

[Contractor Information](#) | [LCD Information](#) | [Coding Information](#) | [General Information](#)



Contractor Information

Contractor Name

First Coast Service Options, Inc.

Contractor Number

09102

Contractor Type

MAC - Part B

LCD Information

[\[back to top\]](#)

LCD ID Number

L33128

LCD Title

Psychiatric Diagnostic Evaluation and Psychotherapy Services

Contractor's Determination Number

AMA CPT / ADA CDT Copyright Statement

CPT codes, descriptions and other data only are copyright 2012 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply. Current Dental Terminology, (CDT) (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright by the American Dental Association. © 2002, 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CMS National Coverage Policy

Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869 (f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

CMS Manual System, Pub. 100-01, Medicare General Information, Chapter 3, Section 30

CMS Manual System, Pub. 100-04, Medicare Claims Processing, Chapter 12, Sections 120B and 210-210.1

CMS Manual System, Pub. 100-04, Medicare Claims Processing, Chapter 12, Sections 160-170

CMS Manual System, Pub. 100-08, Medicare Program Integrity, Chapter 3, Section 3.3.2.6- Psychotherapy Notes

CMS Medicare Learning Network, March 2012, Mental Health Services (accessible at:

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Mental_Health_Services_ICN903195.pdf)

Primary Geographic Jurisdiction

Florida

Oversight Region

Region IV

Original Determination Effective Date

06/04/2013

Original Determination Ending Date**Revision Effective Date****Revision Ending Date****Indications and Limitations of Coverage and/or Medical Necessity****Indications of Coverage and/or Medical Necessity:**

This part of the policy has been divided into eight (8) sections addressing the following services:

- I. Psychiatric Diagnostic Evaluation and Psychiatric Diagnostic Evaluation with Medical Services
- II. Psychotherapy
- III. Group Psychotherapy
- IV. Family Psychotherapy
- V. Psychoanalysis
- VI. Interactive Complexity Services
- VII. Psychotherapy for Crisis
- VIII. Psychopharmacologic Medication Management without Psychotherapy

Section I: Psychiatric Diagnostic Evaluation and Psychiatric Diagnostic Evaluation with Medical Services (CPT codes 90791, 90792)**A. Psychiatric Diagnostic Evaluation (CPT code 90791)**

A psychiatric diagnostic evaluation is an integrated biopsychosocial assessment that includes the elicitation of a complete medical history (to include past, family, and social), psychiatric history, a complete mental status exam, establishment of a tentative diagnosis, and an evaluation of the patient's ability and willingness to participate in the proposed treatment plan. Information may be obtained from the patient, other physicians, other clinicians or community providers, and/or family members or other sources. There may be overlapping of the medical and psychiatric history depending upon the problem(s).

Although the emphasis, types of details, and style of a psychiatric evaluation differ from the medical evaluation, the purpose is the same: to establish effective communication with interaction of sufficient quality between provider and patient to gather accurate data in order to formulate tentative diagnoses, determine necessity, and as appropriate, initiate an effective and comprehensive treatment plan.

Psychiatric diagnostic evaluations will be considered medically necessary when the patient has a psychiatric illness and /or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior patterns or maladaptive functioning in personal or social settings, which may be suggestive of a psychiatric illness. This examination may also be medically necessary when baseline functioning is altered by suspected illness or symptoms. It is appropriate for dementia, in patients who experience a sudden and rapid change in behavior.

The psychiatric diagnostic evaluation is not considered to be medically reasonable and necessary:

- when it is rendered to a patient who has a medical/neurological condition such as dementia, delirium, or other psychiatric conditions, which have produced a severe enough cognitive defect to prevent effective communication and the ability to assess the patient; or
- when the patient has a previously established diagnosis of a neurological condition or dementia and is not amenable to the evaluation and therapy, unless there has been an acute and/or marked mental status change, a request for second opinion, or diagnostic clarification is necessary to rule out additional psychiatric or neurological processes, which may be treatable; or

•when a patient is referred with an organic diagnosis and a mental health diagnosis is established, the mental health diagnosis should be billed. Routine performance of additional psychiatric diagnostic evaluation of patients with chronic conditions is not considered medically necessary.

A psychiatric diagnostic evaluation can be conducted once, at the onset of an illness or suspected illness. The same provider may repeat it for the same patient if an extended hiatus in treatment occurs, if the patient requires admission to an inpatient status for a psychiatric illness, or for a significant change in mental status requiring further assessment. An extended hiatus is generally defined as approximately 6 months from the last time the patient was seen or treated for their psychiatric condition. A psychiatric diagnostic evaluation may also be utilized again if the patient has a previously established neurological disorder or dementia and there has been an acute and/or marked mental status change, or a second opinion or diagnostic clarification is necessary to rule out additional psychiatric or neurological processes, which may be treatable.

B. Psychiatric Diagnostic Evaluation with Medical Services (CPT code 90792)

A psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial and medical assessment, including history (to include past, family, and social), psychiatric history, a complete mental status exam, other physical examination elements as indicated, establishment of a tentative diagnosis, and an evaluation of the patient's ability and willingness to participate in the proposed treatment plan. The evaluation may include communication with family members or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.

When a patient is referred with an organic diagnosis and a mental health diagnosis is established, the mental health diagnosis should be billed. Routine performance of additional psychiatric diagnostic evaluation of patients with chronic conditions is not considered medically necessary.

A psychiatric diagnostic evaluation with medical services can be conducted once, at the onset of an illness or suspected illness. The same provider may repeat it for the same patient if an extended hiatus in treatment occurs, if the patient requires admission to an inpatient status for a psychiatric illness, or for a significant change in mental status requiring further assessment. An extended hiatus is generally defined as approximately 6 months from the last time the patient was seen or treated for their psychiatric condition. A psychiatric diagnostic evaluation with medical services may also be utilized again if the patient has a previously established neurological disorder or dementia and there has been an acute and/or marked mental status change, or a second opinion or diagnostic clarification is necessary to rule out additional psychiatric or neurological processes, which may be treatable.

Section II: Psychotherapy (CPT Codes 90832-90838)

Psychotherapy is the treatment of mental illness and behavior disturbances, in which the provider establishes a professional contact with the patient and through therapeutic communication and techniques, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, facilitate coping mechanisms and/or encourage personality growth and development.

Insight oriented, behavior modifying, and/or supportive psychotherapy refers to the development of insight or affective understanding, the use of behavior modification techniques, the use of supportive interactions, and the use of cognitive discussion of reality, or any combination of the above to provide therapeutic change.

Psychotherapy will be considered medically necessary when the patient has a psychiatric illness and/or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior or maladaptive functioning. Psychotherapy services must be performed by a person licensed by the state where practicing, and whose training and scope of practice allow that person to perform such services.

