

Eligibility and Claims

SECTION 5: ELIGIBILITY AND CLAIMS

5.0 Eligibility

A beneficiary means any person certified as eligible under the Medi-Cal Program according to Title 22, California Code of Regulations, Section 51000.2. However, due to the complexity of the Medi-Cal program and its eligibility requirements, beneficiaries who have eligibility in one given month may not have it in another. It is thus imperative for all Fresno County Mental Health Plan (FCMHP) providers to check eligibility of their clients on a regular basis.

5.0.1 Initial Eligibility Determination

The FCMHP will determine beneficiary's Medi-Cal eligibility before referring him/her to a provider for specialty mental health services. Providers who receive direct referrals from other agencies such as Child Protective Services or Foster Care agencies must check Medi-Cal eligibility prior to provision of services. Providers may call the FCMHP for assistance in determining eligibility. A list of Medi-Cal aid codes acceptable for Specialty Mental Health Services (SMHS) is provided at the end of this section.

5.0.2 Subsequent Eligibility Determination

The provider is responsible for determining the beneficiary's subsequent Medi-Cal eligibility. While the beneficiary may be eligible at the time of their referral and initial treatment, their continued eligibility is not guaranteed.

5.0.2.1 Determination of Eligibility

At the beginning of each month, or, if clients are seen on a regular basis, during their clinical visits, the provider must verify and determine the eligibility of beneficiaries who will continue to receive services. This may be accomplished by various methods:

- **Automated Eligibility Verification System (AEVS).** Providers must have a Medi-Cal Provider Identification Number (PIN).

Eligibility and Claims

- **Internet.** Providers may also access the Medi-Cal Website using the PIN and provider number supplied by the FCMHP. Information on this website is included at the end of this section.

The FCMHP will assist providers who have temporary difficulties verifying eligibility.

5.1 Claims

5.1.1 Claim Submission

- Claims for payment must be submitted on a calendar month basis for all services provided to a beneficiary during that month. **The FCMHP may deny payment for invoices submitted beyond thirty (30) days of the billing month.** An exception applies to claims billed to third party payers, which are “balanced-billed” to the FCMHP for Medi-Cal reimbursement. (See 5.2.1, Third Party Insurers.)
- Each claim for payment will be for one member only and must include the name of the beneficiary, type of service provided indicated by the FCMHP service code, date and duration of service. **FCMHP service codes must be used in lieu of HCPCS/CPT codes.**
- Each claim submitted for payment must have a Medi-Cal billable ICD-10 mental health diagnosis code. Claims submitted for payment with non-billable diagnosis codes will not be paid, with the exception of an assessment. A list of all Medi-Cal billable, ICD-10 mental health diagnosis codes is provided at the end of this section.
- Providers must submit claim billing per their respective agreements with the FCMHP. This may include electronic invoicing or invoicing via mail or fax to a designated address/fax number.

5.1.2 Claims / Billing Audit

Each claim/billing is subject to audit for compliance with federal and state regulations.

Eligibility and Claims

5.1.3 Disapproved Claims

In the event that a claim is disapproved by the FCMHP, Fresno County may withhold compensation or, if already paid, set off from future payments due, the amount of the disapproved billings.

Provider May NOT:

- Bill in his/her name for treatment provided by another practitioner or an assistant.
- Bill the beneficiary for amounts over the contracted rate.

5.2 Beneficiaries with Share of Cost or Third Party Insurers

5.2.1 Share of Cost

Depending on a beneficiary's monthly income, Medi-Cal may determine that he/she must meet a share of cost (SOC) before Medi-Cal will pay for medical expenses. Therefore, the beneficiary may not be eligible for Medi-Cal covered benefits until the SOC is met.

The provider is responsible for collecting the SOC amount from the beneficiary and for clearing this amount from the beneficiary's account. The provider will bill the FCMHP only for the difference between the SOC collected and the FCMHP contract rate

5.2.2 Third Party Insurers

Medi-Cal is the payer of last position. The provider must bill the beneficiary for his/her authorized SOC and any third party insurers before requesting payment from the FCMHP. The FCMHP will only reimburse the difference between the FCMHP service rates and the payment amount by the primary payer, minus the SOC. The total reimbursement will not exceed the FCMHP's service rate schedule.

Medi-Cal Beneficiaries with Medicare A & B, or B Only Coverage

Providers treating Medi-Cal beneficiaries that also have Medicare A & B or B only coverage must submit claims directly to Medicare.

Eligibility and Claims

To submit a Medi-Cal claim for a beneficiary with a third party payer, the provider must:

- Submit a claim to the FCMHP along with a copy of the third party payer denial letter or Explanation of Benefits (EOB) **within 30 days** of the date of the denial or EOB.

