STATE OF WASHINGTON
ACCESS TO CARE STANDARDS

FOR REGIONAL SUPPORT NETWORKS/BEHAVIORAL HEALTH ORGANIZATIONS

01 July 2015

INTRODUCTION AND SCOPE

The statewide Access to Care Standards describes the minimum standards and criteria for clinical eligibility for behavioral health services for the Regional Support Network/Behavioral Health Organization (RSN/BHO) care delivery system. Medicaid enrollees are eligible for all outpatient and residential levels of care and clinical services in the Medicaid State Plan based on medical necessity and the Access to Care Standards.

BACKGROUND

The Division of Behavioral Health and Recovery (DBHR) Access to Care Standards provide Regional Support Networks/Behavioral Health Organizations (RSNs/BHOs) and their contracted Community Mental Health Agencies (CMHA) with guidelines to determine eligibility for authorization of mental health services for individuals served through the Washington state public mental health system. These guidelines describe eligibility for services available to Medicaid enrollees through the Washington State public mental health system.

The guidelines are the result of an emphasis that began 30 years ago to establish medical treatment policy for those dealing with a major mental illness. During the 1980's, the Federal government began monitoring the care provided to individuals diagnosed with a major mental illness including the type and duration of services that were provided to them. Diagnosis (as listed in the DSM-III edition), functional impairment and duration of illness were the criteria used to define the target population as individuals with "chronic mental illness." Stakeholders were invested in the development of medically necessary community-based mental health services with the intent of decreasing disability and mortality in the "chronically mentally ill" populations.

By 1992, Congress directed Health and Human Services to develop a Federal definition of Serious Mental Illness (SMI) to assist in monitoring incidence and prevalence rates among states, particularly for those states applying for grant funds to support mental health services. An additional definition was created to include children, and is referred to as Seriously Emotionally Disturbed (SED). This includes children with mental health disorders that result in behavioral or conduct problems, and cause functional impairment.

The guidelines for SMI and SED have become essential elements in the "managed care" model of providing services with Medicaid funds. In 2002 the President's New Freedom Commission was formed to study the mental health service delivery system within communities. Their research led to recommendations for systems that would "enable adults with serious mental illnesses and children with serious emotional disturbance to live, work, learn, and participate fully in their communities", thus moving toward recovery, resilience and prevention. The order inspired many states to create managed care organizations to oversee services for Medicaid recipients who met the criteria for SMI and SED. Washington State Division of Behavioral Health and Recovery (DBHR), formerly the Mental Health Division, formed a workgroup to create Access to Care Standards eligibility and authorization criteria for services for this population. The standards were established and made available to each Regional Support Network (RSN) on 01 January 2003. These standards guide providers in determining who is eligible for services, as well as what types of services are best suited to meet the enrollees' needs.

More recently, several changes occurring within a close time frame have necessitated the revision of Washington DBHR Access to Care Standards. The major changes are the deployment of the DSM-5 in 2014 which eliminates the Global Assessment of Functioning Scale (GAF), and the CMS mandate to implement ICD 10 coding by 01 October 2015. Without the use of the GAF score, a way to assess level of functioning was still necessary to determine eligibility of services for RSN/BHO enrollees. A workgroup to accomplish this was formed, comprised of clinicians from RSNs/BHOs, DBHR staff, other state affiliated organizations, and consumer advocates. The workgroup desired a standardized way to help providers identify eligible diagnoses, determine functional impairment, and determine the most appropriate service/s that can be provided within the individual's community setting.

CODING AND SYSTEM CHANGES

Periodically, new diagnosis codes may be added/changed/removed by CMS to the ICD-10-CM listing or its successor. As necessary, updates to the Access to Care Standards may be updated to incorporate published coding changes. Further, there will be a future

update to the Access to Care Standards to accommodate the changes from the mental health-only system to the behavioral health system.