Psychotherapy must be provided as an integral part of an active treatment plan for which it is directly related to the patient's identified condition/diagnoses. Some patients receive psychotherapy alone, and others receive psychotherapy along with medical evaluation and management services. These services involve a variety of responsibilities unique to the medical management of psychiatric patients such as

medical diagnostic evaluation (i.e. evaluation of co-morbid medical conditions, drug interactions, and physical examinations), drug management when indicated, physician orders, interpretation of laboratory or other diagnostic studies and observations. The patient should be amenable to allowing insight-oriented therapy such as behavioral modification techniques, interpersonal psychotherapy techniques, supportive therapy, and cognitive/behavioral techniques to be effective.

Psychotherapy services are not considered to be medically reasonable and necessary when they are rendered to a patient who has a medical/neurological condition such as dementia, delirium or other psychiatric conditions, which have produced a severe enough cognitive deficit to prevent effective communication with interaction of sufficient quality to allow insight oriented therapy (i.e. behavioral modification techniques, interpersonal psychotherapy techniques, supportive therapy or cognitive/behavioral techniques). In these cases, evaluation and management or pharmacological codes should be used.

Psychotherapy services are not considered to be medically reasonable and necessary when they primarily include the teaching of grooming skills, monitoring activities of daily living, recreational therapy (dance, art play), or social interaction.

Psychotherapy times are for face-to-face services with the patient and/or family member. The patient must be present for all or some of the service. In reporting, choose the code closest to the actual time (i.e., 16-37 minutes for 90832 and 90833, 38-52 minutes for 90834 and 90836, and 53 or more minutes for 90837 and 90838). Do not report psychotherapy of less than 16 minutes duration.

Some psychiatric patients receive a medical evaluation and management service on the same day as a psychotherapy service by the same physician or other qualified health care professional. These services to be medically necessary should be significantly different and separately identifiable.

Section III: Group Psychotherapy (CPT Code 90853)

Group Psychotherapy is a form of treatment administered in a group setting with a trained group leader in charge of several patients. Since it involves psychotherapy it must be led by a person, authorized by state statute to perform this service. This will usually mean a psychiatrist, clinical psychologist, licensed clinical social worker, certified nurse practitioner, or clinical nurse specialist. The group is a carefully selected group of patients meeting for a prescribed period of time during which common issues are presented and generally relate to and evolve towards a therapeutic goal. Personal and group dynamics are discussed and explored in a therapeutic setting allowing emotional outpouring, instruction, and support. Medical diagnostic evaluation and pharmacological management may continue by a physician when indicated. The group size should be of a size that can be considered therapeutically successful (i.e., maximum 12 people).

Medicare will consider group therapy to be medically necessary when the patient has a psychiatric illness and /or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior patterns or maladaptive functioning in personal or social settings. The issues presented and explored in the group setting should evolve towards a theme or a therapeutic goal. Group psychotherapy must be ordered by a provider as an integral part of an active treatment plan for which it is directly related to the patient's identified condition/diagnosis. This treatment plan must be adhered to and should be endorsed and monitored by the treating physician or physician of record. The specialized skills of a mental health care professional must be required.

Group psychotherapy services are not considered to be medically reasonable and necessary when they are rendered to a patient who has a medical/neurological condition such as dementia, delirium, or other psychiatric conditions, which have produced a severe enough cognitive deficit to prevent effective communication including interaction of sufficient quality with the therapist and members of the group. Other services such as music therapy, socialization, recreational activities/recreational therapy, art classes/art therapy, excursions, sensory stimulation, eating together, cognitive stimulation, or motion therapy are not considered to be medically reasonable and necessary.

Section IV: Family Psychotherapy (CPT Codes 90846, 90847)

Family Psychotherapy is a specialized therapeutic technique for treating the identified patients' mental

illness by intervening in a family system in such a way as to modify the family structure, dynamics, and interactions which exert influence on the patient's emotions and behaviors.

Family psychotherapy sessions may occur with or without the patient present. The process of family psychotherapy helps reveal a family's repetitious communication patterns that are sustaining and reflecting the identified patient's behavior. For the purposes of this policy, a family member is any individual who spends a significant amount of the time with the patient and provides psychological support to the patient, which may include but is not limited to a caregiver or significant other.

Medicare will consider family psychotherapy medically reasonable and necessary only in clinically appropriate circumstances and when the primary purpose of such psychotherapy is the treatment/management of the patient's condition. Examples are as follows:

- when there is a need to observe and correct, through psychotherapeutic techniques, the patient's interaction with family members; and/or
- where there is a need to assess the conflicts or impediments within the family, and assist, through psychotherapeutic techniques, the family members in the management of the patient.

Family psychotherapy must be ordered by a provider as an integral part of an active treatment plan for which it is directly related to the patient's identified condition/diagnosis.

Family psychotherapy must be conducted face to face by physicians (MD/DO), psychologists, or other mental health professionals licensed or authorized by state statutes and considered eligible for Medicare B reimbursement.

Family psychotherapy is considered to be medically reasonable and necessary when the patient has a psychiatric illness and/or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior or maladaptive functioning.

In certain types of medical conditions, such as the unconscious or comatose patient, family psychotherapy would not be medically reasonable or necessary. Also, CPT code 90849 (Multiple family group psychotherapy) would not be considered treatment directly related to the patient's care and therefore would not be considered medically necessary.

A family psychotherapy session generally lasts for at least 45-50 minutes.

Section V: Psychoanalysis (CPT Code 90845)

Psychoanalysis is a treatment modality that uses psychoanalytic theories as the frame for formulation and understanding of the therapy process. These theories provide a focus on increasing self-understanding and deepening insight into emotional issues and conflicts which underlie presenting emotional difficulties. Typically therapists make use of exploration of unconscious thoughts and feelings which may relate to underlying emotional conflicts, interpretation of defensive processes which obstruct emotional awareness, and consideration of issues related to sense of self-esteem.

Psychoanalysis uses a special technique to gain insight into a patient's unconscious motivations and conflicts using the development and resolution of a therapeutic transference to achieve therapeutic effect. It is a different therapeutic modality than psychotherapy.

The medical record must document the indications for psychoanalysis, description of the transference, and that psychoanalytic techniques were used. The physician using this technique must be trained and credentialed in its use. Clinical nurse specialists (CNS) and nurse practitioners (NP) are not eligible for payment for psychoanalysis. It is not a time-related code, but the service is usually 45 to 50 minutes in duration. The code may be billed once for each daily session regardless of the time involved. Psychoanalysis is generally considered unsuitable for psychoses.

Section VI: Interactive Complexity Services (CPT Code 90785)

Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients.