However, if provider does not receive an EOB or denial from the third party payer within two (2) months from the month of service, the provider must:

- Contact the third-party payer and inquire as to the status of the claim.
- Submit the Medi-Cal claim **and** a copy of the claim, which was submitted to the primary insurance, to the FCMHP within two (2) months from the month of service.

5.3 Payment Policies

Payment will be authorized for valid claims for specialty mental health services if:

- Services were delivered by a contract provider, and were within the range of pre-selected service codes allowed by scope of practice and contract agreements;
- Beneficiary was Medi-Cal eligible at the time services were provided; It is the provider's responsibility to ensure that services are provided to eligible beneficiaries.

Terms of payment are as follows:

- Payment/Reimbursement will be determined by the terms of the provider's contract with the FCMHP. These contract rates shall be considered payment in full, subject to third party liability and beneficiary share of cost for the specialty mental health services.
- The FCMHP pays the provider in arrears, within 45 days after receipt and verification of provider's invoices by the FCMHP.
- **The FCMHP will not pay for sessions for which a beneficiary fails to show.**

Eligibility and Claims

Please direct all claims/billing inquiries to your assigned staff analyst from the Contracts Division, as claims/billing information can vary from contract to contract and may have caveats not listed or referenced here.

5.4 Claims Certification

In compliance with Title 42, Code of Federal Regulations, Section 438.608, FCMHP Program Integrity has been developed as a safeguard against fraud and abuse. The FCMHP requires its providers to ensure all claims submitted to the FCMHP for payment meet the following criteria:

- An assessment of the beneficiary was conducted.
- Beneficiary is eligible to receive Medi-Cal services at the time the service was provided.
- Services claimed were actually provided.
- Medical necessity was established.
- A plan of care was developed and maintained.
- Authorization requirements were met for Day Treatment Intensive and Rehabilitative services, and EPSDT supplemental services.

Please refer to the end of this section for copy of the FCMHP Claims Certification form.

This page
intentionally
left blank

Section 5:

Eligibility and Claims

Forms and Attachments

This page
intentionally
left blank

INPATIENT INCLUDED ICD-10 CODES

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 1

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 1

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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
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

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 1

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 1

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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)
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 Depend With Inhalant-Induced Psychotic Disorder With Delusions
F18.251	Inhalant Dependence With Inhalant-Induced Psychotic Disorder With Hallucinations

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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
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

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 1

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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
F30.9	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

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 1

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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
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

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 1

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 1

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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
F40.290	Androphobia
F40.291	Gynophobia
F40.298	Other Specified Phobia
F40.8	Other Phobic Anxiety Disorders
F41.0+	Panic Disorder [Episodic Paroxysmal Anxiety] (<i>formerly Panic Disorder Without Agoraphobia</i>)
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
F43.8*	Other Reactions to Severe Stress

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 1

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
F43.9*	Reaction to Severe Stress, Unspecified
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
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

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 1

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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
F48.1	Depersonalization-DE realization 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

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 1

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 1

ICD-10 Diagnosis Code	INPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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
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

This page
intentionally
left blank

OUTPATIENT INCLUDED ICD-10 CODES

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 2

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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 Disorder
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

Effective October 1, 2018 through September 30, 2019 – MHSUDS IN 18-053 Enc. 2

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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
F30.4	Manic Episode in Full 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

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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
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
F31.70	Bipolar Disorder, Currently in Remission, Most Recent Episode Unspecified
F31.71	Bipolar Disorder, in Partial Remission, Most Recent Episode Hypomanic
F31.72	Bipolar Disorder, in Full Remission, Most Recent Episode Hypomanic
F31.73	Bipolar Disorder, in Partial Remission, Most Recent Episode Manic
F31.74	Bipolar Disorder, in Full Remission, Most Recent Episode Manic
F31.75	Bipolar Disorder, in Partial Remission, Most Recent Episode Depressed
F31.76	Bipolar Disorder, in Full Remission, Most Recent Episode Depressed
F31.77	Bipolar Disorder, in Partial Remission, Most Recent Episode Mixed
F31.78	Bipolar Disorder, in Full 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

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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
F32.5	Major Depressive Disorder, Single Episode, in Full Remission
F32.89	Other Specified Depressive Episodes
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
F33.40	Major Depressive Disorder, Recurrent, in Remission, Unspecified
F33.41	Major Depressive Disorder, Recurrent, in Partial Remission
F33.42	Major Depressive Disorder, Recurrent, in Full 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

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
F40.243	Fear of Flying
F40.248	Other Situational Type Phobia
F40.290	Androphobia
F40.291	Gynophobia
F40.298	Other Specified Phobia
F40.8	Other Phobic Anxiety Disorders
F40.9*	Phobic Anxiety Disorder, Unspecified
F41.0+	Panic Disorder Without Agoraphobia
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

