Riverside University HEALTH SYSTEM Behavioral Health

MEDICAL NECESSITY DOCUMENTATION AND GUIDELINES FOR INPATIENT PROVIDERS (ACUTE DAYS)

Medi-Cal will pay for (reimburse) acute psychiatric hospitalizations when *Medical Necessity* is documented in the hospital records. Certain criteria must be met to establish that Medical Necessity is present; these criteria are described in the section Title 9 of the *California Code of Regulations.*

In simplest terms, Medical Necessity is established when documentation in the hospital records shows that a particular patient could be reasonably, safely and effectively treated *only* in an acute psychiatric hospital setting and not at a lower level of care.

In order to establish Medical Necessity for *admission*, the following must be documented:

Diagnosis:
The patient has a mental health disorder or emotional disturbance, which is the cause of his/her impairments. Title IX specifies which mental health diagnoses qualify for admission. (See Attachment A)

Impairment:
Documentation establishes the presence of symptoms or behaviors that:

a) Indicate a current danger to self (DTS), danger to others (DTO) or of significant property destruction -OR-
b) Prevent a patient from providing for, or utilizing, food, clothing or shelter; i.e., grave disability (GD) -OR-
c) Present a severe risk to the patient's physical health -OR-
d) Represent a significant deterioration in ability to function

--AND--

e) Cannot be safely treated at a lower level of care and requires further psychiatric evaluation, medication treatment or other treatment which can reasonably be provided only in a psychiatric hospital

Efficacy:
The treatment planned for and provided to the patient must have a reasonable likelihood of reducing the impairments. In other words, even if a patient is seriously impaired by a psychiatric disorder, when there is little or no reason to think that continued treatment in an

acute hospital will result in further, significant improvement, Medical Necessity is no longer present. At that point, placement is usually indicated.

Continued Stay:
The criteria to establish Medical Necessity for continued stay are very similar to those used for admission.

a) Continued presence of indications which meet the medical necessity criteria for psychiatric hospital services -OR-
b) Serious adverse reaction to medication, procedures or therapies requiring continued hospitalization -OR-
c) Presence of new indications which meet medical necessity criteria for psychiatric inpatient services -OR-
d) Need for continued medical evaluation or treatment that could only be provided if the patient remained in a psychiatric inpatient hospital

Additional documentation guidelines:
In general, documentation for each continued hospital day should reflect symptoms and behaviors *exhibited on that day* and not from previous days. In other words, ideally the documentation establishing medical necessity for each day should be able to *stand alone* and not depend on documentation from previous days (In reality, recent symptoms may sometimes need to be considered. For example, a patient who says he has S/I but has never harmed himself is at a much lower risk of self-harm than a patient who says he has S/I and who was admitted a couple of days earlier after a very serious suicide attempt).

The primary diagnosis documented in the hospital discharge summary must be a covered diagnosis. If the primary diagnosis is not a covered diagnosis, the entire hospitalization must be denied as an *Administrative Denial.*

If the primary diagnosis on admission is covered, but the discharge diagnosis is not covered, or vice versa, some of the hospital days may be reimbursable.

A patient whose primary diagnosis is a substance use disorder, substance intoxication or substance withdrawal does not have a covered/reimbursable diagnosis for admission to an acute psychiatric hospital and the hospitalization will be denied. However, as long as there is another psychiatric disorder which is primary and which is the primary focus of treatment in the hospital, the substance abuse can (and should) also be addressed. If the patient is diagnosed with a primary mood or psychotic disorder, which appears to be secondary to substances, that diagnosis is covered/reimbursable.

Documentation that describes specific behaviors is much more likely to meet Medical Necessity than documentation that just describes impressions or conclusions. For example, it is better to write that a patient yelled, slammed his door and hit the wall with his closed fist rather than just writing that the patient was agitated. Statements that a patient is a moderate suicide risk, can't contract for safety or can't formulate a plan for self-care are of little value. (See Attachment B)

In order to meet criteria for DTS or DTO based on S/I or H/I, a specific plan or intent to harm oneself or others ***must*** be present. Just noting S/I or H/I without a plan or intent is not sufficient by itself to establish Medical Necessity. Sometimes documenting a behavior in the hospital (e.g., attempting suicide or hitting a staff member) will also establish medical necessity for DTS or DTO.

