

The purpose of this change form is to highlight revisions to the Uniform Service Coding Standards (USCS) Manual. Unless otherwise noted, the State (HCPF and BHA) has agreed that it will accept coding provided under the previous edition through December 31, 2022. Providers must implement the Jan 2023 edition by January 1, 2023 for dates of service January 1st and thereafter, regardless of submission date.

Change	Reason for the Change
Added POS 18 to codes 97537, H2023 and H2025	“Place of employment – Worksite” Place of Service (POS) is appropriate for codes that are related to employment support/skill building.
Delete codes 99217-99220, 99224-99226, 99241, 99251, 99318, 99324-99328, 99334-99337, 99343	2023 CMS HCPCs updates
Update Code Descriptions for E/M codes 99221-99350 on both Appendix D and E. PLEASE NOTE IN ADDITION TO NAME CHANGES THERE ARE CHANGES TO THE TIME STANDARDS FOR THESE CODES	2023 CMS HCPCs updates
Mirrored Service Providers on S5151 with list on S5150	List was disparate even though the service was identical.
Added CAT/CAS to codes S5150 and S5151	This was requested by BHA and it is appropriate based on other providers included on the list and in light of the credentials required for CAT/CAS
Added “Practitioners who meet the qualifications to enroll in Medicaid and can order, prescribe, or refer services for a member, must still enroll in Medicaid and submit claims with their NPI as the rendering provider, even if the service was performed under a CMHC.” to guidance under IV. Provider Types, b) Rendering Providers.	This sentence was removed during a previous edit, but the policy remains, and this language is being added back to affirm no change in policy.
Remove SUD diagnosis exclusion from CSU H0018	There is no regulatory or clinical reason to exclude treatment of SUD diagnoses in a CSU.
Added Certified/ Registered Medical Assistant/LPN/RN to service providers for code 99211	Requested by providers and is within the scope of the code definition.
Modified the Dual Eligibility policy to clarify: Medicaid-enrolled providers who are not eligible to enroll with Medicare/Medicare Advantage plans (i.e. LPC/LMFT/ LAC) can submit claims directly to the MCE. These claims must include modifier HO in the last position of a claim to indicate the practitioner performing the service is not eligible to be covered by Medicare.	To be clear that this policy also covers Medicare Advantage plans.
Added this paragraph under Section II. “The MCEs are responsible for developing and managing a network of behavioral health providers to ensure access to appropriate care for Medicaid members. All behavioral health providers who want to receive reimbursement for providing services covered by the Capitated Behavioral Health Benefit must be enrolled with Medicaid and contracted directly with the MCE(s). While the USCS Manual details the full array of services under the Capitated Behavioral Health Benefit, each MCE determines the scope of services/codes allowed to be billed by an individual provider. This scope should be reflected in the provider’s contract with the MCE.”	This is important information to provide for BH providers on the structure of the capitated BH Benefit that was missing from the manual. It was in another resource, but not easily found/available for new IPN providers.