

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 June 30, 2023. Providers must implement the July 2023 edition by July 1, 2023 for dates of service July 1st and thereafter, regardless of submission date.

Change	Reason for the Change
The title of the manual has been changed to: "State Behavioral Health Services Billing Manual"	To make it clear what this manual is for and easier to identify for users among other coding/billing manuals
The guidance pages have been reorganized and restructured to more appropriately account for information related to BHA Covered services. Please review to note sections, pages, and headings have all changed.	To reflect the new structure of the State BH system and to better help providers understand the BH landscape and policies.
Changed term "telemedicine" to "telehealth" throughout	This aligns with BHA terminology and current CMS terminology
Moved Service Provider details from the guidance pages into an Appendix J.	To make this information more directly reference material and keep the guidance pages a high level narrative.
Created a Medicaid Fee For Service (FFS) BH Benefit Appendix F.	To provide additional information related to BH services that are covered FFS to support the new material in the restructured guidance pages
Created a Medicaid Directed Payment Fee Schedule as Appendix D.	HCPF is establishing Directed Payments for a select group of services effective July 1, 2023
Updated H0036 and H0037 to explicitly call out Functional Family Therapy (FFT) in the service description and required Modifier HA for billing FFT	
Added new Provider Types/Specialty Types to Appendix L for Crisis Provider 95/Mobile Crisis Response 772, as well as H2011 and 90839	New provider types/specialty types have been created to accommodate new benefits and/or design changes related to BH system changes.
Added POS 18 to codes H2024 and H2026	"Place of employment – Worksite" Place of Service (POS) is appropriate for codes that are related to employment support/skill building.
Added POS 22 and 61 to codes 99221-233	CMS added these POS on 1/1/2023
Added HQ Modifier back to code H2030	It was unintentionally removed on the July 2022 edition.
Deleted PT 1, 2, 5, 24, 26, 37, 38, 39, 41, 63 from H0038	Peer Services can only be billed by a group or residential provider.
Added language on H2030/H2031 to indicate "Only BHA-contracted providers can bill for Clubhouse Services."	This was added to clarify who could offer clubhouse services.
Added language on H2033 "MST can be used for youth ages 10-11 based on severity of behaviors on a case-by-case basis."	Per provider request and review of literature on MST this phrase allows for this intervention for younger youth.
Changed PT that can bill on G0176 and G0177 to reflect only PHP can bill these services (currently this includes only PT 01, 02, 16, 25, 64)	Per review of CMS guidance related to providers who can bill these services.
Added H0019 Code page for Adult Mental Health Transitional Living with new PT 96-Adult Mental Health Residential SP 561-Supported Therapeutic Transitional Living	This is a new service created by legislation 1303.

Added statement on H0017, H0018, H0019 “This code should not be used for Psychiatric Residential Treatment Facilities (PRTF). PRTFs are required to use revenue code 0911.” Added a statement to Appendix I under Revenue Code 0911 to clarify definition/utilization.	PRTF reimbursement rate includes room and board. Guidance was issued for PRTFs to use 0911 and not an “H” code to include R/B.
Edited the language regarding the cap on H2011 “Non-MCR services over 4 hours 7 mins should be billed with S9485”	To reflect current billing practice as well as distinct billing guidance for Mobile Crisis Response services, which will only use H2011 without a max units/day
Added Peer Specialist to Service Providers on H2011	To accommodate allowable service providers involved with Mobile Crisis Response.
Updated language on H2011 and 90839 to reflect scope of use for Mobile Crisis Response. Specifically, MCR should only use Place of Service 15 Mobile Unit and,  “MCR providers should include a skilled professional in person or via telehealth for the first hour of service” (noted on 90839 only).	This is a new benefit, and these codes are intended for billing MCR services by enrolled MCR providers
Added ET Modifier and provider type 95/772 to H2011 for use of this code by Mobile Crisis Response	H2011 is being identified for use by the new Mobile Crisis Response (MCR) benefit starting July 1, 2023.
Added ET Modifier and provider type 95/772 to 90839 for use of this code by Mobile Crisis Response	90839 is being identified for use by the new Mobile Crisis Response (MCR) benefit starting July 1, 2023.
Removed PT 30 (PRTF) from H0015 as a PT that can bill	Treatment of a primary SUD diagnosis is not within the scope of a PRTF.
HD Modifier was added to Appendix M and identified as appropriate for any service provided to the Pregnant/Parenting Population – not just for SUD Residential Services	This is needed to help identify and report services for larger state reporting purposes.
HA Modifier was added to the Appendix M and identified as “Member Under 21”	This will be used for any service where the billing is modified due to coverage related to EPSDT
Added Licensed Psychiatric Technician to list of service providers in Appendix A & J	This is a DORA-regulated profession and could be used in milieu settings/team-based care settings where their duties fall within the scope of their training/skills and supervised appropriately.
Deleted PT 05, 39, 41 from H0020. Clarify only PT 64/477 can bill for these services.	Medication administration can only be billed by an OTP facility
Deleted all Places of Service from H0020 except 12 Home, 49 Independent Clinic, 55 RSATF, and 15 Mobile Unit (see item below)	Methadone can only be provided by an Opioid Treatment Provider (OTP) as a licensed facility. Members can receive Methadone while in an SUD residential treatment program.
Added POS 15 Mobile Unit to H0020 with explanation: *Only BHA-approved Mobile Units can use POS 15	To allow for BHA Mobile MAT Units anticipated to go live late Summer 2023.
Updated language on H0033. Also added language to reflect take home dosing is allowed	To clarify this is acceptable practice and in line with pharmacy billing guidance.

