



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Mental Health Care (Outpatient)

Benefit

Mental Health Services are in benefit when provided for treatment of a mental illness. The extent of outpatient benefits available to any given member is defined by the member's benefit plan and state law. (Refer to the HMO Benefit Matrix for a description of these benefits.) Chemical dependency and Mental Health are separate benefit programs.

Effective Jan. 1, 2021, the Children and Young Adult Mental Health Crisis Act Bundled Early Treatment mandated that the bundled evidence-based treatment models described below are covered benefits for persons with a serious mental illness (SMI) when under the age of 26.

- Coordinated Specialty Care (CSC) is in benefit (excluding supported education and employment) for a first episode of psychosis.

Coordinated specialty care (CSC) is a recovery-oriented treatment program for people with first episode psychosis (FEP). CSC promotes shared decision making and uses a team of specialists who work with the client to create a personal treatment plan. The specialists offer psychotherapy, medication management geared to individuals with FEP, family education and support, case management, and work or education support, depending on the individual's needs and preferences. The client and the team work together to make treatment decisions, involving family members as much as possible. The goal is to link the individual with a CSC team as soon as possible after psychotic symptoms begin. A list of CSC providers can be found at: www.dhs.state.il.us.

- Assertive Community Treatment (ACT) is in benefit for all members who have been diagnosed with a SMI.

An Assertive Community Treatment (ACT) team consists of a community-based group of medical, behavioral health and rehabilitation professionals who use a team approach to meet the needs of an individual with severe and persistent mental illness. The key elements of ACT include a multidisciplinary team, including a medication prescriber, a shared caseload among team members, direct service provision by team members, a high frequency of patient contact, low patient to staff ratios, and outreach to patients in the community. List of providers is at: <https://www.dhs.state.il.us/page.aspx?item=30471>.

- Community Support Team (CST) Treatment is also in benefit for all members who have been diagnosed with a SMI.

Community Support Team is recovery and resiliency oriented, intensive, community-based rehabilitation and outreach service for adults and youth. It is team-based and consists of mental health rehabilitation interventions and supports necessary to assist the recipient in achieving and maintaining rehabilitative, resiliency and recovery goals. Community Support Team is designed to meet the educational, vocational, residential, mental health, co-occurring disorders (MH/Substance Abuse, MH/Developmental Disability, MH/Medical), financial, social and other treatment support needs of the recipient. Interventions are provided primarily in natural settings (i.e. member's home), and are delivered face to face, by telephone, or by video conference with individual recipients and their family/significant others as appropriate, to the primary well-being and benefit of the recipient.

Effective Jan. 1, 2019, Public Act (PA)100-1024 created a new definition as follows:

"Mental, emotional, nervous, or substance use disorder or condition" means a condition or disorder that involves a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the current edition of the International Classification of Disease or that is listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders. In addition, the Public Act deleted the definition of "serious mental illness."

Effective Jan. 1, 2020, telepsychiatry will be a covered benefit for Blue Precision HMOSM, Blue FocusCareSM and BlueCare DirectSM. Telepsychiatry refers to behavioral health services rendered by a Psychiatrist via a simultaneous audio and video telehealth setting permitting 2-way, live interactive communication between the patient and the distant site health care provider. Telepsychiatry can also be offered by licensed Nurse Practitioners and Physician Assistants operating within the scope of their license. Telepsychiatry may include a range of services, such as medication management, psychiatric evaluations, therapy (individual therapy, group therapy, family therapy) and patient education.

(Information included for historical reference) In June 2006, the law Public Act (PA) 094-0906 and PA 094-0921 was signed impacting the existing Illinois Compiled Statutes (215 ILCS 5/370c). This law required all HMOs to comply with all provisions of the SMI statute effective Jan. 1, 2007.

SMI includes psychiatric illnesses of:

- Schizophrenia
- Paranoid and other psychotic disorders
- Bipolar disorders (hypo manic, manic, depressive, and mixed)
- Major depressive disorders (single episode or recurrent)
- Schizoaffective disorders (bipolar or depressive)
- Pervasive developmental disorders (PDD) – see Autism scope for additional information
- Obsessive-compulsive disorders
- Depression in childhood and adolescence
- Panic disorder
- Post-traumatic stress disorders (acute, chronic, or with delayed onset)
- Anorexia Nervosa (effective Jan. 1, 2008)
- Bulimia Nervosa (effective Jan. 1, 2008)
- Eating disorders, including but not limited to, anorexia nervosa, bulimia nervosa, pica, rumination disorder, avoidant/restrictive food intake disorder, other specific feeding or eating disorder (OSFED), and any other eating disorder contained in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association (effective Aug. 24, 2017)

Refer to the note at the end of this section for a list of SMI diagnosis.

