSS Authorizations

Medical necessity must be established by the provider and documented within the patient's chart as with all services. However, for all RSS services and RSS claims from 7/1/2021 onward, providers will not be submitting a request for a member authorization through QI & UM as previously done. All providers will be pre-approved for RSS and given a Provider Authorization (PAuth) to utilize for claiming. PAuths will be configured based on contracted age groups and PPW status for RSS. For example, a provider who is contracted for 21 and over PPW and 21 and over non PPW services, will receive two PAuths to cover those services: PAuth 1- RSS 21 and over-Non-PPW, PAuth 2- RSS 21 and over-PPW. If a provider has all age groups and PPW contracts, they will be awarded six total PAuths.

SAPC's CPAs will provide the PAuth numbers to each Secondary Sage User this week via email. Primary Sage Users can access this information during the billing process as it has been pre-configured in Sage. If your agency does not receive the list of PAuths by Friday, July 30, 2021, please reach out to your agency's CPA to notify them.

RSS Billing

Netsmart and SAPC have configured Sage for the new fiscal year, including creating the new PAuths. These PAuths will cover all RSS claims and services from 7/1/2021 to 6/30/2021. These are billed the same way as the incentives are billed.

Additionally, there is a change in the previous level of care U code included in the HCPCS code for RSS. Providers previously used the U code that corresponded to the previous level of care where patient was discharged. With the new program parameters that allow for direct admission, the previous level of care U code is no longer

required. However, a secondary U code is still required and should reflect a level of care for which the program site is certified to provide. For example, RSS delivered at site A after patient discharged from Residential Services at another provider. However, the RSS provider is not certified for residential services, but is certified for outpatient. Provider would bill using certified outpatient U code of U7 (outpatient) as the secondary U code. The exception is for Ambulatory Withdrawal Management, as the State will deny RSS services with U4 or U5 as the secondary U code. In this instance providers should indicate a different level of care for which they are certified to provide services, such as U7 or U8.

Please see PowerPoint slides from the June 8, 2021 Provider Meeting for additional information.

Split Authorization Numbers

For Secondary Sage Users, please note that authorizations spanning the current fiscal year and the new fiscal year are referred to as "split authorizations." This means that the authorization for the patient will have two different authorizations and different authorization numbers for the different fiscal years. When preparing billing for the new fiscal year, please ensure your EHR is updated with the new authorization numbers for the 2021-22 fiscal year for these split authorizations. New auth numbers for split authorizations are already available for providers to access via ProviderConnect.

If the prior fiscal year's authorization number is submitted for the patient for the new fiscal year, providers will receive local denials with the coverage denial reason, "Invalid authorization number," and denial code CO284 M62.

Sage Help Desk

Should you experience any difficulty submitting claims or have questions regarding billing, please contact the Sage Help Desk at (855) 346-2392. Your notification will help us better monitor Sage and provide timely resolution.

Thank you,

The SAPC Team