

**Illinois Department of Human Services
Information Management and Development
Unified Health Systems Section
Provider Claims Unit**

**Reporting of Community Services
and
Community Mental Health Billing Systems**

**DMH Service Activity Codes
and Billing Diagnosis Codes**

CONTENTS:

- < Service Activity Code Assignments For Reporting of Grant-Funded Community Mental Health Services & Medicaid Rule 132
- < Valid Activity Codes to Report Total Dollars Spent on Client
- < Obsolete Mental Health Activity Codes
- < Listing of DSM-IV Diagnoses and ICD-9 Codes for the Use in the Community MH Billing System

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

Current Activity Code	Pre-FY08	Bill Option	Definition	
<u>SERVICE NEEDS EVALUATION</u>	0X			
Treatment Plan Development, Review and Modification (MHP staff)	0C	0C	R	The development of a plan to deliver specific mental health services to a client. This service is performed by a MHP.
Treatment Plan Development, Review and Modification (QMHP staff)	0D	0D	R	The development of a plan to deliver specific mental health services to a client. This service is performed by a QMHP.
Mental Health Assessment, Non-Physician (MHP staff)	0M	0M	R	Identification of the client's mental health service needs and recommendations for treatment. This service is performed by a MHP and may include: - Mental Health Assessment (previous code 03) - Client Intake (previous code 0A) - Mental Health Social History (previous code 04)
Mental Health Assessment, Non-Physician (QMHP staff)	0Q	0Q	R	Identification of the client's mental health service needs and recommendations for treatment. This service is performed by a QMHP and may include: - Mental Health Assessment (previous code 03) - Client Intake (previous code 0A) - Mental Health Social History (previous code 04)
Psychological Evaluation (licensed psychologist)	01	01	R	Conducting and documenting a psychological evaluation. This service is performed by a licensed clinical psychologist.
Psychiatric Evaluation	02	02	D	DIRECT DPA BILLING ONLY - Conducting a psychiatric evaluation by a physician on a face to face basis.
Psychological Evaluation (master's level staff)	07	07	R	Administering standardized testing as part of a psychological evaluation. This service is performed by a master's level professional under the supervision of the licensed clinical psychologist.
Vocational Testing/ Evaluation, Educational Testing		0B#	N	Conducting tests of a client's vocational abilities and/or aptitude or administering IQ and other tests of a client's educational aptitudes, strengths, and shortcomings.
Other	09	09	D	Other

Billing Options: R - Rehabilitation
T - Targeted Case Management
N - Non-Medicaid
D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 10-01-2007

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

Current Activity Code	Pre-FY08	Bill Option	Definition	
<u>CRISIS INTERVENTION</u>	1X			
Crisis Intervention (Multiple Staff)	1A	1A	R	Crisis intervention services that require more than one staff person to provide the crisis services.
Crisis Intervention	10	10	R	Services provided to interrupt a crisis experience. These services may include: - Crisis Intervention Assessment (previous code 11) - Therapy/Counseling (previous code 12) - Other Prescreening/Referral (previous code 14) - Consultation (previous code 15) - Collateral Contact (previous code 16)
State-Operated Facility Prescreening/Referral	13	13	R	Gathering information and making decisions regarding client's appropriateness for admission to a state-operated facility inpatient unit.
Intensive Family-based Services		17#	R	Interacting with the client to restore the client to prior levels of functioning, to reduce the risk of more restrictive treatment for the client such as psychiatric hospitalization, to reduce the risk of alternative placement or to avert a family crisis. Services may only be provided to child or adolescent enrolled in the SASS program by the CARES.
Intensive Family-based Services (Multiple Staff)		18#	R	Interacting with the client to restore the client to prior levels of functioning, to reduce the risk of more restrictive treatment for the client such as psychiatric hospitalization, to reduce the risk of alternative placement or to avert a family crisis. More than one staff person is required to provide the services. Services may only be provided to child or adolescent enrolled in the SASS program by the CARES.
Other	19	19	D	Other

Billing Options: R - Rehabilitation
T - Targeted Case Management
N - Non-Medicaid
D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 10-01-2007

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

Current Activity Code	Pre-FY08	Bill Option	Definition	
<u>MENTAL HEALTH TREATMENT</u>	2X			
Therapy/Counseling, Individual (MHP)	2A	2A	R	Therapy or counseling with only the identified client present. This service is performed by a MHP.
Therapy/Counseling, Group (MHP)	2B	2B	R	Therapy or counseling in a group setting. This service is performed by a MHP.
Therapy/Counseling, Family (MHP)	2C	2C	R	Therapy or counseling with only the identified client and identified family members or with a couple. This service is performed by a MHP.
Therapy/Counseling, Individual (QMHP)	21	21	R	Therapy or counseling with only the identified client present. This service is performed by a QMHP.
Therapy/Counseling, Group (QMHP)	22	22	R	Therapy or counseling in a group setting This service is performed by a QMHP.
Therapy/Counseling, Family (QMHP)	23	23	R	Therapy or counseling with only the identified client and identified family members or with a couple. This service is performed by a QMHP.
Psychotropic Medication Administration (APN staff)	2D	2D	R	The actual administration of medication by an advanced practice nurse.
Psychotropic Medication Administration (LPN or RN staff)	25	25	R	The actual administration of medication by a LPN or RN.
Psychotropic Medication Monitoring (APN staff)	2E	2E	R	Monitoring & evaluating target symptom response, adverse effects & new target symptoms or medication by an advanced practice nurse.
Psychotropic Medication Monitoring (Physician)	2F	2F	R	Monitoring & evaluating target symptom response, adverse effects & new target symptoms or medication by a physician.
Psychotropic Medication Monitoring (Non-Physician/ Non-APN staff)	26	26	R	Monitoring & evaluating target symptom response, adverse effects & new target symptoms or medication by staff designated in writing by a physician or advanced practice nurse per the collaborative agreement.
Other	29	29	D	Other

Billing Options: R - Rehabilitation
T - Targeted Case Management
N - Non-Medicaid
D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 10-01-2007

