

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 March 31, 2025. Providers must implement the April edition by March 31, 2025, for dates of service April 1, 2025, and thereafter, regardless of submission date.

Change	Reason for the Change
<p>Service Documentation Standards section: Depending on the purpose and details of the encounter, including the type of service, duration and mode of delivery, details are included to indicate medical necessity of the services provided, including (as appropriate):</p> <ol style="list-style-type: none"> <li>1. Documentation of consent to participate in the service (e.g. consenting to Telehealth)</li> <li>2. The individual's response to the service and/or demonstrated benefit from the service provided</li> <li>3. Assessments, which may include treatment history, results of screening and/or diagnostic tools, Mental Status Exam (MSE), and clinical impressions.</li> <li><b>4. Relevance to the treatment/service plan <i>once implemented.</i></b></li> <li>5. Plan(s) for follow-up, including coordination of care, referrals, and recommendations</li> </ol> <p><b>Treatment Plan/Service Plan</b></p> <p>Clinical standards and best practice recommend that quality care should begin with a diagnostic evaluation or assessment of a member which would then inform a treatment/service plan. Outside of correct coding and appropriate documentation standards, Medicaid does not have any rules or guidelines that govern when an evaluation/assessment is completed, how</p>	<p>RAE request</p>

<p>frequently it is repeated, or what details are included. Additionally, while MCEs will audit providers and determine that assessments and treatment plans are documented and billed appropriately, there are no billing rules that require certain services to be billed <b>or complete</b> before other services. For example, practitioners do not have to <b>provide service codes</b> 90791 or H0032 before they bill 90834.</p>	
<p>Deleted content from the “introductory pages”. All content has been moved to HCPF website with links left in manual</p>	<p>To make behavioral health policy content easier to access and share.</p>
<p>Deleted APPENDIX N: NEURO/PSYCHOLOGICAL TESTING AUTHORIZATION AND CLAIM WORKFLOW  APPENDIX O: TARGETED CASE MANAGEMENT  APPENDIX P: PEER SPECIALIST CORE COMPETENCIES</p>	<p>This content aligns more with BH Policy and has been posted to the behavioral health policy webpage.</p>
<p>Added POS 53 CMHC and 99 Other to H0046</p>	<p>Correct an omission</p>
<p>H2011 changed to bill H2011 90839 ET must be delivered within previous – changed from 5 to 7 days</p>	<p>Correct an error</p>
<p>Added language to H2014 for housing support</p>	<p>Alert providers that H2014 can also be used as a 15 min procedure code for housing support services</p>
<p>Added additional information for H0019 to distinguish 3 distinct programs</p>	<p>Eating Disorder Residential services added for H0019 and will use modifier U3 to distinguish Eating Disorder treatment from Level 2 transitional living services, which will use modifier U2. Adult Mental Health Residential will use modifier HB</p>
