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 June 30, 2024. Providers must implement the July edition by July 1, 2024, for dates of service July 1st and thereafter, regardless of submission date.

Change	Reason for the Change
Changed diagnosis (Dx) spans for MH and SUD covered dx	HCPF approved expanded MH and SUD covered
	diagnoses and updated spans to reflect these additions
Added Social Determinants of Health (SDOH) diagnoses to the	SB 23-174 mandate to cover select services without a
covered dx section	clinical diagnosis to be covered by RAEs (under the
	Capitated BH Benefit)
Added language to section IX Diagnoses "The Official ICD-10-CM	As the Diagnosis Code Spans have been updated, this
Guidelines must be followed when submitting claims for	guidance ensures providers are in compliance with
payment. It is important to check all diagnosis codes for	proper diagnosis standards.
appropriate guidelines before submitting a claim. For example,	
diagnosis codes may have a required number of digits (must be	
coded to greatest specificity). While most diagnosis codes will	
not include diagnostic criteria, others will provide guidelines	
according to some clinical criteria (for example, F10.1 and F10.2,	
alcohol dependence vs. alcohol abuse which have distinct	
definitions and clinical indications)."	
Highlighted the 18 procedure codes that are allowable with	To indicate services covered under SB23-174 for
SDOH diagnoses in blue on Appendix I	members under 21
Deleted generic H0018 and H0019 coding pages, as well as	This will ensure proper coding for residential services.
references to these codes in all appendices (H and I)	This aligns with the creation of new provider types and
	BHA rules and endorsements taking effect July 1
Added coding page H0016 for SUD PHP. Added H0016 to all	SUD PHP was approved as a covered service effective
appropriate appendices.	July 1
Removed PT 63 and 64 from H0035 and S9480	PT 63 and 64 should use H0015 and H0016
Updated language for codes H0015, H0035, S9480	As SUD PHP was added to covered services for July 1,
	the intent was to align service descriptions, definitions,
	and details for both MH/SUD IOP and PHP services.
Edited description of services that can be billed outside of the	To clarify language previously added
H2036 per diem by the same provider to:	
"Medication Assisted Treatment (MAT) billed under 90792,	
H0033, H0034, and 96372, medication management services as	
indicated on APPENDIX E, and neuro/psychological evaluations	
as indicated on APPENDIX N are not included in this per diem	
and can be billed separately. Medication products such as	
buprenorphine are billed through Medicaid fee-for-service."	
Updated APPENDIX L to include new Specialty Types for SUD	These were created to align with BHA endorsements
PHP and OTP	
Updated APPENDIX F to include IOP/PHP and Residential SUD	The 1115 SUD waiver made these state plan services
services	
Updated H2036 description and added lines for each	To align with how other codes are reflected that require
code/modifier combination to APPENDIX F and I	a modifier to distinguish a distinct service/level of care
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Provider, and Specialty Type (ST) 889 to Recovery Support Services Organization. Added ST 208 under PT 89 for Supportive Housing Providers Updated language for codes H0043 and H0044 As HCPF is creating a distinct billable pathway for Support Wervices, the coding pages were revised to reflect current definitions and scope of benefit being used in other initiatives. Allows RSSOs to provide Behavioral Health Outreach which is in line with their scope of services. Completely revised APPENDIX D to include details related to Comprehensive Providers, their PPS rates, and the Essential Provider Fee Schedule Updated APPENDIX I: MEDICAID BILLING PROVIDER TYPES to indicate which provider types can be Essential Providers Added Qualified Behavioral Health Assistant (QBHA) as a service provider on coding pages where Peer Specialists are listed. Added a OSI anguage for Comprehensive Providers Note of the State o	Updated PT 89 description to Community Support Services	Changed description of PT 89 from RSSO to Community
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Deleted Provider Type 51 from APPENDIX L and on all coding PT 51 cannot bill the RAEs	Deleted Provider Type 51 from APPENDIX L and on all coding	PT 51 cannot bill the RAEs
pages under Billing Provider	pages under Billing Provider	
Updated language regarding what is outside per diem for H0017, Added or Updated language to: All services provided by	Updated language regarding what is outside per diem for H0017,	Added or Updated language to: All services provided by
H0018 and H0019 HB and U1 residential staff in the residential setting are covered	H0018 and H0019 HB and U1	residential staff in the residential setting are covered
with this code. Any discrete service provided by external		with this code. Any discrete service provided by external
professionals (non- residential staff) are documented		professionals (non- residential staff) are documented

	and billed separately from H0017/H0018/H0019 as long as it is not a duplication of a service already provided by the residential facility.
TPL language	Updated language under the TPL section in the guidance pages to align with language cleanup HCPF is doing across our websites and FAQs.
Edited Region 1 web address to www.rmhp.org	Per RMHP request
Added copyright language into the footer of the manual.	To acknowledge CPT content is explicitly the responsibility of the American Medical Association.
Deleted reference to Modifier 52 under Encounter time-based procedure codes	Current CMS guidance is that this modifier is no longer applicable to behavioral health services