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

Current Activity Code	Pre-FY08	Bill Option	Definition	
<u>ADAPTIVE/SOCIAL DEVELOPMENTAL REHABILITATION</u>	3X			
Psychotropic Medication Training (Individual)	31	31	R	Training the client or the client's family or guardian to administer the client's medication, monitor proper levels and dosage and watch for side effects. This service is performed by staff designated in writing by the physician.
Psychotropic Medication Training (Individual, APN staff)	3A	3A	R	Training the client or the client's family or guardian to administer the client's medication, monitor proper levels and dosage and watch for side effects. This service is performed by an advanced practice nurse.
Psychotropic Medication Training (Group)	3B	3B	R	In a group setting, training the client or the client's family or guardian to administer the client's medication, monitor proper levels and dosage and watch for side effects. This service is performed by staff designated in writing by the physician.
Psychotropic Medication Training (Group, APN staff)	3C	3C	R	In a group setting, training the client or the client's family or guardian to administer the client's medication, monitor proper levels and dosage and watch for side effects. This service is performed by an advanced practice nurse.
Psychosocial Rehabilitation (Individual, RSA staff)	3R*		R	Psychosocial Rehabilitation services provided to an individual by RSA staff.
Psychosocial Rehabilitation (Individual, MHP staff)	3M*		R	Psychosocial Rehabilitation services provided to an individual by MHP staff.
Psychosocial Rehabilitation (Individual, QMHP staff)	3Q*		R	Psychosocial Rehabilitation services provided to an individual by QMHP staff.
Psychosocial Rehabilitation (Group, RSA staff)	3G*		R	Psychosocial Rehabilitation services provided in a group setting by RSA staff.
Psychosocial Rehabilitation (Group, MHP staff)	3H*		R	Psychosocial Rehabilitation services provided in a group setting by MHP staff.
Psychosocial Rehabilitation (Group, QMHP staff)	3J*		R	Psychosocial Rehabilitation services provided in a group setting by QMHP staff.
Skills Training and Development (Individual)		32#	R	Services provided to an individual focusing on adaptive functioning deficits which may be social, emotional, cognitive, interpersonal and/or behavioral.
Skills Training and Development (Group)		38#	R	Services provided to the family or the family and the client focusing on adaptive functioning deficits which may be social, emotional, cognitive, interpersonal, and /or behavioral.
Recreational	35	35	D	Training clients to utilize their free time.
Therapeutic Behavioral Services (Individual)		36#	R	Individually provided activities intended to result in improving and/or maintaining the individual's ability to function in a variety of interpersonal situations, including the family, school, or community.

Billing Options: R - Rehabilitation
T - Targeted Case Management
N - Non-Medicaid
D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 10-01-2007

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

Current Activity Code	Pre-FY08	Bill Option	Definition	
Therapeutic Behavioral Services (Group)		37#	R	Group activities intended to result in improving and/or maintaining the individual's ability to function in a variety of interpersonal situations including in the family, school, or community, including peer support and self-help groups.
Therapeutic Behavioral Services (Group)		37#	R	Group activities intended to result in improving and/or maintaining the individual's ability to function in a variety of interpersonal situations including in the family, school, or community, including peer support and self-help groups.
Activity Therapy (Individual)		3E#	R	Activity therapy services are individually-provided, direct interactions with the client or on behalf of the client with a member of the client's family, with such interactions intended to result in improving or maintaining the client's ability to function in a variety of interpersonal situations, including in the family, school or community. Activity therapy services may include activities using art, music, drama, play or recreation.
Activity Therapy (Group)		3F#	R	Activity therapy services are direct interactions in a group setting with the client or on behalf of the client with a member of the client's family, with such interactions intended to result in improving or maintaining the client's ability to function in a variety of interpersonal situations, including in the family, school or community. Activity therapy services may include activities using art, music, drama, play or recreation.
Job/Vocational		33#	N	Engagement, pre-vocational and vocational activities other than "Vocational Testing/Evaluation (code 0B) and activities integrated within a Supported Employment Process (code 34).
Supported Employment (Individual)		34#	N	Individually provided activities for a specific client, such as job development, job coaching and job placement, when provided under the following conditions: placement based on consumer job preferences, competitive employment in integrated work settings, on-going supports as needed, and integration of supported employment services with other mental health services.
Supported Employment (Group)		3D#	N	Group activities such as job development, job coaching and job placement, when provided under the following conditions: placement based on consumer job preferences, competitive employment in integrated work settings, on-going supports as needed, and integration of supported employment services with other mental health services.
Other	39	39	D	Other

Billing Options: R - Rehabilitation
T - Targeted Case Management
N - Non-Medicaid
D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 10-01-2007

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

	Current Activity Code	Pre- FY08	Bill Option	Definition
<u>SELF-HELP AND INDIVIDUAL CARE GRANT PROCESS</u>	4X			
Group Organizing Activities	41	41	D	Planning, starting, scheduling, recruiting, advertising and otherwise organizing self-help groups.
Group Facilitator/ Leader	42	42	D	Acting as a leader for self-help group.
Other	49	49	D	Other

Billing Options: R - Rehabilitation
 T - Targeted Case Management
 N - Non-Medicaid
 D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
 # Activity Code is obsolete with services provided starting 07-01-2007
 ## Activity Code is obsolete with services provided starting 10-01-2007

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

Current Activity Code	Pre-FY08	Bill Option	Definition	
<u>CASE MANAGEMENT</u>	5X			
Transition Linkage and Aftercare (MHP staff)	5A	5A	T	Referral and linkage to mental health services or to basic resources to facilitate an effective transition in living arrangement. This service is performed by a MHP.
Transition Linkage and Aftercare (QMHP staff)	5B	5B	T	Referral and linkage to mental health services or to basic resources to facilitate an effective transition in living arrangement. This service is performed by a QMHP.
Mandated Follow-Up (MHP staff)	5C	5C	T	Mandated follow-up with clients in Long Term Care Facilities. This service is performed by a MHP.
Mandated Follow-Up (QMHP staff)	5D	5D	T	Mandated follow-up with clients in Long Term Care Facilities. This service is performed by a QMHP.
Administer LOCUS	5L*		T	Administering and completing a <i>Level of Care Utilization System</i> (LOCUS) assessment.
Case Management (RSA staff)	5R	5R	T	Case Management services performed by a RSA. These services may include: <ul style="list-style-type: none"> - ICG Application Assistance (previous code 45) - Post Determination Process for ICG (previous code 47) - Assessment (previous code 51) - Home Visit/Outreach (previous code 52) - Monitoring (previous code 54) - Support (previous code 56) - Advocacy (previous code 57) - Service Planning (previous code 58)
Case Management (MHP staff)	5M	5M	T	Case Management services performed by a MHP. These services may include: <ul style="list-style-type: none"> - ICG Application Assistance (previous code 45) - Post Determination Process for ICG (previous code 47) - Assessment (previous code 51) - Home Visit/Outreach (previous code 52) - Monitoring (previous code 54) - Support (previous code 56) - Advocacy (previous code 57) - Service Planning (previous code 58)
Other	59	59	D	Other

