SECTION 6: ELIGIBILITY AND CLAIMS

6.0 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 Medi-Cal eligibility in one given month may not have eligibility 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.

6.0.1 Initial Eligibility Determination

The FCMHP will determine beneficiary's Medi-Cal eligibility before referring their 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 billing of Specialty Mental Health Services (SMHS) is provided at the end of this section.

6.0.2 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.

6.0.2.1 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).
- **Internet.** Providers may also access the Medi-Cal Website using the PIN and provider number supplied by Managed Care. Providers needing a copy of this

information can contact their assigned PRS, or email Managed Care through the Managed Care mailbox (<u>mcare@fresnocountyca.gov</u>). Information about how to access the Medi-Cal eligbility website is included at the end of this section.

The FCMHP will assist providers who have temporary difficulties verifying eligibility. Please call us at (559) 600-4645 and ask to speak to a Provider Relations Specialist.

6.1 Claims

6.1.1 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 6.2.1, Third Party Insurers.)
- Each claim for payment will be for one member only and must include the name of the beneficiary as recognized by Medi-Cal, ICD-10 diagnosis, type of service provided indicated by the FCMHP Service Code, and the date and duration of service (in minutes.) The FCMHP Service Codes must be used in lieu of HCPCS/CPT codes.
 - **Individual and Group Providers,** refer to the FCMHP Fee Schedule provided at the end of this section.
 - **Organizational Providers,** refer to your Agreement with the FCMHP to review your contracted rates.
- 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.
- **Individual and Group Providers** must use the CMS-1500 Health Insurance Claim Form to submit all claims for services provided. Please see example of a completed CMS-1500 form at the end of this section indicating all required information. Completion instructions are also included. **Organizational Providers** may have other means,

including electronic claim submission, available to them. Refer to your Agreement with the FCMHP to determine what options your organization has for claim submission.

• Remit all claims to:

Fresno County Mental Health Plan Attn: Claims P.O. Box 45003 Fresno, CA 93718-9886

• **Individual and Group Providers** may drop off claims in-person at the Managed Care office, located at 1925 E. Dakota Ave, Suite G, Fresno, CA 93726. Please check in with reception on the first floor. A Managed Care Division staff member will come down to the first floor to receive the claims in person. Claims must always be handed off to a Managed Care Division staff member and cannot be left unattended.

6.1.2 Claims / Billing Audit

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

6.1.3 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 claims.

Providers May <u>NOT:</u>

Bill in his/her name for treatment provided by another practitioner or an assistant (for example, when a progress note is signed by a practitioner different than the practitioner claiming the service.)
Bill the beneficiary for amounts over the contracted rate.

6.2 Beneficiaries with Share of Cost or Third Party Insurers

6.2.1 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. Providers must bill the FCMHP only for the difference between the SOC collected and the FCMHP contract rate. **Individual and Group Providers,** please refer to the CMS-1500 example at the end of this section on how to report SOC amounts.

6.2.2 Third Party Insurers

Medi-Cal is the payer of "last resort", meaning that providers must bill the beneficiary for their 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.

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 that was submitted to the primary insurance, to the FCMHP within two (2) months from the month of service.

6.3 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;
- The beneficiary receiving services had Medi-Cal eligibility at the time services were provided; it is the provider's responsibility to ensure that services are provided to eligible beneficiaries. Services provided to beneficiaries who were not eligible at the time of service will be denied.

Terms of payment are as follows:

- **For Individual and Group Providers,** payment will be based on the prevailing FCMHP fee schedule. A copy of the current Individual and Group Provider fee schedule is included at the end of this section.
- For **Organizational Providers**, payment be determined by the terms of their agreement with the FCMHP. Prevailing reimbursement 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 **Individual and Group Providers** in arrears, within 45 days after receipt *and* verification of provider's claims by the FCMHP. **Organizational Providers** will be paid per the terms of their Agreement with the FCMHP.
- The FCMHP will **not** pay for sessions for which a beneficiary fails to show.

6.4 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 a copy of the FCMHP Claims Certification form.

Claims/Billing inquiries may be made by calling the FCMHP at (559) 600-4645, and asking to speak to a Provider Relations Specialist.

6.5 Cost Report

The Fresno County Mental Health Plan (FCMHP) requires organizational providers (but **not** Individual and Group providers) to submit a complete and accurate Cost Report for each fiscal year (July 1 through June 30.) The Cost Report must be submitted to the FCMHP within 90 calendar days following the end of each fiscal year or within 90 days after contract termination with the FCMHP.

Cost Reports must be submitted to the FCMHP as a hard copy with a signed cover letter, and electronic copy of the completed Cost Report form along with requested support documents. Remit the hard copies of the Cost Reports to the following address:

County of Fresno P.O. Box 45003, Fresno CA 93718 ATTN: Cost Report Team

Remit the electronic copy or any inquiries to the DBH Cost Report Team e-mail box, <u>DBHCostReportTeam@FresnoCountyCA.gov</u>.

All Cost Reports must be prepared in accordance with General Accepted Accounting Principles (GAAP) and Welfare and Institutions Code §§ 5651(a) (4), 5664(a), 5705(b) (3) and 10 5718(c).

The FCMHP may immediately suspend or terminate a Provider's agreement, in whole or in part, if a substantially incorrect or incomplete report is submitted to the FCMHP.

6.6 Over/Underpayment

If the Cost Report indicates an amount due to the County of Fresno, the provider must submit payment within 45 days of notification by the FCMHP. If the Cost Report indicates an amount due to the provider by the

County of Fresno, the provider will be paid after the Department of Health Care Services (DHCS) Cost Report settlement process.

6.7 State Disallowance

If, during a State audit process, a disallowance is discovered due to the provider's deficiency, the provider will be held financially liable. The disallowance will be deducted from the provider's future payments.

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Section 6: <u>Eligibility and Claims</u> Forms and Attachments

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Fresno County Mental Health Pl	an		
Individual and Group Provider Fee So	hedule		
Effective July 1, 2020			
	Aveter	Freene Country	Datas
	Service Codes	Fresho County	Rate/Minute)
Service Description		•	
<u>Psychiatrist</u>			
MD Meds Eval Mngt Assessment (up to 120 min)	170	\$4	.65
MD Reauthorization including plan development only (up to 60 min)	170	\$4	.65
MD Med Eval Mngt Brief	172	\$4	.65
MD Meds Eval Mngt Follow-Up	173	\$4	.65
Individual Medical Psychotherapy	126	\$1	.32
Hospital Care - Inpatient - New/Established (flat rate)	839	\$110 (fl	at rate)
Hospital Care - Subsequent - Bedside (flat rate)	840	\$61 (fla	at rate)
Inpatient Consultation - Initial - New/Established	822	\$1	.40
Emergency Department	823	\$1	.29
Nursing Facility Assessment	825	\$1.56	
Subsequent Nursing Facility	828	\$1.84	
Individual Assessment	103	\$1.32	
Group Therapy	82	\$1.91	
Individual or Family Psychotherapy	83	\$1.91	
Family Therapy	156	\$1.31	
Collateral	150	\$1.31	
Case Management / Linkage & Consult	205	\$0.84	
Psychologist (Licensed/Registered/Waivered)			
Individual Assessment	103 \$1.25		
Individual or Family Psychotherapy	83	\$1.91	
Group Therapy	82	\$1 91	
Test Administration Including Pre-Interview	891	\$1 09	
Collateral	150	\$1.25	
Case Management / Linkage & Consult	205	\$0.84	
Plan Development	159	\$1 25	
Rehabilitation	158	\$1.25 } \$1.25	
LCSW/ASW. LMFT/AMFT. LPCC/APCC. RN - MS	100	Licensed	Unlicensed
Individual Assessment	103	\$1.25	\$1.07
Individual or Family Psychotherapy	83	\$1.23 \$1.25 \$1.07 \$1.71	
Group Therapy	82	\$1.91	\$1.72
Collateral	150	\$1.25	\$1.07
Case Management / Linkage & Consult	205	\$0.84	\$0.75
Plan Development	159	\$1.25 \$1.07	
Rehabilitation	158	\$1.25 \$1.07	

