

AMENDMENT II TO AGREEMENT

THIS AMENDMENT II TO AGREEMENT (hereinafter "Amendment") is made and entered into this 21st day of June, 2022, by and between COUNTY OF FRESNO, a Political Subdivision of the State of California, Fresno, California (hereinafter "COUNTY"), and Blue Cross of California Partnership Plan, Inc., a Medi-Cal Managed Care Plan, whose address is 3330 W. Mineral King Avenue, Visalia, Ca 93291 (hereinafter "ANTHEM").

WITNESSETH:

WHEREAS, COUNTY and ANTHEM entered into Agreement number 18-362, dated July 10th, 2018 and COUNTY Amendment No. 18-362-1, dated June 8, 2021 (hereinafter "Agreement"), pursuant to which COUNTY and ANTHEM identified responsibilities and protocols in the delivery of specialty mental health and alcohol and other drug services to Medi-Cal Members served by both parties; and

WHEREAS, COUNTY and ANTHEM now desire to amend the Agreement in order to update the agreement with current requirements related to clinical integration between COUNTY and ANTHEM and the Specialty Mental Health Dispute Resolution Process.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, COUNTY and ANTHEM agree as follows:

1. That Section Seven (7) MODIFICATION of the Agreement, located on page Seven (7), beginning on line Eight (8) through line Ten (10), be deleted in its entirety and replaced with the following:

7. MODIFICATION

Any matters of this Agreement may be modified from time to time by the written consent of all the parties without, in any way, affecting the remainder. Notwithstanding the above, changes to the "MEMORANDUM OF UNDERSTANDING (MOU): SCOPE OF WORK DEPARTMENT OF BEHAVIORAL HEALTH (COUNTY) AND BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC. ("ANTHEM")" (Revised Exhibit A), as needed, to accommodate changes in the law and state-mandated requirements related to mental health and substance use disorder treatment services be made with the written approval of the COUNTY's DBH Director, or designee, and ANTHEM through an

1 amendment approved by County's County Counsel and the County's Auditor-Controller/Treasurer-Tax
2 Collector's Office.

3 2. That "Exhibit A" be deleted and replaced with "Revised Exhibit A", which is attached
4 hereto and incorporated herein by this reference. All references to "Exhibit A" in the Agreement are
5 deleted and replaced with "Revised Exhibit A."

6 3. The parties agree that this Amendment may be executed by electronic signature as
7 provided in this section. An "electronic signature" means any symbol or process intended by an
8 individual signing this Amendment to represent their signature, including but not limited to (1) a digital
9 signature; (2) a faxed version of an original handwritten signature; or (3) an electronically scanned
10 and transmitted (for example by PDF document) of a handwritten signature. Each electronic signature
11 affixed or attached to this Amendment (1) is deemed equivalent to a valid original handwritten
12 signature of the person signing this Amendment for all purposes, including but not limited to
13 evidentiary proof in any administrative or judicial proceeding, and (2) has the same force and effect
14 as the valid original handwritten signature of that person. The provisions of this section satisfy the
15 requirements of Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act
16 (Civil Code, Division 3, Part 2, Title 2.5, beginning with section 1633.1). Each party using a digital
17 signature represents that it has undertaken and satisfied the requirements of Government Code
18 section 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely
19 upon that representation. This Amendment is not conditioned upon the parties conducting the
20 transactions under it by electronic means and either party may sign this Amendment with an original
21 handwritten signature.

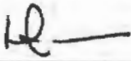
22 COUNTY and ANTHEM agree that this Amendment is sufficient to amend the Agreement and,
23 that upon execution of this Amendment, the Agreement, Amendment I and this Amendment II
24 together shall be considered the Agreement.

25 The Agreement, as hereby amended, is ratified and continued. All provisions, terms,
26 covenants, conditions and promises contained in the Agreement and not amended herein shall
27 remain in full force and effect.

28 //

1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment II as of the day and
2 year first hereinabove written.

3
4 **BLUE CROSS OF CALIFORNIA:
PARTNERSHIP PLAN, INC.:**

5 

Digitally signed by Les Ybarra
Date: 2022.05.25 19:36:07
+07'00'

6 _____
(Authorized Signature)

7 Les Ybarra, President, CA Medicaid

8 _____
Print Name & Title

9 425 E. Colorado St., Ste. 600

10 _____
Glendale, CA 91205

11 _____
Mailing Address

COUNTY OF FRESNO

12 

13 _____
Brian Pacheco, Chairman of the Board of
Supervisors of the County of Fresno

14 **ATTEST:**
Bernice E. Seidel
Clerk of the Board of Supervisors
County of Fresno, State of California