If a patient says that he is not currently suicidal in the hospital but he would be suicidal if he were discharged that day, it is ***necessary*** to document if the patient would feel safe if he were discharged to a lower level of care such as a CRT or B&C. If the patient says he would feel safe at a CRT or B&C or if this option is not discussed, Medical Necessity is not established.

In order for command auditory hallucinations (CAH) to meet the impairment criteria of DTS or DTO, documentation ***must*** also note the patient's inability to resist the commands.

In order to meet the criteria for GD, documentation ***must*** indicate that the patient is unable to *utilize* food, clothing or shelter even when it is provided to him. If a patient could be safely and reasonably discharged to a lower level of care (e.g., B&C, CRT, IMD, SNF) where essentials are provided, then a patient is not considered to be gravely disabled.

Simply stating that a patient is unable to formulate a plan for self-care does not, by itself, establish Medical Necessity based on GD. It is necessary to document the behaviors resulting in grave disability. Examples of behaviors establishing Medical Necessity based on GD include: refusing food or liquids to the point it jeopardizes a patient's health, refusing to remain clothed, engaging in sexual behavior in public areas, and behaving in other ways that are so grossly disorganized he could not be managed at a lower level of care.

When a patient is admitted from ETS or another emergency department, admission criteria are based on the patient's clinical condition just prior to admission. This is particularly relevant when a patient has been staying in ETS/ED for several days awaiting a hospital bed. Sometimes the patient will have improved significantly during this waiting period and then could be reasonably and safely discharged from ETS/ED rather than be admitted to an acute psychiatric hospital. This might occur when a patient initially presents with psychosis from a drug

intoxication or when a patient suddenly develops S/I because of a circumstance that quickly resolves.

Psychiatrist and nursing notes will not always be consistent. Occasional days of inconsistencies would not automatically result in denials. However, when the same inconsistencies occur multiple days in a row, the credibility of the entire medical record suffers.

Documentation by a psychiatrist, nurse or other professional which consists of only check boxes is inadequate; some narrative is required. The more narrative, the better.

If a patient is hospitalized for 72 hours or more, an *Interdisciplinary Treatment Plan* must be present in the records. It must be signed by a treating psychiatrist prior to discharge. If this MD-signed treatment plan is not present, the entire hospitalization must be denied as an *Administrative Denial.* If a patient is hospitalized for less than 72 hours, an *Interdisciplinary Treatment Plan* is not required. For additional information on the elements required in an ITP (See Attachment C)

The reimbursable date and time of admission begins when the patient is physically brought onto the inpatient unit and begins to receive care and/or evaluation, which usually is documented in a nursing progress note or assessment. The reimbursable date and time of admission is *not* when the admission orders are written by the physician.

By themselves, changes in medications or doses of medication are not a justification for continued hospital stay. They are part of a typical treatment plan. However, if an MD does not prescribe medications to a patient with chronic or severe symptoms, it brings into question the *efficacy* of the hospitalization and, at some point, Medical Necessity may not be evident and days may be denied. The *efficacy* will also be questionable if a patient, who clearly needs medications, is allowed to refuse medications for many days and a petition for a Riese Hearing is not submitted by the psychiatrist.

IM medication for agitation is strong justification for Medical Necessity. IM medication for extrapyramidal symptoms (EPS), by itself, does not usually support Medical Necessity. Receiving an IM of a long-acting antipsychotic, by itself, does not justify Medical Necessity. Sometimes the day following the administration of IM medication for agitation meets Medical Necessity as a stabilization day.

SPECIALTY MENTAL HEALTH INPATIENT SERVICES
ICD-10 COVERED DIAGNOSES TABLE
EFFECTIVE OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

