

INDEPENDENT MENTAL HEALTH PRACTITIONERS

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the [provider enrollment chart](#) for additional details on enrollment eligibility and supporting documentation requirement.

South Dakota Medicaid has a streamlined enrollment process for ordering, referring, and attending physicians that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

Independent Practitioners of Mental Health Services must meet one of the following certification or licensing requirements:

- Certified Social Worker–Private Independent Practice (CSW–PIP)
- Certified Social Worker – PIP candidate
- Certified Nurse Specialist (CNS)
- Licensed Marriage and Family Therapist
- Licensed Professional Counselor–Mental Health (LPC–MH)
- Licensed Professional Counselor working toward a Mental Health designation
- Licensed Psychologist

A mental health provider must have an individual National Provider Identification (NPI) number and may not provide services under another provider's or an employer's NPI number. An individual who does not meet the certification or licensure requirements of the applicable profession may not enroll as a mental health provider or participate in the delivery of mental health services.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's [online portal](#).

The following recipients are eligible for medically necessary services covered in accordance with the limitation described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Medicaid – Pregnancy Related Postpartum Care Only (47)	Coverage restricted to family planning and postpartum care only.
Qualified Medicare Beneficiary – Coverage	Coverage restricted to co-payments and

Limited (73)	deductibles on Medicare A and B covered services.
Medicaid – Pregnancy Related Coverage Only (77)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.

Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility including information regarding limited coverage aid categories.

COVERED SERVICES AND LIMITS

General Coverage Principles

Providers should refer to the [General Coverage Principles](#) manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

Diagnostic Assessment Requirements

A diagnostic assessment must be completed within 30 days of the recipient’s first face-to-face visit with a mental health provider. On-going assessment and identification of changes in the recipient’s needs and strengths must occur throughout treatment and must be documented in progress notes or other clinical documentation. Three face-to-face interviews designed to assist in the formulation of a diagnostic assessment are covered. For children under 18 years of age, the mental health staff shall obtain permission from the parent or legal guardian to meet with the child, and at least one parent or legal guardian shall participate in the assessment. Psychiatric therapeutic procedures provided before the diagnostic assessment is completed are non-covered services.

A diagnostic assessment must include all the following components:

- A face-to-face interview with the recipient Identification of the strengths of the recipient and the recipient’s family, if appropriate, previous periods of success and the strengths that contributed to that success, and potential resources within the family, if applicable;
- Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;
- Behavioral observations and an examination of the recipient’s mental status, including a description of anomalies in the recipient’s appearance, general behavior, motor activity, speech, alertness, mood, cognitive functioning, and attitude toward the symptoms;

- Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;
- A review of the records that pertain to the recipient's medical and social background and history, if available;
- Contact with the recipient's relatives and significant others to the extent necessary to complete an accurate psychological evaluation for the purpose of writing the assessment report and developing the treatment plan;
- Formulation of a diagnosis that is consistent with the findings of the evaluation of the recipient's condition, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder or gambling issues, or a combination of these based on the diagnostic evaluation.

A diagnostic assessment must include the following components, if applicable:

- Educational history and needs;
- Legal issues;
- Living environment or housing;
- Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
- Past or current indications of trauma, domestic violence, or both; and
- Vocational and financial history and needs.

The mental health provider must complete, sign, and date the diagnostic assessment before providing mental health treatment. The signature is a certification by the mental health provider that the findings of the diagnostic assessment are accurate. The certification date is the effective date of the diagnostic assessment.

Treatment Plan Requirements

The mental health provider must develop a treatment plan for each recipient who is receiving medically necessary covered mental health services based on a primary diagnosis of a mental disorder. The plan must be relevant to the diagnosis, be developmentally appropriate for mental health services, and relate to each covered mental health service to be delivered. Evidence of participation by the recipient or the recipient's legal guardian and evidence of meaningful involvement in formulating the plan must be documented in the file.

The treatment plan must:

- Be developed jointly by the recipient, or the recipient's legal guardian, and the mental health provider who will be providing the covered mental health treatment.
- Be understandable by the recipient and the recipient's legal guardian, if applicable.
- Include a list of other professionals known to be involved in the case.
- Contain written goals, objectives, or both, which are individualized, clear, specific, and measurable so that the recipient and the mental health provider can determine if progress has

- been made, and which specifically address the recipient's treatment goals.
- Be based on the findings of the diagnostic assessment and contain the recipient's mental disorder diagnosis code.
- List specific services, therapies, interventions, and activities that match the recipient's readiness for change for identified issues, and which are prescribed for meeting the treatment goals. The treatment plan must include treatment for multiple needs, if applicable, such as co-occurring disorders that are relevant to the recipient's mental health treatment. The treatment plan must include interventions that match the recipient's readiness for change for identified issues.
- Include the specific treatment goals for improving the recipient's condition to a point of no longer needing mental health services.
- Include a specific schedule of treatment services including the prescribed frequency and duration of each mental health service to be provided to meet the treatment plan goals.