Visits are considered to be mental health visits when the primary purpose is to provide psychotherapy services. Visits for medical management or medication adjustment are considered medical visits, NOT mental health visits.

Interpretation

A member who is having mental health problems or is exhibiting inappropriate or unusual behavior should always be evaluated by the Primary Care Physician (PCP) and referred if appropriate for evaluation by a mental health professional; this does not exclude members with mental retardation. A determination about additional visits beyond the initial mental health evaluation can be made once the evaluation of the member has been completed. The PCP, with input from the mental health professional, should determine the medical necessity of further mental health visits, as well as their frequency and overall duration.

Outpatient mental health benefits are available for a member with a mental illness whose clinical record or psychological testing results demonstrate a need for outpatient therapy. Medical necessity may also be based on self-reported signs and symptoms and/or a decrease in the Global Assessment of Functioning Scale (GAF). Members should be referred to a mental health professional (defined as a psychiatrist, psychologist, psychiatric social worker, or other mental health professional working under the guidance of a physician) for covered services. These services include individual psychotherapy, group therapy, family therapy, psychological testing, transcranial magnetic stimulation (TMS), biofeedback and neurofeedback. Marriage counseling for those members in a qualified Domestic Partnership, Civil Union or marriage is also a covered service.

Behavior problems in children raise the possibility of an underlying psychiatric condition. These problems may be noted by family members, school officials, law enforcement officials, or others. Children with such problems should be considered for evaluation for an underlying mental health condition.

Psychological testing services are in benefit. Each visit, regardless of length, counts as one mental health visit for purposes of copayment.

When a member has been ordered by a court to undergo mental health assessment and/or treatment, these services are in benefit if they are medically necessary AND the PCP refers the member for the service. Court-ordered services are not in benefit if they are not medically necessary OR if the court orders services to be provided by a non-network practitioner.

TELEPSYCHIATRY GUIDELINES

Providers Rendering Telepsychiatry: Psychiatrists contracted with HMO IPAs must be credentialed and do not require additional licensing to perform telepsychiatry. Psychiatrists, Nurse Practitioners and Physician Assistants are the only type of providers who should be performing telepsychiatry.

Advanced Nurse Practitioners and Physician Assistants may render Telepsychiatry services provided they are operating within the scope of their license.

Psychiatrists, Nurse Practitioners and/or Physician Assistants who perform telepsychiatry must use internet software that is HIPAA compliant.

Serious Mental Illness (SMI)

Policies issued or renewed after Jan. 1, 2007, are subject to the provisions of (215 ILCS 5/370c). This law provided additional coverage for inpatient and outpatient services:

- Increased inpatient mental health benefits to 45 days in addition to the purchased benefits
- Increased outpatient mental health benefits to include 60 visits in addition to the purchased benefits
- Twenty additional speech therapy visits for members with a PDD diagnosis
- Allowed members to self-refer to any mental health provider (regardless of contracted status) for a non-SMI diagnosis and receive 50 percent coverage. The benefits are described in the paid by section of this scope. The IPA should stamp any self-directed claims as NGA OON (out of network) and submit them to the HMO
- No impact on coverage for chemical dependency

Effective Aug. 1, 2012, the HMOs have made an administrative decision to cover diagnosis code 311 for members under 18 years of age as a non-SMI diagnosis.

Effective Aug. 24, 2017, the Public Act 100-0305 updated the definition of a SMI to include: eating disorders, including, but not limited to, anorexia nervosa, bulimia nervosa, pica, rumination disorder, avoidant/restrictive food intake disorder, other specified feeding or eating disorder (OSFED), and any other eating disorder contained in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

Mental Health Parity

Mental Health Parity and Addiction Equity Act of 2008

The Emergency Economic Stabilization Act of 2008 included the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (The MHPAEA or ACT). The ACT does not require coverage of mental health (MH) or substance use (SU) benefits but if plans do cover such benefits, it required that group health plans and group health insurers apply the same treatment and financial limits to medical-surgical and mental health and substance use disorders. Under this law, all previous day/visit limits were removed for a member being treated by a mental health provider.