The interactive complexity techniques are utilized primarily to evaluate children and/or adults who do not have the ability to interact through ordinary verbal communication. In the aforementioned instances, it involves the use of physical aids and nonverbal communication to overcome barriers to the therapeutic interaction between the clinician and the patient who has not yet developed or has lost either the expressive language communication skills to explain his/her symptoms and response to treatment or the receptive communication skills to understand the clinician if he/she were to use ordinary adult language for communication. An interactive technique may include the use of inanimate objects such as toys and dolls for a child, physical aids, and non-verbal communication to overcome barriers to therapeutic interaction, or an interpreter for a person who is deaf or in situations where the patient does not speak the same language as the provider of care.

If a patient is unable to communicate by any means, the interactive complexity codes should not be billed. This service is used in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792), psychotherapy (90832, 90834, 90837), psychotherapy when performed with an evaluation and management service (90833, 90836, 90838, 99201-99255, 99304-99337, 99341-99350), and group psychotherapy (90853).

Interactive complexity may be reported with psychotherapy when at least one of the following communication factors is present during the visit:

- The need to manage maladaptive communication among participants (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) that complicates delivery of care.
- Caregiver emotions or behaviors that interfere with implementation of the treatment plan.
- Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
- Use of play equipment, physical devices, interpreter, or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or has lost expressive or receptive language skills to use or understand typical language.

Section VII: Psychotherapy for Crisis (CPT Codes 90839-90840)

Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient with high distress. The crisis codes are used to report the total duration of time face-to-face with the patient and/or family spent by the physician or other qualified health care professional providing psychotherapy for crisis, even if the time spent on that date is not continuous. For any given period of time spent providing psychotherapy for crisis state, the physician or other qualified health care professional must devote his or her full attention to the patient and, therefore, cannot provide service to any other patient during the same time period. The patient must be present for all or some of the service.

Section VIII: Psychopharmacologic Medication Management without Psychotherapy (HCPCS Code M0064)

Medication management involves monitoring or changing psychopharmacologic medication. This service represents a face-to-face encounter with the patient without providing any psychotherapy and is intended for use by the physician, physician's assistant, or advanced registered nurse with psychiatric training and acting within the scope of practice. HCPCS code M0064 represents a brief office visit for patients that need simple dosage adjustments of long-term medication, continuation of current medication regimens without in-depth evaluation of the medication effectiveness on the patient's mental condition and/or tolerance to the

medication. The pharmacological medication management code is not intended to be used for the administration of medication, nor is it intended to be used for observation of the patient taking oral medication. Administration and supply of oral medication is a noncovered service.

This service is intended to report medication management of a clinically stable patient. The intent of this code is the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental, psychoneurotic, and personality disorders.

Coding Information

[\[back to top\]](#)

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

90785	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
90845	PSYCHOANALYSIS
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)
M0064	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRESCRIPTIONS USED IN THE TREATMENT OF MENTAL PSYCHONEUROTIC AND PERSONALITY DISORDERS

ICD-9 Codes that Support Medical Necessity

290.0	SENILE DEMENTIA UNCOMPLICATED
290.10	PRESENILE DEMENTIA UNCOMPLICATED
290.11	PRESENILE DEMENTIA WITH DELIRIUM
290.12	PRESENILE DEMENTIA WITH DELUSIONAL FEATURES
290.13	PRESENILE DEMENTIA WITH DEPRESSIVE FEATURES
290.20	SENILE DEMENTIA WITH DELUSIONAL FEATURES
290.21	SENILE DEMENTIA WITH DEPRESSIVE FEATURES
290.3	SENILE DEMENTIA WITH DELIRIUM
290.40	VASCULAR DEMENTIA, UNCOMPLICATED
290.41	VASCULAR DEMENTIA, WITH DELIRIUM
290.42	VASCULAR DEMENTIA, WITH DELUSIONS
290.43	VASCULAR DEMENTIA, WITH DEPRESSED MOOD
290.8	OTHER SPECIFIED SENILE PSYCHOTIC CONDITIONS
290.9	UNSPECIFIED SENILE PSYCHOTIC CONDITION
291.0	ALCOHOL WITHDRAWAL DELIRIUM
291.1	ALCOHOL-INDUCED PERSISTING AMNESTIC DISORDER
291.2	ALCOHOL-INDUCED PERSISTING DEMENTIA
291.3	ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
291.4	IDIOSYNCRATIC ALCOHOL INTOXICATION
291.5	ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
291.81	ALCOHOL WITHDRAWAL
291.82	ALCOHOL INDUCED SLEEP DISORDERS
291.89	OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS
291.9	UNSPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS
292.0	DRUG WITHDRAWAL
292.11	DRUG-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
292.12	DRUG-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
292.2	PATHOLOGICAL DRUG INTOXICATION
292.81	DRUG-INDUCED DELIRIUM
292.82	DRUG-INDUCED PERSISTING DEMENTIA
292.83	DRUG-INDUCED PERSISTING AMNESTIC DISORDER
292.84	DRUG-INDUCED MOOD DISORDER
292.85	DRUG INDUCED SLEEP DISORDERS
292.89	OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDERS
292.9	UNSPECIFIED DRUG-INDUCED MENTAL DISORDER
293.0	DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE
293.1	SUBACUTE DELIRIUM
293.81	PSYCHOTIC DISORDER WITH DELUSIONS IN CONDITIONS CLASSIFIED ELSEWHERE
293.82	PSYCHOTIC DISORDER WITH HALLUCINATIONS IN CONDITIONS CLASSIFIED ELSEWHERE
293.83	MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
293.84	ANXIETY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
293.89	OTHER SPECIFIED TRANSIENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE, OTHER
293.9	UNSPECIFIED TRANSIENT MENTAL DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE

294.0	AMNESTIC DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
294.10	DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE WITHOUT BEHAVIORAL DISTURBANCE
294.11	DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE WITH BEHAVIORAL DISTURBANCE
294.20	DEMENTIA, UNSPECIFIED, WITHOUT BEHAVIORAL DISTURBANCE
294.21	DEMENTIA, UNSPECIFIED, WITH BEHAVIORAL DISTURBANCE
294.8	OTHER PERSISTENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE
294.9	UNSPECIFIED PERSISTENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE
295.00	SIMPLE TYPE SCHIZOPHRENIA UNSPECIFIED STATE
295.01	SIMPLE TYPE SCHIZOPHRENIA SUBCHRONIC STATE
295.02	SIMPLE TYPE SCHIZOPHRENIA CHRONIC STATE
295.03	SIMPLE TYPE SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION
295.04	SIMPLE TYPE SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION
295.05	SIMPLE TYPE SCHIZOPHRENIA IN REMISSION
295.10	DISORGANIZED TYPE SCHIZOPHRENIA UNSPECIFIED STATE
295.11	DISORGANIZED TYPE SCHIZOPHRENIA SUBCHRONIC STATE
295.12	DISORGANIZED TYPE SCHIZOPHRENIA CHRONIC STATE
295.13	DISORGANIZED TYPE SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION
295.14	DISORGANIZED TYPE SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION
295.15	DISORGANIZED TYPE SCHIZOPHRENIA IN REMISSION
295.20	CATATONIC TYPE SCHIZOPHRENIA UNSPECIFIED STATE
295.21	CATATONIC TYPE SCHIZOPHRENIA SUBCHRONIC STATE
295.22	CATATONIC TYPE SCHIZOPHRENIA CHRONIC STATE
295.23	CATATONIC TYPE SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION
295.24	CATATONIC TYPE SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION
295.25	CATATONIC TYPE SCHIZOPHRENIA IN REMISSION
295.30	PARANOID TYPE SCHIZOPHRENIA UNSPECIFIED STATE
295.31	PARANOID TYPE SCHIZOPHRENIA SUBCHRONIC STATE
295.32	PARANOID TYPE SCHIZOPHRENIA CHRONIC STATE
295.33	PARANOID TYPE SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION
295.34	PARANOID TYPE SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION
295.35	PARANOID TYPE SCHIZOPHRENIA IN REMISSION
295.40	SCHIZOPHRENIFORM DISORDER, UNSPECIFIED
295.41	SCHIZOPHRENIFORM DISORDER, SUBCHRONIC
295.42	SCHIZOPHRENIFORM DISORDER, CHRONIC
295.43	SCHIZOPHRENIFORM DISORDER, SUBCHRONIC WITH ACUTE EXACERBATION
295.44	SCHIZOPHRENIFORM DISORDER, CHRONIC WITH ACUTE EXACERBATION
295.45	SCHIZOPHRENIFORM DISORDER, IN REMISSION
295.50	LATENT SCHIZOPHRENIA UNSPECIFIED STATE
295.51	LATENT SCHIZOPHRENIA SUBCHRONIC STATE
295.52	LATENT SCHIZOPHRENIA CHRONIC STATE
295.53	LATENT SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION
295.54	LATENT SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION
295.55	LATENT SCHIZOPHRENIA IN REMISSION
295.60	SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, UNSPECIFIED

	SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, SUBCHRONIC
295.62	SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, CHRONIC
295.63	SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, SUBCHRONIC WITH ACUTE EXACERBATION
295.64	SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, CHRONIC WITH ACUTE EXACERBATION
295.65	SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, IN REMISSION
295.70	SCHIZOAFFECTIVE DISORDER, UNSPECIFIED
295.71	SCHIZOAFFECTIVE DISORDER, SUBCHRONIC
295.72	SCHIZOAFFECTIVE DISORDER, CHRONIC
295.73	SCHIZOAFFECTIVE DISORDER, SUBCHRONIC WITH ACUTE EXACERBATION
295.74	SCHIZOAFFECTIVE DISORDER, CHRONIC WITH ACUTE EXACERBATION
295.75	SCHIZOAFFECTIVE DISORDER, IN REMISSION
295.80	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA UNSPECIFIED STATE
295.81	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA SUBCHRONIC STATE
295.82	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA CHRONIC STATE
295.83	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION
295.84	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION
295.85	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA IN REMISSION
295.90	UNSPECIFIED TYPE SCHIZOPHRENIA UNSPECIFIED STATE
295.91	UNSPECIFIED TYPE SCHIZOPHRENIA SUBCHRONIC STATE
295.92	UNSPECIFIED TYPE SCHIZOPHRENIA CHRONIC STATE
295.93	UNSPECIFIED TYPE SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION
295.94	UNSPECIFIED TYPE SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION
295.95	UNSPECIFIED TYPE SCHIZOPHRENIA IN REMISSION
296.00	BIPOLAR I DISORDER, SINGLE MANIC EPISODE, UNSPECIFIED
296.01	BIPOLAR I DISORDER, SINGLE MANIC EPISODE, MILD
296.02	BIPOLAR I DISORDER, SINGLE MANIC EPISODE, MODERATE
296.03	BIPOLAR I DISORDER, SINGLE MANIC EPISODE, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR
296.04	BIPOLAR I DISORDER, SINGLE MANIC EPISODE, SEVERE, SPECIFIED AS WITH PSYCHOTIC BEHAVIOR
296.05	BIPOLAR I DISORDER, SINGLE MANIC EPISODE, IN PARTIAL OR UNSPECIFIED REMISSION
296.06	BIPOLAR I DISORDER, SINGLE MANIC EPISODE, IN FULL REMISSION
296.10	MANIC AFFECTIVE DISORDER RECURRENT EPISODE UNSPECIFIED DEGREE
296.11	MANIC AFFECTIVE DISORDER RECURRENT EPISODE MILD DEGREE
296.12	MANIC AFFECTIVE DISORDER RECURRENT EPISODE MODERATE DEGREE
296.13	MANIC AFFECTIVE DISORDER RECURRENT EPISODE SEVERE DEGREE WITHOUT PSYCHOTIC BEHAVIOR
296.14	MANIC AFFECTIVE DISORDER RECURRENT EPISODE SEVERE DEGREE SPECIFIED AS WITH PSYCHOTIC BEHAVIOR
296.15	MANIC AFFECTIVE DISORDER RECURRENT EPISODE IN PARTIAL OR UNSPECIFIED REMISSION
296.16	MANIC AFFECTIVE DISORDER RECURRENT EPISODE IN FULL REMISSION
296.20	MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE UNSPECIFIED DEGREE
296.21	MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE MILD DEGREE
296.22	MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE MODERATE DEGREE
	MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE SEVERE DEGREE WITHOUT

296.23	PSYCHOTIC BEHAVIOR
296.24	MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE SEVERE DEGREE SPECIFIED AS WITH PSYCHOTIC BEHAVIOR
296.25	MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE IN PARTIAL OR UNSPECIFIED REMISSION
296.26	MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE IN FULL REMISSION
296.30	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE UNSPECIFIED DEGREE
296.31	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE MILD DEGREE
296.32	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE MODERATE DEGREE
296.33	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE SEVERE DEGREE WITHOUT PSYCHOTIC BEHAVIOR
296.34	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE SEVERE DEGREE SPECIFIED AS WITH PSYCHOTIC BEHAVIOR
296.35	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE IN PARTIAL OR UNSPECIFIED REMISSION
296.36	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE IN FULL REMISSION
296.40	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, UNSPECIFIED
296.41	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, MILD
296.42	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, MODERATE
296.43	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR
296.44	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, SEVERE, SPECIFIED AS WITH PSYCHOTIC BEHAVIOR
296.45	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, IN PARTIAL OR UNSPECIFIED REMISSION
296.46	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, IN FULL REMISSION
296.50	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, UNSPECIFIED
296.51	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, MILD
296.52	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, MODERATE
296.53	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR
296.54	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, SEVERE, SPECIFIED AS WITH PSYCHOTIC BEHAVIOR
296.55	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, IN PARTIAL OR UNSPECIFIED REMISSION
296.56	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, IN FULL REMISSION
296.60	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, UNSPECIFIED
296.61	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, MILD
296.62	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, MODERATE
296.63	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR
296.64	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, SEVERE, SPECIFIED AS WITH PSYCHOTIC BEHAVIOR
296.65	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, IN PARTIAL OR UNSPECIFIED REMISSION
296.66	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, IN FULL REMISSION
296.7	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) UNSPECIFIED
296.80	BIPOLAR DISORDER, UNSPECIFIED
296.81	ATYPICAL MANIC DISORDER