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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

C	https://www.medi-	cal ca gov/Eligibility/Login asp	
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C.	lome Transactions Publica	itions Education Programs References Contact Medi-Cal	
s	system Status Login Services	s Available Enrollment Requirements	
		Home	
	2 ALCON	Login to Medi-Cal WARNING: This is a State of California computer system that is for official use by authorized information may not be accessed or used without authorization. Unauthorized or improper use penalties. By continuing to use this system you indicate your awareness of and consent to the	
	COMPANY AND	user or do not agree to the conditions stated in this warning.	
		Please enter your User ID and Password. Click Submit when done.	
		Visit Transaction Enrollment Requirements for Medi-Cal.	
TF	RANSACTIONS	Please enter your User ID:	
	User ID & Password Help	Please enter your Password:	
	Services Available	Submit Clear	
		Note: The eTAR application requires logging in using an NPI number. All eTARs will be denied if logging in using a legacy number. Exemption: Legacy number usage is permitted only to Providers authorized by the Department of Health Care Services (DHCS).	
		Be careful to protect your user ID and password to prevent unauthorized use.	
		Contact Medi-Cal Medi-Cal Site Help Medi-C	
		Back to Top Contact DHCS Site Help S	
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TRANSACTIONS

- 🐵 Eligibility
 - ->> Single Subscriber
 - -> Multiple Subscribers
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 - -39 Batch Internet
 - Eligibility
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Click here in for help on button usage. For help on fields, place the cursor in the desired field and click on the Help link on the left.

Swipe Card	Leave blank	
Subscriber ID	SSN or Medi-Cal # on card (Usually a nine digit # starting with a 9 and ending with a letter)	
Subscriber Birth Date	mmddyyyy (just the numbers, no dashes or //)	
Issue Date	Today's date (mmddyyyy) the date on which you are doing the Medi-	
	Cal check	
Service Date	May be actual date service is provided or 1 st day of the month service is	
	provided. Again format is mmddyyyy	

When you hit submit, a response page will appear. Attached are some examples of what you might see:



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No Medi-Cal Eligibility



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Fresno County Medi-Cal



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Non-Fresno County Medi-Cal



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Medicare and Medi-Cal (also referred to as "Medi-Medi" or "crossover" coverage)

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Share of Cost Medi-Cal

and support

Home | Publications | Transaction Services | Site Map | Site Help | Login

Related Sites * System Status \star Web Tool Box

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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			
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Medi-Cal & Other Insurance

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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
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
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
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified
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
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder
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
F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified
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
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
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
F11.959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified
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
F12.159	Cannabis abuse with psychotic disorder, unspecified
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
F12.259	Cannabis dependence with psychotic disorder, unspecified
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
F12.959	Cannabis use, unspecified with psychotic disorder, unspecified
F12.980	Cannabis Use, Unspecified, With Cannabis-Induced Anxiety Disorder

Diagnosis Code	Diagnosis Description
F13.14	Sedative, Hypnotic or Anxiolytic Abuse with Sedative-, Hypnotic-, or Anxiolytic-Induced
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
F13.159	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
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
F13.259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
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
F13.959	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic- induced psychotic disorder, unspecified
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
F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified
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
F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
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
F14.959	Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified
F14.980	Cocaine Use, Unspecified, With Cocaine-Induced Anxiety Disorder
F15.14	Other Stimulant Abuse With Stimulant-Induced Mood Disorder

Diagnosis	Diagnosis Description
Code	Diagnosis Description
F15.150	Other Stimulant Abuse With Stimulant-Induced Psychotic Disorder With Delusions
F15.151	Other Stimulant Abuse With Stimulant-Induced Psychotic Disorder With Hallucinations
F15,159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified
F15 180	Other Stimulant Abuse With Stimulant-Induced Anxiety Disorder
F15 24	Other Stimulant Dependence With Stimulant-Induced Mood Disorder
1 13.24	
F15.250	Other Stimulant Dependence With Stimulant-Induced Psychotic Disorder With Delusions
F15.251	Other Stimulant Dependence With Stimulant-Induced Psychotic Disorder With Hallucinations
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
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
F15.959	Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified
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
F16.159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified
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
F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified
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
F16.959	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified
F16.980	Hallucinogen Use, Unspecified, With Hallucinogen-Induced Anxiety Disorder

Diagnosis Code	Diagnosis Description
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
F18.159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified
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
E18 259	Inhalant dependence with inhalant-induced psychotic disorder unspecified
F18 280	Inhalant Dependence With Inhalant Induced Appendix disorder, unopendence
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 959	Inhalant use unspecified with inhalant-induced psychotic disorder unspecified
F18 980	Inhalant Use, Unspecified With Inhalant-Induced Anviety Disorder
1 10.300	Other Psychoactive Substance Abuse With Psychoactive Substance-Induced Mood
F19.14	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
F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified
F19.180	Other Psychoactive Substance Abuse With Psychoactive Substance-Induced Anxiety Disorder
F19.24	Other Psychoactive Substance Dependence With Psychoactive Substance-Induced
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
F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified
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
F19.959	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified

Diagnosis Code	Diagnosis Description
F19.980	Other Psychoactive Substance Use, Unspecified, With Psychoactive Substance-Induced
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
F31.62	Bipolar Disorder, Current Episode Mixed, Moderate
F31.63	Bipolar Disorder, Current Episode Mixed, Severe, Without Psychotic Features

Diagnosis	Diagnosis Description
Code	,
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	Dystnymic 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	Social Phobia Milliour Partic Disorder
F40.10	Social Phobia, Onspecified
F40.11	
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
F40.290	Androphobia
F40.291	Gynophobia

Diagnosis	Diagnosis Description
Code	
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
F48.1	Depersonalization-Derealization Syndrome
F50.00	Anorexia Nervosa, Unspecified

Diagnosis Code	Diagnosis Description
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 (Autism spectrum 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
<u>F94.2</u>	Disinhibited Attachment Disorder of Childhood
F95.0	Transient Tic Disorder
F95.1	Chronic Motor or Vocal Tic Disorder
F95.2	Tourette's Disorder

Diagnosis Code	Diagnosis Description
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
G21.0	Malignant neuroleptic syndrome
G21.11	Neuroleptic induced parkinsonism
R15.0	Incomplete Defecation
R15.9	Full Incontinence of Feces
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out

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Diagnosis Code	Diagnosis Description
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
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
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./6	Bipolar Disorder, in Full Remission, Wost Recent Episode Depressed
F31.//	Bipolar Disorder, in Partial Remission, Most Recent Episode Mixed
F31.78	Bipolar Disorder, in Full Remission, Wost Recent Episode Mixed
F31.81	Bipolar II Disorder
F31.89	Uther Bipolar Disorder

Diagnosis	Diagnosis Description
Code	2
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
F32.5	Major Depressive Disorder, Single Episode, in Full Remission
F32.81	Premenstrual dysphoric disorder
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
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 Elving
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 [Enisodic Paroxysmal Anxiety Disorder]
F41 1	Generalized Anxiety Disorder
F41 3	Other Mixed Anxiety Disorders
F41.8	Other Specified Anviety Disorders
F41 9	Anxiety Disorder Unspecified
F42.2	Mixed Obsessional Thoughts and Acts
1 72.2	

