Behavioral Health Safety Net of Tennessee

(BHSN of TN)

Revised January 22, 2018

Reference Manual for Community Network Providers

Tennessee Department of Mental Health and Substance Abuse Services
Division of Mental Health Services, BHSN of TN Eligibility Unit
5th Floor, Andrew Jackson Building
500 Deaderick Street
Nashville, TN 37243

Table of Contents

Introduction....3
Provider Responsibilities....5
Eligibility Determination....6
- Eligibility Criteria....6
- Information Verification....7

Eligibility Paperwork....10
- Intake Process....10
- Required Minimum Paperwork....10
- Frequently Asked Questions....12
- Annual Review....14
- Termination of Assistance....16

Covered Services....17
- Service Rate Sheet....18
- Pharmacy Assistance Coordinator....22
- CoverRx....23
- Patient Assistance Programs....25

Payments and Billing....26
BHSN of TN Electronic System (BHSNT)....28
BHSNT User Accounts....31
Appendix I Definitions....32
Appendix II Forms....34
- Form 1: Enrollment Request Form (Intake/Application)....35
- Form 2: Eligibility - Scheduled Review....36
- Form 3: Change of Service Recipient Information Request....37
- Form 4: BHSNT New User ID Request....38
- Form 5: CoverRx Application....39

Appendix III BHSN of TN ICD10 Eligibility Diagnosis Codes....41
Appendix IV List of BHSN of TN Providers and TDMHSAS BHSN of TN Staff Contacts....52

NOTE: The BHSN of TN Reference Manual is a guide to implementing program parameters for a currently evolving state funded program. If you note any discrepancies, please don't hesitate to contact us.

STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
Division of Mental Health Services
BEHAVIORAL HEALTH SAFETY NET OF TENNESSEE (BHSN of TN)
5th Floor, Andrew Jackson Building
500 Deaderick Street
Nashville, Tennessee 37243

Introduction

Program Background and Overview

In response to Tennessee Public Chapter No. 474 and Section 59 of the Tennessee Appropriations Act of 2005, the then Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD), now the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), created the **Mental Health Safety Net** (MHSN) to provide essential mental health services to the 21,000 individuals identified as severely and /or persistently mentally ill (SPMI/SMI) of the 191,000 individuals who were dis-enrolled from the TennCare Program due to TennCare Reform. In **July 2005**, $11.5 million was appropriated to fund the MHSN, also referred to as Clinical Therapeutics and Recovery (CTR). The MHSN covered vital core mental health services for individuals identified as SPMI, helping them lead more functional and productive lives in their communities. The MHSN would not have been possible without the successful partnership between the TDMHSAS and the twenty (20) mental health agencies that agreed to be providers of services through the MHSN.

Individuals who were registered into the MHSN were eligible to receive mental health services such as assessment, evaluation, diagnostic and therapeutic sessions; case management, psychiatric medication management, lab services related to medication management; and pharmacy assistance and coordination. In addition to these services, funds were allocated to the Tennessee Department of Finance and Administration to provide prescription assistance through CoverRx (a state prescription assistance program). CoverRx provided discounts on generic and brand name drugs plus one atypical antipsychotic drug per month with a $5 co-pay. On March 1, 2010, due to fiscal mandates, CoverRx removed the brand name atypical antipsychotic drugs from the formulary but still provides access to some generic versions, if available. Currently, CoverRx offers over 250 generic and brand name drugs with a $3 or $5 co-pay. Each Provider also has a Pharmacy Assistance Coordinator(s) who assists service recipients in applying for CoverRx and accessing brand drugs through Pharmaceutical Manufacturer's Patient Assistance Programs.

On January 1, 2009, the TDMHSAS assumed full responsibility for the State Only program, the out-patient portion of the TennCare Partners initiative, which at the time was covering the provision of services to approximately 12,000 very low income Tennesseans diagnosed with SPMI. TDMHSAS staff examined various alternatives for provision of core mental health services and determined that the services offered through the MHSN would be the most appropriate for this population. Therefore, the MHSN and State Only programs were merged into a single program. This combined program was named the **Behavioral Health Safety Net of Tennessee (BHSN of TN)** and served the State Only out-patient population, as well as the original MHSN population. At this time, the BHSN of TN became eligibility based, and opened enrollment to all Tennesseans who met the eligibility criteria. To facilitate the implementation of the BHSN of TN with its expanded enrollment base, an additional $10 million was appropriated. There is no federal financial participation for BHSN of TN service recipients. The ability of TDMHSAS to cover services is dependent on annual appropriations by the legislature.

Beginning July 1, 2009, the TDMHSAS agreed to offer three (3) BHSN of TN services to Daniels Class Dis-enrollees with Medicare and original MHSN individuals with Medicare who meet all other eligibility criteria except the age limit. The three (3) services offered were: Case Management; Medication Training and Support; and Clinically Related Group (CRG) Assessment, which were not covered by Medicare. These exception populations do **NOT** have access to CoverRx. **Effective February 1, 2011**, the CRG assessment was no longer being covered due to no longer being a tool used to determine eligibility. As a result of this change, only two (2) services were being offered: Case Management; and Medication Training and Support.

During FY17, the BHSN of TN partnered with 15 Community Mental Health Agencies that provided vital behavioral health services to approximately 29,898 individuals across the state of Tennessee. The top services utilized were: Case Management, Individual Therapy, Psychosocial Rehabilitation, and Office Visits for Evaluation and Management.

Provider Responsibilities

Providers must be authorized and trained by the TDMHSAS before they may be a BHSN of TN provider and before they may render services to BHSN of TN service recipients. Providers must:

1. Maintain Tennessee medical licenses and/or certifications as required by his/her practice, or licensure by the TDMHSAS, if appropriate;

2. Not be under a U.S. Drug Enforcement Administration (DEA) restriction of his/her prescribing and/or dispensing certification for scheduled drugs;

3. Agree to maintain the confidentiality of service recipient records in accordance with all applicable federal and state laws, regulations, and rules;

4. Agree to maintain and provide access to the TDMHSAS and/or its designee all medical records for BHSN of TN service recipients for ten (10) years from the last date of service.

5. Agree to maintain and provide access to the TDMHSAS and/or its designee all supporting documentation verifying all eligibility requirements for BHSN of TN service recipients within sixty (60) days of registration with the BHSN of TN;

6. Provide medical assistance at or above recognized standards of practice;

7. Inform TDMHSAS BHSN of TN staff of changes to authorized Provider staff that access the BHSNT;

8. Provide the TDMHSAS BHSN of TN staff listed in **Appendix IV** with the most current contact information (e-mail addresses, phone numbers, and other contact information) for authorized Provider staff connected with the BHSN of TN;

9. Immediately notify the TDMHSAS BHSN of TN staff listed in **Appendix IV** of any address changes for all sites receiving BHSN of TN correspondence via U.S. Postal Service;

10. Participate in monthly Provider Teleconferences; typically held at 1:30pm Central Time (CT) on the Wednesday following each month's Payment Process;

11. Submit all billing in a timely manner;

12. Possess a strong working knowledge of the BHSNT. Please contact the TDMHSAS BHSN of TN staff listed in **Appendix IV** if additional training is needed;

13. Provide assistance and guidance to all BHSN of TN eligible individuals regarding access to and delivery of BHSN of TN covered services; and

14. Seek guidance and support from the TDMHSAS BHSN of TN staff listed in **Appendix IV** as needed regarding the BHSN of TN.

Eligibility Determination

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) shall be the lead state agency responsible for determining eligibility and contracting for services to be rendered to service recipients who qualify for assistance from the BHSN of TN. TDMHSAS contracts directly with Community Mental Health Agencies (CMHA) to deliver covered mental health services and pharmacy coordination assistance to applicants who qualify for BHSN of TN assistance.

Eligibility Criteria

There are technical and financial eligibility requirements that must be met by individuals before they can qualify for BHSN of TN assistance. Individuals who are eligible for the BHSN of TN must meet the following requirements:

1. Be determined ineligible for TennCare or have completed a TennCare application; and

2. Do not have private health insurance, or the private health insurance lacks mental health coverage or all mental health benefits under the private health insurance have been exhausted for the year as determined by the Provider in consultation with the service recipient; and

3. As of September 1, 2013, individuals who have Medicare Part B, and meet all other eligibility requirements for the BHSN of TN may be enrolled. Additionally, any BHSN of TN service recipient sixty five (65) years of age or older will be treated as having Medicare Part B, even if they are not receiving Medicare Part B. These two groups are eligible only for the four (4) approved services: Case Management; Medication Training and Support; Peer Support and Psychosocial Rehabilitation Services.

   Additionally, if an individual is enrolled in Medicare Part B and has chosen a Medicare Advantage Plan, they may also be enrolled in the BHSN of TN if they meet all other eligibility requirements of the BHSN of TN, provided the Advantage Plan doesn't cover the four (4) approved services above or the benefits have been exhausted for the year; and

4. Do not have behavioral health benefits through the Veteran's Administration; and

5. Be a US Citizen, or qualified alien; (see definition of qualified alien in **Appendix I**); and

6. Be a resident of Tennessee; and

7. Be diagnosed with a primary qualifying mental health diagnosis (please refer to BHSN of TN ICD10 Eligibility Diagnosis Codes document in **Appendix III**); and

8. Have a household income at or below 100% of the Federal Poverty Level (FPL); and

9. Be nineteen years of age or older; and

10. Not be in an in-patient facility, such as an inpatient psychiatric (sub-acute) hospital or nursing home; and

11. Not be an inmate or not be incarcerated.

Information Verification

By applying for BHSN of TN assistance, the service recipient grants permission and authorizes release of information to the TDMHSAS, or its designee, and to the Provider, or its designee, to investigate any and all information provided, or any information not provided if it could affect eligibility, to determine BHSN of TN assistance eligibility.

Information may be verified through, but not limited to, the following sources:

1. **Proof of annual household income:**

   a. Federal income tax records for current or previous year;

   b. Statement of unemployment insurance from the Tennessee Department of Labor and Workforce Development;

   c. Credit bureau report;

   d. State income tax records, where applicable, for any state where income is earned;

   e. Records from the Tennessee Department of Labor and Workforce Development and other employment security offices within any state where the applicant may have received wages or been employed;

   f. Insurance companies; or

   g. Any other governmental agency or public or private source of information where such information may impact an applicant's eligibility for BHSN of TN assistance.

   h. Information to keep in mind about annual household income:

      (1) Earned Income: Earned income is money derived from an individual's work efforts including, but not limited to wages, salaries, commissions, or as profits from a self-employment enterprise, including farming, carried on either alone or jointly. It also includes pay received from jury duty, bonuses, vacation pay, maternity leave pay, and sick pay received by an individual while still employed. Garnished or diverted wages also are considered to be earned income. If a service recipient is employed, their income would need to be verified by one (1) month's pay stubs; a copy of the first page of the previous year's tax return, showing the total income for the household; or a dated and signed statement from the employer, stating the average number of hours worked each month and the hourly wage. If the service recipient is paid on a cash basis, then a written, signed, and dated statement from the employer will suffice.

      (2) Unearned Income: Unearned income is defined as income not directly realized from work. This includes but is not limited to Social Security income, unemployment benefits, Family First (TANF) grants, child support, or cash gifts from family and/or friend. In the case of a Social Security payment, unemployment payment, or similar benefit payments permissible verifications include a copy of the check itself; a copy of a bank statement, if benefit is direct deposited; a copy of the benefit letter or change of benefit letter; or a print-out from the issuing agency (i.e. a print out from SSA in the case of Social Security or TDHS in the case of a Family First grant). In the case of cash gifts, a written, signed and dated statement from the giver will suffice for documentation. **NOTE:** Food Stamps are **not** considered to be a type of unearned income.

(3) No income: If an applicant reports that he or she lacks income of any type, then a completed copy of the BHSN of TN Income Verification and Homeless Declaration form should be filed and supporting documentation should be noted in the record. For example, a case management note regarding assistance with unemployment, vocational services, or application for other aid is adequate.

(4) Whose income to consider:

Applicant's own income: Any income realized by the BHSN of TN applicant himself or herself **is** counted.

If Applicant is married: If the BHSN of TN applicant is married, then the spouse's income **is** also considered in determining the applicant's BHSN of TN eligibility.

If Applicant has a minor child with income: Income realized by a minor child, such as Supplemental Security Income (SSI) or Social Security survivors' benefits, is considered as a part of the overall household income, as it is under the control of the parent or legal/custodial guardian. Therefore, it **is** countable in determining the parent's or legal/custodial guardian's BHSN of TN eligibility.

If Applicant is an adult non-dependent child living with his/her parent(s): In the case of **adult** non-dependent children living with their parents, the parents' income is **not** countable in determining the adult child's BHSN of TN eligibility.

If Applicant is a parent living with his/her adult child(children): In the case of parent(s) living with their adult children, the adult child's income is **not** counted in determining the parent(s) BHSN of TN of TN eligibility.

If Applicant lives with adult siblings: In the case of adult siblings living together, income of one of the siblings **does not** count against the BHSN of TN eligibility of the other sibling.

If Applicant is living with other non-related adults, such as roommates: In the case of non-related adults living together (i.e. roommates), the income of one roommate **does not** count against the BHSN of TN eligibility of the other roommate.

2. **Proof of current legal residency in Tennessee:**

a. Permissible forms of verification are rent receipt in the applicant's name, utility bill in the applicant's name, voter registration card, Tennessee driver's license, Tennessee state-issued picture identification card, or in the absence of the above, a signed and dated statement from a collateral contact, a person familiar with the applicant's circumstances (i.e. family member, friend, case manager, and other such person).

b. If an applicant claims to be homeless, then a completed copy of the BHSN of TN Income Verification and Homeless Declaration Form should be included, and the community mental health agency's (Provider's) address, or the address of a shelter or other such place, should be used on all BHSN of TN forms.

3. **Proof of United States citizenship or qualified alien status:**

   a. For United States citizenship, the permissible forms of documentation are: birth certificate, hospital birth record, voter registration card, certificate of citizenship or naturalization provided by the United States Bureau of Citizenship and Immigration Service (BCIS), United States passport, religious record (i.e. record of birth kept in a family Bible or a baptismal record), a social security card and a state-issued driver's license or state-issued picture identification card. **NOTE:** A Social Security card alone is not sufficient.

   b. For qualified alien status, some of the permissible forms of documentation are: Permanent Resident Card (Green Card), Temporary Resident Card (Form I-687), Arrival/Departure Record (Form I-94), Employment Authorization Document (Form I-766), visas or other documents. For more information visit: http://www.uscis.gov/portal/site/uscis

   c. If/When it is needed, verification of United States citizenship will only need to be supplied once. After the documentation is on file, it will not need to be sent a subsequent time.

   d. Verification of qualified alien status will be needed once yearly.

