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 covered dx section	SB 23-174 mandate to cover select services without a clinical diagnosis to be covered by RAEs (under the Capitated BH Benefit)
Added language to section IX Diagnoses "The *Official ICD-10-CM Guidelines* must be followed when submitting claims for payment. It is important to check all diagnosis codes for 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)."	As the Diagnosis Code Spans have been updated, this guidance ensures providers are in compliance with proper diagnosis standards.
Highlighted the 18 procedure codes that are allowable with SDOH diagnoses in blue on Appendix I	To indicate services covered under SB23-174 for members under 21
Deleted generic H0018 and H0019 coding pages, as well as references to these codes in all appendices (H and I)	This will ensure proper coding for residential services. 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 appropriate appendices.	SUD PHP was approved as a covered service effective 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 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."	To clarify language previously added
Updated APPENDIX L to include new Specialty Types for SUD PHP and OTP	These were created to align with BHA endorsements
Updated APPENDIX F to include IOP/PHP and Residential SUD services	The 1115 SUD waiver made these state plan services
Updated H2036 description and added lines for each code/modifier combination to APPENDIX F and I	To align with how other codes are reflected that require a modifier to distinguish a distinct service/level of care

Updated PT 89 description to Community Support Services Provider, and Specialty Type (ST) 889 to Recovery Support Services Organization. Added ST 208 under PT 89 for Supportive Housing Providers	Changed description of PT 89 from RSSO to Community Support Services to encompass a greater array of Community Support Services Provider in order to include potential future providers with a similar structure.
Updated language for codes H0043 and H0044	As HCPF is creating a distinct billable pathway for Supportive Housing providers to support expansion of these services, the coding pages were revised to reflect current definitions and scope of benefit being used in other initiatives.
Added PT 89/889 RSSO to H0023	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	This will be the source where HCPF publishes rates that are issued under Directed Payment authority for BH providers.
Updated APPENDIX L: MEDICAID BILLING PROVIDER TYPES to indicate which provider types can be Essential Providers	To provide information related to other policies and BH system reform.
Added Qualified Behavioral Health Assistant (QBHA) as a service provider on coding pages where Peer Specialists are listed. Added a description and authority source for QBHAs to APPENDIX J	This is a new credential created by the BHA per legislation and is allowed to provide hands-on care
Added POS language for Comprehensive Providers in Appendix K: "Effective 7/1/2024 Comprehensive Safety Net Providers (PT78) should use POS 53 when the location of service is not described by any other POS code."	To accommodate new PT that existing PT35 will transition to for clarity and consistency
PT 25 added as a billing provider to 90792. PT 16 was added as a billing provider to 90791. PT 77/388 was added as a billing provider to 90791 (noted as "77" to include both specialty types). PT 77/389 was added as a billing provider to 90792 (noted as "77" to include both specialty types).	These CPT codes distinguish the licensed provider who can bill the service. Adding the new billing PT does not change the clinician that provides the service. Since PT 16 and 25 can have both licensed BH providers and medical providers (there is no restriction at enrollment), the billing PT can use the most appropriate code based on the service provider.
Highlighted S9485 in yellow on Appendix I	As a Crisis service this code should not require a covered dx in line with existing policy.
Aligned language between T1017 and H0006	To make the language consistent for these equivalent procedure codes.
Deleted E/M consultation codes 99241 and 99251 from Appendix E narrative (at the top of the page).	This was an oversight. The codes had been deleted from all other places in the manual effective 1/1/23
Included all PT 64 specialty types to Appendix E with this limitation: "...EXCEPT 213 and 214 (OTP providers still need to bill E/M services to FFS under PT 16)"	Since PT 477 (the only historical outpatient category that was allowed) was included on Appendix E, this ensures no new ST are restricted from providing these services if they have the appropriate staff.
Added S9453 to Appendix H	This was an unintended omission.
Deleted Provider Type 51 from APPENDIX L and on all coding pages under Billing Provider	PT 51 cannot bill the RAEs
Updated language regarding what is outside per diem for H0017, H0018 and H0019 HB and U1	Added or Updated language to: All services provided by residential staff in the residential setting are covered with this code. Any discrete service provided by external 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