Diagnosis	Diagnosis Description
Code	
F42.3	
F42.4	Excortation Disorder
F42.8	Other Obsessive-Compulsive Disorder
F42.9	
F43.0	Acute Stress Reaction
F43.10	Post-Traumatic Stress Disorder, Unspecified
F43.11	Post-Traumatic Stress Disorder, Acute
F43.12	Post-I raumatic Stress Disorder, Unonic
F43.20	Adjustment Disorder, Unspecified
F43.21	Adjustment Disorder With Depressed Mood
F43.22	Adjustment Disorder With Anxiety
F43.23	Adjustment Disorder with Nixed 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	
F44.1	Dissociative Fugue
F44.2	Dissociative Stupol
	Conversion Disorder With Motor Symptom of Dencit
F44.5	Conversion Disorder With Seizures of Convulsions
	Conversion Disorder With Sensory Symptom of Dencit
F44.7	Conversion Disorder with Mixed Symptom Presentation
F44.01	Other Dissociative and Conversion Disorders
F44.09	Directoriality and Conversion Disorders
F44.9	Dissociative and Conversion Disorder, Onspecified
F43.0	Somalization Disorder
F45.1	Undinerentiated Somatorom Disorder
F45.20	
E45.21	Rody Dyemorphic Disorder
E45.22	Othor Hypochondriacal Disorders
F45.29	Pain Disorder Evolusively Related to Psychological Factors
E45.41	Pain Disorder With Polated Revebological Factors
F45.42	Other Somatoform Disorders
F45.0	Somatoform Disorder Unspecified
F48 1	Denersonalization-Derealization Syndrome
F50.00	Anorevia Nervosa Unspecified
F50.01	Anorexia Nervosa, Bestricting Type
F50.02	Anorexia Nervosa, Ringe Fating/Purging Type
F50.2	Bulimia Nervosa
F50.8	Other Fating Disorders
F50 81	Binge Eating Disorder
E50 82	Avoidant/Restrictive Food Intake Disorder
F50.89	Other Specified Fating 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

Diagnosis Code	Diagnosis Description
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
F63.89	Other Impulse Disorders
F63.9	Impulse Disorder, Unspecified
F64.0	Transsexualism
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
F68.10	Factitious Disorder Imposed on Self, Unspecified
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
E68 13	Factitious Disorder Imposed on Self, With Combined Psychological and Physical Signs and
1 00.13	Symptoms
F68.A	Factitious Disorder Imposed on Another
F80.82	Social (Pragmatic) Communication Disorder
F80.9	Developmental Disorder of Speech and Language, Unspecified
F84.0	Autistic disorder (Autism spectrum disorder)
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/Hyperactive Disorder, Other Type
F90.9	Attention Deficit/Hyperactivity Disorder, Unspecified Type
F91.0	Conduct Disorder Contined to Family Context
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	Uther Childhood Emotional Disorders
SPECIALTY MENTAL HEALTH OUTPATIENT SERVICES ICD-10 COVERED DIAGNOSES TABLE EFFECTIVE OCTOBER 1, 2019 THROUGH SEPTEMBER 30, 2020

Diagnosis	Diagnosis Description
Code	Diagnosis Description
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
F98.29	Other Feeding Disorders of Infancy and Early Childhood
F98.3	Pica of Infancy and Childhood
F98.4	Stereotyped Movement Disorders
	Other Specified Behavioral and Emotional Disorders With Onset Usually Occurring in Childhood and
F90.0	Adolescence
	Unspecified Behavioral and Emotional Disorders With Onset Usually Occurring in Childhood and
г90.9	Adolescence
G21.0	Malignant neuroleptic 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
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out

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AEVS: General Instructions



The Automated Eligibility Verification System (AEVS) is an interactive voice response system that allows you the ability—through a touch-tone telephone—to access beneficiary eligibility, clear Share of Cost (SOC) liability and/or reserve a Medi-Service.

Beneficiary eligibility verification information is available for Medi-Cal, County Medical Services Program (CMSP) and Family PACT. Beneficiary eligibility for the Child Health and Disability Prevention (CHDP) program, the California Children Services (CCS) program or the Genetically Handicapped Persons Program (GHPP) is not available.

There is no enrollment requirement to participate in AEVS. Providers must use a valid Provider Identification Number (PIN) to access AEVS. The PIN is issued when providers enroll with Medi-Cal. If the PIN is unknown, providers should complete and return the *Provider Identification Number (PIN) Reissue Request* form at the end of the *Provider Telecommunications Network (PTN)* section in this manual.

For questions about:	<u>Call:</u>
Operation of AEVS	POS Help Desk: 1-800-427-1295
Medi-Cal Policy	Telephone Support Center (TSC): 1-800-541-5555
Family PACT	Health Access Programs (HAP): 1-800-257-6900

GENERAL INFORMATION

Edit Conditions	Use of AEVS does not guarantee that the claim will be paid. All existing edit conditions – such as service restrictions, SOC certification, provider eligibility or prior authorization requirements – must still be satisfied.
Transactions Available	AEVS verifies a beneficiary's eligibility for the current and/or prior 12 months; provides information on SOC, Other Health Coverage and Prepaid Health Plan (PHP) status; identifies beneficiaries in fee-for-service pending enrollment into a Medi-Cal managed care plan, a Denti-Cal managed care plan, or both; identifies any service restrictions placed on that beneficiary; clears SOC liability; and allows podiatrists and certain allied health providers to reserve Medi-Services.

BIC Card	When a beneficiary presents a plastic Medi-Cal Benefits Identification Card (BIC), beneficiary eligibility must be verified. BICs are not a guarantee of Medi-Cal, CMSP or Family PACT eligibility because they are a permanent form of identification and beneficiaries retain the cards even if they are not eligible for Medi-Cal, CMSP or Family PACT during the current month.
HAP Card	A Health Access Programs (HAP) card is issued and activated by the provider after the client has completed and signed a <i>Health Access</i> <i>Programs State-Only Family Planning Program Client Eligibility</i> <i>Certification</i> form. HAP cards are not a guarantee of Family PACT eligibility because they are a permanent form of identification and clients retain the cards even if they are not eligible for Family PACT during the current month.
Eligibility Verification Confirmation (EVC) Number	AEVS accesses the most current beneficiary information for a specific month of eligibility. AEVS returns a 10-character EVC number, after eligibility is confirmed. It is recommended to enter in the EVC number in the remarks area of the claim. However, the EVC number is not required information for claim processing.
	Note: An Eligibility Verification Confirmation (EVC) number is only valid for the provider who submitted the inquiry.
Unmet Share of Cost	If the beneficiary has an unmet SOC, no EVC number is given unless the beneficiary is dually eligible (eligible for services under more than one aid code). For a dually eligible beneficiary, who is eligible for certain services with no SOC and the remaining services with a SOC, the aid code and corresponding eligibility message and an EVC number are given in the eligibility response for the non-SOC aid code only. An SOC message is then given for the SOC aid code.
	Important: To avoid having a claim deny for beneficiary eligibility, the claim must be submitted with the same provider number, beneficiary ID and date of service used for the AEVS inquiry.