Diagnosis Code	Diagnosis Description
F01.51	Vascular Dementia With Behavioral Disturbance
F10.14	Alcohol Abuse With Alcohol-Induced Mood Disorder
F10.150	Alcohol Abuse With Alcohol-Induced Psychotic Disorder With Delusions
F10.151	Alcohol Abuse With Alcohol-Induced Psychotic Disorder With Hallucinations
F10.180	Alcohol Abuse With Alcohol-Induced Anxiety Disorder
F10.24	Alcohol Dependence With Alcohol-Induced Mood Disorder
F10.250	Alcohol Dependence With Alcohol-Induced Psychotic Disorder With Delusions
F10.251	Alcohol Dependence With Alcohol-Induced Psychotic Disorder With Hallucinations
F10.280	Alcohol Dependence With Alcohol-Induced Anxiety Disorder
F10.94	Alcohol Use, Unspecified, With Alcohol-Induced Mood Disorder
F10.950	Alcohol Use, Unspecified, With Alcohol-Induced Psychotic Disorder With Delusions
F10.951	Alcohol Use, Unspecified, With Alcohol-Induced Psychotic Disorder With Hallucinations
F11.14	Opioid Abuse With Opioid-Induced Mood Disorder
F11.150	Opioid Abuse With Opioid-Induced Psychotic Disorder With Delusions
F11.151	Opioid Abuse With Opioid-Induced Psychotic Disorder With Hallucinations
F11.24	Opioid Dependence With Opioid-Induced Mood Disorder
F11.250	Opioid Dependence With Opioid-Induced Psychotic Disorder With Delusions
F11.251	Opioid Dependence With Opioid-Induced Psychotic Disorder With Hallucinations
F11.94	Opioid Use, Unspecified, With Opioid-Induced Mood Disorder
F11.950	Opioid Use, Unspecified, With Opioid-Induced Psychotic Disorder With Delusions
F11.951	Opioid Use, Unspecified, With Opioid-Induced Psychotic Disorder With Hallucinations
F11.988	Opioid-Induced Anxiety Disorder Without Opioid Use Disorder
F12.150	Cannabis Abuse With Psychotic Disorder With Delusions
F12.151	Cannabis Abuse With Cannabis-Induced Psychotic Disorder With Hallucinations
F12.180	Cannabis Abuse With Cannabis-Induced Anxiety Disorder
F12.250	Cannabis Dependence With Psychotic Disorder With Delusions
F12.251	Cannabis Dependence With Cannabis-Induced Psychotic Disorder With Hallucinations
F12.280	Cannabis Dependence With Cannabis-Induced Anxiety Disorder
F12.950	Cannabis Use, Unspecified, With Psychotic Disorder With Delusions
F12.951	Cannabis Use, Unspecified, With Cannabis-Induced Psychotic Disorder With Hallucinations
F12.980	Cannabis Use, Unspecified, With Cannabis-Induced Anxiety Disorder
F13.14	Sedative, Hypnotic or Anxiolytic Abuse with Sedative-, Hypnotic-, or Anxiolytic-Induced Mood Disorder
F13.150	Sedative, Hypnotic, or Anxiolytic Abuse with Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder With Delusions
F13.151	Sedative, Hypnotic, or Anxiolytic Abuse With Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder With Hallucinations
F13.180	Sedative, Hypnotic or Anxiolytic Abuse With Sedative-, Hypnotic-, or Anxiolytic-Induced Anxiety Disorder
F13.24	Sedative, Hypnotic or Anxiolytic Dependence With Sedative-, Hypnotic-, or Anxiolytic-Induced Mood Disorder
F13.250	Sedative, Hypnotic, or Anxiolytic Dependence With Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder With Delusions

SPECIALTY MENTAL HEALTH INPATIENT SERVICES
ICD-10 COVERED DIAGNOSES TABLE
EFFECTIVE OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