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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
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
F50.8*	Other Eating Disorders
F50.81	Binge Eating Disorder

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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
F60.3	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
F63.0	Pathological Gambling
F63.1	Pyromania
F63.2	Kleptomania
F63.3	Trichotillomania
F63.81	Intermittent Explosive Disorder

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
F63.89*	Other Impulse Disorders
F63.9	Impulse Disorder, Unspecified
F64.0	Fetishism
F64.2	Gender Identity Disorder of Childhood
F64.8*	Other Gender Identity Disorders
F64.9	Gender Identity Disorder, Unspecified
F65.0	Fetishism
F65.1	Transvestic Fetishism
F65.2	Exhibitionism
F65.3	Voyeurism
F65.4	Pedophilia
F65.50	Sadomasochism, Unspecified
F65.51	Sexual Masochism
F65.52	Sexual Sadism
F65.81	Frotteurism
F65.89*	Other Paraphilias
F65.9	Paraphilia, Unspecified
F68.1*	Factitious Disorder
F68.10+	Factitious Disorder Imposed on Self, Unspecified

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
F68.11+	Factitious Disorder Imposed on Self, With Predominantly Psychological Signs and Symptoms
F68.12+	Factitious Disorder Imposed on Self With Predominantly Physical Signs and Symptoms
F68.13+	Factitious Disorder Imposed on Self With Combined Psychological and Physical Signs and Symptoms
F68.A	Factitious Disorder Imposed on Another
F80.82	Social (Pragmatic) Communication Disorder
F80.9	Developmental Disorder of Speech and Language, Unspecified
F84.2	Rett's Syndrome
F84.3	Other Childhood Disintegrative Disorder
F84.5	Asperger's Syndrome
F84.8	Other Pervasive Developmental Disorders
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
F91.0*	Conduct Disorder Confined to Family Context
F91.1	Conduct Disorder, Childhood-Onset Type
F91.2	Conduct Disorder, Adolescent-Onset Type

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
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 Social Engagement Disorder
F94.8*	Other Childhood Disorders of Social Functioning
F94.9	Childhood Disorder of Social Functioning, Unspecified
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
F98.0	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

ICD-10 Diagnosis Code	OUTPATIENT Diagnosis Description <i>*Indicates ADDED Diagnosis; +Indicates Diagnosis Description Change</i>
F98.29	Other Feeding Disorders of Infancy and Early Childhood
F98.3	Pica of Infancy and Childhood
F98.4	Stereotyped Movement Disorders
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
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
R69	Diagnosis Deferred
Z03.89	No Diagnosis

This page
intentionally
left blank

Medi-Cal Aid Codes Appropriate for Mental Health Services (FFP Medi-Cal Funding)

Code	MHS
01	Yes
02	Yes
03	Yes
04	Yes
06	Yes
07	Yes
08	Yes
10	Yes
13	Yes
14	Yes
16	Yes
17	Yes
18	No
20	Yes
23	Yes
24	Yes
26	Yes
27	Yes
28	Yes
30	Yes
32	Yes
33	Yes
34	Yes
35	Yes
36	Yes
37	Yes
38	Yes
39	Yes
40	Yes
42	Yes
43	Yes
44	Yes
45	Yes
46	Yes
47	Yes
48	Yes
49	Yes
53	No
54	Yes

Code	MHS
55	Yes
58	Yes
59	Yes
60	Yes
63	Yes
64	Yes
65	No
66	Yes
67	Yes
68	Yes
69	Yes
72	Yes
74	Yes
76	Yes
80	Yes
81	No
82	Yes
83	Yes
86	Yes
87	Yes
0A	Yes
0M	Yes
0N	Yes
0P	Yes
0R	No
0T	No
0U	Yes
0V	Yes
0W	Yes
1E	Yes
1H	Yes
1U	Yes
1X	Yes
1Y	Yes
2A	Yes
2E	Yes
2H	Yes
3A	Yes
3C	Yes

Code	MHS
3D	Yes
3E	Yes
3F	Yes
3G	Yes
3H	Yes
3L	Yes
3M	Yes
3N	Yes
3P	Yes
3R	Yes
3T	Yes
3U	Yes
3V	Yes
3W	Yes
4A	Yes
4E	Yes
4F	Yes
4G	Yes
4H	Yes
4K	Yes
4L	Yes
4M	Yes
4N	Yes
4P	No
4R	No
4S	Yes
4T	Yes
4W	Yes
5C	Yes
5D	Yes
5E	Yes
5F	Yes
5J	Yes
5K	Yes
5R	Yes
5T	Yes
5W	Yes
6A	Yes
6C	Yes

