



MENTAL HEALTH

DHCS INFORMATION NOTICE NO.: 18-053

SUBJECT: 2019 INTERNATIONAL CLASSIFICATION OF DISEASES, TENTH REVISION (ICD-10) INCLUDED CODE SETS EFFECTIVE OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

SUPERSEDES: MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES INFORMATION NOTICE NO.: 17 004E

REFERENCE: DEPARTMENT OF HEALTH AND HUMAN SERVICES, CODE OF FEDERAL REGULATIONS, TITLE 45, SECTION 162.1002 (EFFECTIVE JANUARY 16, 2009)

The purpose of this Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice (IN) is to inform Mental Health Plans of the Centers for Medicare and Medicaid Services' (CMS) annual update to the International Classification of Diseases, Tenth Revision (ICD-10) diagnosis codes effective October 1, 2018 through September 30, 2019 that are covered for inpatient and outpatient specialty mental health services (SMHS). The IN also provides updates to information provided in MHSUDS IN 17-004E, that are not a result of the CMS annual ICD-10 update. This IN is effective for dates of service on and after October 1, 2018, and supersedes MHSUDS IN 17-004E.

Enclosure 1 lists the ICD-10 diagnosis codes that are covered for **inpatient** SMHS effective October 1, 2018. The table below indicates **changes** made to Enclosure 1 in comparison to previous guidance issued in MHSUDS IN 17-004E.

ICD-10 Diagnosis Code	Diagnosis Description ¹	Change ²
F10.288	Alcohol Dependence With Other Alcohol-Induced Disorder	These nine diagnosis codes are DELETED from the covered diagnosis list. These nine diagnosis codes were included on the inpatient list enclosed with MHSUDS IN 17-004E. However, upon further review, DHCS is removing these diagnosis codes because they are overly vague, and as such do not sufficiently substantiate the diagnostic component of medical necessity criteria required for acute psychiatric inpatient hospital services.
F11.188	Opioid-Induced Anxiety Disorder With Opioid Use Disorder, Mild	
F11.288	Opioid-Induced Anxiety Disorder With Opioid Use Disorder, Moderate or Severe	
F18.188	Inhalant Abuse With Other Inhalant-Induced Disorder	
F18.288	Inhalant Dependence With Other Inhalant-Induced Disorder	
F18.988	Inhalant Use, Unspecified, With Other Inhalant-Induced Disorder	
F19.19	Other Psychoactive Substance Abuse With Unspecified Psychoactive Substance-Induced Disorder	

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ICD-10 Diagnosis Code	Diagnosis Description ¹	Change ²
F19.982	Other (or Unknown) Stimulant-Induced Sleep Disorder Without Other (or Unknown) Substance Use Disorder	These nine diagnosis codes are DELETED from the covered diagnosis list.
F50.8	Other Eating Disorders	
F18.180	Inhalant Abuse With Inhalant-Induced Anxiety Disorder	These 17 diagnosis codes are ADDED to the covered diagnosis list. These 17 diagnosis codes were omitted from the inpatient list enclosed with MHSUDS IN 17-004E. However, upon further review, DHCS is adding these diagnosis codes because they are appropriate diagnoses to substantiate the diagnostic component of medical necessity criteria required for acute inpatient hospital services.
F18.280	Inhalant Dependence With Inhalant-Induced Anxiety Disorder	
F18.94	Inhalant Use, Unspecified, With Inhalant-Induced Mood Disorder	
F18.980	Inhalant Use, Unspecified, With Inhalant-Induced Anxiety Disorder	
F41.3	Other Mixed Anxiety Disorders	
F41.8	Other Specified Anxiety Disorders	
F43.8	Other Reactions to Severe Stress	
F43.9	Reaction to Severe Stress, Unspecified	
F44.2	Dissociative Stupor	
F44.89	Other Dissociative and Conversion Disorders	
F45.20	Hypochondriacal Disorder, Unspecified	
F45.29	Other Hypochondriacal Disorders	
F45.8	Other Somatoform Disorders	
F45.9	Somatoform Disorder, Unspecified	
F50.89	Other Specified Eating Disorder	
F84.2	Rett's Syndrome	
F95.0	Transient Tic Disorder	
F15.250	Stimulant-Induced Psychotic Disorder With Delusions	This diagnosis description is CORRECTED to "Other Stimulant Use, Unspecified, With Stimulant-Induced Psychotic Disorder With Delusions."
F15.950	Stimulant-Induced Psychotic Disorder With Delusions	This diagnosis description is CORRECTED to "Other Stimulant Dependence With Stimulant-Induced Psychotic Disorder With Delusions."
F30.13	Manic Episode Without Psychotic Symptoms, Severe	This diagnosis description is CORRECTED to "Manic Episode, Severe, Without Psychotic Symptoms."
F41.0	Panic Disorder Without Agoraphobia	This diagnosis description is CHANGED to "Panic Disorder [Episodic Paroxysmal Anxiety]."