Diagnosis Code	Diagnosis Description
F13.251	Sedative, Hypnotic, or Anxiolytic Dependence With Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder with Hallucinations
F13.280	Sedative, Hypnotic or Anxiolytic Dependence With Sedative-, Hypnotic-, or Anxiolytic-Induced Anxiety Disorder
F13.94	Sedative, Hypnotic or Anxiolytic Use, Unspecified, With Sedative-, Hypnotic-, or Anxiolytic-Induced Mood Disorder
F13.950	Sedative, Hypnotic, or Anxiolytic Use, Unspecified, With Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder With Delusions
F13.951	Sedative, Hypnotic, or Anxiolytic Use, Unspecified, With Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder With Hallucinations
F13.980	Sedative, Hypnotic or Anxiolytic Use, Unspecified, With Sedative-, Hypnotic-, or Anxiolytic-Induced Anxiety Disorder
F14.14	Cocaine Abuse With Cocaine-Induced Mood Disorder
F14.150	Cocaine Abuse With Cocaine-Induced Psychotic Disorder With Delusions
F14.151	Cocaine Abuse With Cocaine-Induced Psychotic Disorder With Hallucinations
F14.180	Cocaine Abuse With Cocaine-Induced Anxiety Disorder
F14.24	Cocaine Dependence With Cocaine-Induced Mood Disorder
F14.250	Cocaine Dependence With Cocaine-Induced Psychotic Disorder With Delusions
F14.251	Cocaine Dependence With Cocaine-Induced Psychotic Disorder With Hallucinations
F14.280	Cocaine Dependence With Cocaine-Induced Anxiety Disorder
F14.94	Cocaine Use, Unspecified, With Cocaine-Induced Mood Disorder
F14.950	Cocaine Use, Unspecified, With Cocaine-Induced Psychotic Disorder With Delusions
F14.951	Cocaine Use, Unspecified, With Cocaine-Induced Psychotic Disorder With Hallucinations
F14.980	Cocaine Use, Unspecified, With Cocaine-Induced Anxiety Disorder
F15.14	Other Stimulant Abuse With Stimulant-Induced Mood Disorder
F15.150	Other Stimulant Abuse With Stimulant-Induced Psychotic Disorder With Delusions
F15.151	Other Stimulant Abuse With Stimulant-Induced Psychotic Disorder With Hallucinations
F15.180	Other Stimulant Abuse With Stimulant-Induced Anxiety Disorder
F15.24	Other Stimulant Dependence With Stimulant-Induced Mood Disorder
F15.250	Other Stimulant Dependence With Stimulant-Induced Psychotic Disorder With Delusions
F15.251	Other Stimulant Dependence With Stimulant-Induced Psychotic Disorder With Hallucinations
F15.280	Other Stimulant Dependence With Stimulant-Induced Anxiety Disorder
F15.94	Other Stimulant Use, Unspecified, With Stimulant-Induced Mood Disorder
F15.950	Other Stimulant Use, Unspecified, With Stimulant-Induced Psychotic Disorder With Delusions
F15.951	Other Stimulant Use, Unspecified, With Stimulant-Induced Psychotic Disorder With Hallucinations
F15.980	Other Stimulant Use, Unspecified, With Stimulant-Induced Anxiety Disorder
F16.14	Hallucinogen Abuse With Hallucinogen-Induced Mood Disorder
F16.150	Hallucinogen Abuse With Hallucinogen-Induced Psychotic Disorder With Delusions
F16.151	Hallucinogen Abuse With Hallucinogen-Induced Psychotic Disorder With Hallucinations
F16.180	Hallucinogen Abuse With Hallucinogen-Induced Anxiety Disorder
F16.183	Hallucinogen Abuse With Hallucinogen Persisting Perception Disorder (Flashbacks)

SPECIALTY MENTAL HEALTH INPATIENT SERVICES
ICD-10 COVERED DIAGNOSES TABLE
EFFECTIVE OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