4. **Proof of private health insurance when such insurance does not include behavioral health coverage. A letter stating that Behavioral Health Services are not covered or all mental/behavioral health benefits have been exhausted.**

5. **Evidence of being denied TennCare, such as a copy of the denial letter; the print-out from the TennCare Online Eligibility website; or documentation in a progress note.**

Eligibility Paperwork

Intake Process

A CMHA staff member or a Regional Mental Health Institute (RMHI) staff member determines if an individual is a potential candidate for BHSN of TN assistance, and then gathers the following paperwork. **An RMHI must have a valid CMHA referral in place prior to submitting a BHSN of TN enrollment form.**

Required Minimum Paperwork

The required minimum paperwork to establish BHSN of TN assistance consists of the items listed below. Some of these items are submitted to the TDMHSAS BHSN of TN Eligibility Unit, while others are kept on file with the BHSN of TN Provider in the service recipient record. Any completed CoverRx applications are to be sent directly to Magellan Health Services as noted on the next page.

Item to be submitted to the TDMHSAS BHSN of TN Eligibility Unit:

A completed BHSN of TN Enrollment Request Form (Intake/Application) with the original signature of the provider's Chief Executive Officer (CEO) or the designee of the CEO and the original signature of the individual.

Items to be kept on file with the Provider (For discussion of these items, please see Pages 7-9):

1. Proof of current household income;
2. Proof of current legal residency in Tennessee;
3. Proof of United States citizenship or qualified alien status;
4. Proof of private health insurance when such insurance does not include behavioral health coverage or all mental/behavioral health benefits have been exhausted.
5. Evidence of being denied TennCare, such as a copy of the denial letter; the print-out from the TennCare Online Eligibility website; or documentation in a progress note.

NOTE: An Enrollment Request Form may be submitted without proof of income, Tennessee residency, and United States citizenship, however, these items must be in the service recipient's file within sixty (60) calendar days of the begin date of the current registration. Any service recipient receiving mental health services paid for by the BHSN of TN shall be held financially responsible for all mental health services provided to the service recipient, if during receipt of any mental health services the person did not meet the BHSN of TN eligibility criteria. **Copies of the various forms used in the BHSN of TN eligibility process are located on the BHSN of TN electronic system (BHSNT) log-on page at:** https://mh.tn.gov/Uninsured/Default.aspx.

Item to be sent to Magellan Health Services:

A completed CoverRx application for pharmacy assistance.

The completed CoverRx application can be submitted via fax or via U.S. Postal Service. For expediency, it is recommended the application be faxed to Magellan Health Services. Questions regarding CoverRx enrollment can be made to 1–800–424–5815. Additional information can be found by going to https://www.tn.gov/tenncare/coverrx.html . See Appendix III, Form 5 for more information.

CoverRx applications submitted via fax should be sent one at a time without a fax coversheet, per instructions from Magellan Health Services.

The Fax Number for CoverRx applications from Tennessee is:

1–800–424-5766

Magellan Health Services mailing address:

Tennessee CoverRx
Magellan Health Services
P.O. Box 1808
Maryland Heights, MO 63043

Frequently Asked Questions

1. Where are completed Behavioral Health Safety Net of TN Enrollment Request Forms sent?

The BHSN of TN Enrollment Request Forms should be submitted to the TDMHSAS BHSN of TN Eligibility Unit within the Division of Mental Health Services, a division of the Tennessee Department of Mental Health and Substance Abuse Services. BHSN of TN Enrollment Request Forms may be submitted to the Eligibility Unit via fax or email.

The BHSN of TN Eligibility Unit fax number is:

615-253-3187

The BHSN of TN Eligibility Unit email address is:

BHSNTAPP.Fax@tn.gov

2. What happens once an Enrollment Request Form is received by the TDMHSAS?

Once the TDMHSAS BHSN of TN Eligibility Unit receives a BHSN of TN Enrollment Request Form, it is screened for completeness. If the application is complete, the individual is screened for eligibility, based upon the information on the Enrollment Request Form. If the individual is eligible, an active registration is created in the BHSNT.

The process outlined above usually takes from two to five (2-5) business days to complete from the date of receipt of the Enrollment Request Form, depending on the volume of the requests.

Correspondences from the TDMHSAS BHSN of TN Eligibility Unit to Providers:

1. **Returns:** The reason for returns can be accessed in the comment field through the 'Inquiry' tab under the 'Patient' tab from the menu bar of the BHSNT. Safety net enrollment forms and review forms with errors will no longer be physically returned to providers.

2. **Approvals:** Approvals can be accessed through either the 'Inquiry' tab or the 'Active Registrations' tab under the 'Patient' tab from the menu bar of the BHSNT.

3. **Reviews:** Annual Scheduled Review Forms are sent to Providers within ninety (90) days prior to the expiration date of the Eligibility Assessment currently on record in the BHSNT.

4. **Denials:** Information on a denied enrollment request can be accessed through the 'Inquiry' tab under the 'Patient' tab from the menu bar of the BHSNT.

Correspondence from the TDMHSAS BHSN of TN Eligibility Unit to Applicants:

1. **Denial Letters:** A denial letter is mailed directly to an applicant if an application fails to meet eligibility criteria for BHSN of TN.
2. **What is considered the 'Effective Begin Date of BHSN of TN Assistance'?**

For BHSN of TN applicants, the effective begin date of the BHSN of TN assistance depends upon the timely receipt of an appropriately completed Enrollment Request Form from a Provider with all eligibility criteria in place. If a completed enrollment request is received within thirty (30) calendar days from the initial service date, the initial service date will be the effective date of eligibility.

If a completed Enrollment Request Form is received more than thirty (30) calendar days from the initial date of service, the effective date of eligibility will be the date the completed enrollment request is received by the TDMHSAS BHSN of TN Eligibility Unit. It is important to note that if an incomplete enrollment request is received within thirty (30) calendar days from initial date of service and is not rectified within this time period, the effective date of eligibility will be the date the completed application is received. Therefore, it is in the service recipient's and Provider's best interest to submit enrollment requests as soon as possible after an individual presents for services to prevent non-payment of reimbursable services.

NOTE: If two (2) or more enrollment requests for BHSN of TN are submitted by different CMHAs within at least two weeks of each other for the same individual or if in the case of a provider change, the secondary BHSN of TN application is received within two weeks of a service billing by the current provider of record, we will request that the CMHAs involved investigate the situation, including contacting the service recipient to ascertain which agency they choose for BHSN of TN services.

3. **How does a Provider report changes in service recipient circumstances?**

Any changes in a service recipient's circumstances that could possibly impact BHSN of TN eligibility should be reported immediately. Such circumstances include, but are not limited to the following: changes in household income or household number, residential address, acquisition of other behavioral health insurance, Tennessee residency, and incarceration status. Changes in circumstances should be reported on the Change of Service Recipient Information Request Form, which can be downloaded from the BHSN of TN electronic system (BHSNT) log-on page. The completed form should be faxed to the TDMHSAS BHSN of TN Eligibility Unit at (615) 253-3187 or scanned and emailed to BHSNTAPP.Fax@tn.gov.

Annual Review

TDMHSAS shall be responsible for the re-verification of BHSN of TN enrollment. This re-verification process shall be completed at a minimum of **every twelve (12) months** for BHSN of TN service recipients and is aligned with the expiration date of the service recipient's Eligibility Assessment. The primary purpose of re-verification is to ensure that those who continue to access behavioral health services through the BHSN of TN still meet the criteria for eligibility.

Ninety (90) days prior to the annual review date, a **BHSN of TN Scheduled Review Form** will be sent to the Provider. The review form will address and capture updated data on all BHSN of TN eligibility criteria, including the individual's most recent date of service and date of Eligibility Assessment. **The BHSN of TN Eligibility Scheduled Review Form must be completed, signed, and dated by the service recipient and the agency preparer. The Scheduled Review Form must be returned to the Eligibility Unit no later than the eligibility assessment expiration date printed on the top portion of the review form, or the service recipient may lose their BHSN of TN assistance.**

If the service recipient continues to meet the BHSN of TN eligibility criteria, the Eligibility Assessment information is updated in the BHSNT and program eligibility continues.

If the determination is made that the service recipient no longer meets the criteria for BHSN of TN eligibility, the registration will be closed. The service recipient will be issued a termination letter, explaining the reason for termination.

NOTE: The Scheduled Review Form preparer should ensure that all services have been submitted to the BHSNT before indicating a closed registration on the Scheduled Review Form.

1. **Where are completed Behavioral Health Safety Net of TN Scheduled Review Forms sent?**

The BHSN of TN Enrollment Scheduled Review Forms should be submitted to the TDMHSAS BHSN of TN Eligibility Unit within the Division of Mental Health Services, a division of the Tennessee Department of Mental Health and Substance Abuse Services. BHSN of TN Scheduled Review Forms should be submitted to the Eligibility Unit via fax or email.

The BHSN of TN Eligibility Unit fax number for Reviews is:
615-741-5807

The BHSN of TN Eligibility Unit email address for Reviews is:
BHSNTREV.Fax@tn.gov

Item to be submitted to the TDMHSAS BHSN of TN Eligibility Unit:

A completed and signed BHSN of TN Eligibility Scheduled Review Form. A copy should be maintained in the service recipient's file.

<u>Items to be kept on file with the Provider</u> (For discussion of these items, please see Pages 7-9):

1. Proof of current household income; and

2. Proof of current legal residency in Tennessee; and

3. Proof of U.S. citizenship or qualified alien status; and

4. Proof of private health insurance, when such insurance does not cover behavioral health issues; and

5. A copy of the TennCare denial letter, the print-out from the TennCare Online Eligibility website; or documentation in a progress note.

In addition to the paperwork listed above**,** a CoverRx application for pharmacy assistance should be completed and sent to Magellan Health Services. Contact information Magellan Health Services is given on Page 11 of this manual.

NOTE: An annual Scheduled Review Form may be submitted without proof of income, Tennessee residence and United States citizenship. However, these items must be in the service recipient's file. Any service recipient receiving mental health services paid for by the BHSN of TN shall be held financially responsible for all mental health services provided to the service recipient, if during receipt of any mental health services the person did not meet the BHSN of TN eligibility.

Termination of Assistance

Through the review process, the TDMHSAS will determine if service recipients still meet the criteria to continue their BHSN of TN assistance. When service recipients are determined to no longer meet the eligibility criteria to continue assistance, they will be mailed a termination notice.

1. When will a service recipient be terminated from the BHSN of TN?

1. If the service recipient no longer meets any of the BHSN of TN eligibility criteria, such as income above 100% FPL, no longer a resident of Tennessee, or the diagnosis rendered by the Eligibility Assessment is not a qualifying diagnosis; or

2. If it is found that the applicant falsified information provided in the BHSN of TN application and approval was based on the false information; or

3. If the service recipient is found to be eligible for TennCare or other insurance coverage through state audits or other program monitoring activities; or

4. If the service recipient's most recent Eligibility Assessment expires due to a non-response from the CMHA of record to the annual Scheduled Review Form; or

5. If the service recipient requests to be dis-enrolled from BHSN of TN; or

6. If the Provider requests closure of a service recipient's registration; or
   (Provider should ensure that all services have been submitted to the BHSNT before indicating a closed registration on the Scheduled Review Form or Change of Information Form)

7. If the service recipient is incarcerated; or

8. If the service recipient is in an inpatient facility, such as an inpatient psychiatric (sub-acute) hospital or nursing home; or

9. If the service recipient dies.

2. What can a service recipient do if they are deemed ineligible for BHSN of TN?

The BHSN of TN is **NOT** an entitlement program. Therefore, service recipients who have been denied enrollment or had enrollment terminated based upon the annual review process do not have appeal rights. Denied or terminated service recipients can file a new BHSN of TN Enrollment Request Form, if there has been a change in circumstances.

Covered Services

Covered services for eligible service recipients enrolled in the BHSN of TN, with the exception of enrollees with Medicare Part B, may include:

1. Clinical Therapeutic and Support Services;
2. Psychiatric Medication Management; and
3. Labs related to Pharmacological Management.

Please refer to the Service Rate sheet on the following pages for a more detailed description of services and the rates at which they are reimbursed.

NOTE: Medicare Part B recipients eligible for BHSN of TN may only receive Case Management, Medication Training and Support, Peer Support and Psychosocial Rehabilitation services. Beginning October 1, 2013, some services may be provided via telemedicine. (See Service Rate Sheet, page 17).

Lab Services through the Department of Health:

For the BHSN of TN, TDMHSAS has a contract with the Tennessee Department of Health (TDOH) to provide lab services in rural areas where American Esoteric Laboratory (AEL) services are unavailable. Under this contract, the TDOH provides laboratory blood draw services for BHSN of TN service recipients residing in counties where coverage is not available through the agency for the statewide contract determined by the Tennessee Department of General Services, which is currently AEL. The counties providing these services are limited to: Anderson, Bedford, Benton, Blount, Bradley, Cannon, Campbell, Carroll, Cheatham, Chester, Clay, Cocke, Coffee, Cumberland, Decatur, DeKalb, Dickson, Franklin, Gibson, Giles, Hardeman, Hardin, Henderson, Henry, Hickman, Humphreys, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, McMinn, McNairy, Morgan, Obion, Overton, Pickett, Rhea, Roane, Robertson, Scott, Stewart, Sumner, Warren, Wayne, Weakley, and Williamson. Additional information on the contract between the TDMHSAS and the TDOH can be obtained by contacting the TDMHSAS BHSN of TN staff listed in **Appendix IV**.

Behavioral Health Safety Net of Tennessee
(BHSN of TN)
Service Rate Sheet
Fiscal Year 2018
July 1, 2017 - June 30, 2018

NOTE: These codes and services are to be used for BHSN of TN billing; check codes with TennCare before retro-billing for any service.

NOTE: Use service codes with GT modifier if service is provided via Telemedicine.