Code	MHS
6E	Yes
6G	Yes
6H	Yes
6J	Yes
6N	Yes
6P	Yes
6R	Yes
6U	Yes
6V	Yes
6W	Yes
6X	Yes
6Y	Yes
7A	Yes
7C	Yes
7J	Yes
7K	Yes
7M	Yes
7N	No
7P	No
7S	Yes
7U	Yes
7W	Yes
7X	Yes
8E	Yes
8G	Yes
8N	Yes
8P	Yes
8R	Yes
8T	Yes
8U	Yes
8V	Yes
8W	Yes
8X	Yes
8Y	No
9H	Yes
9R	Yes
C1	Yes
C2	Yes
C3	Yes

Code	MHS
C4	Yes
C5	Yes
C6	Yes
C7	Yes
C8	Yes
C9	Yes
D1	Yes
D2	Yes
D3	Yes
D4	Yes
D5	Yes
D6	Yes
D7	Yes
D8	Yes
D9	Yes
E1	Yes
E2	Yes
E4	Yes
E5	Yes
E6	Yes
E7	Yes
G0	Yes
G1	Yes
G2	Yes
G5	Yes
G6	Yes
G7	Yes
G8	Yes
G9	Yes
H0	Yes
H1	Yes
H2	Yes
H3	Yes
H4	Yes
H5	Yes
H6	Yes
H7	Yes
H8	Yes
H9	Yes

Code	MHS
J1	Yes
J2	Yes
J3	Yes
J4	Yes
J5	Yes
J6	Yes
J7	Yes
J8	Yes
K1	Yes
L1	Yes
L2	Yes
L3	Yes
L4	Yes
L5	Yes
M0	Yes
M1	Yes
M2	Yes
M3	Yes
M4	Yes
M5	Yes
M6	Yes
M7	Yes
M8	Yes
M9	Yes
N0	Yes
N5	Yes
N6	Yes
N7	Yes
N8	Yes
N9	Yes
P0	Yes
P1	Yes
P2	Yes
P3	Yes
P4	Yes
P5	Yes
P6	Yes
P7	Yes
P8	Yes

Code	MHS
P9	Yes
R1	No
T0	Yes
T1	Yes
T2	Yes
T3	Yes
T4	Yes
T5	Yes
T6	Yes
T7	Yes
T8	Yes
T9	Yes

This page
intentionally
left blank

CLAIMS CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am an official responsible for the administration of Mental Health Services for: _____ hereinafter referred to as "Provider"; that I have not violated any of the provisions of Section 1090 through 1098 of the Government Code; that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; and that to the best of my knowledge and belief this/these claim(s) is/are in all respects true and correct, and in accordance with the law. Provider agrees and shall certify under penalty of perjury that all claims for services provided to Fresno County mental health clients have been provided to the clients by Provider. The services were, to the best of my knowledge, provided in accordance with the client's written treatment plan. I shall also certify that all information submitted to Fresno County is accurate and complete. I understand that payment of these claims will be from Federal and/or State funds and any falsification or concealment of a material fact may be prosecuted under Federal and/or State Laws. Provider agrees to keep for a minimum period of seven (7) years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. Provider agrees to furnish these records and any information regarding payments received for providing the services, on request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representatives. Amounts claimed herein for the Healthy Families program are only for children between the ages of one(1) year old to their nineteenth (19) birthday who were assessed or treated for a serious emotional disturbance (SED). Provider also agrees that services were offered and provided without discrimination based on race, religion, color, national or ethnic origin, gender, age or physical or mental disability.

I HEREBY CERTIFY under penalty of perjury to the following: An assessment of the beneficiary was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract with the California Department of Mental Health (DMH); the beneficiary was eligible to receive Medi-Cal services at the time the services were provided to the beneficiary; the services included in the claim(s) were actually provided to the beneficiary;. medical necessity was established for the beneficiary as defined under Title 9 California Code of Regulations, Division 1, Chapter 11, for the service or services provided for the timeframe in which the services were provided; a client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with the DMH; for each beneficiary with day rehabilitation, day treatment intensive or EPSDT supplemental specialty mental health services included in the claim all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive and EPSDT supplemental specialty mental health services were met and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract with the DMH.