ELIGIBILITY REQUIREMENTS FOR AUTHORIZATION OF SERVICES FOR RSN/BHO MEDICAID RECIPIENTS

The following are intended to present minimum standards for authorization for Medicaid services. The application of these standards is expected to be used consistently across the state. A consumer is authorized for a singular diagnosis; however, during the course of treatment other covered diagnoses may be treated as they become known. The Access to Care Standards are not intended solely to serve as continuing stay criteria.

An individual must meet medical necessity before being considered for Medicaid services. Authorizing entities must demonstrate medical necessity on all mental health assessments/intakes, as well as continuing stay authorization documents. The five (5) medical necessity criteria are presented below:

1. The individual has a mental illness as determined by a Mental Health Professional (MHP) in a face-to-face intake/assessment. The diagnosis must be included in the list of Covered Diagnoses;
2. The individual's impairment(s) and corresponding need(s) must be the result of a mental illness. The individual must meet the Functional Criteria for Serious Mental Illness (SMI) or Seriously Emotionally Disturbed (SED);
3. The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a mental illness;
4. The individual is expected to benefit from the intervention; and,
5. The individual's unmet need(s) cannot be more appropriately met by any other formal or informal system or support.

ACCESS TO CARE – DESCRIPTORS

COVERED DIAGNOSES

Assessment is provided by a mental health professional and determines the presence of a covered mental health diagnosis. Special population consultation should be considered. For children, the assessment must be completed by, or under the supervision of a child mental health specialist.

PERSONS AGED 18, 19, OR 20 YEARS OLD MAY QUALIFY FOR SERVICES UNDER SED OR SMI DETERMINATIONS

FUNCTIONAL CRITERIA FOR SMI DETERMINATION

To meet the functional criteria for SMI, a person must have, as a result of a covered diagnosis, current dysfunction in at least one of the following four (4) domains, as described below. This dysfunction has been present for most of the past twelve months or for most of the past six months with an expected continued duration of at least six months. Six month minimum timeframe does not apply to all diagnoses per DSM. Examples are acute stress disorder, adjustment disorder, and certain psychotic disorders.

1. **Inability to live in an independent or family setting without support**
   Neglect or disruption of ability to attend to basic needs. Needs assistance in caring for self. Unable to care for self in safe or sanitary manner. Housing, food, and clothing must be provided or arranged for by others. Unable to attend one or more basic needs of hygiene, grooming, nutrition, medical, and/or dental care. Unwilling to seek necessary medical/dental care for serious medical or dental conditions due to mental health symptoms. Refuses treatment for life threatening illnesses because of behavioral health disorder.
2. **A risk of serious harm to self or others**
   Seriously disruptive to family and/or community. Pervasively or imminently dangerous to self or others' bodily safety. Regularly engages in assaultive behavior. Has been arrested, incarcerated, hospitalized, or at risk of confinement because

of dangerous behavior. Persistently neglectful or abusive towards others. Severe disruption of daily life due to frequent thoughts of death, suicide, or self-harm, often with behavioral intent and/or plan.

3. **Dysfunction in role performance**
   Frequently disruptive or in trouble at work or at school. Frequently terminated from work or suspended/expelled from school. Major disruption of role functioning. Requires structured or supervised work or school setting. Performance significantly below expectation for cognitive/developmental level. Unable to work, attend school, or meet other developmentally appropriate responsibilities.
4. **Risk of deterioration**
   Persistent or chronic factors such as social isolation, poverty, extreme chronic stressors. Care is complicated and requires multiple providers. Also, consumers with past psychiatric history, with gains in functioning that have not solidified or cannot be maintained without treatment and/or supports.

FUNCTIONAL CRITERIA FOR SED DETERMINATION

Must be a person under the age of 21.

To meet the functional criteria for SED, a person must have, as a result of a covered diagnosis, dysfunction in at least one (1) of the following Capacities or one (1) of the Symptoms. Duration of the dysfunction must be present, or expected to persist, for six (6) months.