Clinical, Therapeutic and Support Services	Service Codes	Rates
Assessment, Evaluation, Diagnostic, and Therapeutic Activities		
Behavioral Health Assessment – Procedures used to diagnose mental illness conditions and determine treatment plans including obtaining relevant social situation information. (per assessment)		
Psychiatric diagnostic evaluation (with no medical services)	90791	$61.50
Psychiatric diagnostic evaluation (with medical services)	90792	$71.75
Psychological Evaluation – An evaluation of cognitive processes, emotions and problems of adjustment through components such as interpretations of tests of mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics. May include neuropsychological and psychosocial assessments. (per evaluation regardless of time involved)		
Psychological testing	96101	$61.50
Intervention/Therapy/Therapeutic sessions or related counseling provided to an individual or in a group setting through interview, supportive psychotherapy, relationship therapy, insight therapy or other forms of intervention. (per session)		
Individual face to face session: 60 minutes	90837	$61.50
Individual session via Telemedicine: 60 minutes	90837GT	$61.50
Individual face to face session: 45 minutes	90834	$61.50
Individual session via Telemedicine: 45 minutes	90834GT	$61.50
Individual face to face session: 30 minutes	90832	$30.75
Individual session via Telemedicine: 30 minutes	90832GT	$30.75
Group session (other than multi-family group) We allow a maximum of two (2) units per person to be billed within a single date of service.	90853	$30.75

Case Management - Case management is defined as care coordination for the purpose of linking safety net individuals to clinically indicated services or to benefits that would provide an alternative payer source for these services. Case management may be delivered through face-to-face encounters or may consist of telephone contacts, mail or email contacts necessary to ensure that the service recipient is served in agency office, in the community setting or through methods outlined in the Centers for Medicaid and Medicare Services' (CMS') guidance on case management, including but not limited to assessment activities; completing related documentation to identify the needs of the individual; and monitoring and follow-up activities which may include making necessary adjustments in the care plan and service arrangements with providers. Case management is tied to access to services related to follow-up activities such as individual/group therapy, psychiatric medication management, pharmacy assistance and coordination and labs related to medication management; services that promote community tenure. Case management is offered to safety net individuals with a current assessment of severe and persistent mental illness and other clinical considerations. It is reimbursed at $23 per unit, which Federal law defines as a 15 minute session. We allow a maximum of twelve (12) units per person to be billed within a single date of service.	T1016	$23.00
Psychosocial Rehabilitation services utilize a comprehensive approach (mind, body, and spirit) to work with the whole person for the purposes of improving an individual's functioning, promoting management of illness, and facilitating recovery.		
Individual face to face session: 15 minutes. We allow a maximum of four (4) units per person to be billed within a single date of service.	H2017	$11.00
Group face to face session: 15 minutes. We allow a maximum of twenty four (24) units per person to be billed within a single date of service.	H2017HQ	$11.00
Peer Support is specific services that are provided by persons who are or have been consumers of the behavioral health system who have received specialized training and earned their certification as a Certified Peer Specialist (CPS). The CPS has unique skills, knowledge, experience, and training necessary to assist the individual in determining and achieving his or her own recovery goals. CPS's role as a peer educator is to provide information and model skills on monitoring symptoms and medication, illness management and recovery, active participation in a person-directed plan of care, attaining and maintaining employment and housing, and navigation of the behavioral healthcare system.		
Individual face to face session: 15 minutes. We allow a maximum of four (4) units per person to be billed within a single date of service.	H0038	$10.00
Group face to face session: 15 minutes. We allow a maximum of twenty four (24) units per person to be billed within a single date of service.	H0038HQ	$10.00

Transportation – This service provides transportation for BHSN of TN enrollees for the purpose of accessing treatment and recovery services covered by the BHSN of TN. The mode of transportation used will be determined by the enrollee's BHSN of TN provider, based on individual enrollee need and community availability. Approved modes of transportation for the BHSN of TN include: (1) BHSN of TN contracted provider vehicles to transport; (2) public transportation, such as buses or taxis services; (3) BHSN of TN providers contracting with community transportation vendors; (4) reimbursement to enrollees for gasoline; (5) reimbursement to others, such as family, friends, and neighbors for transport; and (6) BHSN of TN contracted provider staff may use their personal vehicles if the following conditions are met: (a) staff must have a class D license with an F endorsement, and (b) staff must have a copy of their current full coverage vehicle insurance on file at the agency. Provider must keep on file documentation regarding the date and mode of each transportation service. Transportation is reimbursable based on the following three criteria: (1) there is no other payment source for this service; (2) the BHSN of TN enrollee has no other reliable transportation alternative; (3) enrollees must be receiving another BHSN of TN service as transportation is not a stand-alone service.	Transportation services will be added to the BHSN of TN as a Pilot Project beginning on January 1, 2018 through the remainder of FY18 and the entirety of FY19.	
We allow a maximum of one (1) unit per person to be billed on a single date of service. **T2002- Non-emergency transportation; per diem**	T2002	$18.00
Psychiatric Medication Management		
Office visit for the evaluation and management of an established patient. Use service codes with GT modifier if service is provided via Telemedicine.	99211 or 99211GT 99212 or 99212GT 99213 or 99213GT 99214 or 99214GT 99215 or 99215GT	$13.91 $29.47 $61.50 $72.11 $96.88

Brief office visit – Limited to monitoring or changing psychotropic medication Use service code with GT modifier if service is provided via Telemedicine.	M0064 or M0064GT	$41.00
Medication Training and Support	H0034	$25.63
Administration of long-acting injectable medications – subcutaneous or intramuscular (90782; 90772 Inactive)	96372	$5.13

Labs Related to Medication Management			
Laboratory services related to psychiatric treatment such as processing and reporting on blood samples or specimens to assure the safe and effective use of psychiatric medications. (per lab service) AEL Billing Codes			
Amylase, Serum (AMY)	AMY/243	82150	$3.25
Thyroxine Free (FT4)	FT4/866	84439	$3.80
Nortriptyline, Serum (NORT)	NORT/272	80335	$25.50
Lithium Assay (LIT)	LIT/613	80178	$5.50
Valproic Acid Assay (VPA) :	VPA/916	80164	$7.00
Carbamazepine, Tegretol Assay (TEG)	TEG/329	80156	$6.15
Urine Drug Screen, (DP9)	DP9	80301	$14.50
Routine Urinalysis w/Microscopic Exam on Positives (URM)	URM/7909	81001	$1.90
Basic Metabolic Panel (BMP)	BMP/10165	80048	$2.05
Comprehensive Metabolic Panel (CMP)	CMP/10231	80053	$2.50
Thyroid Stimulating Hormone (TSH)	TSH/899	84443	$1.90
Thyroxine, total (T4)	T4/867	84436	$1.45
Triiodothyronine, total (TU)	TU/861	84479	$1.45
Hepatic Function Panel (HFP)	HFPA/10256	80076	$1.95
Gama Glutamyl Transferase (GGT)	GGT/482	82977	$2.50
Quantitative Glucose (GLU)	GLU/483	82947	$1.45
Complete Blood Count (CBC) with differential (CBCI)	CBCI/6399	85025	$1.90
Hemoglobin A1c Quantitation (HA1)	HA1/496	83036	$2.70
Lipid Panel (LPP)	LPP/7600	80061	$2.50
Pregnancy Test, Urine (PREG)	PREG/396	81025	$6.00
Prolactin Level (PRL)	PRL/746	84146	$5.20
Serum Clozapine (Protocol Required) (CLO)	CLOZ/37042	80159	$44.00
Serum Haloperidol (Protocol Required) (HAL)	HALDOL	80173	$50.45
Venipuncture (VENI)	VENI/3259	36415	$3.00
Other lab services not listed above may be ordered in accordance with Statewide Contract number 532 (or subsequent number) for Clinical Laboratory Services through American Esoteric Laboratories (AEL). Billing rate and service shall be determined by the rates listed in that Contract. To be eligible for reimbursement, labs not listed above are required to have prior approval from TDMHSAS before they are ordered.		Not Applicable	As listed in the statewide Clinical Laboratory Services Contract (No. 532; or subsequent number)

Pharmacy Assistance and Coordination: Services provided directly to those eligible for the BHSN of TN to individually assist in securing medications at a reduced price, or no cost, through a manufacturer sponsored program or other pharmacy assistance program. Also includes coordination with service recipient, prescriber, manufacturer and Pharmacy Benefit Manager (PBM) for initial pharmacy assistance applications, emergency and periodic medication changes and monitoring and submission of data necessary for monitoring and reporting. (per month)	Not Applicable	As established by the State based on total number of persons expected to be served during State Fiscal Year 2018

Unallowable Service Code Combinations

The services in Column A cannot be billed with the corresponding service in Column B on the same date and for the same service recipient. This list may be subject to change depending on CMS guidelines.

Column A	Column B	
80048 Basic Metabolic Panel	80053	Comprehensive Metabolic Panel
80048 Basic Metabolic Panel	82947	Glucose, quant. (except reagent strip)
80053 Comprehensive Metabolic Panel	82947	Glucose, quant. (except reagent strip)
85025 CBC with Diff, automated	85048	WBC, automated
90832 Psychotherapy, individual 30 minutes	90834	Psychotherapy, individual 45 minutes
90832 Psychotherapy, individual 30 minutes	90837	Psychotherapy, individual 60 minutes
90834 Psychotherapy, individual 45 minutes	90837	Psychotherapy, individual 60 minutes
90791 Psy diagnostic eval with no medical services	90792	Psy diagnostic eval with medical services
90792 Psy diagnostic eval with medical services	99211	Office visit, established
90792 Psy diagnostic eval with medical services	99212	Office visit, established
90792 Psy diagnostic eval with medical services	99213	Office visit, established
90792 Psy diagnostic eval with medical services	99214	Office visit, established
90792 Psy diagnostic eval with medical services	99215	Office visit, established
90792 Psy diagnostic eval with medical services	M0064	Brief Office Visit for Med Monitoring
M0064 Brief Office Visit for Med Monitoring	99211	Office visit, established
M0064 Brief Office Visit for Med Monitoring	99212	Office visit, established
M0064 Brief Office Visit for Med Monitoring	99213	Office visit, established
M0064 Brief Office Visit for Med Monitoring	99214	Office visit, established
M0064 Brief Office Visit for Med Monitoring	99215	Office visit, established
M0064 Brief Office Visit for Med Monitoring	H0034	Medication Training and Support
H0034 Medication Training and Support	99211	Office visit, established
H0034 Medication Training and Support	99212	Office visit, established
H0034 Medication Training and Support	99213	Office visit, established
H0034 Medication Training and Support	99214	Office visit, established
H0034 Medication Training and Support	99215	Office visit, established

Use service codes with GT modifier if service is provided via Telemedicine.

Pharmacy Assistance Coordinator Guidance

The Pharmacy Assistance Coordinator (PAC) assists the service recipient in applying for:

1. **CoverRx;**

   and

2. **Pharmaceutical Drug Manufacturer's Patient Assistance Programs.**

Key Functions of the PAC:

1. To provide assistance to service recipients in applying for free or discounted medication programs;

2. To gather pertinent information that helps with application submissions to Patient Assistance Programs and CoverRx;

3. To be the contact person for the brand drug utilization information; and

4. To keep track of each service recipient's status as it relates to receiving medication through Patient Assistance Programs.

CoverRx

The BHSN of TN offers Patient Assistance with pharmaceutical drugs through CoverRx. CoverRx is a pharmacy assistance program for individuals with no prescription drug coverage who meet the eligibility criteria listed on the application in **Appendix II, Form 5**. CoverRx offers a predominantly generic drug list of over 250 medications. A complete covered drug list is available on the BHSNT log-on page: **https://mh.tn.gov/Uninsured/Default.aspx.** Complete details about the CoverRx Program can be found at **https://www.tn.gov/tenncare/coverrx.html**

How to complete the CoverRx application for BHSN of TN service recipients:

1. Use the correct version of the CoverRx application. The most recently updated application is posted to the BHSNT log-on page.

2. **Mandatory Fields -** The following fields **must** be completed and **cannot be left blank:**

   a. Last Name
   b. First Name and Middle Initial
   c. Gender
   d. Date of Birth
   e. Social Security Number
   f. What is the Number of People in Household?
   g. What is your Yearly Household Income?
   h. Home Address*: Street, City, State and ZIP code

      * An address must be submitted. If the service recipient is homeless, the agency's address in care of the BHSN of TN or PAC contact may be used if no other address is available.
   i. Mailing Address, if it is different from home address
   j. Are you a U.S. citizen or qualified legal alien?
   k. Have you lived in TN for at least the last six (6) months?
   l. Do you have health insurance (including TennCare)?
   m. Do you have any prescription coverage other than CoverRx?
   n. Do you have Medicare (Any part including A, B, C, or D)?

Please use the above items as a check list for completing CoverRx applications. Please print legibly and do not forget the signature and date. If any items are left blank or are illegible, the application approval process will be significantly delayed.

Where to send a completed CoverRx application:

A completed and signed CoverRx application **must** be submitted **directly** to CoverRx by fax or U.S. Postal Service:

CoverRx applications submitted via fax should be sent one at a time without a fax coversheet, per instructions from Magellan Health Services.

Tennessee CoverRx
Magellan Health Services
P.O. Box 1808
Maryland Heights, MO 63043

Fax CoverRx Applications to: 1-800-424-5766

For individuals enrolling in CoverRx or for individuals needing to report changes in Patient demographics, to check CoverRx status, or to report that an enrollee no longer qualifies for CoverRx (such as due to a change to income or gaining insurance that covers medications including TennCare

Call TN CoverRx/Magellan Call center toll-free:
1-800-424-5815

Patient Assistance Programs

The Pharmacy Assistance Coordinator in conjunction with the service recipient is responsible for completing and submitting applications to **Patient Assistance Programs**. **Patient Assistance Programs** bring together America's pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and community groups to help qualifying patients without prescription drug coverage get free or low-cost medicines through the public or private program that is best suited to meet pharmaceutical needs.

Points to remember when applying for a Pharmaceutical Drug Manufacturer's Patient Assistance Program:

1. BHSN of TN is **NOT** an insurance program; and
2. CoverRx is **NOT** a pharmacy coverage program.

For additional information on how to access a Pharmaceutical Drug Manufacturer's Patient Assistance Program, please contact the TDMHSAS BHSN of TN staff listed in **Appendix IV**.

Payments and Billing

Maximum Liability

Each participating BHSN of TN Provider has a maximum liability for each state fiscal year it is being funded. Net payments to Providers cannot exceed the quarterly cap; if a payment derived exceeds the quarterly cap, then a debit balance forward is created for the BHSN of TN Provider.

How does a Provider receive reimbursement for eligible services?

The BHSN of TN program will reimburse contracted BHSN of TN Providers up to the amount of the annual contract maximum liability for all eligible Fee-for-Service activities as delineated in the BHSN of TN Service Rate Sheet on **pages 17-19**. All claims for eligible services should be entered into the BHSNT or sent in electronic file format (837p file) on a monthly basis. Payment processing for BHSN of TN Providers will occur once a month on the fourth (4th) business day of the month, at 9 a.m. Central Time (CT). All eligible services must be received by 9 a.m. CT on the fourth (4th) business day of the month in order to receive reimbursement within seven to ten (7-10) business days from the date of the Payment Process.

The 13th Payment Process: BHSN of TN Providers will be offered a 13th Payment Process for the end of prior state fiscal year billable services. The billing period for each state fiscal year officially ends on June 30th and it is expected that the bulk of the BHSN of TN Provider's billable services will be entered by the Payment Process in July of each year. For BHSN of TN Providers who are unable to enter all billable services for the state fiscal year by the July Payment Process, the 13th Payment Process will be scheduled in the first quarter of the following program year/state fiscal year. After the July Payment Process in each state fiscal year, BHSN of TN Providers will be asked to provide an accrual amount for the 13th payment as well as a readiness date in order to schedule the 13th Payment Process.