ACCESSING TELEPHONE AEVS

Introduction	Before you access telephone AEVS, you should have the required information ready to enter using your touch-tone telephone when prompted by AEVS.
Time Limit	Telephone AEVS allows you a specified amount of time following each prompt to enter information using your touch-tone telephone. If you fail to respond to a prompt within five seconds, AEVS will remind you up to three times. If you have not entered any information after the third reminder, you will "time out" and AEVS will terminate the call with the following message:
	<i>"We're sorry, we are unable to complete your call. Thank you for calling the Automated Eligibility Verification System. Good-bye."</i>
Error Limits	When entering required information using your touch-tone telephone, AEVS will allow you three opportunities to correctly enter the information. Upon your first and second error, AEVS will prompt you to re-enter the information correctly. After the third error, AEVS will terminate your call with the following message:
	"We are unable to locate the Provider Identification Number. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. If you have any questions concerning AEVS, please contact the Technical Help Desk at 1-800-541-5555. Denti-Cal providers should call 1-800-423-0507. Thank you for calling the Automated Eligibility Verification System. Good-bye."

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Documenting Eligibility Information	Following receipt of AEVS eligibility information, note the information for future reference when completing your claim forms. Be prepared to write down the eligibility information for each inquiry as it is given to you over the telephone. AEVS will give an Eligibility Verification Confirmation (EVC) number for each inquiry that receives an eligible response.
	Providers verifying eligibility information for Medi-Cal beneficiaries may want to use the <i>AEVS Response Log</i> to track AEVS transactions. This form is located at the end of the <i>AEVS: Transactions</i> section in this manual.
	The EVC number should be noted in your patient's records for future reference. AEVS will provide you with the option to repeat eligibility information and the verification code as needed to ensure that you record the information accurately.
Hours of Operation	Telephone AEVS is available by using a touch-tone telephone between 2 a.m. and midnight, seven days a week. If you attempt to access telephone AEVS during non-operational hours, you will receive the following message:
	<i>"The Medi-Cal Automated Eligibility Verification System is</i> available between 2 a.m. and midnight. Please call back during these hours of operation. Thank you for calling the Automated Eligibility Verification System. Good-bye."

In the unlikely event that telephone AEVS is unavailable during normal hours of operation, you will receive the following message when you attempt to verify eligibility for Medi-Cal or County Medical Services Program (CMSP) beneficiaries:

"The Medi-Cal Automated Eligibility Verification System is currently unavailable. Please call back later. Good-bye."

If AEVS is not available when you attempt to access Family PACT transactions, you will receive the following message:

"The State-Only Family Planning system is currently unavailable. Please report your problem to the POS Help Desk at 1-800-541-5555."

ENTERING ALPHABETIC DATA

Introduction	To enter alphabetic data (letters A, B, C, etc.), press the star key (*) followed by a two-digit code representing the letter. This function issued when entering some Medi-Cal identification numbers or procedure codes with alphabetic characters.
Two-Digit Code	The <u>first digit</u> of the code for all letters is the keycap on which the letters appear. The <u>second digit</u> of the code identifies the letter's corresponding position on the appropriate keycap. To enter the <u>first digit</u> of the code, press the keycap on which the letter appears. To enter the <u>second digit</u> of the code for the letter, find the position of the letter on the keycap (first, second or third position) and press the corresponding keycap representing the position ([1] , [2] , [3] or [4]). For example, to enter the two-digit code for the letter "A," first press the star key (*), then press [2] keycap to identify "A":





Press



Therefore, the two-digit code for the letter "A" is * 21.

14-digit Medi-Cal ID	To enter the 14-digit Medi-Cal Identification Number "443C5213910234" you would identify the letter "C" by entering the following two-digit code (including the required star):
	C = *23
	Therefore, the touch-tone entry for "443C5213910234" would be "443*235213910234."
Nine-digit ID Number	To enter the nine-digit ID Number "444-55-611P" you would identify the letter "P" by entering the following two-digit code (including the required star):
	P = *71
	Therefore, the touch-tone entry for "444-55-611P" would be "44455611*71."
HCPCS Codes	To enter the HCPCS code "Z2345" you would identify the letter "Z" by entering the following two-digit code (including the required star): Z = *94
	Therefore, the touch-tone entry for "Z2345" would be "*942345."

List of Alphabetic Codes	The alphabet	ic code listing for	AEVS is as follows:	:
	<u>LETTER</u>	2-DIGIT COD	<u>E LETTER 2</u>	2-
	A B C D E	* 21 * 22 * 23 * 31 * 32	N O P Q R	
	F G H J	* 33 * 41 * 42 * 43 * 51	S T U V W	
	K L M	* 52 * 53 * 61	X Y Z	
	Alphabe	etic Code Li	isting	
	Press * before	entering the tv	vo-digit code	
	1	A B C 21 22 23 2 2 2	D E F 31 32 33 3	
	G H I 41 42 43 4	J K L 51 52 53 5	M N O 61 62 63 6	
	P Q R S 71 72 73 <u>74</u> 7	T U V 81 82 83 B B B	W X Y Z 2 93 94 91 92 93 94	
	*	0	#	
A	EVS: 1-8	00-456-A	EVS (2387	')

2-DIGIT CODE * 62

* 63 * 71 * 72

* 73 * 74 * 81 * 82 * 83 * 91 * 92 * 93 * 94

AEVS: Transactions



This section describes how to access the Medi-Cal Automated Eligibility Verification System (AEVS) and complete eligibility verifications.

Also included at the end of this section is the *AEVS Response Log.* This is designed to be photocopied for use in tracking AEVS transactions. The log was created as a convenient means of maintaining provider records only. It does not serve as valid proof of eligibility for claim submissions or appeals. It is recommended that you have this form available when you access AEVS.

GENERAL INFORMATION

Provider Identification Number (PIN)	Using a touch-tone telephone, dial 1-800-456-AEVS (2387) or 1-800-541-5555. AEVS will respond with the following message:
	"Welcome to Medi-Cal. Please listen carefully as our menu has changed. For English press or say 1. Para Español marque dos.
	lf you are a provider please press or say 1. If you are a beneficiary please press or say 2.
	For the Automated Eligibility Verification System please press or say 1.
	lf you have a PIN please press or say 1. If you have a temporary PIN please press or say 2.
	Please enter your PIN followed by a pound sign (#)."
	Enter your Provider Identification Number (PIN).
	When the entered PIN is associated with both NPI and Legacy ID, the NPI will be given as the first option to select. In this case AEVS will respond with the following message:
	"If your Provider Number is (NPI), press 1. If your Provider Number is (Legacy ID), press 2. Or press 3 to re-enter your PIN."
	The second option will be unavailable if only Legacy ID or NPI is associated with the entered PIN.
	If the PIN cannot be found on the Provider Master File, AEVS will prompt you to re-enter the correct PIN. If the PIN cannot be found after the third try, the call will be terminated with the following message:
	<i>"We are unable to locate the Provider Identification Number. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual.</i>

	If you have any questions concerning AEVS, please contact the Technical Help Desk at 1-800-541-5555. Denti-Cal providers should call 1-800-423-0507. Thank you for calling the Automated Eligibility Verification System. Good-bye."
Transaction Menu	If the PIN can be verified by AEVS, you will receive the following prompt by provider type:
For Podiatrist, Acupuncturist, Chiropractor, OT, Psychologist, Speech Pathologist, Audiologist	<i>"For Eligibility Verification, press or say 1. For Share of Cost, press or say 2. To perform a Medi-Service transaction, press or say 3. For general information please visit us on the Web at www.medi-cal.ca.gov."</i>
For all others	<i>"For Eligibility Verification, press or say 1. For Share of Cost, press or say 2. For Family PACT transactions, press or say 3. For general information please visit us on the Web at www.medi-cal.ca.gov."</i>
Beneficiary ID Number	Press 1 to verify eligibility. You will then hear the following message:
	<i>"If you know the beneficiary ID press or say 1.</i> If not, press or say 2."
	If you chose 1, you will hear the following message:
	"The beneficiary identification number can be found on the face of the Benefits Identification Card. If the beneficiary identification number includes a letter, and you need instructions on how to enter them, press or say 1."
	If you press or say 1, you will hear the following:
	"To enter a letter, you must press three keys. First, press star (*), then press the key which has the letter you want, finally press one, two, three or four to indicate the position of the letter on that key. You enter numbers normally. For example, for A- 2-3-Z, press star-two-one, two, three, star-nine-four. If you need to hear this message again, press or say 1.
	If you are ready to enter the beneficiary number, press or say 2. If it is all numeric or you know to enter letters, press or say 2."
	If you chose 2, you will hear the following message:
	<i>"Please enter the beneficiary's identification number followed by the pound sign.</i> You entered xxxxxxxx.