The mental health provider must complete, sign and date the treatment plan *before* the fourth face-to-face session with the recipient. The signature is a certification by the mental health provider that the treatment plan is accurate. The certification date is the effective date of the treatment plan. A copy of the treatment plan must be provided to the recipient and to the recipient's parent or guardian, if applicable.

Mental health services provided after the third face-to-face session with the recipient without a supporting treatment plan meeting the above requirements of this section are non-covered services.

The focus of mental health services must be for the treatment of the primary diagnosis which may not be intellectual disability. Intellectual disability is considered a developmental disability and is not considered a mental disorder. Primary diagnosis codes for intellectual disability and substance use disorder are not covered Independent Mental Health Practitioner services.

Treatment Plan Reviews

As long as mental health services continue, the mental health provider must review the recipient's treatment plan at least semi-annually with the first review completed no later than six months from the effective date of the initial treatment plan. Each semi-annual review must contain:

- Written review of the progress made toward the established treatment goals;
- Significant changes to the treatment goals; and
- Justification for continued mental health services.

When there is a significant change in the recipient's treatment goals, the mental health provider must review the treatment plan and record the changes in the treatment plan.

The mental health provider who conducted the review and prepared the written documentation must sign and date the documentation.

Covered mental health services provided without the required semi-annual treatment plan review or without significant changes added into the treatment plan are non-covered services.

Clinical Psychiatric Diagnostic or Evaluation Interview Procedures

CPT Code	Description
90791	Psychiatric diagnostic evaluation (no medical services). Use this code for the diagnostic assessment described above. This code is limited to 1 unit per date of service and 3 total units per recipient. This code is not covered once the mental health treatment begins.
90899	Diagnostic assessment with the recipient's relatives and significant others to the extent necessary that additional psychological evaluation and diagnosis is required after treatment has started. This contact is covered under CPT Code 90791 during the initial diagnostic assessment period and cannot be duplicative of or billed during the same time period as the diagnostic assessment, CPT code 90791. It also cannot be duplicative of collateral contacts, CPT code H0046. Unit is 30 minutes or less, limited to no more than 4 hours per 12-month period for each recipient.
96116	Neurobehavioral status examination, interpretation, and report by psychologist or physician per hour
96130	Psychological testing evaluation by qualified health care professional, first 60 minutes
96131	Psychological testing evaluation by qualified health care professional, additional 60 minutes
96132	Neuropsychological testing evaluation by qualified health care professional, first 60 minutes
96133	Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes
96136	Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes

Psychiatric Therapeutic Procedures

Psychiatric therapeutic procedures are limited to only those recipients who have been determined to have a primary diagnosis of a mental disorder according to the findings of the diagnostic assessment.

Time units are for face-to-face session times with the recipient and do not include time used for traveling, reporting, charting, or other administrative functions. The maximum allowable coverage for all psychotherapy services may not exceed 40 hours of therapy in a state fiscal year. For purposes of this limit, procedure codes without an associate time will be considered 1 hour. This service limit does not apply to children under the age of 21, but services will be reviewed for medical necessity once 40 hours of therapy in a state fiscal year has been reached via a prior authorization.

CPT Code	Description
90832	Psychotherapy, 30 minutes
90834	Psychotherapy, 45 minutes

CPT Code	Description
90837	Psychotherapy, 60 minutes
90839	Psychotherapy for crisis; First 60 minutes
90840	Psychotherapy for crisis; Each additional 30 minutes
90847	Family psychotherapy, (conjoint psychotherapy) (with patient present)
90849	Multiple-family group psychotherapy
90853	Group medical psychotherapy, (other than a multiple-family group).

Prior Authorization

A mental health provider must have prior authorization from the department before providing any covered mental health services which will exceed the established limits. Authorization is based on documentation submitted to the department by the mental health provider. The documentation must include the provider's written treatment plan, the diagnosis, and the planned treatment. Prior authorization is also required for children less than two years old to establish medical necessity.

Failure to obtain approval from the department before providing the service is cause for the department to determine that the service provided is a non-covered service. The department may verbally authorize services; however, the department must verify a verbal authorization in writing before the services are paid.