Whenever a BHSN of TN service recipient is determined eligible for the TennCare Program, they are automatically dis-enrolled from the BHSN of TN. When this occurs, the provider of the BHSN of TN services will have 120 days from the date of the final eligibility determination by the Bureau of TennCare (date added to MCC) to bill for any services rendered from the start of TennCare coverage. It is the responsibility of the provider of BHSN of TN services to bill TennCare for services rendered on or after the start date of TennCare. After the TennCare Bureau reimburses the provider for services rendered, the provider will credit back to the BHSNT of TN program any services that were also paid for by the BHSN of TN. Guidelines for retro billing services to the TennCare Bureau can be found on the BHSNT log-in page under the file name **TennCare Retro Billing Guidelines**.

NOTE: BHSN of TN Providers can only bill for services delivered within a registration period where the BHSN of TN Provider is identified as the BHSN of TN Provider of record. For example, if a service recipient is registered for the BHSN of TN with a CMHA effective 01/15/2011, then the BHSN of TN Provider will only be able to bill for services delivered on 01/15/2011 or later. As an additional example, if a service recipient is registered for the BHSN of TN assistance with a CMHA from 01/15/2011 through 02/28/2011, then the BHSN of TN Provider will only be able to bill for services on or between these dates.

In order to submit billable services by 837p file, contact the TDMHSAS BHSN of TN staff listed in **Appendix IV** to receive documentation on the file protocol and instructions for submitting a test file prior to sending an actual billing file. A test file must be accomplished prior to all BHSN of TN Providers submitting billable services via an 837p file.

The BHSN of TN Electronic System (BHSNT) _____

BHSNT Log-on Page:

https://mh.tn.gov/Uninsured/Default.aspx.

BHSN of TN Provider functions:

1. Enter Services;
2. View/Update Services (with Credit Capability);
3. Remittance Advice access; and
4. Patient Inquiry.

1. Enter Services:

After logging on to the BHSNT, the cursor will blink in the SSN field of the Enter Services page. Enter the service recipient's Social Security Number (SSN) and use the Tab key to move to the next field. If a match is found for the SSN, the service recipient's name and date of birth will display. Confirm that this information is correct and proceed with the tab key to enter a Date of Service and select Service Code and specify Unit(s). Tab to enter and a service record will appear below with visual confirmation of the entered service. If there is an error noted, double click the record in the grid and make necessary corrections or delete (if the service has **NOT** been billed).

Possible Error Messages for Enter Services:

1. "Please Enter a Valid SSN for a patient registered with your Agency!" - Service recipient is not registered with the BHSN of TN Provider agency.

2. "Date of Service is not within a registration span for your Agency!" - Date of Service is prior to service recipient's Registration Begin Date.

3. "The Service Record you are attempting to enter already exists for this patient!" - The same Service Code is not allowed on the same date of service for a service recipient.

4. "The Service Record you are attempting to enter cannot be billed in combination with code XXXXX" - Specific combinations of Service Codes are not allowed on the same date of service for a service recipient**.** **See page 19.**

5. "Units Exceed Maximum CAP of *'x'* "; (*'x'* will vary depending on the service being entered) - Units entered exceed the maximum defined for the Service Code. For example, maximum number of case management units allowed to be billed in one (1) single day is twelve (12).

2. View/Update Services (with Credit Capability):

All service records can be viewed, whether entered through online interface or processed via an 837p file.

a. After logging on, select *'Services'* on the Menu bar and then select *'View/Update'*. From here, the user has the option to select from the list of service recipients with services or enter an SSN to find a specific service recipient.

b. By default, the screen will list all service records with the most recent appearing at the top of the list.

c. The roll up date is the date that the BHSN of TN executed the billing process (this is usually accomplished on the fourth (4th) business day of the month).

d. **Services Not Yet Paid:** if a service record displayed does not include the billing period identifier and roll-up date, then it has not been paid for and the user may click on the entry in order to modify the record.

e. **Services Already Paid:** if the service record displayed includes the billing period identifier and roll-up date, then it has already been paid and **CANNOT** be modified.

(1) HOWEVER- the user may click on the entry in order to credit it. This will take the user to the credit services screen where the user must input a reason for the credit and click *'Credit'* button to accomplish the credit to the record.

(2) Once a record has been credited, it will no longer display in View/Update services UNLESS the user specifies that he/she wants to list credited services (by clicking on the dot beside credited services before selecting *'Search'*).

(3) When a BHSN of TN consumer is determined to be eligible for TennCare it is the responsibility of the provider of BHSN of TN services to bill TennCare for services rendered on or after the TennCare effective date for those individuals. After TennCare reimburses the provider for services rendered, the provider will credit back to the BHSN of TN program any services that were paid for by the BHSN of TN. If TennCare does not reimburse the provider for retro services billed, the provider **does not** have to credit back that service to the BHSN of TN, but **must keep** the denial notification from TennCare in the consumer file. See TennCare Retro Credit Guidelines on the BHSNT log-in page.

3. On-Line Remittance Advice:

a. After logging on, select *'Payment'* on the Menu bar and then select *'Remittance Advice'*. Payment entries by billing period will display with amounts for Pharmacy Assistance and Coordination, Fee-for-Service, Admin fee, any balance forward and net payment.

b. Select a specific billing period to see detail for that payment.

(1) Click column header to change the sort order.

(2) The bottom right of the screen lists detail of the net payment including credits.

c. To download the remittance advice to Excel, click on the *'Excel'* button.

4. Patient Inquiry:

In the BHSNT, BHSN of TN Provider users have read-only access on service recipients registered with their agency. To search for a service recipient, select *'Active Registrations'* for a list of service recipients registered with your agency. For more detailed instructions on the Patient Inquiry Screen, please reference the Patient Inquiry Screen User's Guide on the BHSNT log-on page:
https://mh.tn.gov/Uninsured/Default.aspx

To look up a service recipient:

1. Log onto the BHSNT;
2. Select menu item *'Patient'*;
3. Select *'Inquiry'* from drop down menu; and
4. Enter the SSN of the service recipient and click *'Enter'*. The following will be displayed:

MOT	Received From	Provider	Begin Date	End Date	Status	Reason	Received date

These fields are self-explanatory, for example, "Active" status means that the service recipient has a valid registration segment.

NOTE: The most recent activity will appear on the top row. This will not always be the active registration segment. The active registration segment will display "Active" in the Status column of the grid and End Date column of the grid. The End Date column will be blank.

To view an agency's active registrations:

1. Log onto the BHSNT;
2. Select menu item *'Patient'*; and
3. Select *'Active Registrations'* from the drop down menu - A list of service recipients will appear with the option to export to Excel.

5. Eligibility Inquiry:

This function allows provider users to determine if a BHSN of TN applicant is already active for safety net assistance with a provider agency other than their own. Eligibility Inquiry is driven by an applicant's SSN. If the input SSN of the applicant is found to be active in the BHSNT system, the applicant's demographic information will be displayed, along with the provider agency where they are currently registered. If a match is not found, a message of "No Records Found" will be received instead. When a positive match is received and the listed provider is different from the inquiring provider, it is asked that the other provider be contacted and informed that the applicant's intention to change their safety net provider.

BHSNT User Accounts

New Users

Any BHSN of TN Provider staff wishing to access the BHSNT must complete a BHSNT New User ID Request Form **(Appendix II, Form 4)** and submit it to the TDMHSAS BHSN of TN staff listed below for approval; the BHSNT New User ID Request Form must be signed by both the prospective new user and the submitting agency's Authorizing Representative. All new users will be provided a user ID and temporary password via separate emails. The new user should immediately change the temporary password to one of their choosing. It is the BHSN of TN Provider's responsibility to notify the TDMHSAS BHSN of TN staff listed below of all BHSN of TN Provider staff changes as they relate to BHSNT authorized users.

Passwords

BHSNT passwords are scheduled to expire every forty-five (**45**) days. It is the responsibility of the user to change their password prior to expiration. In the event a password expires, the request to re-set the password should be sent via email to the TDMHSAS BHSN of TN staff listed below. The request must include the user's BHSNT User ID number. Individuals are assigned a unique user ID and password in the BHSNT database for security purposes. Under no circumstances, should user ID's and passwords be shared among staff.

How to change user password:

1. Log onto the BHSNT;
2. Select menu item *'Passwords'*;
3. Select *'Change Password'*;
4. Enter new password - must contain a minimum of eight (8) characters and must be a combination of alpha, numeric, and special characters; and
5. Confirm new password.

All new user requests and password reset requests are to be sent to James Ladd:

James.Ladd@tn.gov

615-741-1196 (phone)

615-253-3187 (fax)

Appendix I

Definitions

Behavioral Health Safety Net of Tennessee (BHSN of TN) – A Tennessee state-funded mental health out-patient treatment assistance program for uninsured Tennesseans who are diagnosed with a primary mental health diagnosis indicating a severe and/or persistent mental illness. Predetermined eligibility criteria must be met for service recipients to qualify for this assistance.

Eligible – A service recipient who has been determined to meet the eligibility criteria for the Behavioral Health Safety Net of Tennessee (BHSN of TN).

Federal Poverty Level (FPL) – A type of federal poverty measure used for administrative purposes such as determining financial eligibility for services. The current year's FPL levels can be found at http://aspe.hhs.gov/poverty. The FPL levels are updated annually in the first quarter of each year.

Household – A household is a social unit comprised of varying numbers of individuals who live together in the same dwelling. Please see Pages 7-8 for details.

Income – Household income shall mean all monies from whatever source, earned or unearned. Please see Pages 7-8 for details.

Inmate – An individual confined in a local, state, or federal prison, jail, youth development center, or other penal or correctional facility, or on furlough from such facility.

International Statistical Classification of Diseases and Related Health Problems, 9th edition (ICD10) – A standardized classification of disease, injuries, and causes of death, by etiology and anatomic localization and codified into a six (6)-digit number, which allows clinicians, statisticians, politicians, health planners and others to speak a common language, both in the United States and internationally.

Mandatory Outpatient Treatment (MOT) – This designation allows for a less restrictive alternative to inpatient care for those service recipients with SPMI who have a legal obligation to participate in outpatient treatment.

Priority Service Recipients – Individuals seeking behavioral health services in the State of Tennessee who have a Primary Mental Health ICD10 Diagnosis indicating a severe and/or persistent mental illness. The BHSN of TN serves individuals who are nineteen years of age or older.

Provider – A TDMHSAS approved facility or agency, which accepts payment for providing services to a service recipient with BHSN of TN assistance.

Qualified Alien – Refers to a non-United States citizen residing in Tennessee who is a Permanent Resident of the United States, asylee, refugee or a non-United States citizen residing in Tennessee on a conditional visa as defined by state and federal laws.

Severely and/or Persistently Mentally Ill (SPMI) – Individuals with a Primary Mental Health Diagnosis determined to be severe and/or persistent in nature.

TennCare – The program administered by the Single State Agency as designated by the State and the Centers for Medicare and Medicaid Services pursuant to Title XIX of the Social Security Act and the Section 1115 Research and Demonstration waiver granted to the State of Tennessee.

Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) – The Single State Authority for mental health and substance use disorders. TDMHSAS is responsible for the provision of services to service recipients deemed eligible for the BHSN of TN.

Appendix II

Sample Forms

The following items are SAMPLES of the most commonly used BHSN of TN forms. Please **DO NOT PRINT** forms from this manual for actual use. The most recently updated forms, as well as, reference guides are available on the BHSNT Log-on page at:

https://mh.tn.gov/Uninsured/Default.aspx

You do not have to have a user ID and password to access the following items:

1. **Enrollment Request Form (Intake/Application);**
2. **Eligibility - Scheduled Review Form;**
3. **Change of Service Recipient Information Request Form;**
4. **BHSNT New User ID Request Form; and**
5. **CoverRx Application.**

BEHAVIORAL HEALTH SAFETY NET OF TENNESSEE
ENROLLMENT REQUEST FORM

DO NOT COPY

Name:
(Print Clearly) _____
First **MI** **Last**

Address: _____ Race: _____

City: _____ | *TN* | _____ Gender: _____
State **Zip Code**

SSN: _____ County Code: # _____
Social Security Number Date of Birth

Patient Phone Number: _____
Include Area code with Telephone Number

Referred to:	**CMHA for Community Services** - ***For RMHI & TDMHSAS Contracted Inpatient Psy Hospitals Use Only:***

Referred From:		**Ridgeview Hospital**		**Peninsula Hospital**		**Woodridge Hospital**

Most Recent Date of Admission to Service: _____

1. The individual has a qualifying primary Mental Health ICD10 diagnosis. This diagnosis was made or reviewed by a Licensed Mental Health Professional.

Most Recent Date of Qualifying Diagnosis: _____
(Date must be within 90 day of today's Date) *Qualifying Diagnosis Date Required*

Primary ICD10 Diagnosis Code is: _____ **Secondary ICD10 Diagnosis Code is:** _____
ICD10 CODE Mental Health Type Diagnosis Required *ICD10 CODE Type Diagnosis*

2. The **Gross Annual Income** for the service recipient's Household/Family is **$** _____ and does not exceed the **2018 Federal poverty Income Guidelines**, as listed below. ***Income Amount must be Written in, even Zero Amount***.

Please circle the Number in Household /Family below.

Number in Family	Annual Income	Number in Family	Annual Income	Number in Family	Annual Income
1	$12,140	5	$29,420	9	$46,700
2	$16,460	6	$33,740	10	$51,020
3	$20,780	7	$38,060	11	$53,340
4	$25,100	8	$42,380	12	$59,660

3 thru 9 must be checked Yes or No

3. ☐ Yes ☐ No **Are you currently enrolled in the BHSN of TN?**
4. ☐ Yes ☐ No **If you answered yes to question 2, do you want to transfer to this provider?**
5. ☐ Yes ☐ No **Are you a Tennessee resident?**
6. ☐ Yes ☐ No **Are you a U.S. citizen or qualified alien?**
7. ☐ Yes ☐ No **Do you currently have behavioral health insurance (including TENNCARE or Veterans Administration Benefits?)**
8. ☐ Yes ☐ No **Do you currently have Medicare Part B?**
9. ☐ Yes ☐ No **Have you been determined Ineligible for TENNCARE, or have applied for TENNCARE?**

I want to apply for the Behavioral Health Safety Net of TN. By signing below, I certify that the information contained herein is true and accurate, and I give my Ok for TDMHSAS to get facts about me from government agencies, employers and others. I understand any intentional act on my part to provide false information that will potentially result in a person obtaining benefits or coverage to which he or she is not eligible is considered an act of fraud, and could be prosecuted under the False Claims Act. I understand that I can only receive BHSN of TN services with this provider; however, I can transfer to another provider. If I choose to transfer to another provider, I give permission for the providers to share my information as needed. I understand that I can only receive services through one provider at a time.