Billing Options: R - Rehabilitation
 T - Targeted Case Management
 N - Non-Medicaid
 D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
 # Activity Code is obsolete with services provided starting 07-01-2007
 ## Activity Code is obsolete with services provided starting 10-01-2007

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

Current Activity Code	Pre-FY08	Bill Option	Definition	
<u>CASE MANAGEMENT - CLIENT CENTERED CONSULTATION /COMMUNITY EDUCATION</u>	6X			
Client-Centered Consultation (RSA staff)	6R	6R	T	Client-centered consultation services performed by a RSA. These services may include: <ul style="list-style-type: none"> - Consultation with Law Enforcement (previous code 62) - Consultation with LTC Facilities (previous code 63) - Consultation with Educational Institutions (previous code 64) - Consultation with Other Providers (previous code 65) - Clinical Staffings (previous code 67) - Consultation with Family and/or Collaterals (previous code 68)
Client-Centered Consultation (MHP staff)	6M	6M	T	Client-centered consultation services performed by a MHP. These services may include: <ul style="list-style-type: none"> - Consultation with Law Enforcement (previous code 62) - Consultation with LTC Facilities (previous code 63) - Consultation with Educational Institutions (previous code 64) - Consultation with Other Providers (previous code 65) - Clinical Staffings (previous code 67) - Consultation with Family and/or Collaterals (previous code 68)
Community Education/ Training		61#	D	Informing and educating the public, service organization, other providers, etc., how they can help prevent, make referrals, treat or otherwise serve the mentally ill.
Case Finding		66#	D	Contacting community organizations seeking persons who might benefit from mental health services and currently receiving them.
Other	69	69	D	Other

Billing Options: R - Rehabilitation
 T - Targeted Case Management
 N - Non-Medicaid
 D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
 # Activity Code is obsolete with services provided starting 07-01-2007
 ## Activity Code is obsolete with services provided starting 10-01-2007

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

Current Activity Code	Pre-FY08	Bill Option	Definition	
<u>ADMINISTRATION/ SUPPORT</u>	7X			
Oral Interpretation and Sign Language	7A	7A	N	Interpretation performed by a person skilled in sign language or oral interpretation with the goal of facilitating communication with a deaf, hearing-impaired or limited-English proficient person. Illinois Sign language interpreters are to be registered with the Illinois Deaf and Hard of Hearing Commission and to have a level of certification consistent with the necessary skills for interpreting in such settings.
Outreach and Engagement	7B*		D	Services to identify adults, adolescents and children in need of services who are suspected to have a serious mental illness or serious emotional disorder; and who have not currently consented to receive services, require engagement into services, are disengaging from services or have disengaged and require re-engagement into services.
Outreach and Engagement (multiple staff)	7C*		D	Services to identify adults, adolescents and children in need of services who are suspected to have a serious mental illness or serious emotional disorder; and who have not currently consented to receive services, require engagement into services, are disengaging from services or have disengaged and require re-engagement into services. These services can be provided by multiple staff.
Stakeholder Education	7D*		D	Services that educate and train community stakeholders who frequently interact with individuals with a suspected serious mental illness or serious emotional disorder on how to understand, approach and work with the population during the performance of their duties.
Stakeholder Education (multiple staff)	7E*		D	Services that educate and train community stakeholders, who frequently interact with individuals with a suspected serious mental illness or serious emotional disorder on how to understand, approach and work with the population during the performance of their duties. These services can be provided by multiple staff.
Non-Clinical Staff Meetings	71	71	D	Non-Clinical Staff Meetings
Individual Client Transportation	72	72	D	Individual Client Transportation
Staff Supervision	73	73	D	Staff Supervision
Travel	74	74	D	Travel
Staff Development/ Training	75	75	D	Staff Development/Training
Research and Program Evaluation	76	76	D	Research and Program Evaluation
Administration Functions	77	77	D	Administrative Functions
Client-Related Support	78	78	D	Client-Related Support
Other	79	79	D	Other

Billing Options: R - Rehabilitation
T - Targeted Case Management
N - Non-Medicaid
D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 10-01-2007

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

	Current Activity Code	Pre- FY08	Bill Option	Definition
<u>DAY TREATMENT PROGRAMS</u>	8X			
Mental Health Day Treatment (Adults)		8A#	R	<u>Extended Treatment & Rehabilitation Services</u> (previous code 86)
Mental Health Day Treatment (Children and Adolescents)		8B#		A schedule of interventions, including therapy, adaptive functioning, stabilization and development interventions, available for a minimum of four hours daily with services focused on the restoration of client functioning, and reintegration into the family and community. <u>Psychosocial Day Program Services</u> (previous code 87) A range of services provided on the basis of the individual's needs, available a minimum of four hours a day, five days a week. Services are focused on age appropriate or independent role functioning and include individual or group counseling, individual or group adaptive functioning, stabilization, and developmental interventions; and community integration and re-integration.
Intensive Outpatient (Adults)	81	81	R	Intensive outpatient services provided to adults.
Intensive Outpatient (Children and Adolescents)	85	85	R	Intensive outpatient services provided to children and adolescents.
Other	89	89	D	Other

Billing Options: R - Rehabilitation
 T - Targeted Case Management
 N - Non-Medicaid
 D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 10-01-2007

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

	Current Activity Code	Pre-FY08	Bill Option	Definition
<u>ASSERTIVE COMMUNITY TREATMENT (ACT)</u>	9X			
Assertive Community Treatment, evidence-based (Individual)	9A*		R	ACT services meeting the evidence-based model, provided on an individual basis.
Assertive Community Treatment, evidence-based (Group)	9B*		R	ACT services meeting the evidence-based model, provided in a group setting.
Assertive Community Treatment - Vocational Services (Individual)	9C*		N	Work and education related services to helping an individual understand the value of employment and additional education, to find and achieve meaningful employment or education in community-based job and education sites. These services are provided on an individual basis.
Assertive Community Treatment - Vocational Services (Group)	9D*		N	Work and education related services to helping an individual understand the value of employment and additional education, to find and achieve meaningful employment or education in community-based job and education sites. These services are provided in a group setting.
Assertive Community Treatment	90 ##	90 ##	R	ACT services that do not meet the evidence-based model. These services may include: <ul style="list-style-type: none"> - Assessment and Service Planning (previous code 91) - Referral and Linkage (previous code 92) - Counseling (previous code 93) - Support In Other Environments (previous code 94) - Advocacy (previous code 95) - Support In Developing Natural Community Supports; Activities of Daily Living (previous code 96)
Transportation		97#	R	Assessing and teaching the individual to use public transportation.
Crisis		98#	R	Providing intervention and support in times of crisis, including 24-hour crisis response; providing on-going support following a crisis.
Other	99	99	D	Other