Attached claim(s) are for these month(s) of service: _____

Total amount of attached claim(s) \$ _____ Total Units _____

Name (Print) _____

Signature _____ Date _____

Title _____

(Must be the CEO, CFO, Administrator or Clinical Director)

**PROVIDER MUST COMPLETE THIS FORM AND ATTACH IT TO EACH CLAIM OR BATCH OF CLAIMS
SUBMITTED FOR PAYMENT TO THE FRESNO COUNTY MENTAL HEALTH PLAN.**

This page
intentionally
left blank

CMS 1500 Field Location	Required Field?	Description and Requirements
24B	Required	Place of Service - Enter one code indicating where the service was rendered. 01 - Pharmacy 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-Standing Facility 06 - Indian Health Service Provider-Based Facility 07 - Tribal 638 Free-Standing Facility 08 - Tribal 638 Provider Based-Facility 11 - Office Visit 12 - Home 13 - Assisted Living 14 - Group Home 15 - Mobile Unit 20 - Urgent Care Facility 21 - Inpatient Hospital 22 - Outpatient Hospital 23 - Emergency Room 24 - Ambulatory Surgical Center 25 - Birthing Center 26 - Military Treatment Facility 31 - Skilled Nursing Facility 32 - Nursing Facility 33 - Custodial Care Facility 34 - Hospice 41 - Ambulance - Land 42 - Ambulance - Air or Water 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility SS - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 60 - Mass Immunization Center 61 - Comprehensive Inpatient Rehab Facility 62 - Comprehensive Outpatient Rehab Facility 65 - End Stage Renal Disease Treatment Facility 71 - State or Local Public Health Clinic 72 - Rural Health Clinic 81 - Independent Laboratory 99 - Other Unlisted Facility
24C	If Applicable	Emergency Indicator - Check box and attach required documentation.