_____ | _____
Print Name of prospective service recipient **Signature of prospective service recipient** **Date**

I, the provider, have reviewed the information herein for accuracy and completeness and certify that the individual listed above meets criteria 1 and 2:

PROVIDER Name:
(Write out Agency Name) _____

_____ | _____ | _____
Print Name of CEO or DESIGNEE **Signature of CHIEF EXECUTIVE OFFICER** or **CLINICAL DESIGNEE** **Date**

Fax Form to: **BHSN of TN Eligibility Unit Fax Number: (615) 253 – 3187** (Enrollment E- mail BHSNTAPP.Fax@tn.gov)

TENNESSEE DEPARTMENT of MENTAL HEALTH and SUBSTANCE ABUSE SERVICES
Division of Mental Health Services, BHSNT, / Eligibility Unit
Andrew Jackson Building
500 Deaderick Street, 5th Floor
Nashville, Tennessee 37243

MH-5247 Revised: 06/14/2017

TN Department of Mental Health & Substance Abuse Services

BEHAVIORAL HEALTH SAFETY NET OF TENNESSEE ELIGIBILITY – SCHEDULED REVIEW

DO NOT COPY

Agency:		Date Sent:
Social Security Number:	Service Recipient:	
Address:		
City	Zip Code:	**County Code:**
Phone Number:	**Eligibility Assessment on file Expires:**	**Effective Date:**

This Service Recipient is ACTIVE

Date of last kept Appointment: _____/_____/_____

A. The individual has a qualifying primary mental health ICD-10 diagnosis. This diagnosis was made or reviewed by a Licensed Mental Health Professional or Staff Designee that is under supervision of a Licensed Mental Health Professional.

Date of Eligibility Assessment: _____
(Date must be within 90 day of today's Date)

Primary ICD-10 Code _____
Qualifying ICD-10 CODE Diagnosis Required

Secondary ICD-10 Code _____
Qualifying CODE Diagnosis if Required

*** KEEP ITEMS "B" and "C" ON FILE:**

B. Proof of household income within the last 3 months and number of **persons in household**.
The **Gross Annual** Income for the Service Recipient's Household/Family is:

$._____ **and does not exceed the** 2018 Federal Poverty Income Guidelines**, as listed below,**

Circle number in family

Number in Family	Annual Income	Number in Family	Annual Income
1	$ 12,140	7	$ 38,060
2	$ 16,460	8	$ 42,380
3	$ 20,780	9	$ 46,700
4	$ 25,100	10	$ 51,020
5	$ 29,420	11	$ 55,340
6	$ 33,740	12	$ 59,660

C. Proof of current address within last 3 months.

D. Completed and signed Cover RX application should be directly submitted to Express Scripts.

1. ☐ YES ☐ NO **Are you a Tennessee resident?**
2. ☐ YES ☐ NO **Are you a U.S. citizen or qualified alien?**
3. ☐ YES ☐ NO **Do you currently have Medicare Part B?**
4. ☐ YES ☐ NO **Have you been determined Ineligible for TENNCARE, or have applied for TENNCARE?**

This Service Recipient is INACTIVE

- **CHECK ONE TO THE FOLLOWING:**

_____ Did not show for appointment.

_____ Inactive as of this date: _____

_____ Failed to provide required documentation

_____ Incarcerated

_____ Deceased

_____ Moved out of state of Tennessee

_____ Has private behavioral health insurance, or TennCare.
(Except: MHSN (CTR) or Daniels Class)

_____ Has access to behavioral health services through Veteran's Administration.

_____ Gross Annual Income exceeds Federal Poverty Guidelines for household / family size.

Number in Family: _____

Gross Annual Income: _____

ATTACH THE FOLLOWING TO THE REVIEW FORM

- **Legible Verification of Current Address**

Such as: Copy of Driver's License or TN ID, with Client Name and D.O.B. **or** Copy of Utility Bill:

Return by: _____

Fax to: (615) 741 – 58707 Attn: Pat Manners

Or

E-mail to: BHSNTREV.FAX@tn.gov

By signing below, I certify that the information contained herein is true and accurate. I understand any intentional act on my part to provide false information that will potentially result in obtaining benefits of BHSN coverage to which I am not entitled is considered an act of fraud.

Print Name of SERVICE RCIPIENT:	**Date**	**Print Name of PREPARER OF REVIEW:**	**Date**
Signature of SERVICE RECIPIENT		**Signature of PREPARER OF REVIEW**	

BEHAVIORAL HEALTH SAFETY NET OF TENNESSEE
Change of Service Recipient Information Request

DO NOT COPY

Current BHSN of TN service recipient information:

Name: _____
(Print Clearly) First Middle Last

Social Security Number (required): _____
(Print Clearly)

Change To: (Mark all that apply) Verification of Information Required for Change.

_____ **Name:** _____
(Print Clearly) (Change of Name, Listed Above) Please attach appropriate supporting documentation

_____ **Social Security Number:** _____
(Change of Social Security Number, Listed Above) Please attach appropriate documentation

_____ **Date of Birth:** _____ (Change of Date of Birth, Listed)

_____ **Address:** _____
(Change of Address, Listed Above and Below) Street

_____ | _____ | _____
City Zip Code County Code Number

_____ **Change income & Number in household:** _____ | _____
(Change of Income & Number in HH, Listed Above) Gross Annual Income: (Number Amount) Number in household

_____ **Service Recipient now has Medicare Part B as of this date:** _____

_____ | _____
Print Name of Service Recipient **Signature of Service Recipient**

By signing above, service recipient certifies that the information contained on this form is truthful and accurate

NOTE: A completed BHSN of TN Enrollment Request Form is required for NEW individuals.
If service recipient is also enrolled in CoverRx, please submit *Revised* CoverRx application to fax # 877-583-9147.

Safety Net Assistance Closure Request: Please Check Appropriate Reason Box [X] :

- [ ] No longer a Tennessee resident.
- [ ] Did not show for Appointment.
- [ ] Discharged from Agency.
- [ ] Service recipient is deceased.
- [ ] Not a U.S. citizen or qualified alien.
- [ ] Fail to Provide required Documentation.
- [ ] Not Actively receiving Safety Net Services.
- [ ] Service recipient is No Longer have a Qualified ICD -10 Diagnoses.
- [ ] Service recipient now has behavioral health insurance (including TennCare or VA benefits).
- [ ] Service recipient is incarcerated or an inmate.

Closure Date for checked Reason : _____

Provider Name: _____
(Write out Agency Name)

_____ | _____ | _____
Print name of CEO or Clinical Designee: **Signature of CEO or Clinical Designee:** **Date**

Fax Form to: **BHSN of TN Eligibility Unit Fax Number: (615) 253 – 3187** or E- mail to – BHSNTAPP.Fax@tn.gov)

TENNESSEE DEPARTMENT of MENTAL HEALTH and SUBSTANCE ABUSE SERVICES
Division of Mental Health Services, BHSNT, / Eligibility Unit
Andrew Jackson Building
500 Deaderick Street, 5th Floor
Nashville, Tennessee 37243

DO NOT COPY

BEHAVIORAL HEALTH SAFETY NET OF TENNESSEE
BHSNT NEW USER ID REQUEST

☐ **Add New User** ☐ **Re-activate User** ☐ **Inactivate User**

Provider Name:	**Date:**

User Information:

First Name:	**MI:**	**Last Name:**
Provider Location:		
Email Address:		
Phone:		

In accordance with the federal security and privacy laws and regulations (HIPAA) and Tennessee privacy and confidentiality laws and rules (Tenn. Code Annotated Title 33), I agree to fully comply with the requirements applicable to a "covered entity" and "business associate" as those terms are defined therein and shall not use or further disclose Protected Health Information (PHI) other than as permitted or required by the Behavioral Health Safety Net (formerly Mental Health Safety Net) Contract or as Required By Law.

Signature **Date**

Signature of Agency's Authorizing Representative:

---Fax to James Ladd at 615-253-6822 or email to James.Ladd@tn.gov---

For Internal Use Only

User ID	Activated	De-activated

Tennessee CoverRx
Magellan Health Services
P.O. Box 1808
Maryland Heights

☐ *NEW APPLICATION* ☐ *RE-ENROLLMENT APPLICATION* ☐ *CHANGES TO EXISTING APPLICATION*

Please note: All fields must be completed (unless noted as optional) or application will be returned. Please see above to mail or fax completed form.

LAST NAME	FIRST NAME DO NOT COPY	MI

GENDER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
☐ Male ☐ Female	– –	

# OF PEOPLE IN HOUSEHOLD	YEARLY HOUSEHOLD INCOME *(PLEASE ENTER AN AMOUNT)*	HOME PHONE NUMBER *(WRITE N/A IF YOU DO NOT HAVE A PHONE)*
		– –

EMAIL ADDRESS	CELL PHONE NUMBER *(WRITE N/A IF YOU DO NOT HAVE A PHONE)*
	– –

BY SIGNING BELOW, YOU AGREE TO RECEIVE TEXT-MESSAGES SENT TO THE PHONE NUMBER LISTED ABOVE ABOUT COVERRX.
YOU MAY OPT OUT OF TEXT MESSAGES UPON RECEIPT OF FIRST MESSAGE.

HOUSE ADDRESS	CITY	STATE	ZIP	COUNTY
MAILING ADDRESS *(IF DIFFERENT FROM ABOVE)*:	**CITY**	**STATE**	**ZIP**	**COUNTY**

RACE *(FOR TITLE VI PURPOSES)*:		LANGUAGE SPOKEN (OPTIONAL)
☐ Black	☐ American Indian or Alaskan	☐ English
☐ White	☐ Hispanic	☐ Spanish
☐ Asian or Pacific Islander	☐ Other:	☐ Other:

☐ Yes	☐ No	**ARE YOU A U.S. CITIZEN OR QUALIFIED LEGAL ALIEN?**
☐ Yes	☐ No	**HAVE YOU LIVED IN TENNESSEE FOR AT LEAST THE LAST SIX MONTHS?**
☐ Yes	☐ No	**DO YOU HAVE HEALTH INSURANCE (INCLUDING TENNCARE)?**
☐ Yes	☐ No	**DO YOU HAVE ANY PRESCRIPTION DRUG COVERAGE OTHER THAN COVERRX? THIS INCLUDES MEDICARE, TENNCARE OR DRUG COVERAGE PROVIDED BY YOUR EMPLOYER. (DISCOUNT DRUG PROGRAMS OR PATIENT ASSISTANCE PROGRAMS PROVIDING FREE OR LOW-COST MEDICATIONS DO NOT COUNT.)**
☐ Yes	☐ No	**DO YOU HAVE MEDICARE (ANY PART INCLUDING A, B, C, OR D)?**
☐ Yes	☐ No	**ARE YOU HOMELESS OR LIVING IN A SHELTER?** *(OPTIONAL)*
☐ Yes	☐ No	**ARE YOU EMPLOYED (INCLUDING SELF-EMPLOYED)?** *(OPTIONAL)*
☐ Yes	☐ No	**DO YOU WORK 20 HOURS OR MORE IN A SEVEN DAY WORK WEEK?** *(OPTIONAL)*

Terms and Conditions

While you are in CoverRx, you must follow the program rules. By signing the front of this form, you agree that:

You will pay your co-pay for each prescription filled.

Form Number
TNCX0317

You will notify CoverRx by submitting an updated application when:

- You move to a new address
- Your household income changes significantly
- The number of people in your household changes
- You have other prescription drug coverage

You will help with any investigations. CoverRx may ask you for proof of your household income. CoverRx may also ask you to provide proof that you live in Tennessee and/or that you are a U.S. citizen or qualified alien. You agree to provide this information to CoverRx. If you do not help, then you could lose your pharmacy assistance.

You allow CoverRx to get information about you. I understand that I have certain privacy rights with respect to my medical information under the Health Insurance Portability and Accountability Act (HIPAA), CFR Parts 160 and 164 ("Privacy Rule"). The Privacy Rule permits CoverRx to use and disclose my protected health information for purposes of treatment, payment and health care operations, including determining my eligibility for benefits.

You can report fraud or abuse. If you suspect someone of fraud or abuse please call Magellan Health Services at 1-800-424-5815.

Authorization: I want to apply for CoverRx pharmacy assistance. By signing below, I certify that the information contained in the application is true and accurate. I know that if I give any false information, I may be breaking the law. I know that CoverRx will check my information. I agree to help with any investigations. I also agree to follow the rules for the CoverRx program. I have read and understand these rules, which are on the back of this form.

Signature: _____ Date: _____

Eligibility

To be eligible to participate in CoverRx, you must meet the following eligibility guidelines:

- Age 19 through 64
- Household income must be below the FPL income guidelines listed below
- U.S. citizen or qualified alien
- Tennessee resident for at least the last six months
- No prescription drug coverage including TennCare or employer- sponsored drug coverage. (Discount drug programs or patient assistance programs providing free or low cost medications do not count.)
- Cannot have Medicare (any part including A, B, C or D)

How Much You Will Have to Pay

If you are enrolled, CoverRx will help you pay for up to five prescriptions each month. Diabetic supplies and insulin do not count toward the prescription limit. You must pay a small co-payment for your first five prescriptions each month. (Note: A 90-day prescription will count as one prescription per month for three consecutive months.) Co-pay ranges are listed in the table to the right.

Co-payments are subject to change.

Type of Prescription	*What You Will Pay*
First five (5) prescriptions per month of Drugs on the *CoverRx Covered Drug List.* Diabetic supplies and insulin do not count against the five (5) script limit.	*Generic Drugs:* 30-day = $3 *90-day = $5 *Brand Drugs:* 30-day = $5 *Insulin/Diabetic Supplies:* 30-day (or up to covered limits) = $5 *90-day supplies are only available through mail order and those local retail pharmacies that have chosen to participate.
• Drugs NOT on the *CoverRx Covered Drug List* • ALL prescriptions after the five (5) prescription per month limit	Full price (price varies by drug), plus any pharmacy discounts available.

- You can purchase your prescriptions at participating local community retail pharmacies and mail-order pharmacies.
- Upon enrollment in CoverRx, a welcome packet will be sent to you with information about how to use the program.

Income Guidelines

To qualify for the CoverRx program, your yearly household income must be below the FPL levels listed in the table to the right.

Based on 2017 federal poverty guidelines. For families/households with more than 8 persons, add $4,180 for each additional person.