Services which exceed the established limits are subject to peer reviews. A peer review entity appointed by the department shall review claims to determine and ensure the appropriate quality, quantity and medical necessity of mental health services provided.

Collateral Contacts

Collateral Contacts are telephone or face-to-face contact with an individual other than the recipient receiving treatment in an outpatient setting. The contact may be with a spouse, family member, guardian, friend, teacher, healthcare professional, or other individual who is knowledgeable of the recipient receiving treatment.

Collateral contacts are limited to the following:

- Planning appropriate treatment with other healthcare providers or coordinating care with other healthcare providers;
- Assisting others such as parents, foster parents, or school officials by providing them training or techniques that allow the individual to respond therapeutically to the recipient's difficulty or illness; or
- Linking the recipient, family, or both to other necessary and therapeutic community support.

Collateral contacts do not include the following:

- Scheduling appointments.
- Reviewing the recipient's behaviors, emotions, or symptoms with a parent, foster parent, teacher, or other non-healthcare provider.

- Discussing school absences due to therapy with parents or school officials.
- Helping patients manage insurance requests.
- Writing letters for court, disability, or military service.

If the recipient is receiving care in an inpatient setting, collateral contacts are a non-covered service. This service is part of the inpatient hospital care.

Collateral contacts must be billed using CPT code H0046. Services are billable in 15-minute units. The collateral contact must be a minimum of 15 minutes in length. Additional time may be rounded as follows:

Number of Units	Time (in minutes)
1	15-22
2	23-37
3	38-52
4	53-67

Covered Diagnosis Codes

South Dakota Medicaid limits payment for covered mental health services to select ICD-10 diagnosis codes. See Appendix 1 at the end of this document for a list of covered diagnosis codes.

NON-COVERED SERVICES

General Non-Covered Services

Providers should refer to [ARSD 67:16:01:08](#) or the [General Coverage Principles](#) manual for a general list of services that are not covered by South Dakota Medicaid.

IMHP Non-Covered Services

The department does not cover, and the provider may not submit a claim for the following non-covered services:

- Mental health services not specifically listed in [ARSD § 67:16:41](#).
- Mental health treatment provided without the recipient physically present in a face-to-face or telehealth session with the mental health provider except for collateral contacts.
- Treatment for a diagnosis not contained in the Covered Mental Health Services section of this manual.
- Mental health services provided before the diagnostic assessment is completed.
- Mental health services provided after the third face-to-face session with the recipient if a treatment plan has not been completed.
- Mental health services provided if a required review has not been completed.
- Court appearance, staffing sessions, or treatment team appearances.
- Mental health services provided to a recipient incarcerated in a correctional facility.
- Mental health services provided to a recipient in an institution for mental diseases or an intermediate care facility for individuals with intellectual disabilities.

- Mental health services provided, if the treatment does not demonstrate a continuum of progress toward the specific goals stated in the treatment plan. Progress must be made within a reasonable time as determined by the peer review entity.
- Mental health services provided, if the treatment is not listed in the treatment plan or documented in the recipient's clinical record even though the service is allowable under [ARSD § 67:16:41](#).
- Mental health services provided to a recipient who is incapable of cognitive functioning due to age or mental incapacity or who is unable to receive any benefit from the service.
- Mental health services performed without relationship to evaluations or psychotherapy for a specific condition, symptom, or complaint.
- Time spent preparing reports, treatment plans, or clinical records
- A service designed to assist a recipient regulate a bodily function controlled by the autonomic nervous system by using an instrument to monitor the function and signal the changes in the function.
- Alcohol or drug rehabilitation therapy.
- Missed or cancelled appointments.
- Interpretation or explanation of results of psychiatric, or other medical examinations and procedures, or other accumulated data to family or another responsible person.
- Medical hypnotherapy.
- Field trips and other off-site activities.
- Consultations or meetings between an employer and employee.
- Review of work product by the treating mental health provider.
- Telephone consultations with or on behalf of the recipient except for collateral contact.
- Educational, vocational, socialization, or recreational services or components of services of which the basic nature is to provide these services, which includes parental counseling or bonding, sensitivity training, marriage enrichment, assertiveness training, growth groups or marathons, and psychotherapy for nonspecific conditions of distress such as job dissatisfaction or general unhappiness, activity group therapy, family counseling, recreational therapy, structural integration, occupational therapy, consciousness training, vocational counseling, marital counseling, peer relations therapy, day care, play observation, sleep observation, sex therapy, milieu therapy, training disability service, primal scream, bioenergetics therapy, guided imagery, Z-therapy, obesity control therapy, dance therapy, music therapy, educational activities, religious counseling, tape therapy, and recorded psychotherapy.
- Mental health services delivered in excess of the prescribed frequency as outlined in the treatment plan.
- Mental health services provided by any South Dakota Medicaid provider other than the recipient's primary care provider under the provisions of [ARSD § 67:16:39](#), unless the recipient has been formally diagnosed as severely emotionally disturbed (SED) or severely persistently mentally ill (SPMI). A referral from the primary care provider is required if the recipient has not been formally diagnosed as SED or SPMI.