CAPACITIES

1. **Functioning in self-care**
   Impairment in age-appropriate/developmental age self-care is manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes, and/or nutritional needs.
2. **Functioning in community**
   Inability to maintain safety without assistance; a consistent lack of age-appropriate/developmental age behavioral controls, decision making, and/or judgment any of which may increase the risk for potential out-of-home placement.
3. **Functioning in social relationships**
   Impairment of social relationships is manifested by the consistent inability to develop and maintain normal relationships with peers and adults. Children and adolescents exhibit constrictions in their capacities for shared attention, engagement, initiation of two-way effective communication, and shared social problem solving.
4. **Functioning in the family**
   Impairment in family function is manifested by a pattern of significantly disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents and/or caretakers (e.g., foster parents), disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable expectations that may result in removal from the family or its equivalent). Child-caregiver and family characteristics do not include developmentally based adaptive patterns that support social-emotional well-being. For early childhood functioning, major impairments undermine the fundamental foundation of healthy functioning exhibited by:
   - rarely or minimally seeking comfort in distress
   - limited positive affect and excessive levels of irritability, sadness, or fear
   - disruptions in feeding and sleeping patterns
   - failure, even in unfamiliar settings, to check back with adult caregivers after venturing away
   - willingness to go off with unfamiliar adult with minimal or no hesitation
   - regression of previously learned skills
5. **Functioning at school/work**
   Impairment in school/work function is manifested by an inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage or violence toward others); identification by an IEP team as having an Emotional/Behavioral Disability; or inability to be consistently employed at a self-sustaining level

(e.g., inability to conform to work schedule, poor relationships with supervisor and other workers, hostile behavior on the job).

SYMPTOMS

1. **Psychotic symptoms**
   Symptoms that are characterized by defective or loss of contact with reality, often with hallucinations or delusions.
2. **Danger to self, others, or property as a result of emotional disturbance**
   The individual is self-destructive (e.g., at risk for suicide, and/or at risk for causing injury to self, other persons, or significant damage to property.)
3. **Trauma symptoms**
   Children experiencing or witnessing serious unexpected events that threaten them or others. Children and adolescents who have been exposed to a known single event or series of discrete events experience a disruption in their age-expected/developmental age range of emotional and social developmental capacities.

LEVEL OF CARE (LOC) AND INTENSITY OF SERVICE DETERMINATION

- Authorizing entities (i.e., RSNs/BHOs) must develop a method of determining appropriate Levels of Care (LOC) to assist Service Providers with assigning authorized individuals appropriate service levels, with the appropriate service intensity.
- Assignment into an appropriate Level of Care (LOC) is based on the specific SMI (adult) or SED (children) criteria.
- The individual's Level of Care and specific SMI/SED criteria must be reflected on the individualized and mutually-developed treatment/service plan.
- The Individualized Treatment/Service Plan (ITP/ISP) must demonstrate that the selected intervention(s) are medically necessary, and reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a mental illness.

PERIOD OF AUTHORIZATION

The period of authorization may be up to twelve (12) months of care as determined by medical necessity and treatment goal(s).

TRANSITION PLANNING

- Consumers who require services beyond the initial authorization period must continue to meet medical necessity criteria. Authorizing entities must establish continuing stay criteria, to include a Level of Care (LOC) system that allows for movement along a continuum of care inclusive of discontinuing or reducing treatment services in lieu of alternative services and supports.
- Authorizing entities must ensure that Network Providers have a system in place for establishing continued stay criteria at the time of initial assessment. Progress must be reviewed with the consumer at regular intervals throughout the episode of care.

MODALITY SET

The full scope of available treatment modalities may be provided based on clinical assessment, medical necessity, and individual need. Access to State Plan Modalities is based on clinical assessment, medical necessity, and individual need.

DUAL DIAGNOSIS

Individuals who have both a covered and non-covered diagnosis may be eligible for service based on the covered diagnosis. RSNs/BHOs provide services that address the covered diagnosis and coordination of care for non-covered diagnosis.

COVERED DIAGNOSTIC CLASSIFICATIONS

The diagnoses listed in the following tables are the only covered diagnoses for the RSN/BHO system. Descriptions in the tables below that are italicized are the ICD-10-CM description for the ICD-10-CM code. Non-italicized descriptions are from DSM-5.