15
16
17 By:  _____
Deputy

18 FOR ACCOUNTING USE ONLY:

19 ORG No.: 56302666 (\$0)
20 Account No.: 7295 (\$0)
Fund/Subclass: 0001/10000

MEMORANDUM OF UNDERSTANDING (MOU): SCOPE OF WORK
DEPARTMENT OF BEHAVIORAL HEALTH (COUNTY)
AND
BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC. ("ANTHEM")

CATEGORY	COUNTY	ANTHEM
A. Liaison	<ol style="list-style-type: none"> 1. COUNTY's Administrative Staff is the liaison to coordinate activities with ANTHEM and to notify COUNTY providers and relevant staff of their roles and responsibilities 2. COUNTY Liaison will provide ANTHEM with an updated list of approved COUNTY providers, specialists, and behavioral health care centers in the county. 3. Information for mental health is also available on the COUNTY's managed care website and is updated at a minimum on a quarterly basis. 4. Information for Substance Use Disorder is also available on the COUNTY's Substance Use Disorders Services Webpage and is updated at a minimum on a 30 day basis. 	<ol style="list-style-type: none"> 1. ANTHEM has a liaison that coordinates activities with the COUNTY and COUNTY Liaison. 2. The Liaison will notify ANTHEM staff and ANTHEM providers of their responsibilities to coordinate services with the COUNTY. 3. A printable downloadable ANTHEM Provider Directory is available online and updated at a minimum on a monthly basis. ANTHEM also maintains an online searchable provider directory that is updated at least weekly. 4. The ANTHEM Provider Operations Manual is available online.
B. Behavioral Health Service	<ol style="list-style-type: none"> 1. COUNTY will credential and contract with sufficient numbers of licensed behavioral health professionals to maintain a COUNTY provider network sufficient to meet the needs of Members. 2. COUNTY will assist with identification of COUNTY providers who have the capacity and willingness to accept Medi-Cal Fee for Service reimbursement to serve Members in need of mental health services who do not meet the COUNTY medical necessity criteria and require services outside the scope of practice of the Primary Care Physicians (PCP) per Exhibit B, attached hereto. 	<ol style="list-style-type: none"> 1. ANTHEM will utilize the COUNTY to identify COUNTY providers who are willing to accept Medi-Cal fee for service reimbursement to provide services for mental health services to Members who do not meet COUNTY medical necessity criteria for COUNTY services and require services outside the scope of practice of the PCP per Exhibit B, attached hereto. 2. ANTHEM will coordinate care with the appropriate COUNTY provider or provider organization as recommended by the COUNTY for those services that do not meet the COUNTY medical necessity criteria. 3. For Substance Use Disorder services, ANTHEM will screen and offer brief intervention. For clients who appear to need further assessment and more intensive services, a referral to

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	<ol style="list-style-type: none"> 3. For Substance Use Disorder, COUNTY will provide a centralized intake function that will screen clients using the ASAM criteria and determine a presumptive level of care. Once the client attends an intake at a COUNTY contracted provider, they will be assessed for medical necessity including diagnosis. COUNTY centralized intake will approve services through a Treatment Authorization Request process. 4. COUNTY will continually monitor the COUNTY provider network to ensure Member access to quality behavioral health care. COUNTY will assist ANTHEM in arranging for a specific COUNTY provider or community service. 5. COUNTY will assist ANTHEM to develop and update a list of providers or provider organizations to be made available to Members. For mental health services this list is available on the COUNTY's managed care website. Any updates to the list will be forwarded to the ANTHEM liaison quarterly and upon request. For Substance Use Disorder services, this list is available on the COUNTY's Substance Use Disorder Services Webpage. Any updates to the list will be forwarded to the ANTHEM liaison quarterly and upon request. 	<p>COUNTY centralized intake or a provider on the list will be required.</p> <ol style="list-style-type: none"> 4. ANTHEM will collaborate with COUNTY to maintain a list of COUNTY providers or provider organizations to be made available to Members upon request. 5. Any updates to the list will be provided to ANTHEM liaison quarterly and upon request.
<p>C. Medical Records Exchange of Information</p>	<ol style="list-style-type: none"> 1. COUNTY will follow all applicable laws pertaining to the use and disclosure of protected health information including but not limited to: <ul style="list-style-type: none"> • HIPAA / 45 C.F.R. Parts 160 and 164 • LPS / W & I Code Sections 5328-5328.15 	<ol style="list-style-type: none"> 1. ANTHEM and contracted providers are allowed to release medical information under HIPAA regulations specific to the HIPPA Privacy Rule (45 C.F.R. Part 164.) 2. ANTHEM will follow procedures for exchanges of medical information that allow for care coordination and effective