Billing Options: R - Rehabilitation
T - Targeted Case Management
N - Non-Medicaid
D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 10-01-2007

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

Current Activity Code	Pre-FY08	Bill Option	Definition
<u>COMMUNITY SUPPORT</u>	SX		
Community Support (Individual, MHP staff)	SM*	R	Community Support services provided on an individual basis by MHP staff.
Community Support (Individual, QMHP staff)	SQ*	R	Community Support services provided on an individual basis by QMHP staff.
Community Support (Individual, RSA staff)	SR*	R	Community Support services provided on an individual basis by RSA staff.
Community Support Team	ST*	R	Community Support Team services.
Community Support (Group, RSA staff)	S1*	R	Community Support services provided in a group setting by RSA staff.
Community Support (Group, MHP staff)	S2*	R	Community Support services provided in a group setting by MHP staff.
Community Support (Group, QMHP staff)	S3*	R	Community Support services provided in a group setting by QMHP staff.
Community Support Residential (Individual, RSA staff)	S4*	R	Community Support services in public payer designated residential settings provided on an individual basis by RSA staff.
Community Support Residential (Individual, MHP staff)	S5*	R	Community Support services in public payer designated residential settings provided on an individual basis by MHP staff.
Community Support Residential (Individual, QMHP staff)	S6*	R	Community Support services in public payer designated residential settings provided on an individual basis by QMHP staff.
Community Support Residential (Group, RSA staff)	S7*	R	Community Support services in public payer designated residential settings provided in a group setting by RSA staff.
Community Support Residential (Group, MHP staff)	S8*	R	Community Support services in public payer designated residential settings provided in a group setting by MHP staff.
Community Support Residential (Group, QMHP staff)	S0*	R	Community Support services in public payer designated residential settings provided in a group setting by QMHP staff.
Other	S9*	D	Other

Billing Options: R - Rehabilitation
T - Targeted Case Management
N - Non-Medicaid
D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 10-01-2007

**SERVICE ACTIVITY CODE ASSIGNMENTS FOR
REPORTING OF GRANT-FUNDED COMMUNITY MENTAL HEALTH SERVICES & MEDICAID RULE 132**

	Current Activity Code	Pre-FY08	Bill Option	Definition
<u>VOCATIONAL SERVICES</u>	VX			
Vocational Assessment	V1*		N	Developing a vocational profile to guide client choices in seeking and maintaining competitive employment.
Vocational Engagement (Group)	V2*		N	Activities for a specific client to engage the client in making a decision to actively seek competitive employment or formal credit/certificate bearing education. These services are delivered in a group setting.
Vocational Engagement (Individual)	V3*		N	Activities for a specific client to engage the client in making a decision to actively seek competitive employment or formal credit/certificate bearing education. These services are delivered on an individual basis.
Job Finding Supports (Group)	V4*		N	Activities for a specific client, directed toward helping them find and procure a job. These services are delivered in a group setting.
Job Finding Supports (Individual)	V5*		N	Activities for a specific client, directed toward helping them find and procure a job. These services are delivered on an individual basis.
Job Retention Supports (Group)	V6*		N	Activities for a specific client directed toward helping them keep their job. These services are delivered in a group setting.
Job Retention Supports (Individual)	V7*		N	Activities for a specific client directed toward helping them keep their job. These services are delivered on an individual basis.
Job Leaving/ Termination Supports (Group)	V8*		N	Activities for a specific client directed toward helping them leave their job or learn from unplanned job loss. These services are delivered in a group setting.
Job Leaving/ Termination Supports (Individual)	V0*		N	Activities for a specific client directed toward helping them leave their job or learn from unplanned job loss. These services are delivered on an individual basis.
Other	V9*		D	Other

Billing Options: R - Rehabilitation
T - Targeted Case Management
N - Non-Medicaid
D - Service Reporting Only

* Activity Code is effective with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 07-01-2007
Activity Code is obsolete with services provided starting 10-01-2007

**VALID ACTIVITY CODES
TO REPORT TOTAL DOLLARS SPENT ON CLIENT**

For MH Programs 131, 572, 573, and 574

SASS Flex, Client Transitional Subsidy,
Transition to Adult Services, and Psychiatric Medication

	Activity Code	Bill Option	Definition
<u>TRANSITIONAL SUBSIDIES AND MEDICATIONS</u>			Temporary assistance for medications, clothing and other basic supplies and temporary housing support for eligible individuals in order to facilitate resettlement in the least restrictive and most community-integrated setting possible. Promotes timely discharges from state and community hospitals by providing basic and temporary resources which are lacking due to a lag in obtaining other funding.
Utility Payments	A1	D	Payments to a utility company to initiate service for housing for a specific client (includes deposits).
Rent	A2	D	Payments to a housing provider to initiate housing for a specific client (includes deposits).
Transportation	A3	D	Payments for transportation in order to access public assistance offices, medical/psychiatric services, obtain housing and community services, etc.
Personal Items	A4	D	Payments for basic personal supplies such as toiletries and clothing.
Housewares and Furniture	A5	D	Payments for minimum necessary housewares and furniture to establish community living.
Psychiatric Medications	A6	D	Payments for psychiatric medications that are critical to maintaining stability in the community and that aren't covered by other funding.
Non-Psychiatric Medications	A7	D	Payments for non-psychiatric medications that are critical to maintaining stability in the community and that aren't covered by other funding.
Other	A9	D	Other
<u>TRANSITION TO ADULT SERVICES</u>			Funds used to purchase adjunctive health, educational and rehabilitative services which are not offered by the provider or readily available from other DHS-funded providers but are necessary to facilitate the client's transition from institutional care to independent, community living and from adolescence to adulthood.
Assessment and Services Planning	B1	D	Determining the array of services required by an individual; identifying the services or programs that will best meet the needs identified in the service needs evaluation and which will be incorporated into the ITP.
Referral and Linkage	B2	D	Linkage with resources and services; providing personal support and assistance in gaining access to other mental health services, vocational training, educational services, legal services, employment opportunities, leisure, recreation, religious, and social activities and self-help groups. Accessing and providing training in obtaining medical services, emergency and non-emergency.
Counseling	B3	D	Providing supportive counseling and problem-solving.
Support in Other Environments	B4	D	Maintaining on-going involvement with the individual during stays in other environments such as state hospitals, convalescent care facilities, jails, community hospitals or rehabilitation centers.
Advocacy	B5	D	Advocating on behalf of the individual; providing information, educational and advocacy services to family members.