The requirements of the new law were effective for plan years beginning on or after one year from the date the legislation was signed into law. (Oct. 3, 2008). As a result, the provisions applied to new contracts and renewals on or after Oct. 3, 2009, but not before Nov. 1, 2009.

From Nov. 1, 2009, through July 1, 2010, a copay was charged based upon provider type (e.g. a specialist visit would have the specialist copay charged). Starting July 1, 2010, upon employer group renewal; the copay policy is:

- If a member is treated by their PCP, the PCP co-pay is applied.
- If a member is treated by any MH/SU professional, the PCP co-pay is applied.
- If member is seeing a rehab therapist, the rehab co-pay applies.

The co-pay is applied as above whether it's SMI or Non-SMI or Substance Use Disorder.

Benefits are NOT available for:

- Services directed toward making one's personality more forceful or dynamic.
- Consciousness raising.
- Vocational or religious counseling.
- Group socialization (except in the treatment of ASD)
- Educational activities (i.e., smoking cessation classes)
- Simple lifestyle dissatisfactions which are a reaction to common life stresses
- IQ testing
- Treatment modalities not shown to be effective in the treatment of mental illness. One such example (but not limited to) is the photo therapy light used to treat Seasonal Affective Disorder (SAD).

Special Coverage Notes

Paid by		IPA
	GA Professional Charges GA CSC, ACT, CST	IPA
	Professional Charges (in area - non SMI/SMI/Substance Use –non-emergency - NGA)	HMO – 50-100% paid to the provider if accepts benefit assignment, to the member if not. Payment level is determined by the member’s 2021 renewal date. Payment level is 50% prior to the renewal date. 100% upon the renewal date for a period of one year.
	Professional Charges (out of area emergency – regardless of diagnosis)	HMO
	GA Outpatient Treatment/ Diagnostic Facility Charges	IPA
	Outpatient Treatment/Diagnostic Facility Charges (in area - non SMI/SMI/Substance Use – non-emergency - NGA)	HMO: 50-100% paid to the facility. Payment level is determined by the member’s 2021 renewal date. Payment level is 50% prior to the renewal date. 100% upon the renewal date for a period of one year.
	Facility Charges (out of area emergency – regardless of diagnosis)	HMO

Note: refer to ASD Guideline for additional information.

Electroconvulsive Therapy (ECT)

Outpatient ECT services are in benefit. These services are considered to be medical services. ECT is subject to usual utilization management fund unit charge.

List of Serious Mental Illness (SMI) – ICD-10

Diagnosis Code	DESCRIPTION
F20.0	Paranoid Schizophrenia
F20.1	Disorganized Schizophrenia
F20.2	Catatonic Schizophrenia
F20.3	Undifferentiated Schizophrenia
F20.5	Residual Schizophrenia
F20.8	Other Schizophrenia
F20.81	Schizophreniform Disorder
F20.89	Other Schizophrenia
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 physiologic condition
F29	Unspecified Psychosis not due to a substance or known physiological condition
F30.1	Manic Episode without Psychotic Symptoms
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
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	Major Depressive Disorder, single episode
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
F32.4	Major depressive disorder, single episode, in partial; remission
F32.5	Major depressive disorder, single episode, in full remission
F32.8	Other depressive episodes
	Atypical Depression