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	<ul style="list-style-type: none"> • 45 C.F.R. Part 2 • HITECH Act (42. U.S.C. Section 17921 <i>et. seq.</i> • CMIA (Ca Civil Code 56 through 56.37) <p>2. COUNTY will follow procedures for exchanges of medical information that allow for care coordination and effective communication among COUNTY, ANTHEM, and contracted providers.</p>	<p>communication among COUNTY, ANTHEM, and contracted providers.</p>
<p>D. Scope of Service</p>	<p>1. COUNTY has a toll-free telephone number available 24 hours a day, seven days a week for access to emergency, specialty mental health and Substance Use Disorder services for Members who meet the medical necessity criteria as identified in Exhibit B, attached hereto.</p> <p>2. COUNTY maintains responsibility for:</p> <ul style="list-style-type: none"> a. Medication treatment for behavioral health conditions that would not be responsive to physical healthcare-based treatment and the condition meets COUNTY medical necessity criteria. b. All other outpatient specialty mental health and Substance Use Disorder services covered by the COUNTY when the Member's behavioral health condition meets COUNTY medical necessity criteria, such as individual and group therapies, case management, crisis intervention, treatment plan, assessment, and linkage with community resources. 	<p>1. ANTHEM PCPs will be responsible for providing 24 hours a day, seven days a week, access to health care services for Members as specified in the ANTHEM contract with Department of Health Care Services (DHCS).</p> <p>2. PCP will refer to the COUNTY for assessment and appropriate services. PCP's will refer Members for:</p> <ul style="list-style-type: none"> a. An assessment to confirm or arrive at a diagnosis b. Behavioral health services other than medication management are needed for a Member with a diagnosis included in the responsibilities of the COUNTY. c. For identification of conditions not responsive to physical healthcare-based treatment. <p>3. PCP's will provide primary care behavioral health treatment which includes:</p> <ul style="list-style-type: none"> a. Basic education, assessment (mental health services only), counseling (mental health services only) and referral and linkage to other services for all Members b. Medication and treatment for <ul style="list-style-type: none"> i. Behavioral health conditions that would be responsive to physical healthcare-based treatment

CATEGORY	COUNTY	ANTHEM
	<p>c. Consultation and training services to PCPs, particularly related to specialty mental health and Substance Use Disorder issues and treatments, including medication consultation.</p> <p>3. To receive behavioral health services, the Member must meet the criteria for each of the following categories for mental health services:</p> <p>d. Category A—Included Diagnosis</p> <p>e. Category B—Impairment Criteria</p> <p>f. Category C—Intervention Related Criteria</p> <p>Per Enclosure 1a of Exhibit A.</p> <p>4. To receive behavioral health services, the Member must meet the criteria for each of the following categories for Substance Use Disorder services:</p> <p>a. Early Intervention Services</p> <p>b. Outpatient/Intensive Outpatient</p> <p>c. Residential Services (ASAM Levels 3.1, 3.3, 3.5, 3.7 and 4.0)</p> <p>d. Withdrawal Management</p> <p>e. Opioid Treatment</p> <p>f. Recovery Services</p> <p>For further details on SUD ASAM levels of care please see Exhibit C. For SUD ICD-10 Diagnostic Codes see Enclosure 1b.</p> <p>2. COUNTY providers will refer Members back to their identified PCP for medical and non-specialty behavioral health conditions that would be responsive to appropriate physical health care.</p> <p>3. COUNTY will implement the following elements at the point of</p>	<p>ii. Behavioral health disorders due to a general medical condition</p> <p>c. Medication-induced reactions from medications prescribed by physical health care providers.</p> <p>4. PCPs will provide or arrange for:</p> <p>a. Covered medical services</p> <p>b. Primary behavioral health intervention for Member with “Excluded Diagnosis” as identified in Specialty Mental Health Services identified in ATTACHMENT A, Page 17 of this Exhibit A.</p> <p>c. Screening and brief intervention for behavioral health services within the PCP’s scope of practice</p> <p>5. ANTHEM and COUNTY recognize that the PCP’s ability to treat behavioral health disorders will be limited to each provider’s training and scope of practice.</p> <p>6. When the Member does not meet mental health medical necessity, ANTHEM and PCP will be responsible for coordinating a referral in accordance with Category B2 “Mental Health Services” or an ANTHEM contracted provider.</p> <p>7. When the member meets Substance Use Disorder medical necessity for COUNTY contracted services, ANTHEM and PCP will refer client to a county provider or coordinate care with inpatient facilities and out-of-county facilities accepting Fresno County clients as appropriate.</p> <p>8. ANTHEM will implement the following elements at the point of care to ensure clinical integration between the Drug Medi-Cal Organized Delivery System and ANTHEM providers:</p> <p>a. Comprehensive substance use, physical and mental health screening</p> <p>b. Member engagement and participation in an integrated care program as needed</p>