	Activity Code	Bill Option	Definition
Activities of Daily Living	B6	D	Assisting the individual in developing natural community supports, fostering relationships with non-paid persons in the community such as neighbors, landlords, and volunteers. Assisting individuals with activities of daily living through skills training and acquisition of assistive devices.
Provide/Assist with Transportation	B7	D	Assessing and teaching the individual to use public transportation or provide transportation in order to access public assistance offices, medical/psychiatric services, obtain housing and community services, etc.
Crisis Intervention and Support	B8	D	Providing intervention and support in times of crisis, including 24-hour crisis response; providing on-going support following a crisis.
Vocational Assessment	BA	D	Conducting an assessment of a client's vocational abilities, aptitudes, strengths and shortcomings.
Vocational Training	BB	D	Vocational training activities for a specific client.
Other	B9	D	Other
<u>SASS FLEX SERVICES</u>			
			Flexible funding to purchase alternative therapeutic services which are not offered by the provider or readily available from other DHS-funded providers. These funds will be utilized to augment traditional mental health services where additional supports are needed in order to avoid placing a child in an institutional setting, such as a hospital or residential treatment center.
Rehabilitation/Stabilization	C1	D	Rehabilitation/stabilization where the target behaviors from the treatment plan are being addressed.
Substance Abuse Services	C2	D	Substance Abuse services when no other resources are available or appropriate.
Culturally Specific MH Needs	C3	D	Culturally specific mental health needs.
Therapeutic Recreational Activities	C4	D	Therapeutic recreational activities that address target behaviors.
Behavior Management Intervention	C5	D	Behavior management intervention to ameliorate specific problem behaviors.
Child and Family Support Services	C6	D	Child and family support services that address target behaviors.
Emergency Psychotropic Medication	C7	D	Emergency psychotropic medication for the client/family.
Transportation	C8	D	Transportation to access mental health and other therapeutic services.
Other	C9	D	Other

OBSOLETE MENTAL HEALTH ACTIVITY CODES
Effective July 1, 2007

Table 1. Activity Codes Valid for Pre-FY08 Service Dates

These activity codes continue to be valid for dates of service prior to July 1, 2007.

Activity Code	Description	** Table 1 **
0B	Vocational/Educational Testing/Evaluation	
17	Intensive Family-Based Services	
18	Intensive Family-Based Services - Multiple Staff	
32	Skills Training and Development - Individual	
33	Adaptive Social Rehabilitation - Vocational	
34	Supported Employment - Individual	
36	Therapeutic Behavioral Services - Individual	
37	Therapeutic Behavioral Services - Group	
38	Skills Training and Development - Group	
3D	Supported Employment - Group	
3E	Activity Therapy - Individual	
3F	Activity Therapy - Group	
61	Community Education/Training	
66	Case Finding	
8A	Mental Health Day Treatment - Adult	
8B	Mental Health Day Treatment - Child	
97	Assertive Community Treatment - Transportation	
98	Assertive Community Treatment - Crisis	

Table 2. Obsolete Activity Codes for All Service Dates

These activity codes are not valid for any date of service. Data submitted using these codes will be rejected.

Activity Code	Description	** Table 2 **
03	Mental Health Assessment	
04	Mental Health Social History	
08	Treatment Plan Development, Review and Modification	
0A	Client Intake	
11	Crisis Intervention Assessment	
12	Crisis Intervention - Therapy and Counseling	

Activity Code	Description	** Table 2 **
14	Crisis Intervention - Other Pre-Screening/Referral	
15	Crisis Intervention - Consultation	
16	Crisis Intervention - Collateral Contact	
45	Case Management - ICG Application Assistance	
47	Case Management - Post-Determination Process for ICG	
51	Case Management - Assessment	
52	Case Management - Home Visit/Outreach	
53	Case Management - Mandated Follow up	
54	Case Management- Monitoring	
55	Case Management - Transition Linkage and Aftercare	
56	Case Management - Support	
57	Case Management - Advocacy	
58	Case Management - Service Planning	
62	Client-Centered Consultation - Consultation with Law Enforcement	
63	Client-Centered Consultation - Consultation with Ltc Facilities	
64	Client-Centered Consultation - Consultation with Educational Institutions	
65	Client-Centered Consultation - Consultation with Other Providers	
67	Client-Centered Consultation - Clinical Staffing	
68	Client-Centered Consultation - Consultation with Family And/or Collaterals	
82	Mental Health Day Treatment (Adult) - Extended Treatment and Rehabilitation Services	
83	Mental Health Day Treatment (Adult) - Psychosocial Day Program Services	
86	Mental Health Day Treatment (Children and Adolescents) - Extended Treatment and Rehabilitation Services	
87	Mental Health Day Treatment (Children and Adolescents) - Psychosocial Day Program Services	
91	Assertive Community Treatment - Assessment and Service Planning	
92	Assertive Community Treatment - Referral and Linkage	
93	Assertive Community Treatment - Counseling	
94	Assertive Community Treatment - Support in Other Environments	
95	Assertive Community Treatment - Advocacy	
96	Assertive Community Treatment - Support in Developing Natural Community Supports; Activities of Daily Living	