This page
intentionally
left blank

MEDI-CAL

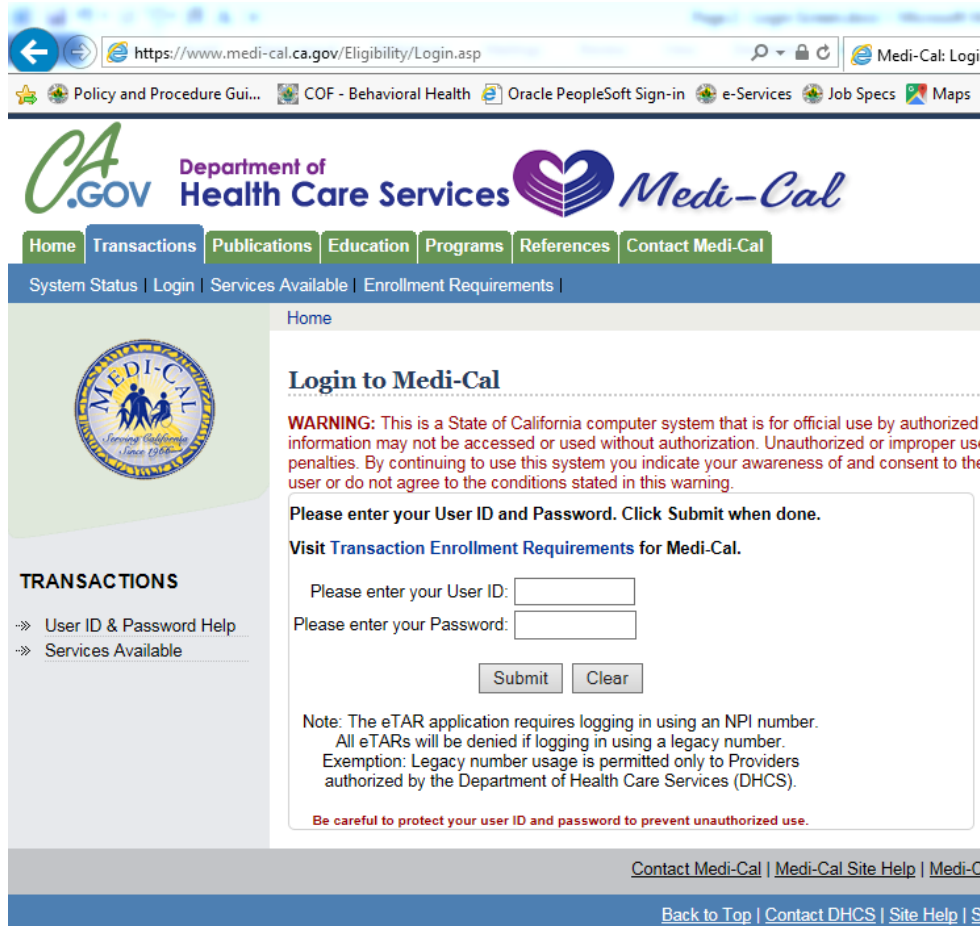
VERIFICATION

WEBSITE EXAMPLES

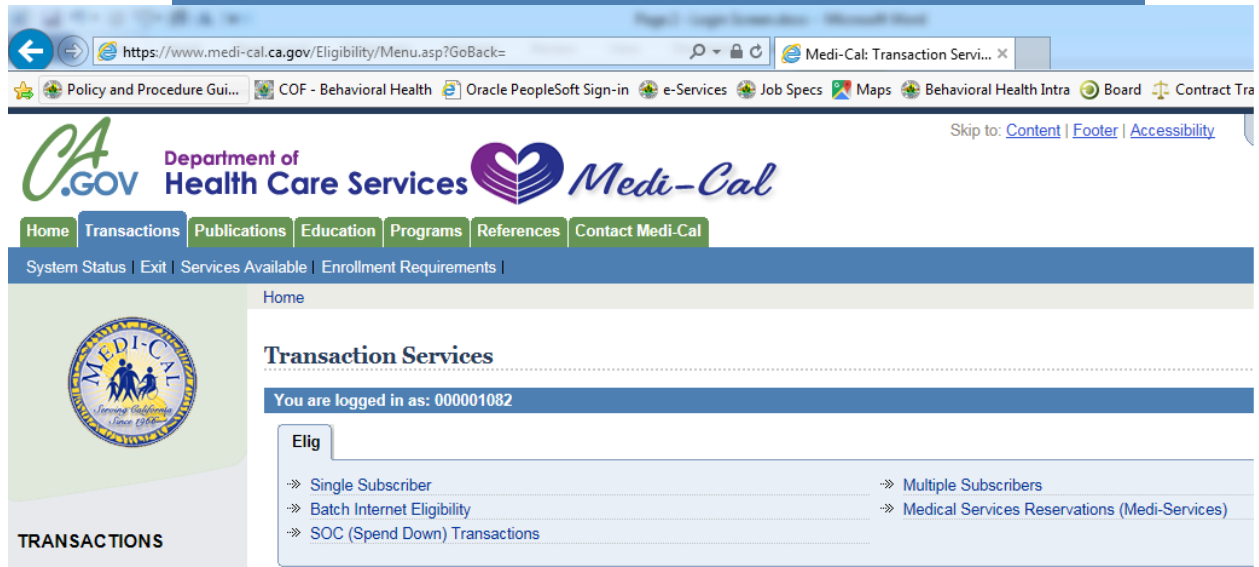
- 1) Log-in Screen (Note: Transaction Services - "Single Subscriber")**
- 2) Eligibility Verification page**
- 3) Response pages**
 - a. No Medi-Cal Eligibility**
 - b. Fresno County Medi-Cal**
 - c. Non-Fresno County Medi-Cal (Out-of-County Medi-Cal)**
 - d. Medicare and Medi-Cal (Medi-Medi or "crossover" coverage)**
 - e. Share of Cost Medi-Cal**
 - f. Medi-Cal and Other Insurance**

Medi-Cal eligibility can be checked on the Department of Health Care Services website:

<https://www.medi-cal.ca.gov/Eligibility/Login.asp>



The screenshot shows the Medi-Cal Login page. At the top, there is a navigation bar with links for Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. Below this is a secondary navigation bar with links for System Status, Login, Services Available, and Enrollment Requirements. The main content area features the Medi-Cal logo on the left and a login form on the right. The login form includes a warning message, a prompt to enter User ID and Password, and a Submit button. A note below the form explains that eTAR applications require logging in with an NPI number, and legacy numbers are only permitted for authorized providers. A footer at the bottom contains links for Contact Medi-Cal, Medi-Cal Site Help, and Medi-C.



The screenshot shows the Medi-Cal Transaction Services page. At the top, there is a navigation bar with links for Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. Below this is a secondary navigation bar with links for System Status, Exit, Services Available, and Enrollment Requirements. The main content area features the Medi-Cal logo on the left and a transaction services menu on the right. The menu includes a login status bar showing "You are logged in as: 000001082" and a list of transaction services: Single Subscriber, Multiple Subscribers, Batch Internet Eligibility, Medical Services Reservations (Medi-Services), and SOC (Spend Down) Transactions. A footer at the bottom contains links for Skip to: Content, Footer, and Accessibility.

Usually, you will choose "Single Subscriber"

California Home

Thursda



[Medi-Cal Home](#)

[Login](#)

[Publications](#)

[Related Sites](#)

[Dept. of Health Services](#)

[Site Map](#)

[Site Help](#)

[System Status](#)

[Web Tool Box](#)

► [Eligibility](#)

► [Share of Cost](#)

► [Medi-Services](#)

► [Provider Services](#)

► [Batch Eligibility](#)

► [Login](#)

► [Exit](#)



Eligibility Response

My CA

Eligibility transaction performed by provider: 000001067
on Thursday, May 30, 2002 at 9:11:51 AM)



Recipient ID: 999999999		
Date of Service: 05/30/2002	Date of Birth:	Date of Issue: 05/30/2002
Primary Aid Code:		First Special Aid Code:
Second Special Aid Code:		Third Special Aid Code:
Recipient County:		HIC Number:
Primary Care Physician Phone #:		Scope of Coverage:
Eligibility Verification Confirmation (EVC) Number:		
Eligibility Message: NO RECORDED ELIGIBILITY FOR 05/02.		

