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 September 30, 2022. Providers must implement the Oct 2022 edition by October 1, 2022 for dates of service October 1st and thereafter, regardless of submission date.

Change	Reason for the Change
Deleted the * next to code 1000 in the Rev Code List at the end of Appendix D.	As of 1/1/2021 SUD dx were allowed to be billed by PT 01 and 02 with rev code 1000 (which aligns with our policy and directions on the coding page for ASAM 3.7). The * should have been removed when this SUD benefit began.
Updated Coding page H0017 to explicitly detail Acute Treatment Units (ATUs) and the appropriate POS and Providers that can bill.	To be explicit about billing for services in an ATU, which was nowhere documented. These updates align with current practice.
Added a clarifying statement related to modifiers on H0018 (CSU) and updated the language on the coding page to directly align with rule.	To ensure it was clear how modifiers should be used to indicate the populations served and to align with updates made re: ATUs on H0017
Added Certified/Registered Medical Assistant to H0023 (Outreach)	Per request by providers – this was agreed to be appropriate.
Deleted reference to 96127 from coding page 96146	96127 was never an open code and was referenced in error.
Deleted sentence from Section VIII. f). "E/M codes are covered by the RAEs when they are billed in conjunction with a psychotherapy add-on or when used for the purposes of medication management with minimal psychotherapy provided by a prescriber from the RAE network."	This sentence is inaccurate and was deleted to remove any confusion.
Updated language on Code 90785 Interactive Complexity, deleted Appendix I	CMS updated their language/description for this code. This language was included on the coding page and therefore the Appendix was duplicative/outdated.
Removed the age restriction on code H2014 and edited the coding page to include example activities to reflect all populations	Per request by providers – this was agreed to be appropriate.
Add CAT/CAS on coding pages H2014, H2011	Per request by providers – this was agreed to be appropriate.
Added Second Place Modifier "U1" to H0019 (QRTP)	This had accidentally been removed from the July edition but is appropriate coding for this service.
Added language to clarify residential services should be billed on a CO1500 claim form and clarifying that PRTFs should be using institutional claims.	There was confusion which claim form should be used since residential treatment centers were listed under Institutional Claims.
Edited Appendix G: Provider Types to only include providers that can bill capitated BH services. Added QRTP and RSSO to the list.	The last/original version of this Appendix used what was coded in our Interchange, but we realized this reflected more provider types than what is allowed under the capitated BH provider.
Added RSSO Provider Type to Code H0038 and to Appendix G.	This is a new provider type created to align with new license entity of an RSSO.
Added a statement within the Telemedicine policy to explain why POS 02/10 are not on each coding page	To continue to provide clarity/confirmation, a statement was made to explain these POS should be used per RAE policy.

Inserted this statement on all residential/team-based coding pages where Service Providers were removed: Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.	To avoid confusion or concern this was left blank in error.