

The purpose of this change form is to highlight revisions to the State Behavioral Health Services (SBHS) Billing Manual. Unless otherwise noted, the State (HCPF and BHA) has agreed that it will accept coding provided under the previous edition through September 30, 2024. Providers must implement the October edition by October 1, 2024, for dates of service October 1st and thereafter, regardless of submission date.

| Change | Reason for the Change |
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| 90833, 90836 and 90838 – Only include PT who can bill E/M (35, 78, 64) | Align with all other E/M procedure codes and allowable billing provider types |
| Identified POS 51 as the most appropriate POS to be used for H0018. All other POS have been removed. The only appropriate Billing Provider is PT 95/387. All other Billing Provider Types have been removed. | This aligns with the change in enrollment standards (CSU must now enroll as a distinct provider type). |
| Identified POS 51 as the most appropriate POS to be used for H0017. All other POS have been removed. The only appropriate Billing Provider is PT 95/386. All other Billing Provider Types have been removed. | This aligns with the change in enrollment standards (ATU must now enroll as a distinct provider type). |
| Addition of H0030 coding page to manual and appropriate appendices | This is a covered service under the Capitated BH Benefit effective Oct 1, 2024 |
| Removed QBHA from H0038 | Peer Support services are only appropriate for peer providers. QBHAs cannot provide peer support services. |
| Included QBHA as service provider on H0023 | QBHA should have been added. Oversight Corrected. |
| Added PT 78 as billing PT to H0036 and H0037 | Oversight Corrected |
| Added MCR to Appendix A: Acronym and Abbreviations | Oversight Corrected |
| Added OP Hospital Billing guidance in section D, subsection c | To provide additional guidance and clarify policies specific to Outpatient Hospital Services billing |
| Added language in Section E for Supervision Policy re RAE Supervision Policy | The RAE Supervision Policy posted on HCPFs website has been published for 2 years. This is the primary tool/policy that |

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| | providers should refer to for additional guidance. |
| Added language in Section VIII for Service Documentation Standards regarding supervisors co-signing notes. | To address ongoing confusion related to Medicaid standards when unlicensed practitioners are providing hands-on care. |
| Add Billing PT 64/213 and 64/214 to H0020 | Oversight Corrected |
| Edit proc code H0038 to specify PT 89/889 | Added Specialty Type to clarify billing provider types |
| Added language to TCM Appendix O to clarify scope of authority | Provided State Plan language to clarify the limitations/scope of TCM under the Capitated BH Benefit. |