© 2000 State of California. Gray Davis, Governor.

[Conditions of Use](#) [Privacy Policy](#)

Server:www.medi-cal.ca.gov |File:/Eligibility/EligResp.asp |Last Modified:5/15/2002 11:00:26 PM

No Medi-Cal Eligibility

California Home

Thursda



[Medi-Cal Home](#)

Eligibility Response

[Login](#)



[Publications](#)

Eligibility transaction performed by provider: 000001067
on Thursday, May 30, 2002 at 9:10:53 AM)

[Related Sites](#)

[Dept. of Health Services](#)

[Site Map](#)

[Site Help](#)

[System Status](#)

[Web Tool Box](#)



▶ [Eligibility](#)

▶ [Share of Cost](#)

▶ [Medi-Services](#)

▶ [Provider Services](#)

▶ [Batch Eligibility](#)

▶ [Login](#)

▶ [Exit](#)

Name: [REDACTED]		
Recipient ID:		
Date of Service: 05/30/2002	Date of Birth:	Date of Issue: 05/30/2002
Primary Aid Code: 30	First Special Aid Code:	
Second Special Aid Code:		Third Special Aid Code:
Recipient County: 10 - Fresno	HIC Number:	
Eligibility Verification Confirmation (EVC) Number: 244L6LVG55		
Eligibility Message: LAST NAME [REDACTED] EVC #: 244L6LVG55 CNTY CODE: 10. PRMY AID CODE: 30. MEDI- CAL ELIGIBLE W/ NO SOC. HEAL TH PLAN MEMBER: PHP-BLUE CROSS OF CALIFORNIA: MEDICAL CALL (800)407-4627.		



© 2000 State of California. Gray Davis, Governor.

[Conditions of Use](#) [Privacy Policy](#)

Server: www.medi-cal.ca.gov | File: /Eligibility/EligResp.asp | Last Modified: 5/15/2002 11:00:26 PM

Fresno County Medi-Cal

California Home

Thursday



[Medi-Cal Home](#)

Eligibility Response

[Login](#)

City CA

[Publications](#)

Eligibility transaction performed by provider: 000001067
on Thursday, May 30, 2002 at 9:38:42 AM)

[Related Sites](#)

[Dept. of Health Services](#)

[Site Map](#)

[Site Help](#)

[System Status](#)

[Web Tool Box](#)



► [Eligibility](#)

► [Share of Cost](#)

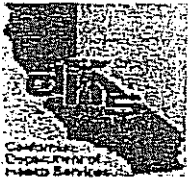
► [Medi-Services](#)

► [Provider Services](#)

► [Batch Eligibility](#)

► [Login](#)

► [Exit](#)



Name:		
Recipient ID:		
Date of Service: 05/30/2002	Date of Birth:	Date of Issue: 05/30/2002
Primary Aid Code: 60	First Special Aid Code:	
Second Special Aid Code:		Third Special Aid Code:
Recipient County: 42 - Santa Barbara	HIC Number:	
Eligibility Verification Confirmation (EVC) Number: 004NG3T6PW		
Eligibility Message: LAST NAME: [REDACTED] EVC #: 004NG3T6PW. CNTY CODE: 42. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC.		

© 2000 State of California. Gray Davis, Governor.

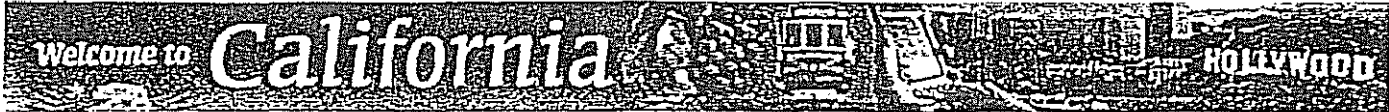
[Conditions of Use](#) [Privacy Policy](#)

Server:www.medi-cal.ca.gov |File:/Eligibility/EligResp.asp |Last Modified:5/15/2002 11:00:26 PM

Non-Fresno County Medi-Cal

California Home

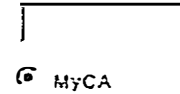
Thursday



[Medi-Cal Home](#)

Eligibility Response

[Login](#)



[Publications](#)

Eligibility transaction performed by provider: 000001067
on Thursday, May 30, 2002 at 10:40:38 AM)

[Related Sites](#)

[Dept. of Health Services](#)

[Site Map](#)



[Site Help](#)

[System Status](#)

[Web Tool Box](#)

▶ [Eligibility](#)

▶ [Share of Cost](#)

▶ [Medi-Services](#)

▶ [Provider Services](#)

▶ [Batch Eligibility](#)

▶ [Login](#)

▶ [Exit](#)



Name: [REDACTED]		
Recipient ID:		
Date of Service: 05/30/2002	Date of Birth:	Date of Issue: 05/30/2002
Primary Aid Code: 60	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Recipient County: 10 - Fresno	HIC Number:	
Primary Care Physician Phone #:	Scope of Coverage:	
Eligibility Verification Confirmation (EVC) Number: 544910T8JQ		
Eligibility Message: LAST NAME: [REDACTED] . CNTY CODE: 10. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC. PART A, B MEDICARE COVERAGE W/HIC # . BILL MEDICARE COVERED SVCS TO MEDICARE BEFORE MEDI-CAL.		