Diagnosis Code	Diagnosis Description
F16.24	Hallucinogen Dependence With Hallucinogen-Induced Mood Disorder
F16.250	Hallucinogen Dependence With Hallucinogen-Induced Psychotic Disorder With Delusions
F16.251	Hallucinogen Dependence With Hallucinogen-Induced Psychotic Disorder With Hallucinations
F16.280	Hallucinogen Dependence With Hallucinogen-Induced Anxiety Disorder
F16.283	Hallucinogen Dependence With Hallucinogen Persisting Perception Disorder (Flashbacks)
F16.94	Hallucinogen Use, Unspecified, With Hallucinogen-Induced Mood Disorder
F16.950	Hallucinogen Use, Unspecified, With Hallucinogen-Induced Psychotic Disorder With Delusions
F16.951	Hallucinogen Use, Unspecified, With Hallucinogen-Induced Psychotic Disorder With Hallucinations
F16.980	Hallucinogen Use, Unspecified, With Hallucinogen-Induced Anxiety Disorder
F16.983	Hallucinogen Use, Unspecified, With Hallucinogen Persisting Perception Disorder (Flashbacks)
F18.14	Inhalant Abuse With Inhalant-Induced Mood Disorder
F18.150	Inhalant Abuse With Inhalant-Induced Psychotic Disorder With Delusions
F18.151	Inhalant Abuse With Inhalant-Induced Psychotic Disorder With Hallucinations
F18.180	Inhalant Abuse With Inhalant-Induced Anxiety Disorder
F18.24	Inhalant Dependence With Inhalant-Induced Mood Disorder
F18.250	Inhalant Dependence With Inhalant-Induced Psychotic Disorder With Delusions
F18.251	Inhalant Dependence With Inhalant-Induced Psychotic Disorder With Hallucinations
F18.280	Inhalant Dependence With Inhalant-Induced Anxiety Disorder
F18.94	Inhalant Use, Unspecified, With Inhalant-Induced Mood Disorder
F18.950	Inhalant Use, Unspecified, With Inhalant-Induced Psychotic Disorder With Delusions
F18.951	Inhalant Use, Unspecified, With Inhalant-Induced Psychotic Disorder With Hallucinations
F18.980	Inhalant Use, Unspecified, With Inhalant-Induced Anxiety Disorder
F19.14	Other Psychoactive Substance Abuse With Psychoactive Substance-Induced Mood Disorder
F19.150	Other Psychoactive Substance Abuse With Psychoactive Substance-Induced Psychotic Disorder With Delusions
F19.151	Other Psychoactive Substance Abuse With Psychoactive Substance-Induced Psychotic Disorder With Hallucinations
F19.180	Other Psychoactive Substance Abuse With Psychoactive Substance-Induced Anxiety Disorder
F19.24	Other Psychoactive Substance Dependence With Psychoactive Substance-Induced Mood Disorder
F19.250	Other Psychoactive Substance Dependence With Psychoactive Substance-Induced Psychotic Disorder With Delusions
F19.251	Other Psychoactive Substance Dependence With Psychoactive Substance-Induced Psychotic Disorder With Hallucinations
F19.280	Other Psychoactive Substance Dependence With Psychoactive Substance-Induced Anxiety Disorder
F19.94	Other Psychoactive Substance Use, Unspecified, With Psychoactive Substance-Induced Mood Disorder

SPECIALTY MENTAL HEALTH INPATIENT SERVICES
ICD-10 COVERED DIAGNOSES TABLE
EFFECTIVE OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

Diagnosis Code	Diagnosis Description
F19.950	Other Psychoactive Substance Use, Unspecified, With Psychoactive Substance-Induced Psychotic Disorder With Delusions
F19.951	Other Psychoactive Substance Use, Unspecified, With Psychoactive Substance-Induced Psychotic Disorder With Hallucinations
F19.980	Other Psychoactive Substance Use, Unspecified, With Psychoactive Substance-Induced Anxiety Disorder
F20.0	Paranoid Schizophrenia
F20.1	Disorganized Schizophrenia
F20.2	Catatonic Schizophrenia
F20.3	Undifferentiated Schizophrenia
F20.5	Residual Schizophrenia
F20.81	Schizophreniform Disorder
F20.89	Other Schizophrenia
F20.9	Schizophrenia, Unspecified
F21	Schizotypal Disorder
F22	Delusional Disorders
F23	Brief Psychotic Disorder
F24	Shared Psychotic Disorder
F25.0	Schizoaffective Disorder, Bipolar Type
F25.1	Schizoaffective Disorder, Depressive Type
F25.8	Other Schizoaffective Disorders
F25.9	Schizoaffective Disorder, Unspecified
F28	Other Psychotic Disorder Not Due to a Substance or Known Physiological Condition
F29	Unspecified Psychosis Not Due to a Substance or Known Physiological Condition
F30.10	Manic Episode Without Psychotic Symptoms, Unspecified
F30.11	Manic Episode Without Psychotic Symptoms, Mild
F30.12	Manic Episode Without Psychotic Symptoms, Moderate
F30.13	Manic Episode, Severe, Without Psychotic Symptoms
F30.2	Manic Episode, Severe, With Psychotic Symptoms
F30.3	Manic Episode in Partial Remission
F30.8	Other Manic Episodes
F30.9	Manic Episode, Unspecified
F31.0	Bipolar Disorder, Current Episode Hypomanic
F31.10	Bipolar Disorder, Current Episode Manic Without Psychotic Features, Unspecified
F31.11	Bipolar Disorder, Current Episode Manic, Without Psychotic Features, Mild
F31.12	Bipolar Disorder, Current Episode Manic, Without Psychotic Features, Moderate
F31.13	Bipolar Disorder, Current Episode Manic, Without Psychotic Features, Severe
F31.2	Bipolar Disorder, Current Episode Manic, Severe, With Psychotic Features
F31.30	Bipolar Disorder, Current Episode Depressed, Mild or Moderate Severity, Unspecified
F31.31	Bipolar Disorder, Current Episode Depressed, Mild
F31.32	Bipolar Disorder, Current Episode Depressed, Moderate
F31.4	Bipolar Disorder, Current Episode Depressed, Severe, Without Psychotic Features
F31.5	Bipolar Disorder, Current Episode Depressed, Severe, With Psychotic Features
F31.60	Bipolar Disorder, Current Episode Mixed, Unspecified
F31.61	Bipolar Disorder, Current Episode Mixed, Mild