**LISTING OF DSM-IV DIAGNOSES AND ICD-9-CM CODES
FOR THE USE IN THE COMMUNITY MH BILLING SYSTEM**

DSM-IV	ICD-9-CM	DESCRIPTION
	295.00	Schizophrenic Disorder, Simple type
	295.01	Schizophrenia, Simple Type, Subchronic
	295.02	Schizophrenia, Simple Type, Chronic
	295.03	Schizophrenia, Simple Type, Subchronic with Acute Exacerbation
	295.04	Schizophrenia, Simple Type, Chronic with Acute Exacerbation
	295.05	Schizophrenia, Simple Type, In Remission
295.10	295.10	Schizophrenia, Disorganized Type
	295.11	Schizophrenia, Disorganized Type, Subchronic
	295.12	Schizophrenia, Disorganized Type, Chronic
	295.13	Schizophrenia, Disorganized Type, Subchronic with Acute Exacerbation
	295.14	Schizophrenia, Disorganized Type, Chronic with Acute Exacerbation
	295.15	Schizophrenia, Disorganized Type, In Remission
295.20	295.20	Schizophrenia, Catatonic Type
	295.21	Schizophrenia, Catatonic Type, Subchronic
	295.22	Schizophrenia, Catatonic Type, Chronic
	295.23	Schizophrenia, Catatonic Type, Subchronic with Acute Exacerbation
	295.24	Schizophrenia, Catatonic Type, Chronic with Acute Exacerbation
	295.25	Schizophrenia, Catatonic Type, In Remission
295.30	295.30	Schizophrenia, Paranoid Type
	295.31	Schizophrenia, Paranoid Type, Subchronic
	295.32	Schizophrenia, Paranoid Type, Chronic
	295.33	Schizophrenia, Paranoid Type, Subchronic with Acute Exacerbation
	295.34	Schizophrenia, Paranoid Type, Chronic with Acute Exacerbation
	295.35	Schizophrenia, Paranoid Type, In Remission
295.40	295.40	Schizophreniform Disorder/Acute Schizophrenic Episode
	295.41	Acute Schizophrenic Episode, Subchronic
	295.42	Acute Schizophrenic Episode, Chronic
	295.43	Acute Schizophrenic Episode, Subchronic With Acute Exacerbation
	295.44	Acute Schizophrenic Episode, Chronic With Acute Exacerbation
	295.45	Acute Schizophrenic Episode, In Remission
295.60	295.60	Schizophrenia, Residual Type
	295.61	Schizophrenia, Residual Type, Subchronic
	295.62	Schizophrenia, Residual Type, Chronic
	295.63	Schizophrenia, Residual Type, Subchronic with Acute Exacerbation
	295.64	Schizophrenia, Residual Type, Chronic with Acute Exacerbation
	295.65	Schizophrenia, Residual Type, In Remission
295.70	295.70	Schizoaffective Disorder
	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
295.90	295.90	Schizophrenia, Undifferentiated Type
	295.91	Schizophrenia, Undifferentiated Type, Subchronic
	295.92	Schizophrenia, Undifferentiated Type, Chronic
	295.93	Schizophrenia, Undifferentiated Type, Subchronic with Acute Exacerbation
	295.94	Schizophrenia, Undifferentiated Type, Chronic with Acute Exacerbation
	295.95	Schizophrenia, Undifferentiated Type, In Remission
296.00	296.00	Bipolar I Disorder, Single Manic Episode, Unspecified
296.01	296.01	Bipolar I Disorder, Single Manic Episode, Mild

DSM-IV	ICD-9-CM	DESCRIPTION
296.02	296.02	Bipolar I Disorder, Single Manic Episode, Moderate
296.03	296.03	Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features
296.04	296.04	Bipolar I Disorder, Single Manic Episode, Severe With Psychotic Features
296.05	296.05	Bipolar I Disorder, Single Manic Episode, In Partial Remission
296.06	296.06	Bipolar I Disorder, Single Manic Episode, In Full Remission
	296.10	Manic Disorder, Recurrent Episode, Unspecified
	296.11	Manic Disorder, Recurrent Episode, Mild
	296.12	Manic Disorder, Recurrent Episode, Moderate
	296.13	Manic Disorder, Recurrent Episode, Severe, Without Psychotic Features
	296.14	Manic Disorder, Recurrent Episode, With Psychotic Features
	296.15	Manic Disorder, Recurrent Episode, In Partial Remission
	296.16	Manic Disorder, Recurrent Episode, In Full Remission
296.20	296.20	Major Depressive Disorder, Single Episode, Unspecified
296.21	296.21	Major Depressive Disorder, Single Episode, Mild
296.22	296.22	Major Depressive Disorder, Single Episode, Moderate
296.23	296.23	Major Depressive Disorder, Single Episode, Severe Without Psychotic Features
296.24	296.24	Major Depressive Disorder, Single Episode, Severe With Psychotic Features
296.25	296.25	Major Depressive Disorder, Single Episode, In Partial Remission
296.26	296.26	Major Depressive Disorder, Single Episode, In Full Remission
296.30	296.30	Major Depressive Disorder, Recurrent, Unspecified
296.31	296.31	Major Depressive Disorder, Recurrent, Mild
296.32	296.32	Major Depressive Disorder, Recurrent, Moderate
296.33	296.33	Major Depressive Disorder, Recurrent, Severe Without Psychotic Features
296.34	296.34	Major Depressive Disorder, Recurrent, Severe With Psychotic Features
296.35	296.35	Major Depressive Disorder, Recurrent, In Partial Remission
296.36	296.36	Major Depressive Disorder, Recurrent, In Full Remission
296.40	296.40	Bipolar I Disorder, Most Recent Episode Manic, Unspecified
296.40	296.40	Bipolar I Disorder, Most Recent Episode Hypomanic
296.41	296.41	Bipolar I Disorder, Most Recent Episode Manic, Mild
296.42	296.42	Bipolar I Disorder, Most Recent Episode Manic, Moderate
296.43	296.43	Bipolar I Disorder, Most Recent Episode Manic, Severe Without Psychotic Features
296.44	296.44	Bipolar I Disorder, Most Recent Episode Manic, Severe With Psychotic Features
296.45	296.45	Bipolar I Disorder, Most Recent Episode Manic, In Partial Remission
296.46	296.46	Bipolar I Disorder, Most Recent Episode Manic, In Full Remission
296.50	296.50	Bipolar I Disorder, Most Recent Episode Depressed, Unspecified
296.51	296.51	Bipolar I Disorder, Most Recent Episode Depressed, Mild
296.52	296.52	Bipolar I Disorder, Most Recent Episode Depressed, Moderate
296.53	296.53	Bipolar I Disorder, Most Recent Episode Depressed, Severe Without Psychotic Features
296.54	296.54	Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features
296.55	296.55	Bipolar I Disorder, Most Recent Episode Depressed, In Partial Remission
296.56	296.56	Bipolar I Disorder, Most Recent Episode Depressed, In Full Remission
296.60	296.60	Bipolar I Disorder, Most Recent Episode Mixed, Unspecified
296.61	296.61	Bipolar I Disorder, Most Recent Episode Mixed, Mild
296.62	296.62	Bipolar I Disorder, Most Recent Episode Mixed, Moderate
296.63	296.63	Bipolar I Disorder, Most Recent Episode Mixed, Severe Without Psychotic Features
296.64	296.64	Bipolar I Disorder, Most Recent Episode Mixed, Severe With Psychotic Features
296.65	296.65	Bipolar I Disorder, Most Recent Episode Mixed, In Partial Remission
296.66	296.66	Bipolar I Disorder, Most Recent Episode Mixed, In Full Remission
296.7	296.7	Bipolar I Disorder, Most Recent Episode Unspecified
296.80	296.80	Bipolar Disorder NOS
	296.81	Atypical Manic Disorder
	296.82	Atypical Depressive Disorder