DOCUMENTATION REQUIREMENTS

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the [Documentation and Record Keeping](#) manual for additional requirements.

Mental Health Provider Documentation

The mental health provider must maintain the recipient's clinical record. In addition to the record requirements contained in [ARSD § 67:16:34](#), the recipient's clinical record must contain the following information, including the related supporting clinical data:

- Concise data on client history, including present illness and complaints, past psychological, social, and medical history, previous hospitalization and treatment, and a drug-use profile;
- A diagnostic assessment;
- A treatment plan. The provider must document evidence of the recipient's or the recipient's parent or guardian's participation and meaningful involvement in formulating the treatment plan. This may include their signature on the plan or other methods of documentation;
- A chronological record of known psychotropic medications prescribed and dispensed;
- Documentation of treatment plan reviews;
- The specific services provided together with the date and amount of time of delivery of each service provided;
- The signature or initials and credential of the mental health provider providing service;
- The location of the setting in which the service was provided;
- The relationship of the service to the treatment plan objectives and goals;
- Progress or treatment notes entered chronologically at each encounter of service. Progress notes must include the following details:
 - Information identifying the client receiving services, including name and unique identification number;
 - The date, location, time met, units of service of the counseling session, and the duration of the session;
 - The service activity code or title describing the service code or both;
 - A brief assessment of the recipient's current symptoms and functioning;
 - A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues to achieve identified treatment goals or objectives;
 - A brief description of what the recipient and provider plan to work on during the next session, including work that may occur between sessions, if applicable; and
 - The signature and credentials of the staff providing the service.

- When the treatment is completed or discontinued, a discharge summary that relates to the treatment received and progress made in achieving the treatment goals. A discharge summary is not required when the recipient prematurely discontinues the treatment.

All entries within the required clinical record must be current, consistently organized, legible, signed or initialed, and dated by the mental health provider.

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the [General Claim Guidance](#) manual for additional information.

Third-Party Liability

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the [General Claim Guidance](#) manual for additional information.

Reimbursement

Payment for mental health services is the lesser of the provider's usual and customary charge or the fee listed on the [Independent Mental Health Practitioner's](#) fee schedule . If no fee is listed, payment is 40 percent of the provider's usual and customary charge.

Claim Instructions

Services must be billed on CMS 1500 claim form or via an 837P electronic transaction. Refer to our [website](#) for detailed billing instructions. A provider must submit claims at the provider's usual and customary charge. The claim may contain only those procedure codes listed on the [Independent Mental Health Practitioner's](#) fee schedule.

Diagnostic Assessment

A claim for a diagnostic assessment is limited to four hours. A provider may not submit a claim for a new diagnostic assessment unless there has been a break of at least 12 months in the delivery of mental health services to the recipient. A provider may not submit a claim for a diagnostic assessment until the assessment is completed and recorded in the recipient's clinical record.

Primary Diagnosis

Except for a psychiatric diagnostic interview examination and a diagnostic assessment and psychological testing, a provider may not submit a claim for a mental health service if the recipient does not have a primary diagnosis of a covered mental disorder.

Mental Health Treatment

A provider may not submit a claim for mental health services provided before the diagnostic assessment is completed. A provider may not submit a claim for mental health services provided after the third face-to-face session with a recipient and before the effective date of the treatment plan. A provider may submit a claim for each eligible recipient in a family or group psychotherapy session who is actively receiving psychotherapy. In these cases, each family or group member for whom services are billed to must have a complete clinical record.

Group and Family Treatment

A provider may not submit a claim for individual psychotherapy if more than one person is in a psychotherapy session even though only one person may be eligible for South Dakota Medicaid. The service must be billed as family or group psychotherapy, whichever is appropriate. A provider may not submit a claim if a recipient is involved in a psychotherapy session not as an individual mental health client but only as part of a family or group session for treatment of another family member who is a mental health client.