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ICD-10 Diagnosis Code	Diagnosis Description ¹	Change ²
F533	Postpartum Depression	This diagnosis code is CHANGED to F53.0 AND ADDED.
F63.94	Impulse Disorder, Unspecified	This diagnosis code is CHANGED to F63.89 AND ADDED.
None	Puerperal Psychosis	This diagnosis code (F53.1) is NEW AND ADDED.

Enclosure 2 lists the ICD-10 diagnosis codes that are covered for outpatient SMHS effective October 1, 2018. The table below indicates changes made to Enclosure 2 in comparison to previous guidance issued in MHSUDS IN 17-004E.

CHANGES TO INCLUDED DIAGNOSES FOR **OUTPATIENT** SPECIALTY MENTAL HEALTH SERVICES

ICD-10 Diagnosis Code	Diagnosis Description ⁵	Change ⁶
F40.9	Phobic Anxiety Disorder, Unspecified	These 24 diagnosis codes are ADDED to the covered diagnosis list. These 24 diagnosis codes were omitted from the outpatient list enclosed with MHSUDS IN 17-004E. However, upon further review, DHCS is adding these diagnosis codes because they are appropriate diagnoses to substantiate the diagnostic
F43.8	Other Reactions to Severe Stress	
F43.9	Reaction to Severe Stress, Unspecified	
F44.2	Dissociative Stupor	
F44.89	Other Dissociative and Conversion Disorders	
F45.20	Hypochondriacal Disorder, Unspecified	
F45.21	Hypochondriasis	
F45.29	Other Hypochondriacal Disorders	
F45.9	Somatoform Disorder, Unspecified	
F50.8	Other Eating Disorders	

¹ The information provided in the "ICD-10 Diagnosis Code" and "Diagnosis Description" columns is applicable to covered inpatient SMHS provided on and after October 1, 2017, through September 30, 2018, based on information included in MHSUDS IN 17-004E.

² The information provided in the "Change" column is applicable to covered inpatient SMHS provided on and after October 1, 2018, through September 30, 2019.

³ F53 was not included in MHSUDS 17-004E, Enclosure 1.

⁴ F63.9 was not included in MHSUDS 17-004E, Enclosure 1.

⁵ The information provided in the "ICD-10 Diagnosis Code" and "Diagnosis Description" columns is applicable to covered outpatient SMHS provided on and after October 1, 2017 through, September 30, 2018, based on information included in MHSUDS IN 17-004E.

⁶ The information provided in the "Change" column is applicable to covered outpatient SMHS on and after October 1, 2018, through September 30, 2019.

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ICD-10 DiagnosisCode	Diagnosis Description ⁵	Change ⁶	
F50.89	Other Specified Eating Disorder	<p>These 24 diagnosis codes are ADDED to the covered diagnosis list.</p> <p>These 24 diagnosis codes were omitted from the outpatient list enclosed with MHSUDS IN 17-004E. However, upon further review, DHCS is adding these diagnosis codes because they are appropriate diagnoses to substantiate the diagnostic component of medical necessity criteria required for outpatient SMHS.</p>	
F63.89	Other Impulse Disorders		
F64.8	Other Gender Identity Disorders		
F65.89	Other Paraphilias		
F91.0	Conduct Disorder Confined to Family Context		
F94.2	Disinhibited Social Engagement Disorder		
F94.8	Other Childhood Disorders of Social Functioning		
F95.0	Transient Tic Disorder		
F95.1	Chronic Motor or Vocal Tic Disorder		
F95.2	Tourette's Disorder		
F95.8	Other Tic Disorders		
F95.9	Tic Disorder, Unspecified		
F98.8	Other Specified Behavioral and Emotional Disorders With Onset Usually Occurring in Childhood and Adolescence		
F98.9	Unspecified Behavioral and Emotional Disorders With Onset Usually Occurring in Childhood and Adolescence		
F53 ⁷	Postpartum Depression		This diagnosis code is CHANGED to F53.0 AND ADDED .
None	Puerperal Psychosis		This diagnosis code (F53.1) is NEW AND ADDED .
F68.1 ⁸	Factitious Disorder		This diagnosis code is ADDED . Note: if the Factitious Disorder is imposed on someone else, the diagnosis code is F68.A and the diagnosis description is "Factitious Disorder Imposed on Another."

⁵ The information provided in the "ICD-10 Diagnosis Code" and "Diagnosis Description" columns is applicable to covered outpatient SMHS provided on and after October 1, 2017 through, September 30, 2018, based on information included in MHSUDS IN 17-004E.

⁶ The information provided in the "Change" column is applicable to covered outpatient SMHS on and after October 1, 2018, through September 30, 2019.

