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 OBH) has agreed that it will accept coding provided under the previous edition through June 30, 2021. Providers must implement the July 2021 edition by July 1, 2021 for dates of service July 1st and thereafter, regardless of submission date.

| Change | Reason for the Change |
|---|---|
| Deleted all boxes that were NOT checked from the coding pages | This will clean up the pages and allow for information to be more easily searchable |
| Added a Master Coding Page Template at the beginning of the Coding Pages section | To serve as a reference for anyone becoming familiar with the coding manual to see general options under each section. |
| Added CAT to H0006, CAT/CAS to H2027, CAS to H0032 on the Medicaid Pages | To align with the updated qualifications of these providers that took effect April 1, 2021. These were already added to the OBH pages. |
| Added partial per diem page for 3.2WM (H0010) | Billing policy change for 3.2WM. Partial per diem for 4 – 12 hrs added. Full per diem will be for duration of 12 – 24 hrs. |
| Amended duration requirements for 3.2WM full per diem page (H0010) | Billing policy change for 3.2WM. Partial per diem for 4 – 12 hrs added. Full per diem will be for duration of 12 – 24 hrs. |
| Edited the Note on H2012 to remove age details – replaced with statement "The amount, frequency, and duration of the service is based on the documented acuity and clinical needs of the member." | To remove overly prescriptive guidance that was creating confusion. |
| Deleted the paragraph on "Less than Bachelors" in our guidance pages right before our list of individual providers | This paragraph addressed a previous edit to the manual to bring the manual into compliance. It was creating some confusion with provider types that had certifications but may not have had a bachelor's degree. |
| Edited H2000 documentation standard regarding diagnosis to reflect language from 90791 | A "diagnostic formula" was more appropriate than requiring a DSM 5 Diagnosis, which is not required. |
| Added a description/definition of "DHOH Interpreter" under the Individual Provider list. | This provider type was missing a description. |
| Deleted the 2 Letter abbreviations after the providers credential in the Staff Requirements section | These were unnecessary "modifiers" that were never used. |
| Inserted "instead of using the HCPCS code" to 3.7 and 3.7WM pages in the CPT/HCPCS code box to clarify coding guidance for the revenue codes. | Response to provider confusion regarding whether hospitals needed to bill the rev code, HCPCS, or both. |