[F01-F09] MENTAL DISORDERS DUE TO KNOWN PHYSIOLOGICAL CONDITIONS

ICD-10-CM Code	Description
F01.50	*Vascular dementia without behavioral disturbance* Probable Major Vascular Neurocognitive Disorder, Without behavioral disturbance
F01.51	*Vascular dementia with behavioral disturbance* Probable Major Vascular Neurocognitive Disorder, With behavioral disturbance
F02.80	*Dementia in other diseases classified elsewhere without behavioral disturbance* Major Neurocognitive Disorder Due to Prion Disease, Without behavioral disturbance Major Neurocognitive Disorder Due to HIV Infection, Without behavioral disturbance Major Neurocognitive Disorder Due to Huntington's Disease, Without behavioral disturbance Major Neurocognitive Disorder Due to Parkinson's Disease, Without behavioral disturbance Major Neurocognitive Disorder Due to Alzheimer's Disease, Without behavioral disturbance Major Neurocognitive Disorder Due to Frontotemporal Lobar Degeneration, Without behavioral disturbance Major Neurocognitive Disorder With Lewy Bodies, Without behavioral disturbance Major Neurocognitive Disorder Due to Multiple Etiologies, Without behavioral disturbance
F02.81	*Dementia in other diseases classified elsewhere with behavioral disturbance* Major Neurocognitive Disorder Due to Prion Disease, With behavioral disturbance Major Neurocognitive Disorder Due to HIV Infection, With behavioral disturbance Major Neurocognitive Disorder Due to Huntington's Disease, With behavioral disturbance Major Neurocognitive Disorder Due to Parkinson's Disease, With behavioral disturbance Major Neurocognitive Disorder Due to Alzheimer's Disease, With behavioral disturbance Major Neurocognitive Disorder Due to Frontotemporal Lobar Degeneration, With behavioral disturbance Major Neurocognitive Disorder With Lewy Bodies, With behavioral disturbance Major Neurocognitive Disorder Due to Multiple Etiologies, With behavioral disturbance

[F20-F29] SCHIZOPHRENIA, SCHIZOTYPAL, DELUSIONAL, AND OTHER NON-MOOD PSYCHOTIC DISORDERS

ICD-10-CM Code	Description
F20.81	*Schizophreniform disorder* Schizophreniform Disorder
F20.9	*Schizophrenia, unspecified* Schizophrenia
F21	*Schizotypal disorder* Schizotypal (Personality) Disorder

ICD-10-CM Code	Description
F22	*Delusional disorders* Delusional Disorder
F23	*Brief psychotic disorder* Brief Psychotic Disorder
F25.0	*Schizoaffective disorder, bipolar type* Schizoaffective Disorder, Bipolar Type
F25.1	*Schizoaffective disorder, depressive type* Schizoaffective Disorder, Depressive Type
F28	*Other psychotic disorder not due to a substance or known physiological condition* Other specified schizophrenia spectrum and other psychotic disorder

[F30-F39] MOOD (AFFECTIVE) DISORDERS

ICD-10-CM Code	Description
F31.0	*Bipolar disorder, current episode hypomanic* Bipolar I Disorder, Current or most recent episode hypomanic
F31.11	*Bipolar disorder, current episode manic without psychotic features, mild* Bipolar I Disorder, Current or most recent episode manic, Mild
F31.12	*Bipolar disorder, current episode manic without psychotic features, moderate* Bipolar I Disorder, Current or most recent episode manic, Moderate
F31.13	*Bipolar disorder, current episode manic without psychotic features, severe* Bipolar I Disorder, Current or most recent episode manic, Severe
F31.2	*Bipolar disorder, current episode manic severe with psychotic features* Bipolar I Disorder, Current or most recent episode manic, With psychotic features
F31.31	*Bipolar disorder, current episode depressed, mild* Bipolar I Disorder, Current or most recent episode depressed, Mild
F31.32	*Bipolar disorder, current episode depressed, moderate* Bipolar I Disorder, Current or most recent episode depressed, Moderate
F31.4	*Bipolar disorder, current episode depressed, severe, without psychotic features* Bipolar I Disorder, Current or most recent episode depressed, Severe
F31.5	*Bipolar disorder, current episode depressed, severe, with psychotic features* Bipolar I Disorder, Current or most recent episode depressed, With psychotic features
F31.71	*Bipolar disorder, in partial remission, most recent episode hypomanic* Bipolar I Disorder, Current or most recent episode hypomanic, In partial remission
F31.72	*Bipolar disorder, in full remission, most recent episode hypomanic* Bipolar I Disorder, Current or most recent episode hypomanic, In full remission
F31.75	*Bipolar disorder, in partial remission, most recent episode depressed* Bipolar I Disorder, Current or most recent episode depressed, In partial remission