296.82	ATYPICAL DEPRESSIVE DISORDER
296.89	OTHER AND UNSPECIFIED BIPOLAR DISORDERS, OTHER
296.90	UNSPECIFIED EPISODIC MOOD DISORDER
296.99	OTHER SPECIFIED EPISODIC MOOD DISORDER
297.0	PARANOID STATE SIMPLE
297.1	DELUSIONAL DISORDER
297.2	PARAPHRENIA
297.3	SHARED PSYCHOTIC DISORDER
297.8	OTHER SPECIFIED PARANOID STATES
297.9	UNSPECIFIED PARANOID STATE
298.0	DEPRESSIVE TYPE PSYCHOSIS
298.1	EXCITATIVE TYPE PSYCHOSIS
298.2	REACTIVE CONFUSION
298.3	ACUTE PARANOID REACTION
298.4	PSYCHOGENIC PARANOID PSYCHOSIS
298.8	OTHER AND UNSPECIFIED REACTIVE PSYCHOSIS
298.9	UNSPECIFIED PSYCHOSIS
299.00	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE
299.01	AUTISTIC DISORDER, RESIDUAL STATE
299.10	CHILDHOOD DISINTEGRATIVE DISORDER, CURRENT OR ACTIVE STATE
299.11	CHILDHOOD DISINTEGRATIVE DISORDER, RESIDUAL STATE
299.80	OTHER SPECIFIED PERVASIVE DEVELOPMENTAL DISORDERS, CURRENT OR ACTIVE STATE
299.81	OTHER SPECIFIED PERVASIVE DEVELOPMENTAL DISORDERS, RESIDUAL STATE
299.90	UNSPECIFIED PERVASIVE DEVELOPMENTAL DISORDER, CURRENT OR ACTIVE STATE
299.91	UNSPECIFIED PERVASIVE DEVELOPMENTAL DISORDER, RESIDUAL STATE
300.00	ANXIETY STATE UNSPECIFIED
300.01	PANIC DISORDER WITHOUT AGORAPHOBIA
300.02	GENERALIZED ANXIETY DISORDER
300.09	OTHER ANXIETY STATES
300.10	HYSTERIA UNSPECIFIED
300.11	CONVERSION DISORDER
300.12	DISSOCIATIVE AMNESIA
300.13	DISSOCIATIVE FUGUE
300.14	DISSOCIATIVE IDENTITY DISORDER
300.15	DISSOCIATIVE DISORDER OR REACTION UNSPECIFIED
300.16	FACTITIOUS DISORDER WITH PREDOMINANTLY PSYCHOLOGICAL SIGNS AND SYMPTOMS
300.19	OTHER AND UNSPECIFIED FACTITIOUS ILLNESS
300.20	PHOBIA UNSPECIFIED
300.21	AGORAPHOBIA WITH PANIC DISORDER
300.22	AGORAPHOBIA WITHOUT PANIC ATTACKS
300.23	SOCIAL PHOBIA
300.29	OTHER ISOLATED OR SPECIFIC PHOBIAS
300.3	OBSESSIVE-COMPULSIVE DISORDERS
300.4	DYSTHYMIC DISORDER

	NEURASTHENIA
300.6	DEPERSONALIZATION DISORDER
300.7	HYPOCHONDRIASIS
300.81	SOMATIZATION DISORDER
300.82	UNDIFFERENTIATED SOMATOFORM DISORDER
300.89	OTHER SOMATOFORM DISORDERS
300.9	UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER
301.0	PARANOID PERSONALITY DISORDER
301.10	AFFECTIVE PERSONALITY DISORDER UNSPECIFIED
301.11	CHRONIC HYPOMANIC PERSONALITY DISORDER
301.12	CHRONIC DEPRESSIVE PERSONALITY DISORDER
301.13	CYCLOTHYMIC DISORDER
301.20	SCHIZOID PERSONALITY DISORDER UNSPECIFIED
301.21	INTROVERTED PERSONALITY
301.22	SCHIZOTYPAL PERSONALITY DISORDER
301.3	EXPLOSIVE PERSONALITY DISORDER
301.4	OBSESSIVE-COMPULSIVE PERSONALITY DISORDER
301.50	HISTRIONIC PERSONALITY DISORDER UNSPECIFIED
301.51	CHRONIC FACTITIOUS ILLNESS WITH PHYSICAL SYMPTOMS
301.59	OTHER HISTRIONIC PERSONALITY DISORDER
301.6	DEPENDENT PERSONALITY DISORDER
301.7	ANTISOCIAL PERSONALITY DISORDER
301.81	NARCISSISTIC PERSONALITY DISORDER
301.82	AVOIDANT PERSONALITY DISORDER
301.83	BORDERLINE PERSONALITY DISORDER
301.84	PASSIVE-AGGRESSIVE PERSONALITY
301.89	OTHER PERSONALITY DISORDERS
301.9	UNSPECIFIED PERSONALITY DISORDER
302.0	EGO-DYSTONIC SEXUAL ORIENTATION
302.1	ZOOPHILIA
302.2	PEDOPHILIA
302.3	TRANSVESTIC FETISHISM
302.4	EXHIBITIONISM
302.50	TRANS-SEXUALISM WITH UNSPECIFIED SEXUAL HISTORY
302.51	TRANS-SEXUALISM WITH ASEXUAL HISTORY
302.52	TRANS-SEXUALISM WITH HOMOSEXUAL HISTORY
302.53	TRANS-SEXUALISM WITH HETEROSEXUAL HISTORY
302.6	GENDER IDENTITY DISORDER IN CHILDREN
302.70	PSYCHOSEXUAL DYSFUNCTION UNSPECIFIED
302.71	HYPOACTIVE SEXUAL DESIRE DISORDER
302.72	PSYCHOSEXUAL DYSFUNCTION WITH INHIBITED SEXUAL EXCITEMENT
302.73	FEMALE ORGASMIC DISORDER
302.74	MALE ORGASMIC DISORDER
302.75	PREMATURE EJACULATION