	Post-schizophrenic depression
	Single episode of “masked” depression NOS
F32.9	Major depressive disorder, single episode, unspecified
	Depression NOS
	Depressive disorder NOS
	Major depression NOS
F33	Major depressive disorder, recurrent
	Includes: recurrent episodes of depressive reaction
	recurrent episodes of endogenous depression
	recurrent episodes of major depression
	recurrent episodes of psychogenic depression
	recurrent episodes of reactive depression
	recurrent episodes of seasonal depressive disorder
	recurrent episodes of vital depression
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 features
	Endogenous depression with psychotic features
	Recurrent severe episodes of major depression with mood-congruent psychotic symptoms
	Recurrent severe episodes of major depression with mood-incongruent psychotic symptoms
	Recurrent severe episodes of major depression with psychotic symptoms
	Recurrent severe episodes of psychogenic depressive psychosis
	Recurrent severe episodes of psychotic depression
	Recurrent severe episodes of reactive depressive psychosis
F33.4	Major depressive disorder, recurrent, in remission
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
	Recurrent brief depressive episodes
F33.9	Major depressive disorder, recurrent, unspecified
	Monopolar depression NOS
F31	Bipolar Disorder
F31.0	Bipolar disorder, current episode hypomanic
F31.1	Bipolar disorder, current episode manic without psychotic features
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
F31.3	Bipolar Disorder, current episode depressed, mild or moderate severity
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
F31.6	Bipolar Disorder, current episode mixed
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
F31.7	Bipolar Disorder, currently in remission
F31.71	Bipolar Disorder, in partial remission, most recent episode hypomanic
F31.72	Bipolar Disorder, in full remission, most recent episode hypomanic
F31.73	Bipolar Disorder, in partial remission, most recent episode manic
F31.74	Bipolar Disorder, in full remission, most recent episode manic
F31.75	Bipolar Disorder, in partial remission, most recent episode depressed
F31.76	Bipolar Disorder, in full remission, most recent episode depressed
F31.77	Bipolar Disorder, in partial remission, most recent episode mixed
F31.78	Bipolar Disorder, in full remission, most recent episode mixed
F31.8	Other Bipolar Disorders
F31.81	Bipolar II disorder
	affective disorders
F34.0	Cyclothymic disorder
	Affective personality disorder
	Cycloid personality
	Cyclothymia
	Cyclothymic personality
F34.1	Dysthymic disorder
	Depressive neurosis
	Depressive personality disorder
	Dysthymia
	Neurotic depression
	Persistent anxiety depression
F34.8	Other persistent mood (affective) disorders

F34.9	Persistent mood (affective) disorder, unspecified
F39	Unspecified mood (affective) disorder
F41.0	Panic disorder (episodic paroxysmal anxiety) without agoraphobia
	Panic attack
	Panic state
F42	Obsessive-compulsive disorder
F42.8	Other Obsessive – Compulsive Disorder (includes rumination)
F43.1	Post-traumatic stress disorder (PTSD)
	Traumatic neurosis
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/ purging type
F50.2	Bulimia nervosa
	Bulimia NOS
	Hyperorexia nervosa
	Anancastic neurosis
	F50.81 Binge Eating Disorder
	F50.82 Avoidant/Restrictive Food Intake Disorder
	F50.89 Other Specified Eating Disorder
	F50.9 Eating Disorder Unspecified
F84.0	Autistic disorder
F84.2	Rett's syndrome
F84.5	Asperger's syndrome
	Asperger's Disorder
	Schizoid disorder of childhood
	Autistic psychopathy
F84.8	Other pervasive developmental disorders
	Overactive disorder associated with intellectual disabilities and stereotyped movements
F84.9	Pervasive developmental disorder, unspecified
F98.21	Rumination Disorder of Infancy
F98.29	Other Feeding Disorders of Infancy and Childhood
F98.3	Pica of Infancy and Childhood