ICD-10-CM Code	Description
F31.76	*Bipolar disorder, in full remission, most recent episode depressed* Bipolar I Disorder, Current or most recent episode depressed, In full remission
F31.81	*Bipolar II disorder* Bipolar II Disorder
F31.89	*Other bipolar disorder* Other Specified Bipolar and Related Disorder
F31.9	*Bipolar disorder, unspecified* Bipolar I Disorder, Current or most recent episode manic, unspecified Bipolar I Disorder, Current or most recent episode hypomanic, unspecified Bipolar I Disorder, Current or most recent episode depressed, unspecified Bipolar I Disorder, Current or most recent episode unspecified
F32.0	*Major depressive disorder, single episode, mild* Major Depressive Disorder, Single episode, Mild
F32.1	*Major depressive disorder, single episode, moderate* Major Depressive Disorder, Single episode, Moderate
F32.2	*Major depressive disorder, single episode, severe without psychotic features* Major Depressive Disorder, Single episode, Severe
F32.3	*Major depressive disorder, single episode, severe with psychotic features* Major Depressive Disorder, Single episode, With psychotic features
F32.4	*Major depressive disorder, single episode, in partial remission* Major Depressive Disorder, Single episode, In partial remission
F32.5	*Major depressive disorder, single episode, in full remission* Major Depressive Disorder, Single episode, In full remission
F32.8	*Other depressive episodes* Other Specified Depressive Disorder
F32.9	*Major depressive disorder, single episode, unspecified* Major Depressive Disorder, Single episode, Unspecified Unspecified Depressive Disorder
F33.0	*Major depressive disorder, recurrent, mild* Major Depressive Disorder, Recurrent episode, Mild
F33.1	*Major depressive disorder, recurrent, moderate* Major Depressive Disorder, Recurrent episode, Moderate
F33.2	*Major depressive disorder, recurrent severe without psychotic features* Major Depressive Disorder, Recurrent episode, Severe
F33.3	*Major depressive disorder, recurrent, severe with psychotic symptoms* Major Depressive Disorder, Recurrent episode, With psychotic features
F33.41	*Major depressive disorder, recurrent, in partial remission*

ICD-10-CM Code	Description
	Major Depressive Disorder, Recurrent episode, In partial remission
F33.42	*Major depressive disorder, recurrent, in full remission* Major Depressive Disorder, Recurrent episode, In full remission
F33.9	*Major depressive disorder, recurrent, unspecified* Major Depressive Disorder, Recurrent episode, Unspecified
F34.0	*Cyclothymic disorder* Cyclothymic Disorder
F34.1	*Dysthymic disorder* Persistent Depressive Disorder (Dysthymia)
F34.8	*Other persistent mood [affective] disorders* Disruptive Mood Dysregulation Disorder

