Archived

SECTION 18 - DIAGNOSIS CODES

SECTION 18 - DIAGNOSIS CODES

18.1   GENERAL INFORMATION

The diagnosis code(s) is a required field, and the accuracy of the code that describes the recipient's condition is important.

NOTE: The Medicaid claims processing system uses ICD-9-CM codes *only*. DSM-IV-TR codes *must not* be used and are *not* recognized by the claims processing system.

The diagnosis code *must* be entered on the claim form exactly as it appears in the ICD-9-CM. Note that the appropriate code(s) may be three, four or five digits, depending upon the patient's diagnosis. The fourth and fifth digits give greater detail or specificity and *must* be used as applicable to the patient's diagnosis(es) when available.

This section contains the ICD-9-CM mental health diagnosis code range. Detailed diagnosis(es) are in volumes 1, 2, and 3 of the ICD-9-CM, which may be purchased in softbound or binder. The binder contains all three volumes.

> Volume 1: Diseases: Tabular List
> Volume 2: Diseases: Alphabetic Index
> Volume 3: Procedures: Tabular List and Alphabetic Index

For more information on ordering the ICD-9-CM call or write:

> St. Anthony's Publishing, Inc.
> P.O. Box 96561
> Washington, DC 20090
> (800) 632-0123

or

> Medicode Publications
> P.O. Box 27116
> Salt Lake City, UT 84127-0116
> (800) 999-4600

18.2   EPSDT/HCY SCREENING SERVICES

When billing for EPSDT/HCY Screening services, reference Sections 9 and 13. The diagnosis code of V202 *must* appear as the primary diagnosis code on the CMS-1500 claim form.

18.3 PSYCHOLOGY/COUNSELING CODES

The diagnosis code *must* be a valid ICD-9 diagnosis code and *must* be mental health related. This does *not* include mental retardation. The only valid code ranges for the Psychology/Counseling Program are 295-316, V11-V118, V154-V1542, V17-V170, V40-V401, V61-V619, V624, V628-V6289, V673, V710-V7102 and V79-V791. An appropriate 4th or 5th digit may be required for the diagnosis code to be valid.

END OF SECTION
TOP OF PAGE