	If this is correct, press or say 1. If not, press or say 2."
	Enter the beneficiary's Medi-Cal identification number followed by the pound sign key (#). If there are any alpha characters in the number, press the star key (*) and number keys that correspond with the letter.
Beneficiary Birth Date	If the beneficiary ID number you enter is invalid, AEVS will prompt you to re-enter the number. If the beneficiary identifier is entered correctly, you will receive the following message:
	"Please enter the two-digit month and four-digit year of the beneficiary's birth. For example, June 1972, would be entered as 0-6-1-9-7-2.
	You entered <xxxxx>. If this is correct, press or say 1. If not, press or say 2."</xxxxx>
Verifying Newborn Infant Eligibility	If you are verifying eligibility for a newborn infant billing on the mother's ID number, enter the mother's date of birth.
Date of Service	Please enter the date of service using the two-digit month, two-digit day and four-digit year. To enter today's date press star:
	"You entered <xxxxxxx>. If this is correct, press or say 1. If not, press or say 2."</xxxxxxx>
	If you press or say an invalid date you will hear the following message:
	"That date is not valid. You must enter an eight-digit number only. Please enter the date of service. <mmddyyyy>"</mmddyyyy>
	If you enter an invalid beneficiary date of birth you will hear the following message:
	"The birth date you entered does not match our records. The date you entered is invalid. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. Denti-Cal providers should call 1-800-541-5555. Thank you for calling the Automated Eligibility Verification System. Good-bye "

When a valid date is entered, AEVS will attempt to access the requested beneficiary's eligibility information. At this point, you should be prepared to record the information provided by AEVS.

If the beneficiary's eligibility cannot be verified, you will receive the following message:

"No recorded eligibility for (month) (year) for beneficiary (ID number) with a birth date of (month) (year)."

If the beneficiary has a Share of Cost (SOC), you will hear the following message:

"This Medi-Cal beneficiary has a Share of Cost of (dollar amount) dollars. To hear this information again, press or say 1. Otherwise, press or say 2."

If you press or say 2 you will hear the following message:

"This Medi-Cal beneficiary has a Share Cost of (dollar amount) dollars. To hear this information again, press or say 1. Otherwise press or say 2."

If AEVS successfully retrieves the beneficiary's eligibility information for the month that you requested and you pressed or said 2, you will receive the following message that will verify the beneficiary's eligibility by giving you the first six letters of the last name and the first initial:

"Thank you. The first six letters of the beneficiary's name are _____. The beneficiary's first initial is _. The county code is _ _. The primary aide code is _ _. The first special aide code is _ _. Please call the health care plan for PCP information. The Eligibility Verification Confirmation number is (number)."

After this message is spoken, please be prepared to record the beneficiary's eligibility information on the *AEVS Response Log*.

Eligibility Message Types

The following are examples of messages you may receive when AEVS provides you with the beneficiary eligibility information that you requested. A beneficiary may have more than one eligibility message spoken for each transaction. Be prepared to record the following information:

"Beneficiary Medi-Cal eligible.

Beneficiary is Medi-Cal eligible for dialysis and related services only, with _ _ percent obligation.

Beneficiary is restricted to medical services related to pregnancy and family planning.

The beneficiary has other health insurance coverage under code (OHC code) – (OHC name) – (carrier code). Scope of coverage is: (scope of coverage [COV] code[s])."

If a Medi-Cal fee-for-service beneficiary will be enrolled in a health care plan (HCP) in the next month of enrollment (MOE), then you will receive the following message with that pending three-digit HCP number and HCP phone number:

For information only pending health care plan enrollment into: (HCP) XXX, (HCP phone number) 1-800-XXX-XXXX.

You may contact the HCP for information regarding the pending HCP enrollment only.

If available, you also may hear up to 10 occurrences of the carrier code and policy number. For a list of AEVS carrier codes, refer to AEVS: Carrier Codes for Other Health Coverage on the Medi-Cal website at *www.medi-cal.ca.gov* (click the "Publications" link, followed by the "Provider Manuals" link and scroll to "Other Sections").

Note: Providers may view and download the online *AEVS: Carrier Codes for Other Health Coverage* section in Microsoft Word format.

The Eligibility Verification Confirmation number is <xxxxxx>.

After all eligibility messages and eligibility verification confirmation (EVC) numbers are spoken for this transaction, you will receive the following message:

"To hear this information again, press 1. Otherwise, press 2."

If you press 2, you will return to the main menu and hear the following message:

"For Eligibility Verification, press or say 1. For Share of Cost, press or say 2. To perform a Medi-Service transaction, press or say 3. For general information, please visit us on the Web at www.medi-cal.ca.gov."

SHARE OF COST CLEARANCE OR REVERSAL

Introduction	The following process is used to access the Medi-Cal eligibility verification system to complete a Share of Cost (SOC) clearance or reversal transaction.
Provider Identification Number (PIN)	Using a touch-tone telephone, dial 1-800-456-AEVS (2387) or 1-800-541-5555. AEVS will respond with the following message:
	"Welcome to Medi-Cal. Please listen carefully as our menu has changed. For English press or say 1. Para Español marque dos.
	lf you are a provider, please press or say 1. If you are a beneficiary, please press or say 2.
	For the Automated Eligibility Verification System, please press or say 1.
	If you have a PIN, please press or say 1. If you have a temporary PIN, please press or say 2.
	Please enter your PIN followed by a pound sign (#)."
	Enter your Provider Identification Number (PIN).

	When the entered PIN is associated with both an NPI and Legacy ID number, the NPI will be given as the first option to select. In this case AEVS will respond with the following message:
	"If your Provider Number is (NPI), press 1. If your Provider Number is (Legacy ID), press 2. Or press 3 to re-enter your PIN."
	The second option will be unavailable if only the Legacy ID or NPI is associated with the entered PIN.
	If the PIN cannot be found on the Provider Master File, AEVS will prompt you to re-enter the correct PIN. If the PIN cannot be found after the third try, the call will be terminated with the following message:
	"We are unable to locate the Provider Identification Number. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. Denti-Cal providers should call1-800-423-0507. Thank you for calling the Automated Eligibility Verification System. Good-bye."
Transaction Menu	If the PIN can be verified by AEVS, you will receive the following prompt by provider type:
For Podiatrist, Acupuncturist, Chiropractor, OT, Psychologist, Speech Pathologist, Audiologist	"For Eligibility Verification, press or say 1. For Share of Cost, press or say 2. To perform a Medi-Service transaction, press or say 3. For general information please visit us on the Web at www.medi-cal.ca.gov."
For all others	<i>"For Eligibility Verification, press or say 1. For Share of Cost, press or say 2. For Family PACT transactions, press or say 3. For general information please visit us on the Web at www.medi-cal.ca.gov."</i>
	Press 2 to clear an SOC liability or reverse a previous clearance. You will then hear the following message:
	"To perform an update, press or say 1. To perform a reversal, press or say 2."