SPECIALTY MENTAL HEALTH INPATIENT SERVICES
ICD-10 COVERED DIAGNOSES TABLE
EFFECTIVE OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

Diagnosis Code	Diagnosis Description
F31.62	Bipolar Disorder, Current Episode Mixed, Moderate
F31.63	Bipolar Disorder, Current Episode Mixed, Severe, Without Psychotic Features
F31.64	Bipolar Disorder, Current Episode Mixed, Severe, With Psychotic Features
F31.71	Bipolar Disorder, in Partial Remission, Most Recent Episode Hypomanic
F31.73	Bipolar Disorder, in Partial Remission, Most Recent Episode Manic
F31.75	Bipolar Disorder, in Partial Remission, Most Recent Episode Depressed
F31.77	Bipolar Disorder, in Partial Remission, Most Recent Episode Mixed
F31.81	Bipolar II Disorder
F31.89	Other Bipolar Disorder
F31.9	Bipolar Disorder, Unspecified
F32.0	Major Depressive Disorder, Single Episode, Mild
F32.1	Major Depressive Disorder, Single Episode, Moderate
F32.2	Major Depressive Disorder, Single Episode, Severe, Without Psychotic Features
F32.3	Major Depressive Disorder, Single Episode, Severe, With Psychotic Features
F32.4	Major Depressive Disorder, Single Episode, in Partial Remission
F32.9	Major Depressive Disorder, Single Episode, Unspecified
F33.0	Major Depressive Disorder, Recurrent, Mild
F33.1	Major Depressive Disorder, Recurrent, Moderate
F33.2	Major Depressive Disorder, Recurrent, Severe, Without Psychotic Features
F33.3	Major Depressive Disorder, Recurrent, Severe, With Psychotic Symptoms
F33.41	Major Depressive Disorder, Recurrent, in Partial Remission
F33.8	Other Recurrent Depressive Disorders
F33.9	Major Depressive Disorder, Recurrent, Unspecified
F34.0	Cyclothymic Disorder
F34.1	Dysthymic Disorder
F34.81	Disruptive Mood Dysregulation Disorder
F34.89	Other Specified Persistent Mood Disorder
F34.9	Persistent Mood [Affective] Disorder, Unspecified
F39	Unspecified Mood [Affective] Disorder
F40.00	Agoraphobia, Unspecified
F40.01	Agoraphobia With Panic Disorder
F40.02	Agoraphobia Without Panic Disorder
F40.10	Social Phobia, Unspecified
F40.11	Social Phobia, Generalized
F40.210	Arachnophobia
F40.218	Other Animal Type Phobia
F40.220	Fear of Thunderstorms
F40.228	Other Natural Environment Type Phobia
F40.230	Fear of Blood
F40.231	Fear of Injections and Transfusions
F40.232	Fear of Other Medical Care
F40.233	Fear of Injury
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of Bridges
F40.243	Fear of Flying
F40.248	Other Situational Type Phobia

SPECIALTY MENTAL HEALTH INPATIENT SERVICES
ICD-10 COVERED DIAGNOSES TABLE
EFFECTIVE OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

