

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 December 31, 2023. Providers must implement the January 2024 edition by Jan 1, 2024 for dates of service Jan 1st and thereafter, regardless of submission date.

Change	Reason for the Change
<p>Deleted the policy statement under the Procedure Code Page Outline: "HCPF has defined modifiers for the Medicaid State Plan and Behavioral Health Program 1915(b)(3) Waiver program service categories. When billing, Medicaid providers must use as a first position modifier one of the Medicaid Capitated Behavioral Health Benefit modifiers listed in Appendix M."</p> <p>Deleted first position required modifiers (State Plan or B3) from each coding page</p> <p>Removed State Plan and B3 modifiers from Appendix M</p>	<p>These were no longer used for any functional purpose by HCPF and were regularly a point of difficulty/administrative burden for providers.</p>
<p>Created/Added procedure code H0046 for Drop-in Center</p>	<p>Code created to differentiate between this service and outreach services, which have historically used the same code (H0023) with only a modifier distinguishing the services.</p>
<p>Edited language on both Drop-in (H0046) and Clubhouse (H2030, H2031) codes</p>	<p>Language was reviewed and updated as part of opening distinct code for H0046</p>
<p>Added Statement under Covered Diagnosis section "Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for psychotherapy services only (90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849, 90853.)" As well as a statement to all relevant psychotherapy pages.</p>	<p>This reflects the change in policy to cover ASD for psychotherapy services under the MCEs.</p>
<p>Edited Appendix N to reflect new Neuro/Psych Testing reimbursement policy</p>	<p>New policy to streamline claiming workflow to address impact of final diagnosis on responsible funding source.</p>
<p>Added new Provider Types and Specialty Types to Appendix L, and then added each PT/ST to the appropriate pages as follows:</p> <p>Behavioral Health Group Provider with Prescriber – will be added to all pages with PT 16</p> <p>Behavioral Health Group Provider without Prescriber – will be added to all pages with PT 25</p> <p>Crisis Provider, Acute Treatment Unit – will be added to H0017</p> <p>Crisis Provider, Crisis Stabilization Unit – will be added to H0018</p> <p>Substance Use Continuum ASAM 1.0, ASAM 1 WM, ASAM 2WM – all of these will be added to pages with specialty type 477; ASAM 2.1 - will be added to H0015</p>	<p>These additions are to align with new BHA rules, and endorsement options that take effect January 1, 2024</p>
<p>Added POS 11, 56, and 99 to H0035</p>	<p>To allow for existing billable provider types to provide services that aligns with similar POS on MH IOP services.</p>

Edited language on H0038 Peer Services code	Added additional clarification on the types of activities allowable
Edited language on H0046 Drop-in Services	Added clarification regarding the Services and Activities offered by replacing “therapeutic” with “Scheduled, intervention-based activities in a club-like setting”

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