DEFINITIONS

1. "Certified social worker - PIP," an individual certified under SDCL [36-26-17](#);
2. "Certified social worker – PIP candidate" an individual as defined in [§ 20:59:01:01](#) who is licensed as a certified social worker under [SDCL 36-26-14](#) and is working toward becoming a certified social worker – PIP under an approved supervision agreement as required by [§ 20:59:05:05](#);
3. "Clinical nurse specialist," an individual who is licensed under [SDCL 36-9-85](#) to perform the functions contained in [SDCL 36-9-87](#);
4. "Collateral contact," telephone or face-to-face contact with an individual other than the recipient receiving treatment to plan appropriate treatment, to assist others in responding therapeutically regarding the recipient's difficulty or illness, or to link the recipient, family, or both to other necessary and therapeutic community support;
5. "Diagnostic assessment," a written comprehensive evaluation of a set of symptoms which indicate a diagnosis of a mental disorder and which meet the requirements of [§ 67:16:41:04](#);
6. "Family," a unit of two or more persons related by blood or by past or present marriage. A family may also include other individuals living either in the same household with the recipient, individuals who will reside in the home in the future, or individuals who reside elsewhere only if the individual's participation is necessary to accomplish treatment plan goals and are considered an essential and integral part of the family unit identified in the treatment plan;

7. "Group," a unit of at least two but no more than ten individuals who, because of the commonality and the nature of their diagnoses, can derive mutual benefit from psychotherapy and it can be demonstrated to be medically necessary for the individuals to jointly participate in order to accomplish treatment plan goals through a group psychotherapy session;
8. "Licensed professional counselor - mental health" "LPC-MH," an individual certified under to [SDCL 36-32-41](#) to [36-32-43](#), inclusive;
9. "Licensed professional counselor working toward a mental health designation" an individual who is licensed as a licensed professional counselor under [SDCL 36-32-13](#) and is working toward a mental health designation under the supervision required by [SDCL 36-32-42](#);
10. "Licensed marriage and family therapist" an individual licensed under [SDCL 36-33-9](#) or [36-33-18](#);
11. "Mental disorder," an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, or behavior;
12. "Mental health services," nonresidential psychiatric or psychological diagnostic and treatment that is goal-oriented and designed for the care and treatment of an individual having a primary diagnosis of a mental disorder;
13. "Mental health treatment," goal-oriented therapy designed for the care and treatment of an individual having a primary diagnosis of a mental disorder;
14. "Psychologist," for services provided in South Dakota, a person licensed under [SDCL 36-27A-12](#) or [36-27A-13](#); for services provided in another state, a person licensed as a psychologist in the state where the services are provided. For purposes of the medical assistance program, a person practicing under [SDCL 36-27A-11](#) is specifically excluded;
15. "Psychotherapy," the face-to-face treatment of a recipient through a psychological or psychiatric method. The treatment is a planned, structured program based on a primary diagnosis of mental disorder and is directed to influence and produce a response for a mental disorder and to accomplish measurable goals and objectives specified in the recipient's individual treatment plan;
16. "Psychotherapy session," a planned and structured face-to-face treatment episode between a mental health provider and one or more recipients; and
17. "Treatment plan," a written, individual, and comprehensive plan which is based on the information and outcome of the recipient's diagnostic assessment and which is designed to improve the recipient's mental disorder.

REFERENCES

- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

QUICK ANSWERS

1. May psychotherapy be provided via telehealth? Does telehealth meet the definition of face-to-face?

Yes, telehealth services are considered face-to-face. Psychotherapy is allowed to be provided via telehealth. Please review the telehealth chapter for more information about telehealth requirements.

2. Can an independent mental health practitioner provide substance use disorder (SUD) services?

No, per ARSD [67:16:41:10](#) SUD services must be provided by an SUD agency accredited by the Division of Behavioral Health.

3. What is the service limit on the diagnostic evaluation, CPT code 90791?

The code is billable once per date of service and up to three times per recipient. The code is not covered once mental health treatment begins. The code may be billed again 12 months after the most recent date of service if the previous treatment ended or the recipient is seeing a new provider.

APPENDIX 1: COVERED DIAGNOSIS CODES

South Dakota Medicaid limits payment for covered mental health services to the following ICD-10 diagnosis codes.

ICD-10 combined diagnosis codes for alcohol-induced psychotic disorders and substance-induced psychoses with alcohol and substance abuse diagnosis codes. Treatment for alcohol and substance abuse rehabilitation therapy is a non-covered service per [ARSD 67:16:41:10](#). Independent Mental Health Practitioners may not submit claims for alcohol and substance abuse rehabilitation therapy.