Diagnosis Code	Diagnosis Description
F40.290	Androphobia
F40.291	Gynophobia
F40.298	Other Specified Phobia
F40.8	Other Phobic Anxiety Disorders
F41.0	Panic Disorder [Episodic Paroxysmal Anxiety]
F41.1	Generalized Anxiety Disorder
F41.3	Other Mixed Anxiety Disorders
F41.8	Other Specified Anxiety Disorders
F41.9	Anxiety Disorder, Unspecified
F42.2	Mixed Obsessional Thoughts and Acts
F42.3	Hoarding Disorder
F42.4	Excoriation Disorder
F42.8	Other Obsessive-Compulsive Disorder
F42.9	Obsessive-Compulsive Disorder, Unspecified
F43.0	Acute Stress Reaction
F43.10	Post-Traumatic Stress Disorder, Unspecified
F43.11	Post-Traumatic Stress Disorder, Acute
F43.12	Post-Traumatic Stress Disorder, Chronic
F43.20	Adjustment Disorder, Unspecified
F43.21	Adjustment Disorder With Depressed Mood
F43.22	Adjustment Disorder With Anxiety
F43.23	Adjustment Disorder With Mixed Anxiety and Depressed Mood
F43.24	Adjustment Disorder With Disturbance of Conduct
F43.25	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct
F43.29	Adjustment Disorder with Other Symptoms
F43.8	Other Reactions to Severe Stress
F43.9	Reaction to Severe Stress, Unspecified
F44.0	Dissociative Amnesia
F44.1	Dissociative Fugue
F44.2	Dissociative Stupor
F44.4	Conversion Disorder With Motor Symptom or Deficit
F44.5	Conversion Disorder With Seizures or Convulsions
F44.6	Conversion Disorder With Sensory Symptom or Deficit
F44.7	Conversion Disorder With Mixed Symptom Presentation
F44.81	Dissociative Identity Disorder
F44.89	Other Dissociative and Conversion Disorders
F44.9	Dissociative and Conversion Disorder, Unspecified
F45.0	Somatization Disorder
F45.1	Undifferentiated Somatoform Disorder
F45.20	Hypochondriacal Disorder, Unspecified
F45.21	Hypochondriasis
F45.22	Body Dysmorphic Disorder
F45.29	Other Hypochondriacal Disorders
F45.41	Pain Disorder Exclusively Related to Psychological Factors
F45.42	Pain Disorder With Related Psychological Factors
F45.8	Other Somatoform Disorders
F45.9	Somatoform Disorder, Unspecified

SPECIALTY MENTAL HEALTH INPATIENT SERVICES
ICD-10 COVERED DIAGNOSES TABLE
EFFECTIVE OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

Diagnosis Code	Diagnosis Description
F48.1	Depersonalization-Derealization Syndrome
F50.00	Anorexia Nervosa, Unspecified
F50.01	Anorexia Nervosa, Restricting Type
F50.02	Anorexia Nervosa, Binge Eating/Purging Type
F50.2	Bulimia Nervosa
F50.81	Binge Eating Disorder
F50.82	Avoidant/Restrictive Food Intake Disorder
F50.89	Other Specified Eating Disorder
F50.9	Eating Disorder, Unspecified
F53.0	Postpartum Depression
F53.1	Puerperal Psychosis
F60.0	Paranoid Personality Disorder
F60.1	Schizoid Personality Disorder
F60.2	Antisocial Personality Disorder
F60.3	Borderline Personality Disorder
F60.4	Histrionic Personality Disorder
F60.5	Obsessive Compulsive Personality Disorder
F60.6	Avoidant Personality Disorder
F60.7	Dependent Personality Disorder
F60.81	Narcissistic Personality Disorder
F60.9	Personality Disorder, Unspecified
F63.1	Pyromania
F63.81	Intermittent Explosive Disorder
F63.89	Impulse Disorder, Unspecified
F84.0	Autistic Disorder
F84.2	Rett's Syndrome
F84.3	Other Childhood Disintegrative Disorder
F84.5	Asperger's Syndrome
F84.8	Other Pervasive Developmental Disorder
F84.9	Pervasive Developmental Disorder, Unspecified
F90.0	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type
F90.1	Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive type
F90.2	Attention-Deficit/Hyperactivity Disorder, Combined Type
F90.8	Attention-Deficit/Hyperactivity Disorder, Other Type
F90.9	Attention-Deficit/Hyperactivity Disorder, Unspecified Type
F91.1	Conduct Disorder, Childhood-Onset Type
F91.2	Conduct Disorder, Adolescent-Onset Type
F91.3	Oppositional Defiant Disorder
F91.8	Other Conduct Disorder
F91.9	Conduct Disorder, Unspecified
F93.0	Separation Anxiety Disorder of Childhood
F93.8	Other Childhood Emotional Disorders
F93.9	Childhood Emotional Disorder, Unspecified
F94.0	Selective Mutism
F94.1	Reactive Attachment Disorder of Childhood
F94.2	Disinhibited Attachment Disorder of Childhood
F95.0	Transient Tic Disorder