	DYSPAREUNIA, PSYCHOGENIC
302.79	PSYCHOSEXUAL DYSFUNCTION WITH OTHER SPECIFIED PSYCHOSEXUAL DYSFUNCTIONS
302.81	FETISHISM
302.82	VOYEURISM
302.83	SEXUAL MASOCHISM
302.84	SEXUAL SADISM
302.85	GENDER IDENTITY DISORDER IN ADOLESCENTS OR ADULTS
302.89	OTHER SPECIFIED PSYCHOSEXUAL DISORDERS
302.9	UNSPECIFIED PSYCHOSEXUAL DISORDER
303.00	ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM UNSPECIFIED DRINKING BEHAVIOR
303.01	ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM CONTINUOUS DRINKING BEHAVIOR
303.02	ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM EPISODIC DRINKING BEHAVIOR
303.03	ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM IN REMISSION
303.90	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE UNSPECIFIED DRINKING BEHAVIOR
303.91	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE CONTINUOUS DRINKING BEHAVIOR
303.92	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE EPISODIC DRINKING BEHAVIOR
303.93	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE IN REMISSION
304.00	OPIOID TYPE DEPENDENCE UNSPECIFIED USE
304.01	OPIOID TYPE DEPENDENCE CONTINUOUS USE
304.02	OPIOID TYPE DEPENDENCE EPISODIC USE
304.03	OPIOID TYPE DEPENDENCE IN REMISSION
304.10	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNSPECIFIED
304.11	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, CONTINUOUS
304.12	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, EPISODIC
304.13	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, IN REMISSION
304.20	COCAINE DEPENDENCE UNSPECIFIED USE
304.21	COCAINE DEPENDENCE CONTINUOUS USE
304.22	COCAINE DEPENDENCE EPISODIC USE
304.23	COCAINE DEPENDENCE IN REMISSION
304.30	CANNABIS DEPENDENCE UNSPECIFIED USE
304.31	CANNABIS DEPENDENCE CONTINUOUS USE
304.32	CANNABIS DEPENDENCE EPISODIC USE
304.33	CANNABIS DEPENDENCE IN REMISSION
304.40	AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE UNSPECIFIED USE
304.41	AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE CONTINUOUS USE
304.42	AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE EPISODIC USE
304.43	AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE IN REMISSION
304.50	HALLUCINOGEN DEPENDENCE UNSPECIFIED USE
304.51	HALLUCINOGEN DEPENDENCE CONTINUOUS USE
304.52	HALLUCINOGEN DEPENDENCE EPISODIC USE
304.53	HALLUCINOGEN DEPENDENCE IN REMISSION
304.60	OTHER SPECIFIED DRUG DEPENDENCE UNSPECIFIED USE
304.61	OTHER SPECIFIED DRUG DEPENDENCE CONTINUOUS USE
304.62	OTHER SPECIFIED DRUG DEPENDENCE EPISODIC USE

	OTHER SPECIFIED DRUG DEPENDENCE IN REMISSION
304.70	COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE UNSPECIFIED USE
304.71	COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE CONTINUOUS USE
304.72	COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE EPISODIC USE
304.73	COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE IN REMISSION
304.80	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG UNSPECIFIED USE
304.81	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG CONTINUOUS USE
304.82	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG EPISODIC USE
304.83	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG IN REMISSION
304.90	UNSPECIFIED DRUG DEPENDENCE UNSPECIFIED USE
304.91	UNSPECIFIED DRUG DEPENDENCE CONTINUOUS USE
304.92	UNSPECIFIED DRUG DEPENDENCE EPISODIC USE
304.93	UNSPECIFIED DRUG DEPENDENCE IN REMISSION
305.00	NONDEPENDENT ALCOHOL ABUSE UNSPECIFIED DRINKING BEHAVIOR
305.01	NONDEPENDENT ALCOHOL ABUSE CONTINUOUS DRINKING BEHAVIOR
305.02	NONDEPENDENT ALCOHOL ABUSE EPISODIC DRINKING BEHAVIOR
305.03	NONDEPENDENT ALCOHOL ABUSE IN REMISSION
305.1	NONDEPENDENT TOBACCO USE DISORDER
305.20	NONDEPENDENT CANNABIS ABUSE UNSPECIFIED USE
305.21	NONDEPENDENT CANNABIS ABUSE CONTINUOUS USE
305.22	NONDEPENDENT CANNABIS ABUSE EPISODIC USE
305.23	NONDEPENDENT CANNABIS ABUSE IN REMISSION
305.30	NONDEPENDENT HALLUCINOGEN ABUSE UNSPECIFIED USE
305.31	NONDEPENDENT HALLUCINOGEN ABUSE CONTINUOUS USE
305.32	NONDEPENDENT HALLUCINOGEN ABUSE EPISODIC USE
305.33	NONDEPENDENT HALLUCINOGEN ABUSE IN REMISSION
305.40	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNSPECIFIED
305.41	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, CONTINUOUS
305.42	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, EPISODIC
305.43	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, IN REMISSION
305.50	NONDEPENDENT OPIOID ABUSE UNSPECIFIED USE
305.51	NONDEPENDENT OPIOID ABUSE CONTINUOUS USE
305.52	NONDEPENDENT OPIOID ABUSE EPISODIC USE
305.53	NONDEPENDENT OPIOID ABUSE IN REMISSION
305.60	NONDEPENDENT COCAINE ABUSE UNSPECIFIED USE
305.61	NONDEPENDENT COCAINE ABUSE CONTINUOUS USE
305.62	NONDEPENDENT COCAINE ABUSE EPISODIC USE
305.63	NONDEPENDENT COCAINE ABUSE IN REMISSION
305.70	NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE UNSPECIFIED USE
305.71	NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE CONTINUOUS USE
305.72	NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE EPISODIC USE