Beneficiary ID Number	To perform an update, press 1. To perform a reversal, press 2. After you press 1 or 2, you will receive the following message:	
	"The beneficiary identification number can be found on the face of the Benefits Identification Card.	
	If the beneficiary identification number includes letters, and you need instructions on how to enter them, press or say 1."	
	If you press or say 1 you will hear the following:	
	"To enter a letter, you must press three keys. First, press star (*), then press the key which has the letter you want. Finally press one, two, three or four to indicate the position of the letter on that key. You enter numbers normally. For example, for A- 2-3-Z, press star-two-one, two, three, star-nine-four. If you need to hear this message again, press or say 1.	
	If you are ready to enter the beneficiary number, press or say 2.	
	If it is all numeric or you know how to enter letters, press or say 2."	
	If you chose 2, you will hear the following message:	
	<i>"Please enter the beneficiary's identification number.</i> You entered <xxxxxxx>.</xxxxxxx>	
	If this is correct, press or say 1. If not, press or say 2."	
Beneficiary Birth Date	If the beneficiary ID number you enter is invalid, AEVS will prompt you to re-enter the number. If the beneficiary identifier is entered correctly, you will receive the following message:	
	<i>"Please enter the two-digit month and four-digit year of the beneficiary's birth. For example, June, 1972, would be entered as 0-6-1-9-7-2."</i>	

Verifying Newborn Infant SOC	If you are performing this transaction for services rendered to a newborn infant billing on the mother's ID number, enter the <u>mother's</u> date of birth.
Date of Service	Please enter the date of service using two-digit day and four-digit year. To enter today's date press star.
	"You entered <xxxxx>.</xxxxx>
	If this is correct, press or say 1. If not, press or say 2."
	If you press or say an invalid date you will hear the following message:
	"That date is not valid. You must enter an eight-digit number only. Please enter the date of service <mmddyyyy>."</mmddyyyy>
	If the date of service that you entered is invalid, AEVS will prompt you to re-enter the date.
	Note: If you have to re-enter the date of service, this is considered to be an additional inquiry and will count against the 10 inquiries you are allowed per call.
Procedure Code	If the date is entered correctly, you will receive the following message:
	<i>"If the procedure code includes letters and you need help entering letters, press or say 1.</i>
	If it is all numeric or you know how to enter letters, press or say 2."
	If you chose option 1, you will hear the following message:
	<i>"If the procedure code includes letters and you need help entering letters, press or say 1.</i>
	<i>If it is all numeric or you know how to enter letters, press or say</i> 2."

	If you chose option 2 you will hear the following message:
	<i>"Please enter a procedure code followed by the pound sign (#).</i>
	You entered <xxxxxx>. If this is correct, press or say 1. To re-enter, press or say 2."</xxxxxx>
Total Billed Amount	If you press 1, you will hear the following message:
	<i>"Please enter the total claim charged amount including dollars and cents followed by a pound sign (#). For example, for twenty dollars and fifty cents would be, entered 2-0-5-0#".</i>
	If the amount you entered is invalid, AEVS will prompt you to re-enter the amount. If the amount is entered correctly, you will receive the following message:
	"You entered <xxxxxxx>. If this is correct, press or say 1. To re-enter, press or say 2."</xxxxxxx>
Case Number	If you press 1, you will hear the following message:
	<i>"If the case number includes letters, press or say 1.</i> <i>If it is all numeric, press or say 2.</i> Or press pound to bypass the case number."
	If you chose option 1 you will hear the following message:
	"To enter a letter, you must press three keys. First, press star (*),then press the key which has the letter you want, finally press one, two, three or four to indicate the position of the letter on that key. You enter numbers normally. For example, for A-2-3-Z, press star-two-one, two, three, star-nine-four. If you need to hear this message again, press or say 1.
	If you are ready to make your entry, press or say 2."

	If you chose option 2 you will hear the following message:
	"Please enter the case number followed by the pound sign."
	If the beneficiary has multiple cases, see "Multiple SOC Cases" on the following page.
Clearance With SOC Liability Remaining	After you press the pound sign (#) for a beneficiary without multiple cases, you will hear the following message <u>if the beneficiary has additional liability:</u>
	"The amount deducted was <000.00>. The amount of Share of Cost remaining is <000.00>.
	To enter a different procedure code, press or say 1. To enter a different case number, press or say 2. To return to the main menu, press or say 9."
Clearance With No SOC Liability Remaining	After you press the pound sign (#) for a beneficiary without multiple cases, you will hear the following message <u>if the beneficiary's</u> Share of Cost is certified (no Share of Cost liability remaining):
	"The first six letters of the beneficiary's name are The beneficiary's first initial is The county code is The primary aid code is The first special aid code is
	The amount deducted was (amount). Share of Cost certified. The Eligibility Verification Confirmation number is (number)."
Multiple SOC Cases	A beneficiary may have multiple cases for SOC clearance. You will hear the following messages based on the beneficiary case number status:
	"This beneficiary is in multiple cases. Their case numbers are: <xxxxxxxxx></xxxxxxxxx>
	<xxxxxxxxxxx></xxxxxxxxxxx>
	<xxxxxxxxxx> <yyyyyyyxxx> "</yyyyyyyxxx></xxxxxxxxxx>

If the beneficiary has more than four case numbers you will hear:

The beneficiary also has additional Share of Cost case numbers not mentioned in this transaction."

You will then hear the following:

"If the case number includes letters, and you need instructions on how to enter them, press or say 1. If it is all numeric or you know how to enter letters, press or say 2".

If you chose option 1 you will hear:

"To enter a letter, you must press three keys. First, press star (*), then press the key which has the letter you want, finally press one, two, three or four to indicate the position of the letter on that key.

You enter numbers normally. For example, for A-2-3-Z, press startwo-one, two, three, star-nine-four.

If you need to hear this message again, press or say 1.

If you are ready to enter the beneficiary number, press or say 2."

If you chose option 2 you will hear the following message:

"Please enter the case number, followed by the pound sign.

You entered <xxxxxxx>. If this is correct, press or say 1. To re-enter, press or say 2."

	You will then hear the messages telling you what kind of eligibility and/or restrictions the beneficiary has. For example:
	"Beneficiary Medi-Cal eligible.
	Beneficiary is Medi-Cal eligible for dialysis and related services only, with percent obligation.
	Beneficiary is restricted to medical services related to mental health care."
Entering Applied Amount for Case Numbers	If you press 1, you will hear the following message:
	<i>"Please enter the applied amount for the case number as dollars and cents.</i> For example, for twenty dollars and fifty cents, would be entered 2-0-5-0#.
	You entered <xxxxxxx>. If this is correct, press or say 1. To re-enter, press or say 2."</xxxxxxx>
	If you chose option 1 you will hear:
	"Amount added was <xxx.xx>. Share of Cost remaining is <xxx.xx>.</xxx.xx></xxx.xx>
	To repeat this information, press or say 1. To enter a different case number, press or say 2. To return to the main menu, press or say 9."
SOC Reversal	If you press 2, you will hear the following message <u>if you requested a</u> <u>reversal</u> :
	You will hear the following message:
	"The beneficiary identification number can be found on the face of the Benefits Identification Card.
	If the beneficiary identification number includes letters, and you need instructions on how to enter them, press or say 1."