SPECIALTY MENTAL HEALTH INPATIENT SERVICES
ICD-10 COVERED DIAGNOSES TABLE
EFFECTIVE OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

Diagnosis Code	Diagnosis Description
F95.1	Chronic Motor or Vocal Tic Disorder
F95.2	Tourette's Disorder
F95.8	Other Tic Disorders
F95.9	Tic Disorder, Unspecified
F98.0	Enuresis Not Due to a Substance or Known Physiological Condition
F98.1	Encopresis Not Due to a Substance or Known Physiological Condition
F98.21	Rumination Disorder of Infancy
F98.29	Other Feeding Disorders of Infancy and Early Childhood
F98.3	Pica of Infancy and Childhood
F98.4	Stereotyped Movement Disorders
R15.0	Incomplete Defecation
R15.9	Full Incontinence of Feces
R69	Diagnosis Deferred
Z03.89	No Diagnosis

THE LANGUAGE WE USE

- Here are a few examples of behaviorally non-specific words/phrases and their behaviorally specific counterparts:

DON'T WRITE THIS	THIS WOULD BE BETTER
Impulsive	Acts without anticipating consequences as exhibited by grabbing items from other patients' hands.
Aggressive	Shoved other patients out of the cafeteria line so that he could be served first.
Postured Aggressively	Shook a closed fist in the therapist's face.
Threatening	She said, "If you ask me another question I will slap you."
Hostile	He shouted, "Go to Hell" when he was asked to join the therapy group.
+HI	Describe the ideation. Is it active or passive? Is it directed at a particular person? Is it directed at an identifiable group of people? Is it accompanied by homicidal intent? Is there a specific plan? Opportunity? Means? Timing?

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+DTO	What specific behaviors constitute "+DTO"?
Labile	Describe the different mood states, how quickly they alternate, whether there are triggers for the alternations, etc.
Sullen	"When greeted the patient stared intently back at me. When asked how he felt, he said, 'I hate it here.'"
Sexually Inappropriate	The patient began masturbating in the dayroom.
Disruptive	She frequently interrupted the group leader and other participants, shouting her thoughts and reactions.
Suicidal or +SI	Ideation? Passive or Active? Intent? Specific Plan? Means? Opportunity? Timing?
+DTS	What specific behaviors constitute "+DTS"?
+SIB	Describe the specific types of self-injurious behavior. What were the medical consequences?

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Despondent	The patient said, "I feel there is no hope for me. There is nothing I can do to change my life."
Psychotic	Appears preoccupied with listening to voices. Frequently shouts in response to what she hears.
Disorganized	In what specific ways is the patient being "disorganized"? Example: "Patient smeared feces on the walls of his bathroom."
+CAH	What are the voices commanding him to do? Is he able to resist obeying the commands?
Poor ADLs	Refuses to brush teeth. Has not showered X 2 days. Describe reasons for behaviors. E.g., are poor ADLS secondary to skill deficits, delusional beliefs, social phobia?
Paranoid	Describe the specific behaviors/statements which cause the writer to describe the patient as "paranoid."
Regressed	"Patient refused to put on clothing, and continued to sit, rocking back and forth, in the corner of his room."

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Unpredictable	In what specific ways has the patient exhibited "unpredictable" behavior? E.g., "The patient walked up to the counter at the nursing station, and shoved the computer onto the floor."
+Poor Coping Skills	Describe both the specific behaviors which lead to the inference that there are "poor coping skills," as well as the circumstances in which these deficits have been observed.
+GD	What observable behaviors constitute "+GD"? Simply being unable to formulate and/or execute a plan for self-care does not constitute being gravely disabled.
Blowing Up	What exactly did the patient do? For example, "He overturned the medication cart and punched a mental health worker in the mouth with a closed fist."