### SMHS Billing Manual 3.2 List of Changes

Links were removed from the billing manual and grammatical errors were made throughout. Clarified that DHCS has published the Policy Guide that provides a more complete description of the EBP monthly benefits. The Table of Contents has been revised. In addition, the following changes were made in the SMHS Billing Manual v 3.2.

| Chapter/Section# | Change(s) |
| --- | --- |
| 4.1.30 | Clarified that behavioral health care linkage services, which are specified in the service table, can be claimed 90 days prior to members’ release. |
| Clarified that CAMMIS released a Policy Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative |
| Clarified that if the counties’ questions are not answered in BHIN 23-059 or in the Policy Guide, they should contact [CalAIMJusticeAdvisoryGroup@dhcs.ca.gov](mailto:CalAIMJusticeAdvisoryGroup@dhcs.ca.gov) |
| 5.5.0 | Clarified that the T1017 and T1017:HK combination is exempt from the duplicate check. |
| 5.12.0 | Clarified that information on IMD certification will be forthcoming. |
| 5.25.0 | Added new section to describe caregiver codes. |
| 5.26.0 | Clarified that a member can receive multiple services on the same day |
| Clarified how counties can claim for unbundled encounters after the first 12 ACT/FACT encounters |
| Clarified how to replace a monthly EBP claim |
| 5.28.0 | Provided additional information on when Medicare needs to be claimed before a monthly EBP is claimed. |
| 5.30.0 | Clarified that the list of IMDs on the DHCS website is maintained by Licensing |
| Appendix 2 | Clarified that for claiming purposes, a waivered psychologist who is not yet licensed in California would be considered a registrant and should use modifier HL. |