



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: October 13, 2017

MHSUDS INFORMATION NOTICE NO.: 17-004E

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES
CALIFORNIA OPIOID MAINTENANCE PROVIDERS

SUBJECT: INTERNATIONAL CLASSIFICATION OF DISEASES, TENTH REVISION (ICD-10) INCLUDED CODE SETS

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

The purpose of these errata to the Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice 17-004 is to inform County Mental Health Plans about the ICD-10 diagnosis codes that are covered for specialty mental health inpatient and outpatient services effective October 1, 2017. This Information Notice updates and revises the ICD-10 diagnosis codes published as covered diagnoses for specialty mental health inpatient and outpatient services in previous MHSUDS Information Notices.¹ In addition, this Information Notice incorporates the Centers for Medicare and Medicaid Services annual update changes to ICD-10 diagnosis codes effective October 1, 2017, through September 30, 2018.

¹ [MHSUDS Information Notices 15-030, 16-016, and 17-004.](#)

Enclosure 1 lists the ICD-10 diagnosis codes covered for specialty mental health **inpatient** services as of October 1, 2017. The table below indicates changes made to previously provided guidance.

CHANGES TO INCLUDED DIAGNOSES LIST FOR INPATIENT SERVICES

ICD-10 Diagnosis Code	Diagnosis Description	Change
F30.4	Manic Episode, in Full Remission	These nine diagnosis codes, F30.4 through F33.42, and their corresponding diagnoses, have been DELETED . Disorders which are “in remission” or “in full remission” do not meet medical necessity criteria for acute psychiatric inpatient hospital services.
F31.70	Bipolar Disorder, Currently in Remission, Most Recent Episode Unspecified	
F31.72	Bipolar Disorder, in Full Remission, Most Recent Episode Hypomanic	
F31.74	Bipolar Disorder, in Full Remission, Most Recent Episode Manic	
F31.76	Bipolar Disorder, in Full Remission, Most Recent Episode Depressed	
F31.78	Bipolar Disorder, in Full Remission, Most Recent Episode Mixed	
F32.5	Major Depressive Disorder, Single Episode, in Full Remission	
F33.40	Major Depressive Disorder, Recurrent, in Remission, Unspecified	
F33.42	Major Depressive Disorder, Recurrent, in Full Remission	
F50.89	Other Specified Eating Disorder	This diagnosis code and its corresponding diagnosis were CHANGED to F50.82, Avoidant/Restrictive Food Intake Disorder, effective October 1, 2017.
F42.4	Excoriation Disorder	These 13 diagnosis codes, F42.4 through R15.9, and their corresponding diagnoses, were OMITTED IN ERROR from the inpatient list attached to MHSUDS Information Notice
F95.1	Chronic Motor or Vocal Tic Disorder	
F95.2	Tourette’s Disorder	
F95.8	Other Tic Disorders	
F95.9	Tic Disorder, Unspecified	

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F98.0	Enuresis Not Due to a Substance or Known Physiological Condition	17-004 and are HEREBY REINSTATED.
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 Disorder	
R15.0	Incomplete Defecation	
R15.9	Full Incontinence of Feces	
R69	Diagnosis Deferred	This diagnosis code and its corresponding diagnosis were OMITTED IN ERROR from the inpatient list attached to MHSUDS Information Notice 17-004 and are HEREBY REINSTATED. This diagnosis code and diagnosis should only be used when claiming for services provided during the assessment period when no diagnosis has been assigned.
Z03.89	No Diagnosis	This diagnosis code and its corresponding diagnosis were OMITTED IN ERROR from the inpatient list attached to MHSUDS Information Notice 17-004 and are HEREBY REINSTATED. This diagnosis code and diagnosis should only be used when claiming for an assessment when that assessment resulted in no mental health diagnosis.

Enclosure 2 lists the ICD-10 diagnosis codes that are covered for specialty mental health **outpatient** services as of October 1, 2017. The table below indicates changes made to previously provided guidance.

CHANGES TO INCLUDED DIAGNOSES LIST FOR OUTPATIENT SERVICES

ICD-10 Diagnosis Code	Diagnosis Description	Change
F50.89	Other Specified Eating Disorder	This diagnosis code and its corresponding diagnosis were CHANGED to F50.82, Avoidant/Restrictive Food Intake Disorder, effective October 1, 2017.
F64.1	Dual Role Transvestism	This diagnosis code and its corresponding diagnosis were CHANGED to F64.0, Transsexualism, effective October 1, 2017.
F98.0	Enuresis Not Due to a Substance or Known Physiological Condition	These 15 diagnosis codes, F98.0 through R15.9, and their corresponding diagnoses, were OMITTED IN ERROR from the outpatient list attached to MHSUDS Information Notice 17-004 and are HEREBY REINSTATED .
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 Disorder	
G21.0	Neuroleptic Malignant Syndrome	
G21.11	Neuroleptic-Induced Parkinsonism	
G24.4	Idiopathic Orofacial Dystonia	
G25.1	Drug-Induced Tremor	
G25.70	Drug-Induced Movement Disorder, Unspecified	
G25.71	Medication-Induced Acute Akathisia	
G25.9	Extrapyramidal and Movement Disorder, Unspecified	
R15.0	Incomplete Defecation	
R15.9	Full Incontinence of Feces	

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ICD-10 Diagnosis Code	Diagnosis Description	Change
R69	Diagnosis Deferred	This diagnosis code and its corresponding diagnosis were OMITTED IN ERROR from the outpatient list attached to MHSUDS Information Notice 17-004 and are HEREBY REINSTATED . This diagnosis code and diagnosis should only be used when claiming for services provided during the assessment period when no diagnosis has as been assigned.
Z03.89	No Diagnosis	This diagnosis code and its corresponding diagnosis were OMITTED IN ERROR from the outpatient list attached to MHSUDS Information Notice 17-004 and are HEREBY REINSTATED . This diagnosis code and diagnosis should only be used when claiming for an assessment when that assessment resulted in no mental health diagnosis.

Questions regarding the content of this MHSUDS Information Notice 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

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health & Substance Use Disorder Services

Enclosures