Diagnosis Code	Description
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Note that codes highlighted in blue may only be used to report treatment for alcohol-induced psychotic disorders and substance-induced psychoses; treatment for alcohol and substance abuse rehabilitation therapy by an independent mental health practitioner is a non-covered service per ARSD 67:16:41-10	
F01.50	Vascular dementia without behavioral disturbance
F01.51	Vascular dementia with behavioral disturbance
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance
F03.90	Unspecified dementia without behavioral disturbance
F03.91	Unspecified dementia with behavioral disturbance
F04	Amnesic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.1	Catatonic disorder due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition
F06.30	Mood disorder due to known physiological condition, unspecified
F06.31	Mood disorder due to known physiological condition with depressive features
F06.32	Mood disorder due to known physiological condition with major depressive-like episode
F06.33	Mood disorder due to known physiological condition with manic features
F06.34	Mood disorder due to known physiological condition with mixed features
F06.4	Anxiety disorder due to known physiological condition
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
F07.81	Postconcussional syndrome
F07.89	Other personality and behavioral disorders due to known physiological condition
F07.9	Unspecified personality and behavioral disorder due to known physiological condition
F09	Unspecified mental disorder due to known physiological condition
F10.121	Alcohol abuse with intoxication delirium
F10.14	Alcohol abuse with alcohol-induced mood disorder
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F10.221	Alcohol dependence with intoxication delirium
F10.231	Alcohol dependence with withdrawal delirium
F10.232	Alcohol dependence with withdrawal with perceptual disturbance
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified
F10.280	Alcohol dependence with alcohol-induced anxiety disorder
F10.921	Alcohol use, unspecified with intoxication delirium
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F19.922	Other psychoactive substance use, unspecified with intoxication with perceptual disturbance
F19.931	Other psychoactive substance use, unspecified with withdrawal delirium

Diagnosis Code	Description
Note that codes highlighted in blue may only be used to report treatment for alcohol-induced psychotic disorders and substance-induced psychoses; treatment for alcohol and substance abuse rehabilitation therapy by an independent mental health practitioner is a non-covered service per ARSD 67:16:41:10.	
F19.932	Other psychoactive substance use, unspecified with withdrawal with perceptual disturbance
F19.950	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with delusions
F19.951	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with hallucinations
F19.980	Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder
F19939	Other Psychoactive Substance Use, Unsp With Withdrawal, Unsp
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.81	Schizophreniform disorder
F20.89	Other schizophrenia
F20.9	Schizophrenia, unspecified
F21	Schizotypal disorder
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25.0	Schizoaffective disorder, bipolar type
F25.1	Schizoaffective disorder, depressive type
F25.8	Other schizoaffective disorders
F25.9	Schizoaffective disorder, unspecified
F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition
F30.10	Manic episode without psychotic symptoms, unspecified
F30.11	Manic episode without psychotic symptoms, mild
F30.12	Manic episode without psychotic symptoms, moderate
F30.13	Manic episode, severe, without psychotic symptoms
F30.2	Manic episode, severe with psychotic symptoms
F30.3	Manic episode in partial remission
F30.4	Manic episode in full remission
F30.8	Other manic episodes
F30.9	Manic episode, unspecified
F31.0	Bipolar disorder, current episode hypomanic
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified
F31.11	Bipolar disorder, current episode manic without psychotic features, mild
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate

Diagnosis Code	Description
<p>Note that codes highlighted in blue may only be used to report treatment for alcohol-induced psychotic disorders and substance-induced psychoses; treatment for alcohol and substance abuse rehabilitation therapy by an independent mental health practitioner is a non-covered service per ARSD 67:16:41:10.</p>	
F31.13	Bipolar disorder, current episode manic without psychotic features, severe
F31.2	Bipolar disorder, current episode manic severe with psychotic features
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic
F31.73	Bipolar disorder, in partial remission, most recent episode manic
F31.74	Bipolar disorder, in full remission, most recent episode manic
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.81	Bipolar II disorder
F31.89	Other bipolar disorder
F31.9	Bipolar disorder, unspecified
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.8	Other depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F3281	Premenstrual dysphoric disorder
F3289	Other specified depressive episodes
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission

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F33.42	Major depressive disorder, recurrent, in full remission
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified
F34.0	Cyclothymic disorder
F34.1	Dysthymic disorder
F34.8	Other persistent mood [affective] disorders
F34.9	Persistent mood [affective] disorder, unspecified
F3481	Disruptive mood dysregulation disorder
F3489	Other specified persistent mood disorders
F39	Unspecified mood [affective] disorder
F40.00	Agoraphobia, unspecified
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.210	Arachnophobia
F40.218	Other animal type phobia
F40.220	Fear of thunderstorms
F40.228	Other natural environment type phobia
F40.230	Fear of blood
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F40.233	Fear of injury
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying
F40.248	Other situational type phobia
F40.290	Androphobia
F40.291	Gynephobia
F40.298	Other specified phobia
F40.8	Other phobic anxiety disorders
F40.9	Phobic anxiety disorder, unspecified
F41.0	Panic disorder [episodic paroxysmal anxiety] without agoraphobia
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F42	Obsessive-compulsive disorder
F422	Mixed obsessional thoughts and acts

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F423	Hoarding disorder
F424	Excoriation (skin-picking) disorder
F428	Other obsessive-compulsive disorder
F429	Obsessive-compulsive disorder, unspecified
F43.0	Acute stress reaction
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F43.20	Adjustment disorder, unspecified
F43.21	Adjustment disorder with depressed mood
F43.22	Adjustment disorder with anxiety
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F43.24	Adjustment disorder with disturbance of conduct
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct
F43.29	Adjustment disorder with other symptoms
F43.8	Other reactions to severe stress
F43.9	Reaction to severe stress, unspecified
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation
F44.81	Dissociative identity disorder
F44.89	Other dissociative and conversion disorders
F44.9	Dissociative and conversion disorder, unspecified
F45.0	Somatization disorder
F45.1	Undifferentiated somatoform disorder
F45.20	Hypochondriacal disorder, unspecified
F45.21	Hypochondriasis
F45.22	Body dysmorphic disorder
F45.29	Other hypochondriacal disorders
F45.41	Pain disorder exclusively related to psychological factors
F45.42	Pain disorder with related psychological factors
F45.8	Other somatoform disorders
F45.9	Somatoform disorder, unspecified
F48.1	Depersonalization-derealization syndrome
F48.2	Pseudobulbar affect
F48.8	Other specified nonpsychotic mental disorders

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F48.9	Nonpsychotic mental disorder, unspecified
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F50.8	Other eating disorders
F50.9	Eating disorder, unspecified
F5081	Binge eating disorder
F5089	Other specified eating disorder
F51.01	Primary insomnia
F51.02	Adjustment insomnia
F51.03	Paradoxical insomnia
F51.09	Other insomnia not due to a substance or known physiological condition
F51.11	Primary hypersomnia
F51.12	Insufficient sleep syndrome
F51.19	Other hypersomnia not due to a substance or known physiological condition
F51.3	Sleepwalking [somnambulism]
F51.4	Sleep terrors [night terrors]
F51.5	Nightmare disorder
F51.8	Other sleep disorders not due to a substance or known physiological condition
F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified
F5105	Insomnia Due To Other Mental Disorder
F52.5	Vaginismus not due to a substance or known physiological condition
F53	Puerperal psychosis
F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
F60.0	Paranoid personality disorder
F60.1	Schizoid personality disorder
F60.2	Antisocial personality disorder
F60.3	Borderline personality disorder
F60.4	Histrionic personality disorder
F60.5	Obsessive-compulsive personality disorder
F60.6	Avoidant personality disorder
F60.7	Dependent personality disorder
F60.81	Narcissistic personality disorder
F60.89	Other specific personality disorders
F60.9	Personality disorder, unspecified
F63.0	Pathological gambling
F63.1	Pyromania
F63.2	Kleptomania

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F63.3	Trichotillomania
F63.81	Intermittent explosive disorder
F63.89	Other impulse disorders
F63.9	Impulse disorder, unspecified
F64.0	Transsexualism
F64.2	Gender identity disorder of childhood
F64.9	Gender identity disorder, unspecified
F65.0	Fetishism
F65.2	Exhibitionism
F65.3	Voyeurism
F65.4	Pedophilia
F65.52	Sexual sadism
F65.81	Frotteurism
F65.89	Other paraphilias
F65.9	Paraphilia, unspecified
F66.0	Other sexual disorders
F68.10	Factitious disorder, unspecified
F68.11	Factitious disorder with predominantly psychological signs and symptoms
F68.12	Factitious disorder with predominantly physical signs and symptoms
F68.13	Factitious disorder with combined psychological and physical signs and symptoms
F68.8	Other specified disorders of adult personality and behavior
F69	Unspecified disorder of adult personality and behavior
F8082	Social pragmatic communication disorder
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
F88	Other disorders of psychological development
F89	Unspecified disorder of psychological development
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type
F90.9	Attention-deficit hyperactivity disorder, unspecified type
F91.0	Conduct disorder confined to family context
F91.1	Conduct disorder, childhood-onset type
F91.2	Conduct disorder, adolescent-onset type
F91.3	Oppositional defiant disorder
F91.8	Other conduct disorders