	If you press or say 1, you will hear the following message:
	"To enter a letter, you must press three keys. First, press star (*), then press the key which has the letter you want, finally press one, two, three or four to indicate the position of the letter on that key. You enter numbers normally. For example, for A- 2-3-Z, press star two-one, two, three, star-nine-four. If you need to hear this message again, press or say 1.
	If you are ready to enter the beneficiary number, press or say 2.
	If it is all numeric or you know how to enter letters, press or say 2."
	If you chose 2, you will hear the following message:
	<i>"Please enter the beneficiary's identification number.</i> You entered <xxxxxxx>.</xxxxxxx>
	<i>If this is correct, press or say 1.</i> <i>If not, press or say 2."</i>
Beneficiary Birth Date	If the beneficiary ID number you enter is invalid, AEVS will prompt you to re-enter the number. If the beneficiary identifier is entered correctly, you will receive the following message:
	<i>"Please enter the two-digit month and four-digit year of the beneficiary's birth. For example, June, 1972, would be entered as 0-6-1-9-7-2."</i>
Verifying Newborn Infant SOC	If you are performing this transaction for services rendered to a newborn infant billing on the mother's ID number, enter the mother's date of birth.

Date of Service	Please enter the date of service using two-digit day and four-digit year. To enter today's date press star.
	"You entered <xxxxx>. If this is correct, press or say 1. If not, press or say 2."</xxxxx>
	If you press or say an invalid date you will hear the following message:
	"That date is not valid. You must enter an eight-digit number only. Please enter the date of service <mmddyyyy>."</mmddyyyy>
	If the date of service that you entered is invalid, AEVS will prompt you to re-enter the date.
	Note: If you have to re-enter the date of service, this is considered to be an additional inquiry and will count against the 10 inquiries you are allowed per call.
Procedure Code	If the date is entered correctly, you will receive the following message:
	<i>"If the procedure code includes letters and you need help entering the letters, press or say 1.</i>
	If it is all numeric or you know how to enter the letters, press or say 2."
	If you chose option 1, you will hear the following message:
	<i>"If the procedure code includes letters and you need help entering letters, press or say 1.</i>
	If it is all numeric or you know how to enter letters, press or say 2."
	If you chose option 2 you will hear the following message:
	<i>"Please enter a procedure code followed by the pound sign.</i>
	You entered <xxxxxxx>. If this is correct, press or say 1. To re-enter, press or say 2."</xxxxxxx>

Total Billed Amount	If you press 1, you will hear the following message:
	<i>"Please enter the total claim charged amount including dollars and cents followed by a pound sign (#). For example, twenty dollars and fifty cents would be entered 2-0-5-0#".</i>
	If the amount you entered is invalid, AEVS will prompt you to re-enter the amount. If the amount is entered correctly, you will receive the following message:
	"You entered <xxxxxxx>. If this is correct, press or say 1. To re-enter, press or say 2."</xxxxxxx>
Requesting Reversal SOC Non-Phased-In Counties not	If you request a SOC clearance for a beneficiary whose county has phased to plastic Benefits Identification Cards (BICs), you will hear the following message:
	"The Share of Cost clearance system is not operative in the beneficiary's county for the month requested. Use the MC 177 form for Share of Cost clearance."

MEDI-SERVICE RESERVATION OR REVERSAL

Introd	luction

The following process is used to access the Medi-Cal eligibility verification system to complete a Medi-Service reservation or reversal transaction. This inquiry can be performed only by the following providers:

- Podiatrists
- Acupuncturists
- Chiropractors
- Occupational Therapists
- Psychologists
- Speech Pathologists
- Audiologists

Using a touch-tone telephone, dial 1-800-456-AEVS (2387). AEVS will respond with the following message:

"Welcome to Medi-Cal. For English press or say 1. Para Español marque dos.

Please enter your PIN followed by the pound sign."

Enter your Provider Identification Number (PIN).

When the entered PIN is associated with both NPI and Legacy ID, the NPI will be given as the first option to select. In this case AEVS will respond with the following message:

"If your Provider Number is (NPI), press 1. If your Provider Number is (Legacy ID), press 2. Or press 3 to re-enter your PIN."

The second option will be unavailable if only Legacy ID or NPI is associated with the entered PIN.

For Medi-Service Reversal Transaction providers are requested to select the Provider Number that was submitted in the original Medi-Service Reservation transaction.

If the PIN cannot be found on the Provider Master File, AEVS will prompt you to re-enter the correct PIN. If the PIN cannot be found after the third try, the call will be terminated with the following message:

Provider Identification Number (PIN)

	"We are unable to locate the Provider Identification Number. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. Denti-Cal providers should call 1-800-423-0507. Thank you for calling the Automated Eligibility Verification System. Good-bye."
Transaction Menu	If the PIN can be verified by AEVS, you will receive the following prompt:
	"For Eligibility Verification, press or say 1. For Share of Cost, press or say 2. To perform a Medi-Service transaction, press or say 3. For general information please visit us on the Web at www.medi-cal.ca.gov."
	Press 3 to reserve a Medi-Service or to reverse a previous reservation. You will then hear the following message:
	<i>"To perform an update, press 1. To perform a reversal, press 2."</i>
Beneficiary ID Number	Press 1 to verify eligibility. You will then hear the following message:
	<i>"If you know the beneficiary ID press or say 1. If not, press or say 2."</i>
	If you chose 1, you will hear the following message:
	"The beneficiary identification number can be found on the face of the Benefits Identification Card. If the beneficiary identification number includes letter, and you need instructions on how to enter them, press or say 1."
	If you press or say 1, you will hear the following:
	"To enter a letter, you must press three keys. First, press star (*), then press the key which has the letter you want, finally press one, two, three or four to indicate the position of the letters on that key. You enter numbers normally. For example, for A-2-3-Z, press star-two-one, two, three, star-nine-four. If you need to hear this message again, press or say 1."
	If you are ready to enter the beneficiary number, press or say 2.
	If it is all numeric or you know to enter letters, press or say 2."

	If you chose 2, you will hear the following message:	
	<i>"Please enter the beneficiary's identification number.</i> You entered <xxxxxxx>.</xxxxxxx>	
	If this is correct, press or say 1. If not, press or say 2."	
	Enter the beneficiary's Medi-Cal identification number followed by the pound sign key (#). If there are any alpha characters in the number, press the star key (*) and number keys that correspond with the letter.	
Beneficiary Birth Date	If the beneficiary ID number you enter is invalid, AEVS will prompt you to re-enter the number. If the beneficiary identifier is entered correctly, you will receive the following message:	
	"Please enter the two-digit month and four-digit year of the beneficiary's birth. For example, June, 1972, would be entered as 0-6-1-9-7-2.	
	You entered <xxxxx>. If this is correct, press or say 1. If not, press or say 2."</xxxxx>	
	If you enter an invalid beneficiary date of birth you will hear the following message:	
	"The birth date you entered does not match our records. The date you entered is invalid. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. Denti-Cal providers should call 1-800-541-5555. Thank you for calling the Automated Eligibility Verification System. Good-bye "	

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Verifying Newborn Infant Eligibility	If you are verifying eligibility for a newborn infant billing on the mother's ID number, enter the <u>mother's</u> date of birth.
Date of Service	Please enter the date of service using the two-digit month, two-digit day and four-digit year. To enter today's date press star:
	"You entered <xxxxxxx>. If this is correct, press or say 1. If not, press or say 2."</xxxxxxx>
	If you press or say an invalid date you will hear the following message:
	"That date is not valid. You must enter an eight-digit number only. Please enter the date of service. <mmddyyyy>"</mmddyyyy>
	If the date of service that you entered is invalid, AEVS will prompt you to re-enter the date.
	Note: If you have to re-enter the date of service, this is considered to be an additional inquiry and will count against the 10 inquiries you are allowed per call.
Procedure Code	If the date is entered correctly, you will receive the following message:
	<i>"If the procedure code includes letters and you need help entering the letters, press or say 1.</i>
	If it is all numeric or you know how to enter the letters, press or say 2."
	If you chose option 1, you will hear the following message:
	<i>"If the procedure code includes letters and you need help entering letters, press or say 1.</i>
	If it is all numeric or you know how to enter the letters, press or say 2."
	If you chose option 2 you will hear the following message:
	"Please enter a procedure code followed by the pound sign (#).
	You entered <xxxxxxx>. If this is correct, press or say 1. To re-enter, press or say 2."</xxxxxxx>