305.73	NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE IN REMISSION
305.80	NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE UNSPECIFIED USE
305.81	NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE CONTINUOUS USE
305.82	NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE EPISODIC USE
305.83	NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE IN REMISSION
305.90	OTHER MIXED OR UNSPECIFIED DRUG ABUSE UNSPECIFIED USE
305.91	NONDEPENDENT OTHER MIXED OR UNSPECIFIED DRUG ABUSE CONTINUOUS USE
305.92	NONDEPENDENT OTHER MIXED OR UNSPECIFIED DRUG ABUSE EPISODIC USE
305.93	NONDEPENDENT OTHER MIXED OR UNSPECIFIED DRUG ABUSE IN REMISSION
306.0	MUSCULOSKELETAL MALFUNCTION ARISING FROM MENTAL FACTORS
306.1	RESPIRATORY MALFUNCTION ARISING FROM MENTAL FACTORS
306.2	CARDIOVASCULAR MALFUNCTION ARISING FROM MENTAL FACTORS
306.3	SKIN DISORDER ARISING FROM MENTAL FACTORS
306.4	GASTROINTESTINAL MALFUNCTION ARISING FROM MENTAL FACTORS
306.50	PSYCHOGENIC GENITOURINARY MALFUNCTION UNSPECIFIED
306.51	PSYCHOGENIC VAGINISMUS
306.52	PSYCHOGENIC DYSMENORRHEA
306.53	PSYCHOGENIC DYSURIA
306.59	OTHER GENITOURINARY MALFUNCTION ARISING FROM MENTAL FACTORS
306.6	ENDOCRINE DISORDER ARISING FROM MENTAL FACTORS
306.7	DISORDER OF ORGANS OF SPECIAL SENSE ARISING FROM MENTAL FACTORS
306.8	OTHER SPECIFIED PSYCHOPHYSIOLOGICAL MALFUNCTION
306.9	UNSPECIFIED PSYCHOPHYSIOLOGICAL MALFUNCTION
307.0	ADULT ONSET FLUENCY DISORDER
307.1	ANOREXIA NERVOSA
307.20	TIC DISORDER UNSPECIFIED
307.21	TRANSIENT TIC DISORDER
307.22	CHRONIC MOTOR OR VOCAL TIC DISORDER
307.23	TOURETTE'S DISORDER
307.3	STEREOTYPIC MOVEMENT DISORDER
307.40	NONORGANIC SLEEP DISORDER UNSPECIFIED
307.41	TRANSIENT DISORDER OF INITIATING OR MAINTAINING SLEEP
307.42	PERSISTENT DISORDER OF INITIATING OR MAINTAINING SLEEP
307.43	TRANSIENT DISORDER OF INITIATING OR MAINTAINING WAKEFULNESS
307.44	PERSISTENT DISORDER OF INITIATING OR MAINTAINING WAKEFULNESS
307.45	CIRCADIAN RHYTHM SLEEP DISORDER OF NONORGANIC ORIGIN
307.46	SLEEP AROUSAL DISORDER
307.47	OTHER DYSFUNCTIONS OF SLEEP STAGES OR AROUSAL FROM SLEEP
307.48	REPETITIVE INTRUSIONS OF SLEEP
307.49	OTHER SPECIFIC DISORDERS OF SLEEP OF NONORGANIC ORIGIN
307.50	EATING DISORDER UNSPECIFIED
307.51	BULIMIA NERVOSA
307.52	PICA
307.53	RUMINATION DISORDER

	PSYCHOGENIC VOMITING
307.59	OTHER DISORDERS OF EATING
307.6	ENURESIS
307.7	ENCOPRESIS
307.80	PSYCHOGENIC PAIN SITE UNSPECIFIED
307.81	TENSION HEADACHE
307.89	OTHER, PAIN DISORDER RELATED TO PSYCHOLOGICAL FACTORS
307.9	OTHER AND UNSPECIFIED SPECIAL SYMPTOMS OR SYNDROMES NOT ELSEWHERE CLASSIFIED
308.0	PREDOMINANT DISTURBANCE OF EMOTIONS
308.1	PREDOMINANT DISTURBANCE OF CONSCIOUSNESS
308.2	PREDOMINANT PSYCHOMOTOR DISTURBANCE
308.3	OTHER ACUTE REACTIONS TO STRESS
308.4	MIXED DISORDERS AS REACTION TO STRESS
308.9	UNSPECIFIED ACUTE REACTION TO STRESS
309.0	ADJUSTMENT DISORDER WITH DEPRESSED MOOD
309.1	ADJUSTMENT REACTION WITH PROLONGED DEPRESSIVE REACTION
309.21	SEPARATION ANXIETY DISORDER
309.22	EMANCIPATION DISORDER OF ADOLESCENCE AND EARLY ADULT LIFE
309.23	SPECIFIC ACADEMIC OR WORK INHIBITION
309.24	ADJUSTMENT DISORDER WITH ANXIETY
309.28	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD
309.29	OTHER ADJUSTMENT REACTIONS WITH PREDOMINANT DISTURBANCE OF OTHER EMOTIONS
309.3	ADJUSTMENT DISORDER WITH DISTURBANCE OF CONDUCT
309.4	ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT
309.81	POSTTRAUMATIC STRESS DISORDER
309.82	ADJUSTMENT REACTION WITH PHYSICAL SYMPTOMS
309.83	ADJUSTMENT REACTION WITH WITHDRAWAL
309.89	OTHER SPECIFIED ADJUSTMENT REACTIONS
309.9	UNSPECIFIED ADJUSTMENT REACTION
310.0	FRONTAL LOBE SYNDROME
310.1	PERSONALITY CHANGE DUE TO CONDITIONS CLASSIFIED ELSEWHERE
310.2	POSTCONCUSSION SYNDROME
310.81	PSEUDOBULBAR AFFECT
310.89	OTHER SPECIFIED NONPSYCHOTIC MENTAL DISORDERS FOLLOWING ORGANIC BRAIN DAMAGE
310.9	UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER FOLLOWING ORGANIC BRAIN DAMAGE
311	DEPRESSIVE DISORDER NOT ELSEWHERE CLASSIFIED
312.00	UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE TYPE UNSPECIFIED DEGREE
312.01	UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE TYPE MILD DEGREE
312.02	UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE TYPE MODERATE DEGREE
312.03	UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE TYPE SEVERE DEGREE
312.10	UNDERSOCIALIZED CONDUCT DISORDER UNAGGRESSIVE TYPE UNSPECIFIED DEGREE
312.11	UNDERSOCIALIZED CONDUCT DISORDER UNAGGRESSIVE TYPE MILD DEGREE
312.12	UNDERSOCIALIZED CONDUCT DISORDER UNAGGRESSIVE TYPE MODERATE DEGREE
312.13	UNDERSOCIALIZED CONDUCT DISORDER UNAGGRESSIVE TYPE SEVERE DEGREE