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F91.9	Conduct disorder, unspecified
F93.0	Separation anxiety disorder of childhood
F93.8	Other childhood emotional disorders
F93.9	Childhood emotional disorder, unspecified
F94.0	Selective mutism
F94.1	Reactive attachment disorder of childhood
F94.2	Disinhibited attachment disorder of childhood
F94.8	Other childhood disorders of social functioning
F94.9	Childhood disorder of social functioning, unspecified
F95.0	Transient tic disorder
F95.1	Chronic motor or vocal tic disorder
F95.2	Tourette's disorder
F95.8	Other tic disorders
F95.9	Tic disorder, unspecified
F98.0	Enuresis not due to a substance or known physiological condition
F98.1	Encopresis not due to a substance or known physiological condition
F98.21	Rumination disorder of infancy
F98.29	Other feeding disorders of infancy and early childhood
F98.3	Pica of infancy and childhood
F98.4	Stereotyped movement disorders
F98.5	Adult onset fluency disorder
F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F98.9	Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99	Mental disorder, not otherwise specified
G44.209	Tension-type headache, unspecified, not intractable
I69010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage
I69011	Memory deficit following nontraumatic subarachnoid hemorrhage
I69014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage
I69015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage
I69018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage
I69111	Memory deficit following nontraumatic intracerebral hemorrhage
I69114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage
I69115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage

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I69210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage
I69211	Memory deficit following other nontraumatic intracranial hemorrhage
I69214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage
I69215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage
I69310	Attention and concentration deficit following cerebral infarction
I69311	Memory deficit following cerebral infarction
I69314	Frontal lobe and executive function deficit following cerebral infarction
I69315	Cognitive social or emotional deficit following cerebral infarction
I69810	Attention and concentration deficit following other cerebrovascular disease
I69811	Memory deficit following other cerebrovascular disease
I69813	Psychomotor deficit following other cerebrovascular disease
I69814	Frontal lobe and executive function deficit following other cerebrovascular disease
I69815	Cognitive social or emotional deficit following other cerebrovascular disease
I69910	Attention and concentration deficit following unspecified cerebrovascular disease
I69911	Memory deficit following unspecified cerebrovascular disease
I69914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease
I69915	Cognitive social or emotional deficit following unspecified cerebrovascular disease
R410	Disorientation, unspecified
R411	Anterograde amnesia
R412	Retrograde amnesia
R413	Other amnesia
R4181	Age-related cognitive decline
R4182	Altered mental status, unspecified
R41840	Attention and concentration deficit
R41841	Cognitive communication deficit
R41842	Visuospatial deficit
R41843	Psychomotor deficit
R41844	Frontal lobe and executive function d
R4189	Oth symptoms and signs w cognitive fu
R419	Unsp symptoms and signs w cognitive f
R45.7	State of emotional shock and stress, unspecified
R450	Nervousness
R451	RESTLESSNESS AND AGITATION
R453	Demoralization and apathy
R454	Irritability and anger
R455	HOSTILITY
R456	VIOLENT BEHAVIOR
R457	State of emotional shock and stress,
R458	Other symptoms and signs involving em

Diagnosis Code	Description
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R4581	LOW SELF-ESTEEM
R4583	Excessive crying of child, adolescent
R4584	Anhedonia
R45850	HOMICIDAL IDEATIONS
R45851	Suicidal ideations
R4586	Emotional lability
R4587	Impulsiveness
R4589	Other symptoms and signs involving em
R460	Very low level of personal hygiene
R461	Bizarre personal appearance
R462	Strange and inexplicable behavior
R463	Overactivity
R464	Slowness and poor responsiveness
R465	Suspiciousness and marked evasiveness
R466	Undue concern and preoccupation with
R467	Verbosity and circumstantial detail o
R468	Other symptoms and signs involving appearance
R4681	Obsessive-compulsive behavior
R4689	Other Symptoms And Signs Involving Appearance
R4701	Aphasia
R4702	Dysphasia
R471	Dysarthria and anarthria
R481	Agnosia
R482	Apraxia
R483	Visual agnosia
R488	Other symbolic dysfunctions
R489	Unspecified symbolic dysfunctions