List of Serious Mental Illness (SMI) Diagnosis – ICD-9 Version

Diagnosis Code	DESCRIPTION
295	SCHIZOPHRENIC DISORDERS
2950	SCHIZOPHRENIA SIMPLEX SIMPLE X
29500	SCHIZOPHRENIA SIMPLE TYPE UNSPECIFIED
29501	SCHIZOPHRENIA SIMPLE TYPE
29502	SCHIZOPHRENIA SIMPLE TYPE CHRONIC
29503	SCHIZOPHRENIA SIMPLE TYPE W EXACERBATION
29504	SCHIZOPHRENIA SIMPLE TYPE W EXACERBATION
29505	SCHIZOPHRENIA IN REMISSION
2951	HEBEPHRENIC SCHIZOPHRENIA
29510	SCHIZOPHRENIA HEBEPHRENIC TYPE UNSPECIF
29511	SCHIZOPHRENIA HEBEPHRENIC TYPE
29512	SCHIZOPHRENIA HEBEPHRENIC TYPE CHRONIC
29513	SCHIZOPHRENIA HEBEPHRENIC W EXACERBATION
29514	SCHIZOPHRENIA HEBEPHRENIC W EXACERBATION
29515	SCHIZOPHRENIA HEBEPHRENIC TYPE REMISSION
2952	CATATONIC SCHIZOPHRENIA
29520	SCHIZOPHRENIA CATATONIC TYPE UNSPECIFIED
29521	SCHIZOPHRENIA CATATONIC TYPE
29522	SCHIZOPHRENIA CATATONIC TYPE CHRONIC
29523	SCHIZOPHRENIA CATATONIC W EXACERBATION
29524	SCHIZOPHRENIA CATATONIC W EXACERBATION
29525	SCHIZOPHRENIA CATATONIC TYPE IN REMISSIO
2953	SCHIZOPHRENIA PARANOID TYPE
29530	SCHIZOPHRENIA PARANOID TYPE UNSPECIFIED
29531	SCHIZOPHRENIA PARANOID TYPE
29532	SCHIZOPHRENIA PARANOID TYPE CHRONIC
29533	SCHIZOPHRENIA PARANOID TYPE
29534	SCHIZOPHRENIA PARANOID TYPE
29535	SCHIZOPHRENIA PARANOID TYPE IN REMISSION
2954	SCHIZOPHRENIA ACUTE EPISODE
29540	SCHIZOPHRENIFORM DISORDER, UNSPECIFIED
29541	SCHIZOPHRENIFORM DISORDER, SUBCHRONIC
29542	SCHIZOPHRENIFORM DISORDER CHRONIC
29543	SCHIZOPHRENIFORM DISORDER SUBCHRONIC WITH ACUTE EXACERBATION
29544	SCHIZOPHRENIFORM DISORDER CHRONIC WITH ACUTE EXACERBATION
29545	SCHIZOPHRENIFORM DISORDER IN REMISSION
2955	SCHIZOPHRENIA LATENT
29550	SCHIZOPHRENIA LATENT
29551	SCHIZOPHRENIA LATENT
29552	SCHIZOPHRENIA LATENT
29553	SCHIZOPHRENIA LATENT
29554	SCHIZOPHRENIA LATENT
29555	SCHIZOPHRENIA LATENT
2956	SCHIZOPHRENIA RESIDUAL TYPE
29560	SCHIZOPHRENIC DISORDERS RESIDUAL TYPE UNSPECIFIED

Diagnosis Code	DESCRIPTION
29561	SCHIZOPHRENIC DISORDERS RESIDUAL TYPE SUBCHRONIC
29562	SCHIZOPHRENIC DISORDERS RESIDUAL TYPE CHRONIC
29563	SCHIZOPHRENIC DISORDERS RESIDUAL TYPE SUBCHRONIC WITH ACUTE EXACERBATION
29564	SCHIZOPHRENIC DISORDERS RESIDUAL TYPE CHRONIC WITH ACUTE EXACERBATION
29565	SCHIZOPHRENIC DISORDERS RESIDUAL TYPE IN REMISSION
2957	SCHIZOPHRENIA SCHIZO AFFECTIVE
29570	SCHIZOAFFECTIVE DISORDER UNSPECIFIED
29571	SCHIZOAFFECTIVE DISORDER SUBCHRONIC
29572	SCHIZOAFFECTIVE DISORDER CHRONIC
29573	SCHIZOAFFECTIVE DISORDER SUBCHRONIC WITH ACUTE EXACERBATION
29574	SCHIZOAFFECTIVE DISORDER CHRONIC WITH ACUTE EXACERBATION
29575	SCHIZOAFFECTIVE DISORDER IN REMISSION
2958	OTHER SPEC TYPES OF SCHIZOPHRENIA
29580	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA
29581	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA
29582	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA
29583	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA
29584	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA
29585	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA
2959	SCHIZOPHRENIA UNSPECIFIED OR NOS
29590	SCHIZOPHRENIA UNSPECIFIED TYPE
29591	SCHIZOPHRENIA UNSPECIFIED TYPE
29592	SCHIZOPHRENIA UNSPECIFIED TYPE
29593	SCHIZOPHRENIA UNSPECIFIED TYPE
29594	SCHIZOPHRENIA UNSPECIFIED TYPE
29595	SCHIZOPHRENIA UNSPECIFIED TYPE
296	AFFECTIVE PSYCHOSES
2960	MANIC DISORDER SINGLE EPISODE
29600	BIPOLAR I DISORDER SINGLE MANIC EPISODE UNSPECIFIED
29601	BIPOLAR I DISORDER SINGLE MANIC EPISODE MILD
29602	BIPOLAR I DISORDER SINGLE MANIC EPISODE MODERATE
29603	BIPOLAR I DISORDER SINGLE MANIC EPISODE SEVERE W/O MENTION OF PSYCHOTIC BEHAVIOR
29604	BIPOLAR I DISORDER SINGLE MANIC EPISODE SEVERE SPEC AS WITH PSYCHOTIC BEHAVIOR
29605	BIPOLAR I DISORDER SINGLE MANIC EPISODE IN PARTIAL OR UNSPECIFIED REMISSION
29606	BIPOLAR I DISORDER SINGLE MANIC EPISODE IN FULL REMISSION
2961	MANIC DISORDER RECURRENT EPISODE
29610	MANIC DISORDER RECURRENT EPISODE
29611	MANIC DISORDER RECURRENT EPISODE
29612	MANIC DISORDER RECURRENT EPISODE
29613	MANIC DISORDER RECURRENT EPISODE
29614	MANIC DISORDER RECURRENT EPISODE
29615	MANIC DISORDER RECURRENT EPISODE
29616	MANIC DISORDER RECURRENT EPISODE
2962	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE

Diagnosis Code	DESCRIPTION
29620	INVOLUTIONAL MELANCHOLIA SINGLE EPISODE
29621	INVOLUTIONAL MELANCHOLIA SINGLE EPISODE
29622	INVOLUTIONAL MELANCHOLIA SINGLE EPISODE
29623	INVOLUTIONAL MELANCHOLIA SINGLE EPISODE
29624	ACUTE PSYCHOTIC DEPRESSION
29625	INVOLUTIONAL MELANCHOLIA SINGLE EPISODE
29626	INVOLUTIONAL MELANCHOLIA SINGLE EPISODE
2963	MAJOR DEPRESSIVE DIS RECURRENT EPISODE
29630	DEPRESSIVE DISORDER RECURRENT EPISODE
29631	DEPRESSIVE DISORDER RECURRENT EPISODE
29632	DEPRESSIVE DISORDER RECURRENT EPISODE
29633	DEPRESSIVE DISORDER RECURRENT EPISODE
29634	DEPRESSIVE DISORDER RECURRENT EPISODE
29635	DEPRESSIVE DISORDER RECURRENT EPISODE
29636	DEPRESSIVE DISORDER RECURRENT EPISODE
2964	MANIC DEPRESSIVE DISORDER MANIC PHASE
29640	BIPOLAR I DISORDER MOST RECENT EPISODE (OR CURRENT) MANIC UNSPECIFIED
29641	BIPOLAR I DISORDER MOST RECENT EPISODE (OR CURRENT) MANIC MILD
29642	BIPOLAR I MOST RECENT EPISODE (OR CURRENT) MANIC MODERATE
29643	BIPOLAR I DISORD MOST RECENT EPISODE (ORCURRENT)MANIC SEV W/O MENT PSYCHOT BEVAV
29644	BIPOLAR I DISORD MOST REC EPISODE (OR CURRENT)MANIC SEVERE SPEC W PSYCHOT BEH
29645	BIPOLAR I DISORD MOST REC EPI (OR CURRENT) MANIC IN PARTIAL/UNSPEC REMISSION
29646	BIPOLAR I DISORD MOST REC EPI (OR CURRENT) MANIC IN FULL REMISSION
2965	MANIC DEPRESSIVE DISORD DEPRESSED PHASE
29650	BIPOLAR I DISORD MOST RECENT EPISODE (ORCURRENT) DEPRESSED UNSPECIFIED
29651	BIPOLAR I DISORDER MOST RECENT OR CURRENT DEPRESSED MILD
29652	BIPOLAR I MOST RECENT EPISODE OR CURRENT DEPRESSED MODERATE
29653	BIPOLAR I DISORD MOST REC EPI OR CURRENT DEPRESSED SEVERE W/O MENTION PSYCHOTIC BEHAVIOR
29654	BIPOLAR I DISORD MOST REC EPI OR CURRENT DEPRESSED SEVERE AS WITH PSYCHOTIC BEHAVIOR
29655	BIPOLAR I DISORD MOST REC EPI OR CURRENT DEPRESSED IN PARTIAL OR UNSPECIFIED REMISSION
29656	BIPOLAR I DISORD MOST RECENT EPISODE OR CURRENT DEPRESSED IN FULL REMISSION
2966	MANIC DEPRESSIVE DISORDER MIXED PHASES
29660	BIPOLAR I DISORDER MOST RECENT EPISODE OR CURRENT MIXED UNSPECIFIED
29661	BIPOLAR I DISORDER MOST RECENT EPISODE OR CURRENT MIXED MILD
29662	BIPOLAR I DISORDER MOST RECENT EPISODE OR CURRENT MIXED MODERATE
29663	BIPOLAR I DISORD MOST REC EPI OR CURRENT MIXED SEVERE W/O MENT PSYCHOTIC BEHAVIOR
29664	BIPOLAR I DISORD MOST REC EPI OR CURRENT MIXED SEVERE SPEC AS WITH PSYCHOTIC BEHAVIOR
29665	BIPOLAR I DISORD MOST REC EPI OR CURRENT MIXED IN PARTIAL OR UNSPECIFIED REMISSION
29666	BIPOLAR I DISORD MOST RECENT EPISODE OR CURRENT MIXED IN FULL REMISSION
2967	BIPOLAR I DISORD MOST RECENT EPISODE OR CURRENT UNSPECIFIED
2968	MANIC DEPRESSIVE PSYCHOSIS OTHER OR UNSP