DSM-IV	ICD-9-CM	DESCRIPTION
296.89	296.89	Bipolar II Disorder
296.90	296.90	Mood Disorder NOS/Unspecified Affective Psychosis
	296.99	Other Specified Affective Psychoses
	297.0	Paranoid State, Simple
297.1	297.1	Delusional Disorder/Paranoia
	297.2	Paraphrenia
297.3	297.3	Shared Psychotic Disorder/Shared Paranoid Disorder
	297.8	Other Specified Paranoid States
	297.9	Unspecified Paranoid State
	298.0	Depressive Type Psychosis
	298.1	Excitatory Type Psychosis
	298.2	Reactive Confusion
	298.3	Acute Paranoid Reaction
	298.4	Psychogenic Paranoid Psychosis
298.8	298.8	Brief Psychotic Disorder/ Other and Unspecified Reactive Psychosis
298.9	298.9	Psychotic Disorder NOS
300.00	300.00	Anxiety Disorder NOS
300.01	300.01	Panic Disorder Without Agoraphobia
300.02	300.02	Generalized Anxiety Disorder
	300.09	Anxiety States, Other
	300.10	Hysteria, Unspecified
300.11	300.11	Conversion Disorder
300.12	300.12	Dissociative Amnesia/Psychogenic Amnesia
300.13	300.13	Dissociative Fugue/Psychogenic Fugue
300.14	300.14	Dissociative Identity Disorder/Multiple Personality
300.15	300.15	Dissociative Disorder NOS
300.16	300.16	Factitious Disorder With Predominantly Psychological Signs and Symptoms
300.19	300.19	Factitious Disorder NOS/Other and Unspecified Factitious Illness
300.19	300.19	Factitious Disorder With Combined Psychological and Physical Signs and Symptoms/Other and Unspecified Factitious Illness
300.19	300.19	Factitious Disorder With Predominantly Physical Signs and Symptoms/Other and Unspecified Factitious Illness
	300.20	Phobia, Unspecified
300.21	300.21	Panic Disorders with Agoraphobia
300.22	300.22	Agoraphobia Without History of Panic Disorder
300.23	300.23	Social Phobia
300.29	300.29	Specific Phobia/Other Isolated or Simple Phobias
300.3	300.3	Obsessive-Compulsive Disorder
300.4	300.4	Dysthymic Disorder/Neurotic Depression
	300.5	Neurasthenia
300.6	300.6	Depersonalization Disorder
300.7	300.7	Body Dysmorphic Disorder/Hypochondriasis
300.81	300.81	Somatization Disorder
300.82	300.82	Somatoform Disorder NOS, Undifferentiated Somatoform Disorder
300.9	300.9	Unspecified Mental Disorder (non-psychotic)/Unspecified Neurotic Disorder
301.0	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	301.13	Cyclothymic Disorder
301.20	301.20	Schizoid Personality Disorder
	301.21	Introverted Personality
301.22	301.22	Schizotypal Personality Disorder

DSM-IV	ICD-9-CM	DESCRIPTION
	301.3	Explosive Personality Disorder
301.4	301.4	Obsessive-Compulsive Personality Disorder
301.50	301.50	Histrionic Personality Disorder
	301.51	Chronic Factitious Illness With Physical Symptoms
	301.59	Other Histrionic Personality Disorder
301.6	301.6	Dependent Personality Disorder
301.7	301.7	Antisocial Personality Disorder
301.81	301.81	Narcissistic Personality Disorder
301.82	301.82	Avoidant Personality Disorder
301.83	301.83	Borderline Personality Disorder
	301.84	Passive-aggressive Personality
	301.89	Personality Disorder, Other
301.9	301.9	Personality Disorder NOS
	302.1	Zoophilia
302.2	302.2	Pedophilia
302.3	302.3	Transvestic Fetishism
302.4	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	302.6	Gender Identity Disorder NOS/Disorders of Psychosexual Identity
302.6	302.6	Gender Identity Disorder in Children/Disorders of Psychosexual Identity
302.70	302.70	Sexual Dysfunction NOS
302.71	302.71	Hypoactive Sexual Desire Disorder/Psychosexual Dysfunction With Inhibited Sexual Desire
302.72	302.72	Female Sexual Arousal Disorder/Psychosexual Dysfunction With Inhibited Sexual Excitement
302.72	302.72	Male Erectile Disorder/Psychosexual Dysfunction With Inhibited Sexual Excitement
302.73	302.73	Female Orgasmic Disorder/Psychosexual Dysfunction With Inhibited Female Orgasm
302.74	302.74	Male Orgasmic Disorder/Psychosexual Dysfunction With Inhibited Male Orgasm
302.75	302.75	Premature Ejaculation/Psychosexual Dysfunction with Premature Ejaculation
302.76	302.76	Dyspareunia [Not Due to a General Medical Condition]/Psychosexual Disorder With Functional Dyspareunia
302.79	302.79	Sexual Aversion Disorder/Psychosexual Dysfunction With Other Specified Psychosexual Dysfunctions
302.81	302.81	Fetishism
302.82	302.82	Voyeurism
302.83	302.83	Sexual Masochism
302.84	302.84	Sexual Sadism
302.85	302.85	Gender Identity Disorder in Adolescents or Adults
302.89	302.89	Frotteurism/Other Specified Psychosexual Disorder
302.9	302.9	Sexual Disorder NOS/Unspecified Psychosexual Disorder
302.9	302.9	Paraphilia NOS/Unspecified Psychosexual Disorder
306.51	306.51	Vaginismus [Not Due to a General Medical Condition]/Psychogenic Vaginismus
307.1	307.1	Anorexia Nervosa
307.20	307.20	Tic Disorder NOS
307.21	307.21	Transient Tic Disorder/Transient Tic Disorder of Childhood
307.22	307.22	Chronic Motor or Vocal Tic Disorder
307.23	307.23	Tourette's Disorder
307.3	307.3	Stereotypic Movement Disorder/Stereotyped Repetitive Movements
	307.40	Dyssomnia NOS/Parasomnia NOS
307.42	307.42	Insomnia Related To..[Indicate the Axis I or II Disorder]/Persistent Disorder of Initiating or Maintaining Sleep
307.42	307.42	Primary Insomnia/Persistent Disorder of Initiating or Maintaining Sleep