Reservation Available	If you press 1, you will hear the following message if you requested a Medi-Service reservation <u>and the beneficiary has remaining reservations</u> :
	"The Medi-Service reservation was applied.
	For additional Medi-Service reservations for this beneficiary, press or say 1.
	To return to the main menu, press or say 9."
Reservation Declined	If the Medi-Service reservation is not required you will hear the following:
	"No Medi-Service is required for this procedure. The Medi-Service was rejected. For additional Medi-Service reservations for this beneficiary, press or say 1.
	To return to the main menu, press or say 9."
Reservation Not Available	If the beneficiary has no more available Medi-Service reservations you will hear the following:
	"The beneficiary has no more Medi-Services available for <month><year>. The Medi-Service reservation was rejected. For additional Medi-Service reservations for this beneficiary, press or say 1. To return to the main menu, press or say 9."</year></month>
Reserving Additional Medi-Service Reservations	If you press 1, you will hear the preceding response again. If you press 2, you will hear the following message:
	<i>"For additional Medi-Service reservations for this beneficiary, press 1. Otherwise, press or say 9 to return to the Main Menu."</i>
	Note: If the first Medi-Service reservation was rejected or there are no more Medi-Service reservations available, press or say 9 to return to the main menu.

Reservation Unavailable	If you press 1, you will hear the following message if you requested a Medi-Service reservation <u>and the beneficiary has no more</u> <u>reservations</u> : <i>"The beneficiary has no more Medi-Services available for</i> <i>(month) (year). The Medi-Service reservation was rejected."</i>
Service Does Not Require Medi-Service Reservation	If you press 1, you will hear the following message if you requested a Medi-Service reservation <u>and the procedure is not a Medi-Service</u> <u>procedure</u> : <i>"No Medi-Service reservation is required for this procedure.</i> <i>The Medi-Service reservation was rejected."</i>
Medi-Service Reversal: No Claim Paid in History	If you press 1, you will hear the following message if you requested a Medi-Service reversal <u>and you have not yet been paid for the</u> <u>procedure on the date of service</u> : <i>"The Medi-Service Reversal was applied."</i>
Medi-Service Reversal: Claim Paid in History	If you press 1, you will hear the following message if you requested a Medi-Service reversal <u>and you have already been paid for the</u> <u>procedure on the date of service</u> : <i>"The Medi-Service has already been used on a claim paid by</i> <i>Medi-Cal."</i> Note: You will receive this message if the Medi-Cal eligibility system has marked the claim as paid, even if you have not yet received the warrant in the mail.
Requesting Medi-Services For Non-Phased-In Counties	If you request a Medi-Service reservation for a beneficiary whose county has not phased to plastic Benefits Identification Cards (BICs), you will hear the following message: <i>"The Medi-Service system is not operative in the beneficiary's</i> <i>county for the month requested."</i> If you receive this message, submit your claim with a MEDI label from the beneficiary's paper card.

STATE-ONLY FAMILY PLANNING - See AEVS User Guide for AEVS Transactions - SOFP

CMS 1500 – Completion Instructions

REQUIRED INFORMATION

Box #1a	Insured's correct Medi-Cal Identification Number/Social Security Number.	
Box #2	Consumer's Full Name <u>as recognized by Medi-Cal</u> or as indicated on their Benefit Identification Card (BIC), last name, first name and initial (if applicable).	
Box #3	Correct Date of Birth and Gender (male or female).	
Box #5	Complete home address and telephone number.	
Box #11	Enter the Eligibility Verification Confirmation (EVC) Number, Month/Year and any Share of Cost (SOC) amount.	
Box #11d	Is there another Health Benefit Plan? If so, Provider is to bill the carrier and then submit a Medi-Cal claim with a copy of the Denial letter or Explanation of Benefits (EOB) within 30 days of the date of the denial or EOB.	
Box #12/13	Patient's signature or noted that signature is "On File".	
Box #21	Diagnosis "A" must be an included diagnosis code or a "rule-out" diagnosis for assessments.	
Box #24	 a) Date of Service must match date in chart notes. b) Place of Service. d) FCMHP Service Codes must be those on the Provider Fee Schedule. e) Diagnosis must equal item "A" in Box 21. f) Charges should not be less than reimbursable rate. g) Units must be correct. 	
Box #25	Federal Tax ID Number is required as indicated in Provider Contract.	
Box #28	Total of all charges.	
Box #29	Indicate the SOC amount (whether collected or not collected).	
Box #30	Balance Due = Total charge less SOC.	
Box #31	Original signature required of Provider or authorized biller for the Provider, along with Provider's credentials. Do not pre-date this box. The date the claim is signed must not be prior to the services provided, as shown in Box #24.	
Box #32	Name and Address of Facility where services were rendered is required for Inpatient Claims or outpatient services as appropriate.	
Box #33	Provider or Group Name and complete address with telephone number.	

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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 - Hollie
		14 - Croup 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
		55 - Residential Substance Abuse Treatment Facility
		56 - Psychiatric Residential Treatment Center
		60 - Mass Immunization Center
		61 - Comprehensive Inpatient Rehab Facility
		65 - End Stage Renal Disease Treatment Eacility
		71 - State or Local Public Health Clinic
		72 - Rural Health Clinic
		81 – Independent Laboratory
		99 – Other Unlisted Facility
		Emergency Indicator – Check box and attach required
24C	If Applicable	documentation.

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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	Code	MHS
55	Yes	3D	Yes
58	Yes	3E	Yes
59	Yes	3F	Yes
60	Yes	3G	Yes
63	Yes	ЗH	Yes
64	Yes	3L	Yes
65	No	3M	Yes
66	Yes	ЗN	Yes
67	Yes	3P	Yes
68	Yes	3R	Yes
69	Yes	3T	Yes
72	Yes	3U	Yes
74	Yes	3V	Yes
76	Yes	3W	Yes
80	Yes	4A	Yes
81	No	4E	Yes
82	Yes	4F	Yes
83	Yes	4G	Yes
86	Yes	4H	Yes
87	Yes	4K	Yes
0A	Yes	4L	Yes
0M	Yes	4M	Yes
0N	Yes	4N	Yes
0P	Yes	4P	No
0R	No	4R	No
0T	No	4S	Yes
0U	Yes	4T	Yes
0V	Yes	4W	Yes
0W	Yes	5C	Yes
1E	Yes	5D	Yes
1H	Yes	5E	Yes
1U	Yes	5F	Yes
1X	Yes	5J	Yes
1Y	Yes	5K	Yes
2A	Yes	5R	Yes
2E	Yes	5T	Yes
2H	Yes	5W	Yes
ЗA	Yes	6A	Yes
3C	Yes	6C	Yes

С

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

P8

Yes

Yes

Code	MHS
P9	Yes
R1	No
T0	Yes
T1	Yes
T2	Yes
Т3	Yes
T4	Yes
T5	Yes
T6	Yes
T7	Yes
T8	Yes
Т9	Yes

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