

FY 25-26 RATES MATRIX AND CODE CHANGES

OVERVIEW

This document provides a high-level overview of the changes made to the Rates Matrix for the 2025-26 fiscal year. While this document aims to highlight high-level changes for FY 25-26, SAPC recommends agencies thoroughly review the Rates Matrix for changes pertaining to the services and levels of care (LOCs) they are contracted to provide. The changes for this fiscal year were made due to the following: 1) Department of Health Care Services regulations and policy changes, 2) SAPC policy changes, and 3) Simplifying billing processes and codes.

Questions regarding these changes can be directed to SAPC Finance at SAPC-Finance@ph.lacounty.gov.

***Please note:** The information on this document is applicable at the date of publishing. This document will not be updated throughout the fiscal year. Providers must refer to subsequent Sage Provider Communications, Information Notices, official communication emails, and Treatment Provider Meeting/Billing & Denial Resolution Tutoring Labs for updated information.*

ALLOWABLE LICENSE TYPES

- ◇ To align with Department of Health Care Services (DHCS) guidance, SAPC has removed two license types: Psychological Associate and Physician Clinical Trainee. Performing Providers under these license types will be moved to appropriate license types and are still billable.
- ◇ Added Community Health Worker as allowable license type with associated codes and fees (98960, 98961, 98962)

RATES

- ◇ Increased rates for Drug Medi-Cal (DMC) services by 3.1%
- ◇ Unchanged rates for Non-DMC services from FY 24-25, except for S9976-C and H2034-C which were increased to \$65.00
- ◇ Added fees for Licensed Psychiatric Technician (LPT) and LPT Clinical Trainee for H0020, S5000 codes, and S5001 codes
- ◇ Added fees to H0050 (Contingency Management) and H0025/H0038 (Peer Support Services) for 1.0-WM and 2.0-WM
- ◇ Added fees for T1013 (Oral Interpretation) to Recovery Services and CENS
- ◇ Removed fees for the following:
 - Occupational Therapist – code 99368
 - Registered Nurse – code H2017
 - Pharmacist – code H2027

CODE ADJUSTMENTS

- ◇ Removed \$0 codes for residential and other day rates and are no longer required to be billed to SAPC
 - Exception is H2010M and H2010N, which are still required to be billed as \$0 services to count towards value-based incentives
- ◇ Removed H0049-N
 - Screening non-admission should now be billed under the agency's Recovery Services P-Auth using code H2017
- ◇ Updated H0034R to H0034 for residential LOCs
- ◇ Removed H2010S as this is no longer a billable service

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- ◇ Removed 99441, 99442, and 99443 as they were discontinued by CMS as of 1/1/2025
- ◇ Removed the “-CN” code suffix from the CENS codes
- ◇ Changed S5000BI to S5001BI
- ◇ Removed “P” and “Y” “modifiers” from code 0953 for 3.7/4.0-WM; the “37” and “40” “modifiers” remain required to ensure correct payment for fees

BILLING RULES

- ◇ Moved the Code column to be the first column on the Billing Rules tab
- ◇ Updated Allowable Modifiers column with the following changes:
 - Removed GC and HL modifiers for some codes when the Medicare COB Required column indicates “No” or “N/A”
 - Removed 27 override modifier
 - Removed override modifiers (59, XE, XP, XU) for codes when there were no codes listed in the Overridable Lockouts column
 - Corrected allowable modifiers for H2034, H2034-C, S9976, S9976-C, T1009, T2027
 - Removed P and Y for code 0953
 - Removed all modifiers except LOC modifiers for H2010M/N
 - Removed U1, U2, U3, and U9 modifiers for codes included in the bundled day rate
 - Added U6 to T1013
 - Added applicable override modifiers for codes 90792 and 96131
- ◇ Added place of service (location) code 09 to applicable codes in preparation for Justice Involved (JI) implementation
- ◇ Corrected Dependent on Codes column information for codes 99415 and 99416 – removed 99202-99204 and 99212-99214 from the Codes column
- ◇ Updated Max Units from “96” to “1” for codes H2010M and N
- ◇ Updated override lockouts for codes T2021 and T2024
- ◇ Added example service types to the Service Description column for codes H2015 and H2017
- ◇ Removed AH modifier from H2014, however, the service remains billable without the modifier for the Psychologist Clinical Trainee license type per DHCS

CODE DESCRIPTIONS

- ◇ Updated Tier tabs Sage Service Code Description column descriptions to ensure brevity and standardization
- ◇ Brand name MAT medication names were added to the descriptions for the applicable S5001 codes
- ◇ T1007 Code Type updated from “Discharge Services” to “Treatment Planning”
- ◇ Codes 99202-99205 and 99212-99215 Code Type changed from “Assessment / Medication Services / MAT” to “Medication Assessment / MAT Service”
- ◇ 96160 Code Type changed from “Care Coordination” to “Assessment”

OTHER CHANGES

- ◇ Removed the Clinical Standards tab – Clinical Standards are found in the SAPC Provider Manual
- ◇ Updated the “MAT Medications” tab name to “MAT NDCs”
- ◇ Updated the MAT NDC listing
- ◇ Added MAT Lockouts tab to indicate MAT medication lockouts as designated by DHCS

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- ◇ Updated the GC and HL modifier descriptions on the Modifiers tab
- ◇ Updated various table formatting on multiple tabs for clarity and ease of use
- ◇ Updated the CPT Add On Codes tab to add code 96171 and remove not applicable codes
- ◇ Removed the 27 and GQ modifier from the Modifiers tab
- ◇ Added Category column to the Modifiers tab