Persons in Household	Yearly Household Income
1	$12,060
2	$16,240
3	$20,420
4	$24,600
5	$28,780
6	$32,960
7	$37,140
8	$41,320

Contact Information

Mail or fax completed form to: **Tennessee CoverRx**

Magellan Health Services
P.O. Box 1808
Maryland Heights, MO
63043 1-800-424-5766
(Fax)

For questions about enrolling in CoverRx: 1-800-424-5815 (Phone)

Definitions

"Discount" means a price reduction offered to participants for certain prescriptions.

"Household Income" is the combined income of all household members 18 years old and over who maintain a single economic unit, as well as any income received by the household for the personal medical and other obligations of the participant(s) in the household.

"Household" is comprised of all persons living in the same residence maintaining a single economic unit.

"Qualified alien" means that you are not a U.S. citizen, but you live in the United States legally. To be a qualified alien, you must also meet other conditions. These conditions are defined in the federal law at 8 U.S.C. § 1622(b). If you are not a U.S. citizen or qualified alien, then you cannot enroll in CoverRX

Appendix III

BHSN of TN ICD10 Eligibility Diagnosis Codes: List of qualifying ICD10 Diagnosis Codes for eligibility determination purposes.

BHSN of TN ICD10 Eligibility Diagnosis Codes - PROD

Effective 10-01-2017 10/6/2017

Mental Health

F01	Vascular dementia
F015	Vascular dementia
F0150	Vascular dementia without behavioral disturbance
F0151	Vascular dementia with behavioral disturbance
F02	Dementia in other diseases classified elsewhere
F028	Dementia in other diseases classified elsewhere
F0280	Dementia in other diseases classified elsewhere without behavioral disturbance
F0281	Dementia in other diseases classified elsewhere with behavioral disturbance
F03	Unspecified dementia
F039	Unspecified dementia
F0390	Unspecified dementia without behavioral disturbance
F0391	Unspecified dementia with behavioral disturbance
F04	Amnestic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06	Other mental disorders due to known physiological condition
F060	Psychotic disorder with hallucinations due to known physiological condition
F061	Catatonic disorder due to known physiological condition
F062	Psychotic disorder with delusions due to known physiological condition
F063	Mood disorder due to known physiological condition
F0630	Mood disorder due to known physiological condition, unspecified
F0631	Mood disorder due to known physiological condition with depressive features
F0632	Mood disorder due to known physiological condition with major depressive-like episode
F0633	Mood disorder due to known physiological condition with manic features
F0634	Mood disorder due to known physiological condition with mixed features
F064	Anxiety disorder due to known physiological condition
F0789	Other personality and behavioral disorders due to known physiological condition
F079	Unspecified personality and behavioral disorder due to known physiological condition
F09	Unspecified mental disorder due to known physiological condition
F20	Schizophrenia
F200	Paranoid schizophrenia
F201	Disorganized schizophrenia
F202	Catatonic schizophrenia
F203	Undifferentiated schizophrenia
F205	Residual schizophrenia
F208	Other schizophrenia
F2081	Schizophreniform disorder
F2089	Other schizophrenia
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	Manic episode
F301	Manic episode without psychotic symptoms
F3010	Manic episode without psychotic symptoms, unspecified
F3011	Manic episode without psychotic symptoms, mild
F3012	Manic episode without psychotic symptoms, moderate
F3013	Manic episode, severe, without psychotic symptoms
F302	Manic episode, severe with psychotic symptoms
F303	Manic episode in partial remission
F304	Manic episode in full remission
F308	Other manic episodes
F309	Manic episode, unspecified
F31	Bipolar disorder
F310	Bipolar disorder, current episode hypomanic
F311	Bipolar disorder, current episode manic without psychotic features
F3110	Bipolar disorder, current episode manic without psychotic features, unspecified
F3111	Bipolar disorder, current episode manic without psychotic features, mild
F3112	Bipolar disorder, current episode manic without psychotic features, moderate
F3113	Bipolar disorder, current episode manic without psychotic features, severe
F312	Bipolar disorder, current episode manic severe with psychotic features
F313	Bipolar disorder, current episode depressed, mild or moderate severity
F3130	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F3131	Bipolar disorder, current episode depressed, mild
F3132	Bipolar disorder, current episode depressed, moderate
F314	Bipolar disorder, current episode depressed, severe, without psychotic features
F315	Bipolar disorder, current episode depressed, severe, with psychotic features
F316	Bipolar disorder, current episode mixed
F3160	Bipolar disorder, current episode mixed, unspecified
F3161	Bipolar disorder, current episode mixed, mild
F3162	Bipolar disorder, current episode mixed, moderate
F3163	Bipolar disorder, current episode mixed, severe, without psychotic features
F3164	Bipolar disorder, current episode mixed, severe, with psychotic features
F317	Bipolar disorder, currently in remission
F3170	Bipolar disorder, currently in remission, most recent episode unspecified
F3171	Bipolar disorder, in partial remission, most recent episode hypomanic
F3172	Bipolar disorder, in full remission, most recent episode hypomanic

Mental Health

F209	Schizophrenia, unspecified
F21	Schizotypal disorder
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25	Schizoaffective disorders
F250	Schizoaffective disorder, bipolar type
F251	Schizoaffective disorder, depressive type
F258	Other schizoaffective disorders
F259	Schizoaffective disorder, unspecified
F3178	Bipolar disorder, in full remission, most recent episode mixed
F318	Other bipolar disorders
F3181	Bipolar II disorder
F3189	Other bipolar disorder
F319	Bipolar disorder, unspecified
F32	Major depressive disorder, single episode
F320	Major depressive disorder, single episode, mild
F321	Major depressive disorder, single episode, moderate
F322	Major depressive disorder, single episode, severe without psychotic features
F323	Major depressive disorder, single episode, severe with psychotic features
F324	Major depressive disorder, single episode, in partial remission
F325	Major depressive disorder, single episode, in full remission
F328	Other depressive episodes
F3281	Premenstrual dysphoric disorder
F3289	Other specified depressive episodes
F329	Major depressive disorder, single episode, unspecified
F33	Major depressive disorder, recurrent
F330	Major depressive disorder, recurrent, mild
F331	Major depressive disorder, recurrent, moderate
F332	Major depressive disorder, recurrent severe without psychotic
F333	Major depressive disorder, recurrent, severe with psychotic symptoms
F334	Major depressive disorder, recurrent, in remission
F3340	Major depressive disorder, recurrent, in remission, unspecified
F3341	Major depressive disorder, recurrent, in partial remission
F3342	Major depressive disorder, recurrent, in full remission
F338	Other recurrent depressive disorders
F339	Major depressive disorder, recurrent, unspecified
F34	Persistent mood [affective] disorders
F340	Cyclothymic disorder
F341	Dysthymic disorder
F348	Other persistent mood [affective] disorders
F3481	Disruptive mood dysregulation disorder
F3489	Other specified persistent mood disorders
F349	Persistent mood [affective] disorder, unspecified
F39	Unspecified mood [affective] disorder
F40	Phobic anxiety disorders
F400	Agoraphobia
F4000	Agoraphobia, unspecified
F3173	Bipolar disorder, in partial remission, most recent episode manic
F3174	Bipolar disorder, in full remission, most recent episode manic
F3175	Bipolar disorder, in partial remission, most recent episode depressed
F3176	Bipolar disorder, in full remission, most recent episode depressed
F3177	Bipolar disorder, in partial remission, most recent episode mixed
F428	Other obsessive-compulsive disorder
F429	Obsessive-compulsive disorder, unspecified
F43	Reaction to severe stress, and adjustment disorders
F430	Acute stress reaction
F431	Post-traumatic stress disorder (PTSD)
F4310	Post-traumatic stress disorder, unspecified
F4311	Post-traumatic stress disorder, acute
F4312	Post-traumatic stress disorder, chronic
F432	Adjustment disorders
F4320	Adjustment disorder, unspecified
F4321	Adjustment disorder with depressed mood
F4322	Adjustment disorder with anxiety
F4323	Adjustment disorder with mixed anxiety and depressed mood
F4324	Adjustment disorder with disturbance of conduct
F4325	Adjustment disorder with mixed disturbance of emotions and conduct
F4329	Adjustment disorder with other symptoms
F438	Other reactions to severe stress
F439	Reaction to severe stress, unspecified
F44	Dissociative and conversion disorders
F440	Dissociative amnesia
F441	Dissociative fugue
F442	Dissociative stupor
F444	Conversion disorder with motor symptom or deficit
F445	Conversion disorder with seizures or convulsions
F446	Conversion disorder with sensory symptom or deficit
F447	Conversion disorder with mixed symptom presentation
F448	Other dissociative and conversion disorders
F4481	Dissociative identity disorder
F4489	Other dissociative and conversion disorders
F449	Dissociative and conversion disorder, unspecified
F45	Somatoform disorders
F450	Somatization disorder
F451	Undifferentiated somatoform disorder
F4522	Body dysmorphic disorder
F454	Pain disorders related to psychological factors
F4541	Pain disorder exclusively related to psychological factors
F4542	Pain disorder with related psychological factors
F458	Other somatoform disorders
F459	Somatoform disorder, unspecified
F48	Other nonpsychotic mental disorders
F481	Depersonalization-derealization syndrome
F488	Other specified nonpsychotic mental disorders
F489	Nonpsychotic mental disorder, unspecified

F4001	Agoraphobia with panic disorder
F4002	Agoraphobia without panic disorder
F401	Social phobias
F4010	Social phobia, unspecified
F4011	Social phobia, generalized
F402	Specific (isolated) phobias
F409	Phobic anxiety disorder, unspecified
F41	Other anxiety disorders
F410	Panic disorder [episodic paroxysmal anxiety] without agoraphobia
F411	Generalized anxiety disorder
F413	Other mixed anxiety disorders
F418	Other specified anxiety disorders
F419	Anxiety disorder, unspecified
F42	Obsessive-compulsive disorder
F422	Mixed obsessional thoughts and acts
F423	Hoarding disorder
F424	Excoriation (skin-picking) disorder
F50	Eating disorders
F500	Anorexia nervosa
F5000	Anorexia nervosa, unspecified
F5001	Anorexia nervosa, restricting type
F5002	Anorexia nervosa, binge eating/purging type
F502	Bulimia nervosa
F508	Other eating disorders
F5081	Binge eating disorder
F5089	Other Specified eating disorder
F509	Eating disorder, unspecified
F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
F60	Specific personality disorders
F600	Paranoid personality disorder
F601	Schizoid personality disorder
F602	Antisocial personality disorder
F603	Borderline personality disorder
F604	Histrionic personality disorder
F605	Obsessive-compulsive personality disorder
F606	Avoidant personality disorder
F607	Dependent personality disorder
F608	Other specific personality disorders
F6081	Narcissistic personality disorder
F6089	Other specific personality disorders
F609	Personality disorder, unspecified
F63	Impulse disorders
F630	Pathological gambling
F631	Pyromania
F632	Kleptomania
F633	Trichotillomania
F638	Other impulse disorders
F6381	Intermittent explosive disorder
F6389	Other impulse disorders
F639	Impulse disorder, unspecified
F681	Factitious disorder
F6810	Factitious disorder, unspecified
F6811	Factitious disorder with predominantly psychological signs and symptoms
F6812	Factitious disorder with predominantly physical signs and symptoms
F6813	Factitious disorder with combined psychological and physical signs and symptoms
F688	Other specified disorders of adult personality and behavior
F90	Attention-deficit Hyperactivity disorders
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type
F901	Attention-deficit hyperactivity disorder predominantly hyperactive type
F902	Attention-deficit hyperactivity disorder combined type
F908	Attention-deficit hyperactivity disorder, other type
F909	Attention-deficit hyperactivity disorder, unspecified type

Substance Abuse Disorder

F10	Alcohol related disorders
F101	Alcohol abuse
F1010	Alcohol abuse, uncomplicated
F1011	Alcohol abuse, in remission
F1012	Alcohol abuse with intoxication
F10120	Alcohol abuse with intoxication, uncomplicated
F10121	Alcohol abuse with intoxication delirium
F10129	Alcohol abuse with intoxication, unspecified
F1014	Alcohol abuse with alcohol-induced mood disorder
F1015	Alcohol abuse with alcohol-induced psychotic disorder
F10150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F1018	Alcohol abuse with other alcohol-induced disorders
F10180	Alcohol abuse with alcohol-induced anxiety disorder
F10181	Alcohol abuse with alcohol-induced sexual dysfunction
F10182	Alcohol abuse with alcohol-induced sleep disorder
F10188	Alcohol abuse with other alcohol-induced disorder
F1019	Alcohol abuse with unspecified alcohol-induced disorder
F102	Alcohol dependence
F1020	Alcohol dependence, uncomplicated
F1021	Alcohol dependence, in remission
F1022	Alcohol dependence with intoxication
F10220	Alcohol dependence with intoxication, uncomplicated
F10221	Alcohol dependence with intoxication delirium
F10229	Alcohol dependence with intoxication, unspecified
F1023	Alcohol dependence with withdrawal
F10230	Alcohol dependence with withdrawal, uncomplicated
F10231	Alcohol dependence with withdrawal delirium
F10232	Alcohol dependence with withdrawal with perceptual disturbance
F10239	Alcohol dependence with withdrawal, unspecified
F1024	Alcohol dependence with alcohol-induced mood disorder
F1025	Alcohol dependence with alcohol-induced psychotic disorder
F10250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified
F1027	Alcohol dependence with alcohol-induced persisting dementia
F1028	Alcohol dependence with other alcohol-induced disorders
F10280	Alcohol dependence with alcohol-induced anxiety disorder
F10281	Alcohol dependence with alcohol-induced sexual dysfunction
F10282	Alcohol dependence with alcohol-induced sleep disorder
F10288	Alcohol dependence with other alcohol-induced disorder
F1029	Alcohol dependence with unspecified alcohol-induced disorder
F10920	Alcohol use, unspecified with intoxication, uncomplicated
F10921	Alcohol use, unspecified with intoxication delirium
F10929	Alcohol use, unspecified with intoxication, unspecified
F1026	Alcohol dependence with alcohol-induced persisting amnestic disorder
F1094	Alcohol use, unspecified with alcohol-induced mood disorder
F1095	Alcohol use, unspecified with alcohol-induced psychotic disorder
F10950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
F1096	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder
F1097	Alcohol use, unspecified with alcohol-induced persisting dementia
F1098	Alcohol use, unspecified with other alcohol-induced disorders
F10980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F10981	Alcohol use, unspecified with alcohol-induced sexual dysfunction
F10982	Alcohol use, unspecified with alcohol-induced sleep disorder
F10988	Alcohol use, unspecified with other alcohol-induced disorder
F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder
F11	Opioid related disorders
F111	Opioid abuse
F1110	Opioid abuse, uncomplicated
F1111	Opioid abuse, in remission
F1112	Opioid abuse with intoxication
F11120	Opioid abuse with intoxication, uncomplicated
F11121	Opioid abuse with intoxication delirium
F11122	Opioid abuse with intoxication with perceptual disturbance
F11129	Opioid abuse with intoxication, unspecified
F1114	Opioid abuse with opioid-induced mood disorder
F1115	Opioid abuse with opioid-induced psychotic disorder
F11150	Opioid abuse with opioid-induced psychotic disorder with delusions
F11151	Opioid abuse with opioid-induced psychotic disorder with hallucinations
F11159	Opioid abuse with opioid-induced psychotic disorder, unspecified
F1118	Opioid abuse with other opioid-induced disorder
F11181	Opioid abuse with opioid-induced sexual dysfunction
F11182	Opioid abuse with opioid-induced sleep disorder
F11188	Opioid abuse with other opioid-induced disorder
F1119	Opioid abuse with unspecified opioid-induced disorder
F112	Opioid dependence
F1120	Opioid dependence, uncomplicated
F1121	Opioid dependence, in remission
F1122	Opioid dependence with intoxication
F11220	Opioid dependence with intoxication, uncomplicated
F11221	Opioid dependence with intoxication delirium
F11222	Opioid dependence with intoxication with perceptual disturbance
F11229	Opioid dependence with intoxication, unspecified
F1123	Opioid dependence with withdrawal
F1124	Opioid dependence with opioid-induced mood disorder
F1125	Opioid dependence with opioid-induced psychotic disorder
F11250	Opioid dependence with opioid-induced psychotic disorder with delusions
F11251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F11259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F1128	Opioid dependence with other opioid-induced disorder
F11281	Opioid dependence with opioid-induced sexual dysfunction
F11282	Opioid dependence with opioid-induced sleep disorder
F11288	Opioid dependence with other opioid-induced disorder
F1129	Opioid dependence with unspecified opioid-induced disorder
F119	Opioid use, unspecified
F1190	Opioid use, unspecified, uncomplicated
F1192	Opioid use, unspecified with intoxication