29680	BIPOLAR DISORDER UNSPECIFIED
29681	ATYPICAL MANIC DISORDER
29682	ATYPICAL DEPRESSIVE DISORDER
29689	OTHER AND UNSPECIFIED BIPOLAR DISORDERS OTHER
2969	AFFECTIVE PSYCHOSES OTHER OR UNSPECIFIED
29690	UNSPECIFIED EPISODIC MOOD DISORDER
29699	OTHER SPECIFIED EPISODIC MOOD DISORDER
297	PARANOID STATES
2970	PARANOID STATE SIMPLE
2971	DELUSIONAL DISORDER
2972	PARANOID STATE MENOPAUSAL OR INVOLUTIONA
2973	SHARED PSYCHOTIC DISORDER
2978	OTHER SPECIFIED PARANOID STATE
2979	UNSPECIFIED PARANOID STATE OR DISORDER
298	OTHER NONORGANIC PSYCHOSES
2980	DEPRESSIVE TYPE PSYCHOSIS
2981	PSYCHOSIS EXCITATIVE TYPE
2982	CONFUSION REACTIVE OR PSYCHOGENIC
2983	ACUTE PARANOID REACTION
2984	PSYCHOGENIC PARANOID PSYCHOSIS
2988	REACTIVE OR PSYCHOGENIC PSYCHOSIS UNSPEC
2989	ATYPICAL OR UNSP PSYCHOSIS PSYCHOSIS NOS
299	PSYCHOSES W ORIGIN SPECIFIC TO CHILDHOOD
2990	INFANTILE AUTISM CHILDHOOD AUTISM
29900	AUTISM DISORDER CURRENT OR ACTIVE STATE
29901	AUTISTIC DISORDER RESIDUAL STATE
2991	INFANTILE PSYCHOSIS HELLERS SYNDROME
29910	CHILDHOOD DISINTEGRATIVE DISORDER CURRENT OR ACTIVE STATE
29911	CHILDHOOD DISINTEGRATIVE DISORDER RESIDUAL STATE
2998	OTHER SPEC EARLY CHILDHOOD PSYCHOSIS
29980	OTHER SPECIFIED PERVASIVE DEVELOPMENTAL DISORDERS CURRENT OR ACTIVE STATE
29981	OTHER SPECIFIED PERVASIVE DEVELOPMENTAL DISORDERS RESIDUAL STATE
2999	UNSPECIFIED CHILDHOOD PSYCHOSIS
29990	UNSPECIFIED PERVASIVE DEVELOPMENTAL DISORDER CURRENT OR ACTIVE STATE
29991	UNSPECIFIED PERVASIVE DEVELOPMENTAL DISORDER RESIDUAL STATE
30001	PANIC DISORDER WITHOUT AGORAPHOBIA
30021	AGORAPHOBIA WITH PANIC DISORDER
3003	OBSESSIVE COMPULSIVE NEUROSIS REACTION
30981	POST TRAUMATIC STRESS DISORDER
307.51	BULIMIA NERVOSA
307.1	ANOREXIA NERVOSA