DSM-IV	ICD-9-CM	DESCRIPTION
307.44	307.44	Primary Hypersomnia/Persistent Disorder of Initiating or Maintaining Wakefulness
307.44	307.44	Hypersomnia Related to..[Indicate the Axis I or II Disorder]/Persistent Disorder of Initiating or Maintaining Wakefulness
307.46	307.46	Sleep Terror Disorder/Somnambulism or Night Terrors
307.46	307.46	Sleepwalking Disorder/Somnambulism or Night Terrors
307.47	307.47	Dyssomnia NOS/Other Dysfunctions of Sleep Stages or Arousal from Sleep
307.47	307.47	Nightmare Disorder/Other Dysfunctions of Sleep Stages or Arousal from Sleep
307.47	307.47	Parasomnia NOS/Other Dysfunctions of Sleep Stages or Arousal from Sleep
307.50	307.50	Eating Disorder NOS
307.51	307.51	Bulimia Nervosa
307.52	307.52	Pica
307.53	307.53	Rumination Disorder/Psychogenic Rumination
	307.54	Psychogenic Vomiting
307.59	307.59	Feeding Disorder of Infancy or Early Childhood
307.6	307.6	Enuresis (Not Due to General Medical Condition)
307.7	307.7	Encopresis, Without Constipation and Overflow Incontinence
	308.0	Acute Reaction to Stress, Predominant Disturbance of Emotions
	308.1	Acute Reaction to Stress, Predominant Disturbance of Consciousness
	308.2	Acute Reaction to Stress, Predominant Psychomotor Dysfunction
308.3	308.3	Acute Stress Disorder/Other Acute Reactions to Stress
	308.4	Mixed Disorders as Reaction to Stress
	308.9	Acute Reaction to Stress, Unspecified
309.0	309.0	Adjustment Disorder With Depressed Mood/Brief Depressive Reaction
	309.1	Prolonged Depressive Reaction
309.21	309.21	Separation Anxiety Disorder
309.24	309.24	Adjustment Disorder With Anxiety/Adjustment Reaction with Anxious Mood
309.28	309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood
	309.29	Adjustment Reaction With Predominant Disturbance of Other Emotions, Other
309.3	309.3	Adjustment Disorder with Disturbance of Conduct
309.4	309.4	Adjustment Disorder with Mixed Disturbance of Emotions and Conduct
309.81	309.81	Posttraumatic Stress Disorder
309.9	309.9	Adjustment Disorder Unspecified
310.1	310.1	Personality Change Due to..(Indicate the General Medical Condition)/Organic Personality Syndrome
311	311	Depressive Disorder NOS
	312.00	Undersocialized Conduct Disorder, Aggressive Type
	312.01	Undersocialized Conduct Disorder, Aggressive Type, Mild
	312.02	Undersocialized Conduct Disorder, Aggressive Type, Moderate
	312.03	Undersocialized Conduct Disorder, Aggressive Type, Severe
	312.10	Undersocialized Conduct Disorder, Unaggressive Type
	312.11	Undersocialized Conduct Disorder, Unaggressive Type, Mild
	312.12	Undersocialized Conduct Disorder, Unaggressive Type, Moderate
	312.13	Undersocialized Conduct Disorder, Unaggressive Type, Severe
	312.20	Socialized Conduct Disorder
	312.21	Socialized Conduct Disorder, Mild
	312.22	Socialized Conduct Disorder, Moderate
	312.23	Socialized Conduct Disorder, Severe
312.30	312.30	Impulse-Control Disorder NOS
312.31	312.31	Pathological Gambling
312.32	312.32	Kleptomania
312.33	312.33	Pyromania
312.34	312.34	Intermittent Explosive Disorder
	312.35	Isolated Explosive Disorder

DSM-IV	ICD-9-CM	DESCRIPTION
312.39	312.39	Trichotillomania/Disorder of Impulse Control, Other
	312.4	Mixed Disturbance of Conduct and Emotions
312.81	312.81	Conduct Disorder, Childhood-Onset Type
312.82	312.82	Conduct Disorder, Adolescent-Onset Type
312.89	312.89	Conduct Disorder, Unspecified Onset
312.9	312.9	Disruptive Behavior Disorder NOS/Unspecified Disturbance of Conduct
	313.0	Overanxious Disorder
	313.21	Shyness Disorder of Childhood
	313.22	Introverted Disorder of Childhood
313.23	313.23	Selective Mutism/Elective Mutism
313.81	313.81	Oppositional Defiant Disorder
313.82	313.82	Identity Problem/Identity Disorder
313.89	313.89	Reactive Attachment Disorder of Infancy or Early Childhood/Other or Mixed Emotional Disturbances of Childhood or Adolescence, Other
313.9	313.9	Disorder of Infancy, Childhood or Adolescence NOS/Unspecified Emotional Disturbance of Childhood or Adolescence
314.00	314.00	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type
314.01	314.01	Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type
314.01	314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type
	314.1	Hyperkinesis With Developmental Delay
	314.2	Hyperkinetic Conduct Disorder
	314.8	Other Specified Manifestations of Hyperkinetic Syndrome
314.9	314.9	Attention-Deficit/Hyperactivity Disorder NOS/Unspecified Hyperkinetic Syndrome
316	316	[Specified Psychological Factor] Affecting..[Ind. the Gen. Med. Cond.]/Psychic Factors Associated with Disease Classified Elsewhere
	V71.0	Observation for Suspected Mental Condition