Substance Abuse Disorder (continued)

F10951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F11922	Opioid use, unspecified with intoxication with perceptual disturbance
F11929	Opioid use, unspecified with intoxication, unspecified
F1193	Opioid use, unspecified with withdrawal
F1194	Opioid use, unspecified with opioid-induced mood disorder
F1195	Opioid use, unspecified with opioid-induced psychotic disorder
F11950	Opioid use, unspecified with opioid-induced psychotic disorder with delusions
F11951	Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations
F11959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified
F1198	Opioid use, unspecified with other specified opioid-induced disorder
F11981	Opioid use, unspecified with opioid-induced sexual dysfunction
F11982	Opioid use, unspecified with opioid-induced sleep disorder
F11988	Opioid use, unspecified with other opioid-induced disorder
F1199	Opioid use, unspecified with unspecified opioid-induced disorder
F12	Cannabis related disorders
F121	Cannabis abuse
F1210	Cannabis abuse, uncomplicated
F1211	Cannabis abuse, in remission
F1212	Cannabis abuse with intoxication
F12120	Cannabis abuse with intoxication, uncomplicated
F12121	Cannabis abuse with intoxication delirium
F12122	Cannabis abuse with intoxication with perceptual disturbance
F12129	Cannabis abuse with intoxication, unspecified
F1215	Cannabis abuse with psychotic disorder
F12150	Cannabis abuse with psychotic disorder with delusions
F12151	Cannabis abuse with psychotic disorder with hallucinations
F12159	Cannabis abuse with psychotic disorder, unspecified
F1218	Cannabis abuse with other cannabis-induced disorder
F12180	Cannabis abuse with cannabis-induced anxiety disorder
F12188	Cannabis abuse with other cannabis-induced disorder
F1219	Cannabis abuse with unspecified cannabis-induced disorder
F122	Cannabis dependence
F1220	Cannabis dependence, uncomplicated
F1221	Cannabis dependence, in remission
F1222	Cannabis dependence with intoxication
F12220	Cannabis dependence with intoxication, uncomplicated
F12221	Cannabis dependence with intoxication delirium
F12222	Cannabis dependence with intoxication with perceptual disturbance
F11920	Opioid use, unspecified with intoxication, uncomplicated
F11921	Opioid use, unspecified with intoxication delirium
F12929	Cannabis use, unspecified with intoxication, unspecified
F1295	Cannabis use, unspecified with psychotic disorder
F12950	Cannabis use, unspecified with psychotic disorder with delusions
F12951	Cannabis use, unspecified with psychotic disorder with hallucinations
F12959	Cannabis use, unspecified with psychotic disorder, unspecified
F1298	Cannabis use, unspecified with other cannabis-induced disorder
F12980	Cannabis use, unspecified with anxiety disorder
F12988	Cannabis use, unspecified with other cannabis-induced disorder
F1299	Cannabis use, unspecified with unspecified cannabis-induced disorder
F13	Sedative, hypnotic, or anxiolytic related disorders
F131	Sedative, hypnotic or anxiolytic-related abuse
F1310	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F1311	Sedative, hypnotic or anxiolytic abuse, in remission
F1312	Sedative, hypnotic or anxiolytic abuse with intoxication
F13120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
F13121	Sedative, hypnotic or anxiolytic abuse with intoxication delirium
F13129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified
F1314	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced mood disorder
F1315	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder
F13150	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13151	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13159	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F1318	Sedative, hypnotic or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorders
F13180	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13181	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13182	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder
F13188	Sedative, hypnotic or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorder
F1319	Sedative, hypnotic or anxiolytic abuse with unspecified sedative, hypnotic or anxiolytic-induced disorder
F132	Sedative, hypnotic or anxiolytic-related dependence
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F1321	Sedative, hypnotic or anxiolytic dependence, in remission
F1322	Sedative, hypnotic or anxiolytic dependence with intoxication
F13220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated
F13221	Sedative, hypnotic or anxiolytic dependence with intoxication delirium
F13229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified
F1323	Sedative, hypnotic or anxiolytic dependence with withdrawal
F13230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated

Substance Abuse Disorder (continued)

F12229	Cannabis dependence with intoxication, unspecified
F1225	Cannabis dependence with psychotic disorder
F12250	Cannabis dependence with psychotic disorder with delusions
F12251	Cannabis dependence with psychotic disorder with hallucinations
F12259	Cannabis dependence with psychotic disorder, unspecified
F1228	Cannabis dependence with other cannabis-induced disorder
F12280	Cannabis dependence with cannabis-induced anxiety disorder
F12288	Cannabis dependence with other cannabis-induced disorder
F1229	Cannabis dependence with unspecified cannabis-induced disorder
F129	Cannabis use, unspecified
F1290	Cannabis use, unspecified, uncomplicated
F1292	Cannabis use, unspecified with intoxication
F12920	Cannabis use, unspecified with intoxication, uncomplicated
F12921	Cannabis use, unspecified with intoxication delirium
F12922	Cannabis use, unspecified with intoxication with perceptual disturbance
F1325	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder
F13250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F1326	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnestic disorder
F1327	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia
F1328	Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorders
F13280	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13281	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13288	Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder
F1329	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder
F139	Sedative, hypnotic or anxiolytic-related use, unspecified
F1390	Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
F1392	Sedative, hypnotic or anxiolytic use, unspecified with intoxication
F13920	Sedative, hypnotic or anxiolytic use, unspecified with intoxication, uncomplicated
F13921	Sedative, hypnotic or anxiolytic use, unspecified with intoxication delirium
F13929	Sedative, hypnotic or anxiolytic use, unspecified with intoxication, unspecified
F1393	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal
F13930	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, uncomplicated
F13931	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal delirium
F13231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium
F13232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
F13239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
F1324	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced mood disorder
F13988	Sedative, hypnotic or anxiolytic use, unspecified with other sedative, hypnotic or anxiolytic-induced disorder
F1399	Sedative, hypnotic or anxiolytic use, unspecified with unspecified sedative, hypnotic or anxiolytic-induced disorder
F14	Cocaine related disorders
F141	Cocaine abuse
F1410	Cocaine abuse, uncomplicated
F1411	Cocaine abuse, in remission
F1412	Cocaine abuse with intoxication
F14120	Cocaine abuse with intoxication, uncomplicated
F14121	Cocaine abuse with intoxication with delirium
F14122	Cocaine abuse with intoxication with perceptual disturbance
F14129	Cocaine abuse with intoxication, unspecified
F1414	Cocaine abuse with cocaine-induced mood disorder
F1415	Cocaine abuse with cocaine-induced psychotic disorder
F14150	Cocaine abuse with cocaine-induced psychotic disorder with delusions
F14151	Cocaine abuse with cocaine-induced psychotic disorder with hallucinations
F14159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified
F1418	Cocaine abuse with other cocaine-induced disorder
F14180	Cocaine abuse with cocaine-induced anxiety disorder
F14181	Cocaine abuse with cocaine-induced sexual dysfunction
F14182	Cocaine abuse with cocaine-induced sleep disorder
F14188	Cocaine abuse with other cocaine-induced disorder
F1419	Cocaine abuse with unspecified cocaine-induced disorder
F142	Cocaine dependence
F1420	Cocaine dependence, uncomplicated
F1421	Cocaine dependence, in remission
F1422	Cocaine dependence with intoxication
F14220	Cocaine dependence with intoxication, uncomplicated
F14221	Cocaine dependence with intoxication delirium
F14222	Cocaine dependence with intoxication with perceptual disturbance
F14229	Cocaine dependence with intoxication, unspecified
F1423	Cocaine dependence with withdrawal
F1424	Cocaine dependence with cocaine-induced mood disorder

Substance Abuse Disorder (continued)

F13932	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal with perceptual disturbances
F13939	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, unspecified
F1394	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced mood disorder
F1395	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder
F13950	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13951	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13959	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F1396	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting amnestic disorder
F1397	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia
F1398	Sedative, hypnotic or anxiolytic use, unspecified with other sedative, hypnotic or anxiolytic-induced disorders
F13980	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13981	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13982	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sleep disorder
F1495	Cocaine use, unspecified with cocaine-induced psychotic disorder
F14950	Cocaine use, unspecified with cocaine-induced psychotic disorder with delusions
F14951	Cocaine use, unspecified with cocaine-induced psychotic disorder with hallucinations
F14959	Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified
F1498	Cocaine use, unspecified with other specified cocaine-induced disorder
F14980	Cocaine use, unspecified with cocaine-induced anxiety disorder
F14981	Cocaine use, unspecified with cocaine-induced sexual dysfunction
F14982	Cocaine use, unspecified with cocaine-induced sleep disorder
F14988	Cocaine use, unspecified with other cocaine-induced disorder
F1499	Cocaine use, unspecified with unspecified cocaine-induced disorder
F15	Other stimulant related disorders
F151	Other stimulant abuse
F1510	Other stimulant abuse, uncomplicated
F1511	Other stimulant abuse, in remission
F1512	Other stimulant abuse with intoxication
F15120	Other stimulant abuse with intoxication, uncomplicated
F15121	Other stimulant abuse with intoxication delirium
F15122	Other stimulant abuse with intoxication with perceptual disturbance
F15129	Other stimulant abuse with intoxication, unspecified
F1514	Other stimulant abuse with stimulant-induced mood disorder
F1515	Other stimulant abuse with stimulant-induced psychotic disorder
F15150	Other stimulant abuse with stimulant-induced psychotic disorder with delusions
F15151	Other stimulant abuse with stimulant-induced psychotic disorder with hallucinations
F15159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified
F1425	Cocaine dependence with cocaine-induced psychotic disorder
F14250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F14251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F14259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
F1428	Cocaine dependence with other cocaine-induced disorder
F14280	Cocaine dependence with cocaine-induced anxiety disorder
F14281	Cocaine dependence with cocaine-induced sexual dysfunction
F14282	Cocaine dependence with cocaine-induced sleep disorder
F14288	Cocaine dependence with other cocaine-induced disorder
F1429	Cocaine dependence with unspecified cocaine-induced disorder
F149	Cocaine use, unspecified
F1490	Cocaine use, unspecified, uncomplicated
F1492	Cocaine use, unspecified with intoxication
F14920	Cocaine use, unspecified with intoxication, uncomplicated
F14921	Cocaine use, unspecified with intoxication delirium
F14922	Cocaine use, unspecified with intoxication with perceptual disturbance
F14929	Cocaine use, unspecified with intoxication, unspecified
F1494	Cocaine use, unspecified with cocaine-induced mood disorder
F1528	Other stimulant dependence with other stimulant-induced disorder
F15280	Other stimulant dependence with stimulant-induced anxiety disorder
F15281	Other stimulant dependence with stimulant-induced sexual dysfunction
F15282	Other stimulant dependence with stimulant-induced sleep disorder
F15288	Other stimulant dependence with other stimulant-induced disorder
F1529	Other stimulant dependence with unspecified stimulant-induced disorder
F159	Other stimulant use, unspecified
F1590	Other stimulant use, unspecified, uncomplicated
F1592	Other stimulant use, unspecified with intoxication
F15920	Other stimulant use, unspecified with intoxication, uncomplicated
F15921	Other stimulant use, unspecified with intoxication delirium
F15922	Other stimulant use, unspecified with intoxication with perceptual disturbance
F15929	Other stimulant use, unspecified with intoxication, unspecified
F1593	Other stimulant use, unspecified with withdrawal
F1594	Other stimulant use, unspecified with stimulant-induced mood disorder
F1595	Other stimulant use, unspecified with stimulant-induced psychotic disorder
F15950	Other stimulant use, unspecified with stimulant-induced psychotic disorder with delusions
F15951	Other stimulant use, unspecified with stimulant-induced psychotic disorder with hallucinations
F15959	Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified

Substance Abuse Disorder (continued)