[F40-F49] ANXIETY, DISSOCIATIVE, STRESS-RELATED, SOMATOFORM AND OTHER NONPSYCHOTIC MENTAL DISORDERS

ICD-10-CM Code	Description
F40.00	*Agoraphobia, unspecified* Agoraphobia
F40.10	*Social phobia, unspecified* Social Anxiety Disorder (Social Phobia)
F40.218	Other animal type phobia Specific Phobia, Animal
F40.228	*Other natural environment type phobia* Specific Phobia, Natural environment
F40.230	*Fear of blood* Specific Phobia, Blood-injection-injury, Fear of blood
F40.231	*Fear of injections and transfusions* Specific Phobia, Blood-injection-injury, Fear of injections or transfusions
F40.232	*Fear of other medical care* Specific Phobia, Blood-injection-injury, Fear of other medical care
F40.233	*Fear of injury* Specific Phobia, Blood-injection-injury, Fear of injury
F40.248	*Other situational type phobia* Specific Phobia, Situational
F40.298	*Other specified phobia* Specific Phobia, Other
F41.0	*Panic disorder [episodic paroxysmal anxiety] without agoraphobia* Panic Disorder

ICD-10-CM Code	Description
F41.1	*Generalized anxiety disorder* Generalized Anxiety Disorder
F41.8	*Other specified anxiety disorders* Other Specified Anxiety Disorder
F41.9	*Anxiety disorder, unspecified* Unspecified Anxiety Disorder
F42	*Obsessive-compulsive disorder* Obsessive-Compulsive Disorder Hoarding Disorder Other Specified Obsessive-Compulsive and Related Disorder Unspecified Obsessive-Compulsive and Related Disorder
F43.0	*Acute stress reaction* Acute Stress Disorder
F43.10	*Post-traumatic stress disorder, unspecified* Posttraumatic Stress Disorder (includes Posttraumatic Stress Disorder for Children 6 Years and Younger)
F43.20	*Adjustment disorder, unspecified* Adjustment Disorders, Unspecified
F43.21	*Adjustment disorder with depressed mood* Adjustment Disorders, With depressed mood
F43.22	*Adjustment disorder with anxiety* Adjustment Disorders, With anxiety
F43.23	*Adjustment disorder with mixed anxiety and depressed mood* Adjustment Disorders, With mixed anxiety and depressed mood
F43.24	*Adjustment disorder with disturbance of conduct* Adjustment Disorders, With disturbance of conduct
F43.25	*Adjustment disorder with mixed disturbance of emotions and conduct* Adjustment Disorders, With mixed disturbance of emotions and conduct
F43.8	*Other reactions to severe stress* Other specified trauma- and stressor-related disorder
F44.0	*Dissociative amnesia* Dissociative Amnesia
F44.1	*Dissociative fugue* Dissociative Amnesia, With dissociative fugue
F44.4	*Conversion disorder with motor symptom or deficit* Conversion Disorder (Functional Neurological Symptom Disorder), With weakness or paralysis Conversion Disorder (Functional Neurological Symptom Disorder), With abnormal movement Conversion Disorder (Functional Neurological Symptom Disorder), With swallowing symptoms Conversion Disorder (Functional Neurological Symptom Disorder), With speech symptoms

ICD-10-CM Code	Description
F44.5	*Conversion disorder with seizures or convulsions* Conversion Disorder (Functional Neurological Symptom Disorder), With attacks or seizures
F44.6	*Conversion disorder with sensory symptom or deficit* Conversion Disorder (Functional Neurological Symptom Disorder), With anesthesia or sensory loss Conversion Disorder (Functional Neurological Symptom Disorder), With special sensory symptom
F44.7	*Conversion disorder with mixed symptom presentation* Conversion Disorder (Functional Neurological Symptom Disorder), With mixed symptoms
F44.81	*Dissociative identity disorder* Dissociative Identity Disorder
F44.89	*Other dissociative and conversion disorders* Other Specified Dissociative Disorder
F44.9	*Dissociative and conversion disorder, unspecified* Unspecified Dissociative Disorder
F45.1	*Undifferentiated somatoform disorder* Somatic Symptom Disorder
F45.21	*Hypochondriasis* Illness Anxiety Disorder
F45.22	*Body dysmorphic disorder* Body Dysmorphic Disorder
F45.8	*Other somatoform disorders* Other Specified Somatic Symptom and Related Disorder
F45.9	*Somatoform disorder, unspecified* Unspecified Somatic Symptom and Related Disorder
F48.1	*Depersonalization-derealization syndrome* Depersonalization/Derealization Disorder