⁷ F53 was not included in MHSUDS 17-004E, Enclosure 2.

⁸ F68.1 was not included in MHSUDS 17-004E, Enclosure 2.

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ICD-10 Diagnosis Code	Diagnosis Description ⁵	Change ⁶
F41.0	Panic Disorder Without Agoraphobia	This diagnosis description is CHANGED to “Panic Disorder [Episodic Paroxysmal Anxiety].”
F68.10	Factitious Disorder, Unspecified	This diagnosis description is CHANGED to “Factitious Disorder Imposed on Self, Unspecified.”
F68.11	Factitious Disorder With Predominantly Psychological Signs and Symptoms	This diagnosis description is CHANGED to “Factitious Disorder Imposed on Self, With Predominantly Psychological Signs and Symptoms.”
F68.12	Factitious Disorder with Predominantly Physical Signs and Symptoms	This diagnosis description is CHANGED to “Factitious Disorder Imposed on Self, With Predominantly Physical Signs and Symptoms.”
F68.13	Factitious Disorder With Combined Psychological and Physical Signs and Symptoms	This diagnosis description is CHANGED to “Factitious Disorder Imposed on Self, With Combined Psychological and Physical Signs and Symptoms.”

Questions regarding the content of this MHSUDS IN or its enclosures may be directed to the DHCS Mental Health Services Division, County Support Unit Liaison for your county. A current list of county assignments can be found at <http://www.dhcs.ca.gov/services/MH/Pages/CountySupportUnit.aspx>.

Sincerely,

Original signed by

Brenda Grealish, Acting Deputy Director
Mental Health & Substance Use Disorder Services
Enclosures

Note: These are the CHANGES to the ICD-10, **not the full list** of ICD-10 Covered diagnosis. For the full list, please click [here](#) and select **Enclosure 2**.

Hyperlink: https://www.dhcs.ca.gov/formsandpubs/Pages?2018_MHSUDS_Information_Notices.aspx
Select **Notice 18-053** for the **full** notice.

Enclosure 1 – Specialty Mental Health Inpatient Services, 8 pages

Enclosure 2 - Specialty Mental Health Outpatient Services, 6 pages

SUBSTANCE USE

PROVIDERS POLICIES AND PROCEDURES

Written by: Joseph Gorndt, DPH OCPA Assistant Auditor. November 2018.

In a recent workshop with DHCS in Sacramento, the Quality Monitoring Section informed us that a frequent deficiency they have found when monitoring Drug Medi-Cal providers is a lack of policies and procedures implemented by the medical director to guide his or her staff. The state made certain to remind us that the medical director and his or her license is ultimately responsible for any medical policies that the provider has or does not have, so it is important to thoughtfully consider what policies will be needed, and what the contents of those policies will be.

When choosing how to write a provider's policies and procedures, it is important to consider who writes the policy. According to the Intergovernmental Agreement, the medical director is responsible for "develop[ing] and implement[ing] medical policies and standards for the provider."¹ The medical director is permitted to delegate his or her duties, but must ensure that those duties are only delegated to another physician, and must have a policy in place that sets the boundaries and processes for that delegation.² The medical director remains responsible for the contents of medical policies, regardless of who writes it. For this reason, any policies should be reviewed and signed by the medical director. The policies should dictate what to consider when making decisions, how to weigh those factors, who to inform of events and how to inform them, and any timelines that should be followed. Policies should be written in such a way that the people expected to follow them will have no trouble understanding them.

Once a policy is written, it is important that employees be taught about them. A binder full of policies that nobody follows or even knows about can be even worse than having no policy at all. The medical director is responsible for ensuring that the employees of the provider understand and use the policies when required. Remember, obsolete policies and procedures should not and possibly cannot be followed, so providers should have a procedure in place to regularly review, update, and reauthorize policies and procedures. The normal compliance rule that things that have not been documented did not happen applies here, so directors must make sure that these reviews are somehow recorded. Directors should also be proactive and revise policies when they learn about new regulations or practices for which they are responsible or technologies which they will be using.

The kinds of medical policies and procedures a provider must have is a medical decision, and must be made according to the medical director's judgment, but the choice does not need to be made in a vacuum. Directors should consult with one another to determine which policies they should have and what those policies should contain. The state recommended that providers have policies in place for at least the following:

- What constitutes a physical examination
- A communicable disease protocol
- What to do in case of an overdose
- What to do when a client is under the influence
- A tuberculosis testing policy
- What to do in case of injuries on site
- Medication dosing policies
- Emergency procedures

¹ Intergovernmental Agreement Exhibit A, Attachment I A1(III)(PP)(5)(i)(c)

² Intergovernmental Agreement Exhibit A, Attachment I A1(III)(PP)(5)(ii)