	SOCIALIZED CONDUCT DISORDER UNSPECIFIED DEGREE
312.21	SOCIALIZED CONDUCT DISORDER MILD DEGREE
312.22	SOCIALIZED CONDUCT DISORDER MODERATE DEGREE
312.23	SOCIALIZED CONDUCT DISORDER SEVERE DEGREE
312.30	IMPULSE CONTROL DISORDER UNSPECIFIED
312.31	PATHOLOGICAL GAMBLING
312.32	KLEPTOMANIA
312.33	PYROMANIA
312.34	INTERMITTENT EXPLOSIVE DISORDER
312.35	ISOLATED EXPLOSIVE DISORDER
312.39	OTHER DISORDERS OF IMPULSE CONTROL
312.4	MIXED DISTURBANCE OF CONDUCT AND EMOTIONS
312.81	CONDUCT DISORDER CHILDHOOD ONSET TYPE
312.82	CONDUCT DISORDER ADOLESCENT ONSET TYPE
312.89	OTHER SPECIFIED CONDUCT DISORDER NOT ELSEWHERE CLASSIFIED
312.9	UNSPECIFIED DISTURBANCE OF CONDUCT
313.0	OVERANXIOUS DISORDER SPECIFIC TO CHILDHOOD AND ADOLESCENCE
313.1	MISERY AND UNHAPPINESS DISORDER SPECIFIC TO CHILDHOOD AND ADOLESCENCE
313.21	SHYNESS DISORDER OF CHILDHOOD
313.22	INTROVERTED DISORDER OF CHILDHOOD
313.23	SELECTIVE MUTISM
313.3	RELATIONSHIP PROBLEMS SPECIFIC TO CHILDHOOD AND ADOLESCENCE
313.81	OPPOSITIONAL DEFIANT DISORDER
313.82	IDENTITY DISORDER OF CHILDHOOD OR ADOLESCENCE
313.83	ACADEMIC UNDERACHIEVEMENT DISORDER OF CHILDHOOD OR ADOLESCENCE
313.89	OTHER EMOTIONAL DISTURBANCES OF CHILDHOOD OR ADOLESCENCE
313.9	UNSPECIFIED EMOTIONAL DISTURBANCE OF CHILDHOOD OR ADOLESCENCE
314.00	ATTENTION DEFICIT DISORDER OF CHILDHOOD WITHOUT HYPERACTIVITY
314.01	ATTENTION DEFICIT DISORDER OF CHILDHOOD WITH HYPERACTIVITY
314.1	HYPERKINESIS OF CHILDHOOD WITH DEVELOPMENTAL DELAY
314.2	HYPERKINETIC CONDUCT DISORDER OF CHILDHOOD
314.8	OTHER SPECIFIED MANIFESTATIONS OF HYPERKINETIC SYNDROME OF CHILDHOOD
314.9	UNSPECIFIED HYPERKINETIC SYNDROME OF CHILDHOOD
315.00	DEVELOPMENTAL READING DISORDER UNSPECIFIED
315.01	ALEXIA
315.02	DEVELOPMENTAL DYSLEXIA
315.09	OTHER SPECIFIC DEVELOPMENTAL READING DISORDER
315.1	MATHEMATICS DISORDER
315.2	OTHER SPECIFIC DEVELOPMENTAL LEARNING DIFFICULTIES
315.31	EXPRESSIVE LANGUAGE DISORDER
315.32	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER
315.34	SPEECH AND LANGUAGE DEVELOPMENTAL DELAY DUE TO HEARING LOSS
315.35	CHILDHOOD ONSET FLUENCY DISORDER
315.39	OTHER DEVELOPMENTAL SPEECH DISORDER

	DEVELOPMENTAL COORDINATION DISORDER
315.5	MIXED DEVELOPMENT DISORDER
315.8	OTHER SPECIFIED DELAYS IN DEVELOPMENT
315.9	UNSPECIFIED DELAY IN DEVELOPMENT
316	PSYCHIC FACTORS ASSOCIATED WITH DISEASES CLASSIFIED ELSEWHERE
317	MILD INTELLECTUAL DISABILITIES
318.0	MODERATE INTELLECTUAL DISABILITIES
318.1	SEVERE INTELLECTUAL DISABILITIES
318.2	PROFOUND INTELLECTUAL DISABILITIES
331.0	ALZHEIMER'S DISEASE

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

Diagnoses that DO NOT Support Medical Necessity

General Information

[\[back to top\]](#)

Documentation Requirements

Appendices

Utilization Guidelines

Sources of Information and Basis for Decision

American Psychiatric Association. Current Procedural Terminology (CPT) Code Changes for 2013. Accessed at: <http://www.psych.org/practice/managing-a-practice/cpt-changes-2013/current-procedural-terminology-cpt-code-changes-for-2013>

American Psychiatric Association. Practice guideline for the assessment and treatment of patients with suicidal behaviors. Nov. 2003.

American Psychological Association. (May-June 2004). American Psychologist. Guidelines for Psychological Practice with Older Adults. Accessed at: <http://www.apa.org/practice/guidelines/older-adults.pdf>

American Psychoanalytic Association, Psychoanalytic Psychotherapy. Accessed at: http://www.apsa.org/About_Psychoanalysis/Psychoanalytic_Psychotherapy.aspx (January 2013).

CPT Changes 2013: An Insider's View, pages 232-244.

CPT 2013, Professional Edition, pages 483-487.

Evidence-Based Caregiver Interventions in Geriatric Psychiatry. Richard Schultz PhD, et al. Psychiatric Clinics of North America. December 2005: 28, 1007-1038. Accessed at: http://www.ucsur.pitt.edu/files/schulz/PsychClinicsofNA-CaregiverIntervention_001.pdf

Guidelines for Managing Alzheimer's Disease: Parts 1 and 2. Assessment. Jeffrey Cummings, et al. American Family Physician, 2002, Accessed at: <http://www.aafp.org/afp/2002/0601/p2263.html> and <http://www.aafp.org/afp/2002/0615/p2525.html>

Kaplan, H.I., Sadock, B.J., Grebb, J.A. (2002). Kaplan and Sadock's Synopsis of Psychiatry (9th ed.). Baltimore: Williams & Wilkins.

HCPCS Level II 2013 Book, Professional Edition

LCDs and policies from other Medicare contractors

Advisory Committee Meeting Notes**Start Date of Comment Period**

01/31/2013

End Date of Comment Period

03/16/2013

Start Date of Notice Period

04/19/2013

Revision History Number**Revision History Explanation****Reason For Change****Last Reviewed On Date**

04/08/2013

Related Documents


This LCD has no Related Documents.

LCD Attachments

Attachments such as Coding Guidelines and Comment Summaries are available in the Medicare coverage database located on the Centers for Medicare & Medicaid Services (CMS) website. To view attachments, go to <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?clickon=search> and enter the LCD ID in the search window; when the LCD is displayed select LCD Attachments from the "Jump to Section" dropdown list.

[\[back to top\]](#)

You may also use First Coast's [Procedure to diagnosis lookup](#) for procedure code to diagnosis code relationships in current and draft local coverage determinations (LCDs).

The official local coverage determination (LCD) is the version on the Medicare coverage database at www.cms.gov/medicare-coverage-database/ . The LCD data hosted on this site is an exact match of what appears on the MCD.