<p>Removed the “exception” for covered diagnosis from Codes 90839 and 90840 indicated in Appendix I.</p>	<p>These codes are a Crisis primary category in the coding manual and the general policy has allowed crisis codes to not require a covered diagnosis. This exception created confusion and was not consistent with guidance for other crisis codes. Additionally, we are opening 90839 for Mobile Crisis Response, which does not need a covered dx.</p>
<p>Added guidance to 90834 related to billing 2 units for Extended Encounters over 76 mins (for family therapy and modalities such as EMDR)</p> <p>Updated 90837 to indicate Max Time is 75 mins.</p> <p>Added language on 90847 to address billing for an Extended Encounter using 90834</p>	<p>HCPF has created/clarified an Extended Encounter policy to address 2 specific situations where providers were providing care but there was not clear billing pathway to be reimbursed appropriately.</p>
<p>Moved the BHA-Only codes into Appendix B</p>	<p>To try to remove any confusion about these codes that can only be used in BHA contracts. These codes are not open in Medicaid.</p>
<p>Added POS 15 to E/M codes 99202-99215, 99441-99443:</p>	<p>POS 15 on E/M codes was added when E/M appendix E was created in July 2022. This was not noted on the tracking log at that time and is being noted here to record this change. CMS allowed POS 15 for these codes in 2003.</p>
<p>Removed additional documentation details from H0033</p>	<p>This language was related more to clinical care standards and not documentation for billing purposes</p>
<p>Removed Service Content details from H0035</p>	<p>This language is more accurately documentation standards and not service content. Documentation standards are addressed in Section VIII.</p>
<p>Removed all PT that can bill from H0023 (Drop-in) except for 32 and 35</p>	<p>As we are reviewing coding pages, the original content was dictated by iC design (which was wide open), and we are aligning with policy and practice.</p>
<p>Deleted populations 0-11 (Child) and 12-17 (Adol) from coding pages H0010, H0011, and H2036 (ASAM 3.3)</p> <p>Added to ASAM 3.1, 3.5, 3.7 “For members under 18, withdrawal management services are included in this code.”</p>	<p>Withdrawal management services are expected to be provided within ASAM residential treatment levels per ASAM standards for adolescents (under age 18). ASAM 3.3 is not for adolescents.</p>
<p>Updated the policy language re: use of HO Modifier:  “When a Member is eligible for both Medicare and Medicaid [i.e. considered dually eligible], Medicaid Providers must submit claims for processing by Medicare before billing the MCE. Services provided by a practitioner who cannot enroll with Medicare, or who’s services are not allowed to be billed to Medicare 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.”</p>	<p>Updated this language to allow for situations when a Medicare-eligible provider is supervising an unlicensed practitioner and therefore cannot submit a claim to Medicare. This revised language makes it clearer that those services/claims can be submitted directly to the MCE with the HO Modifier.</p>