© 2000 State of California. Gray Davis, Governor.

[Conditions of Use](#) [Privacy Policy](#)

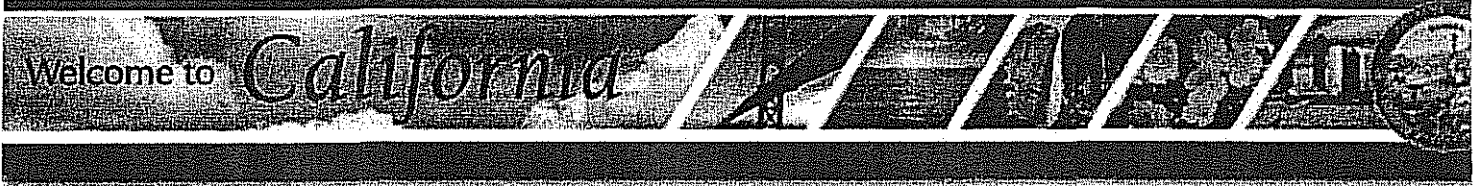
Server:www.medi-cal.ca.gov |File:/Eligibility/EligResp.asp |Last Modified:5/15/2002 11:00:26 PM

Medicare and Medi-Cal

(also referred to as “Medi-Medi” or “crossover” coverage)

California Home

Monday, December 13



- [Medi-Cal Home](#)
- [Transaction Login](#)
- [Contact Us](#)
- [Publications](#)
- [Provider Relations](#)
- [Dept. of Health Services](#)
- [Site Map](#)
- [Site Help](#)
- [System Status](#)
- [POS System Status](#)
- [Web Tool Box](#)

Eligibility Response

My CA

Eligibility transaction performed by provider: 000001067
on Monday, December 13, 2004 at 1:46:55 PM



- ▼ [Eligibility](#)
 - ◆ [Single Subscriber](#)
 - ◆ [Multiple Subscribers](#)
- ▼ [SOC \(Spend Down\)](#)
- ▼ [Medical Services](#)
- ▼ [Reservation](#)
- ▼ [Provider Services](#)
- ▼ [Login](#)
- ▼ [Exit](#)

Name:		
Subscriber ID:		
Service Date: 12/13/2004	Subscriber Birth Date:	Issue Date: 12/13/2004
Primary Aid Code:	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County:	HIC Number:	
Spend Down Amount Obligation: \$632.00	Remaining Spend Down Amount: \$632.00	
Trace Number (Eligibility Verification Confirmation (EVC) Number):		
Eligibility Message: SUBSCRIBER LAST NAME: . MEDI-CAL SUBSCRIBER HAS A \$00632 SOC/SPEND DOWN. REMAINING SOC/SPEND DOWN \$ 632.00.		



© 2003 State of California. [Conditions of Use](#) [Privacy Policy](#)

Server: www.medi-cal.ca.gov | File: /Eligibility/EligResp.asp | Last Modified: 2/17/2004 2:32:40 PM

Share of Cost Medi-Cal

- Related Sites
- ★
- System Status
- ★
- Web Tool Box



Eligibility transaction performed by provider: 000001067 on Wednesday, May 01, 2002 at 4:26:17 PM



- ▾ Eligibility
- ▾ Share of Cost
- ▾ Medi-Services
- ▾ Provider Services
- ▾ Batch Eligibility
- ▾ Login
- ▾ Exit

Name:		
Recipient ID:		
Date of Service: 03/15/2002	Date of Birth:	Date of Issue: 05/01/2002
Primary Aid Code: 3N	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Recipient County: 10 - Fresno	HIC Number:	
Primary Care Physician Phone #:	Scope of Coverage: OIM PDV	
Eligibility Verification Confirmation (EVC) Number: 2743LZ6GM4		
Eligibility Message: LAST NAME: ██████████ EVC #: 2743LZ6GM4. CNTY CODE: 10. PRMY AID CODE: 3N. MEDI-CAL ELIGIBLE W/NO SOC. OTHER HEALTH INSURANCE COVERAGE UNDER CODE P - PHP/HMO. CARRIER NAME: HEALTH NET HMO. ID: . COV: OIM PDV.		



Medi-Cal & Other Insurance

This page
intentionally
left blank