F1518	Other stimulant abuse with other stimulant-induced disorder
F15180	Other stimulant abuse with stimulant-induced anxiety disorder
F15181	Other stimulant abuse with stimulant-induced sexual dysfunction
F15182	Other stimulant abuse with stimulant-induced sleep disorder
F15188	Other stimulant abuse with other stimulant-induced disorder
F1519	Other stimulant abuse with unspecified stimulant-induced disorder
F152	Other stimulant dependence
F1520	Other stimulant dependence, uncomplicated
F1521	Other stimulant dependence, in remission
F1522	Other stimulant dependence with intoxication
F15220	Other stimulant dependence with intoxication, uncomplicated
F15221	Other stimulant dependence with intoxication delirium
F15222	Other stimulant dependence with intoxication with perceptual disturbance
F15229	Other stimulant dependence with intoxication, unspecified
F1523	Other stimulant dependence with withdrawal
F1524	Other stimulant dependence with stimulant-induced mood disorder
F1525	Other stimulant dependence with stimulant-induced psychotic disorder
F15250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F15251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F15259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
F16188	Hallucinogen abuse with other hallucinogen-induced disorder
F1619	Hallucinogen abuse with unspecified hallucinogen-induced disorder
F162	Hallucinogen dependence
F1620	Hallucinogen dependence, uncomplicated
F1621	Hallucinogen dependence, in remission
F1622	Hallucinogen dependence with intoxication
F16220	Hallucinogen dependence with intoxication, uncomplicated
F16221	Hallucinogen dependence with intoxication with delirium
F16229	Hallucinogen dependence with intoxication, unspecified
F1624	Hallucinogen dependence with hallucinogen-induced mood disorder
F1625	Hallucinogen dependence with hallucinogen-induced psychotic disorder
F16250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions
F16251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations
F16259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified
F1628	Hallucinogen dependence with other hallucinogen-induced disorder
F16280	Hallucinogen dependence with hallucinogen-induced anxiety disorder
F16283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F16288	Hallucinogen dependence with other hallucinogen-induced disorder
F1629	Hallucinogen dependence with unspecified hallucinogen-induced disorder
F169	Hallucinogen use, unspecified
F1598	Other stimulant use, unspecified with other stimulant-induced disorder
F15980	Other stimulant use, unspecified with stimulant-induced anxiety disorder
F15981	Other stimulant use, unspecified with stimulant-induced sexual dysfunction
F15982	Other stimulant use, unspecified with stimulant-induced sleep disorder
F15988	Other stimulant use, unspecified with other stimulant-induced disorder
F1599	Other stimulant use, unspecified with unspecified stimulant-induced disorder
F16	Hallucinogen related disorders
F161	Hallucinogen abuse
F1610	Hallucinogen abuse, uncomplicated
F1611	Hallucinogen abuse, in remission
F1612	Hallucinogen abuse with intoxication
F16120	Hallucinogen abuse with intoxication, uncomplicated
F16121	Hallucinogen abuse with intoxication with delirium
F16122	Hallucinogen abuse with intoxication with perceptual disturbance
F16129	Hallucinogen abuse with intoxication, unspecified
F1614	Hallucinogen abuse with hallucinogen-induced mood disorder
F1615	Hallucinogen abuse with hallucinogen-induced psychotic disorder
F16150	Hallucinogen abuse with hallucinogen-induced psychotic disorder with delusions
F16151	Hallucinogen abuse with hallucinogen-induced psychotic disorder with hallucinations
F16159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified
F1618	Hallucinogen abuse with other hallucinogen-induced disorder
F16180	Hallucinogen abuse with hallucinogen-induced anxiety disorder
F16183	Hallucinogen abuse with hallucinogen persisting perception disorder (flashbacks)
F17209	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders
F1721	Nicotine dependence, cigarettes
F17210	Nicotine dependence, cigarettes, uncomplicated
F17211	Nicotine dependence, cigarettes, in remission
F17213	Nicotine dependence, cigarettes, with withdrawal
F17218	Nicotine dependence, cigarettes, with other nicotine-induced disorders
F17219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders
F1722	Nicotine dependence, chewing tobacco
F17220	Nicotine dependence, chewing tobacco, uncomplicated
F17221	Nicotine dependence, chewing tobacco, in remission
F17223	Nicotine dependence, chewing tobacco, with withdrawal
F17228	Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
F17229	Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders
F1729	Nicotine dependence, other tobacco product
F17290	Nicotine dependence, other tobacco product, uncomplicated
F17291	Nicotine dependence, other tobacco product, in remission
F17293	Nicotine dependence, other tobacco product, with withdrawal

Substance Abuse Disorder (continued)

F1690	Hallucinogen use, unspecified, uncomplicated
F1692	Hallucinogen use, unspecified with intoxication
F16920	Hallucinogen use, unspecified with intoxication, uncomplicated
F16921	Hallucinogen use, unspecified with intoxication with delirium
F16929	Hallucinogen use, unspecified with intoxication, unspecified
F1694	Hallucinogen use, unspecified with hallucinogen-induced mood disorder
F1695	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder
F16950	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with delusions
F16951	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with hallucinations
F16959	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified
F1698	Hallucinogen use, unspecified with other specified hallucinogen-induced disorder
F16980	Hallucinogen use, unspecified with hallucinogen-induced anxiety disorder
F16983	Hallucinogen use, unspecified with hallucinogen persisting perception disorder (flashbacks)
F16988	Hallucinogen use, unspecified with other hallucinogen-induced disorder
F1699	Hallucinogen use, unspecified with unspecified hallucinogen-induced disorder
F17	Nicotine dependence
F172	Nicotine dependence
F1720	Nicotine dependence, unspecified
F17200	Nicotine dependence, unspecified, uncomplicated
F17201	Nicotine dependence, unspecified, in remission
F17203	Nicotine dependence unspecified, with withdrawal
F17208	Nicotine dependence, unspecified, with other nicotine-induced disorders
F1827	Inhalant dependence with inhalant-induced dementia
F1828	Inhalant dependence with other inhalant-induced disorders
F18280	Inhalant dependence with inhalant-induced anxiety disorder
F18288	Inhalant dependence with other inhalant-induced disorder
F1829	Inhalant dependence with unspecified inhalant-induced disorder
F189	Inhalant use, unspecified
F1890	Inhalant use, unspecified, uncomplicated
F1892	Inhalant use, unspecified with intoxication
F18920	Inhalant use, unspecified with intoxication, uncomplicated
F18921	Inhalant use, unspecified with intoxication with delirium
F18929	Inhalant use, unspecified with intoxication, unspecified
F1894	Inhalant use, unspecified with inhalant-induced mood disorder
F1895	Inhalant use, unspecified with inhalant-induced psychotic disorder
F18950	Inhalant use, unspecified with inhalant-induced psychotic disorder with delusions
F18951	Inhalant use, unspecified with inhalant-induced psychotic disorder with hallucinations
F18959	Inhalant use, unspecified with inhalant-induced psychotic disorder, unspecified
F1897	Inhalant use, unspecified with inhalant-induced persisting dementia
F1898	Inhalant use, unspecified with other inhalant-induced disorders
F17298	Nicotine dependence, other tobacco product, with other nicotine-induced disorders
F17299	Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders
F18	Inhalant related disorders
F181	Inhalant abuse
F1810	Inhalant abuse, uncomplicated
F1811	Inhalant abuse, in remission
F1812	Inhalant abuse with intoxication
F18120	Inhalant abuse with intoxication, uncomplicated
F18121	Inhalant abuse with intoxication delirium
F18129	Inhalant abuse with intoxication, unspecified
F1814	Inhalant abuse with inhalant-induced mood disorder
F1815	Inhalant abuse with inhalant-induced psychotic disorder
F18150	Inhalant abuse with inhalant-induced psychotic disorder with delusions
F18151	Inhalant abuse with inhalant-induced psychotic disorder with hallucinations
F18159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified
F1817	Inhalant abuse with inhalant-induced dementia
F1818	Inhalant abuse with other inhalant-induced disorders
F18180	Inhalant abuse with inhalant-induced anxiety disorder
F18188	Inhalant abuse with other inhalant-induced disorder
F1819	Inhalant abuse with unspecified inhalant-induced disorder
F182	Inhalant dependence
F1820	Inhalant dependence, uncomplicated
F1821	Inhalant dependence, in remission
F1822	Inhalant dependence with intoxication
F18220	Inhalant dependence with intoxication, uncomplicated
F18221	Inhalant dependence with intoxication delirium
F18229	Inhalant dependence with intoxication, unspecified
F1824	Inhalant dependence with inhalant-induced mood disorder
F1825	Inhalant dependence with inhalant-induced psychotic disorder
F18250	Inhalant dependence with inhalant-induced psychotic disorder with delusions
F18251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations
F18259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified
F1919	Other psychoactive substance abuse with unspecified psychoactive substance-induced disorder\
F192	Other psychoactive substance dependence
1920	F Other psychoactive substance dependence, uncomplicated
F1921	Other psychoactive substance dependence, in remission
F1922	Other psychoactive substance dependence with intoxication
F19220	Other psychoactive substance dependence with intoxication, uncomplicated
F19221	Other psychoactive substance dependence with intoxication delirium
F19222	Other psychoactive substance dependence with intoxication with perceptual disturbance

Substance Abuse Disorder (continued)

F18980	Inhalant use, unspecified with inhalant-induced anxiety disorder
F18988	Inhalant use, unspecified with other inhalant-induced disorder
F1899	Inhalant use, unspecified with unspecified inhalant-induced disorder
F19	Other psychoactive substance related disorders
F191	Other psychoactive substance abuse
F1910	Other psychoactive substance abuse, uncomplicated
F1911	Other psychoactive substance abuse, in remission
F1912	Other psychoactive substance abuse with intoxication
F19120	Other psychoactive substance abuse with intoxication, uncomplicated
F19121	Other psychoactive substance abuse with intoxication delirium
F19122	Other psychoactive substance abuse with intoxication with perceptual disturbances
F19129	Other psychoactive substance abuse with intoxication, unspecified
F1914	Other psychoactive substance abuse with psychoactive substance-induced mood disorder
F1915	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder
F19150	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with delusions
F19151	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with hallucinations
F19159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified
F1916	Other psychoactive substance abuse with psychoactive substance-induced persisting amnestic disorder
F1917	Other psychoactive substance abuse with psychoactive substance-induced persisting dementia
F1918	Other psychoactive substance abuse with other psychoactive substance-induced disorders
F19180	Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder
F19181	Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction
F19182	Other psychoactive substance abuse with psychoactive substance-induced sleep disorder
F19188	Other psychoactive substance abuse with other psychoactive substance-induced disorder
F19229	Other psychoactive substance dependence with intoxication, unspecified
F1923	Other psychoactive substance dependence with withdrawal
F19230	Other psychoactive substance dependence with withdrawal, uncomplicated
F19231	Other psychoactive substance dependence with withdrawal delirium
F19232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
F19239	Other psychoactive substance dependence with withdrawal, unspecified
F1924	Other psychoactive substance dependence with psychoactive substance-induced mood disorder
F1925	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder
F19250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions
F19251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations
F19259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified
F1926	Other psychoactive substance dependence with psychoactive substance-induced persisting amnestic disorder
F1927	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia
F1928	Other psychoactive substance dependence with other psychoactive substance-induced disorders
F19280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
F19281	Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction
F19282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19288	Other psychoactive substance dependence with other psychoactive substance-induced disorder
F1929	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder
F199	Other psychoactive substance use, unspecified
F1990	Other psychoactive substance use, unspecified, uncomplicated
F1992	Other psychoactive substance use, unspecified with intoxication
F19920	Other psychoactive substance use, unspecified with intoxication, uncomplicated
F19921	Other psychoactive substance use, unspecified with intoxication with delirium
F19922	Other psychoactive substance use, unspecified with intoxication with perceptual disturbance
F19929	Other psychoactive substance use, unspecified with intoxication, unspecified
F1993	Other psychoactive substance use, unspecified with withdrawal
F19930	Other psychoactive substance use, unspecified with withdrawal, uncomplicated
F19931	Other psychoactive substance use, unspecified with withdrawal delirium

Substance Abuse Disorder (continued)

F19932	Other psychoactive substance use, unspecified with withdrawal with perceptual disturbance
F19939	Other psychoactive substance use, unspecified with withdrawal, unspecified
F1994	Other psychoactive substance use, unspecified with psychoactive substance-induced mood disorder
F1995	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder
F19950	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with delusions
F19951	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with hallucinations
F19959	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified
F1996	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting amnestic disorder
F1997	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia
F1998	Other psychoactive substance use, unspecified with other psychoactive substance-induced disorders
F19980	Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder
F19981	Other psychoactive substance use, unspecified with psychoactive substance-induced sexual dysfunction
F19982	Other psychoactive substance use, unspecified with psychoactive substance-induced sleep disorder
F19988	Other psychoactive substance use, unspecified with other psychoactive substance-induced disorder
F1999	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder

Appendix IV

BHSN of TN Providers and TDMHSAS BHSN of TN Staff Contacts: Contact information for BHSN of TN participating Community Mental Health Agencies and TDMHSAS BHSN of TN Staff Contacts.

BHSN of TN Providers

West Tennessee	Middle Tennessee	East Tennessee
Alliance Healthcare Services 3810 Winchester Road Memphis, TN 38181 901-369-1400	**Centerstone of Tennessee** 44 Vantage Way, Ste. 400 Nashville, TN 37208 615-463-6600	**Cherokee Health Systems** 6350 West Andrew Jackson Hwy Talbott,TN 37877 423-587-7337
Carey Counseling Center 408 Virginia Street Paris, TN 38242 800-611-7757	**LifeCare Family Services** 145 Thompson Lane Nashville, TN 37211 615-781-0013	**Frontier Health** 401 Holston Drive Greeneville, TN 37743 423-639-1104
Case Management, Inc. 3171 Directors Row Memphis, TN 38118 901-821-5600	**Mental Health Cooperative** 275 Cumberland Bend Dr. Nashville, TN 37228 615-726-3340	**Helen Ross McNabb** 201 W. Springdale Ave. Knoxville, TN 37917 865-637-9711 / 423-266-6751
Cherokee Health Systems 4095 American Way #1 Memphis, TN 38118 901-271-9500	**Volunteer Behavioral Health Care System** 118 N Church Street Murfreesboro, TN 37130 877-567-6051	**LifeCare Family Services** 4709 Papermill Rd, Suite 202 Knoxville, TN 37909 615-781-0013
LifeCare Family Services 1407 Union Avenue, Suite 100 Memphis TN 38104 (901) 800-4645		**Mental Health Cooperative** 801 North Holtzclaw Ave., Suite 101 Chattanooga, TN 37404 423-697-5950
Pathways of Tennessee, Inc. 238 Summar Drive Jackson, TN 38301 731-541-8200		**Parkwest dba: Peninsula** 9352 Park West Blvd. Knoxville, TN 37923 865-970-9800
Professional Care Services of West Tennessee 1997 Hwy. 51 S. Covington, TN 38019 901-476-8967		**Ridgeview Psychiatric Hospital and Center** 240 W. Tyrone Rd. Oak Ridge, TN 37830 865-482-1076
Quinco Community MHC 10710 Old Hwy. 64 Bolivar, TN 38008 800-532-6339		**Volunteer Behavioral Health Care System** 413 Spring Street Chattanooga, TN 37405 877-567-6051

TDMHSAS BHSN of TN Staff Contacts

Business Unit	Eligibility Unit
Debbie Shahla **BHSN of TN Director** 615-532-6505 debbie.shahla@tn.gov	**James Ladd** **Program Manager** 615-741-1196 james.ladd@tn.gov

Tennessee Department of Mental Health and Substance Abuse Services
Office of Consumer Affairs: 1-800-560-5767