[F50-F59] BEHAVIORAL SYNDROMES ASSOCIATED WITH PHYSIOLOGICAL DISTURBANCES AND PHYSICAL FACTORS

ICD-10-CM Code	Description
F50.01	*Anorexia nervosa, restricting type* Anorexia Nervosa, Restricting type
F50.02	*Anorexia nervosa, binge eating/purging type* Anorexia Nervosa, Binge-eating/purging type
F50.2	*Bulimia nervosa* Bulimia Nervosa

[F60-F69] DISORDERS OF ADULT PERSONALITY AND BEHAVIOR

ICD-10-CM Code	Description
F60.0	*Paranoid personality disorder* Paranoid Personality Disorder
F60.1	*Schizoid personality disorder* Schizoid Personality Disorder
F60.2	*Antisocial personality disorder* Antisocial Personality Disorder
F60.3	*Borderline personality disorder* Borderline Personality Disorder
F60.4	*Histrionic personality disorder* Histrionic Personality Disorder
F60.5	*Obsessive-compulsive personality disorder* Obsessive-Compulsive Personality Disorder
F60.6	*Avoidant personality disorder* Avoidant Personality Disorder
F60.7	*Dependent personality disorder* Dependent Personality Disorder
F60.81	*Narcissistic personality disorder* Narcissistic Personality Disorder
F60.89	*Other specific personality disorders* Other Specified Personality Disorder
F60.9	*Personality disorder, unspecified* Unspecified Personality Disorder
F63.81	*Intermittent explosive disorder* Intermittent explosive disorder
F68.10	*Factitious disorder, unspecified* Factitious Disorder (includes Factitious Disorder Imposed on Self, Factitious Disorder Imposed on Another)

[F90-F98] BEHAVIORAL AND EMOTIONAL DISORDERS WITH ONSET USUALLY OCCURRING IN CHILDHOOD AND ADOLESCENCE

ICD-10-CM Code	Description
F90.0	*Attention-deficit hyperactivity disorder, predominantly inattentive type* Attention-Deficit/Hyperactivity Disorder, Predominantly inattentive presentation
F90.1	*Attention-deficit hyperactivity disorder, predominantly hyperactive type* Attention-Deficit/Hyperactivity Disorder, Predominantly hyperactive/impulsive presentation
F90.2	*Attention-deficit hyperactivity disorder, combined type* Attention-Deficit/Hyperactivity Disorder, Combined Presentation
F90.8	*Attention-deficit hyperactivity disorder, other type* Other Specified Attention-Deficit/Hyperactivity Disorder
F90.9	*Attention-deficit hyperactivity disorder, unspecified type* Unspecified Attention-Deficit/Hyperactivity Disorder
F91.1	*Conduct disorder, childhood-onset type* Conduct Disorder, Childhood-onset type
F91.2	*Conduct disorder, adolescent-onset type* Conduct Disorder, Adolescent-onset type
F91.3	*Oppositional defiant disorder* Oppositional Defiant Disorder
F91.8	*Other conduct disorders* Other Specified Disruptive, Impulse-Control, and Conduct Disorder
F91.9	*Conduct disorder, unspecified* Conduct Disorder, Unspecified onset Unspecified Disruptive, Impulse-Control, and Conduct Disorder
F93.0	*Separation anxiety disorder of childhood* Separation Anxiety Disorder
F94.0	*Selective mutism* Selective Mutism
F94.1	*Reactive attachment disorder of childhood* Reactive Attachment Disorder
F94.2	*Disinhibited attachment disorder of childhood* Disinhibited Social Engagement Disorder

DIAGNOSTIC CLASSIFICATIONS NOT COVERED

- [F10-F19] Mental and Behavioral Disorders due to Psychoactive Substance Use
- [F70-F79] Intellectual Disabilities
- [F80-F89] Pervasive and Specific Developmental Disorders
- [F99] Unspecified Mental Disorder

SOURCES

- ICD-10-CM Codes and Descriptions – FY2015 code descriptions
  ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2015/