CATEGORY	COUNTY	ANTHEM
	<p>care to ensure clinical integration between the Drug Medi-Cal Organized Delivery System and ANTHEM providers:</p> <ul style="list-style-type: none"> a. Comprehensive substance use, physical and mental health screening. b. Member engagement and participation in an integrated care program as needed. c. Shared development of care plans by the Member, caregivers, and all providers. d. Delineation of case management responsibilities. e. Navigation support for patients and caregivers. f. COUNTY will work collaboratively with ANTHEM and contracted providers in the development of Member treatment planning. 	<ul style="list-style-type: none"> c. Shared development of care plans by the Member, caregivers, and all providers d. Delineation of case management responsibilities e. Navigation support for patients and caregivers f. ANTHEM will work collaboratively with COUNTY and contracted providers in the development of Member treatment planning.
<p>E. Ancillary Behavioral Health Services</p>	<ul style="list-style-type: none"> 1. When medical necessity criteria are met and services are approved by the COUNTY, the COUNTY and its contracted providers will provide hospital based specialty mental health ancillary services, which include, but are not limited to Electroconvulsive therapy (ECT) and magnetic resonance imaging (MRI) that are received by a Member admitted to a psychiatric inpatient hospital other than routine services, per Exhibit B, attached hereto. 2. When Substance Use Disorder medical necessity criteria is met and services are approved by the COUNTY for ASAM levels 3.7 and 4.0 and medical detox, 	<ul style="list-style-type: none"> 1. ANTHEM must cover and pay for medically necessary laboratory, radiological, and radioisotope services described in Title 22, CCR, Section 51311. ANTHEM will cover and pay for related services for Electroconvulsive Therapy (ECT), anesthesiologist services provided on an outpatient basis, per Exhibit B, attached hereto. 2. ANTHEM will cover and pay for all medically necessary professional services to meet the physical health care needs of the Members who are admitted to the psychiatric ward of a general acute care hospital or to a freestanding licensed psychiatric inpatient hospital or Psychiatric Health Facility (PHF). These services include the initial health history and physical assessment required within 24 hours of admission and any medically necessary

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	<p>COUNTY will refer Member to ANTHEM.</p> <p>3. COUNTY will make training available for community based physicians interested in providing Medically Assisted Treatment (MAT) services, including an eight hour Buprenorphine Waiver Training required to become a community based MAT provider.</p>	<p>physical medicine consultation, per Exhibit B, attached hereto.</p> <p>3. ANTHEM is not required to cover room and board charges or behavioral health services associated with a Member's admission to a hospital or inpatient psychiatric facility for psychiatric inpatient services, per Exhibit B, attached hereto.</p> <p>4. ANTHEM will provide Substance Use Disorder treatment for Members who meet medical necessity for Medically Monitored Intensive Inpatient Services (ASAM Level 3.7) which includes 24 hour nursing care with physician availability for significant problems with acute intoxication and/or withdrawal potential, biomedical conditions and emotional, behavioral or cognitive conditions and complications and 16 hour/day counselor availability.</p> <p>5. ANTHEM will provide Substance Use Disorder treatment for Members who meet medical necessity for Medically Managed Intensive Inpatient Services (ASAM Level 4.0) which includes 24 hour nursing care and daily physician care for severe, unstable problems with acute intoxication and/or withdrawal potential, biomedical conditions and emotional, behavioral or cognitive conditions and complications with counseling available to engage Member in treatment.</p> <p>6. ANTHEM will provide Substance Use Disorder treatment for Members who meet medical necessity for Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7 – WM) which includes severe withdrawal needing 24-hour nursing care and physician visits.</p> <p>7. ANTHEM will provide Substance Use Disorder treatment for Members who meet medical necessity for Medically Managed Intensive Inpatient Withdrawal Management (ASAM Level 4 – WM) which includes severe, unstable withdrawal needing 24-hour nursing</p>

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		<p>care and daily physician visits to modify withdrawal management regimen and manage medical instability. Once the client has stabilized ANTHEM will refer to a lower level of care to increase the likelihood of successful recovery.</p> <p>8. ANTHEM will have the ability to prescribe, dose and/or refer adult and youth Members with an Opioid Use Disorder to Medication Assisted Treatment (MAT) in person or via telehealth when appropriate. ANTHEM will encourage its physicians to complete an eight hour Buprenorphine Waiver Training course required to prescribe and dispense Buprenorphine (required for physicians treating more than thirty Members). This training is available through SAMHSA.</p> <p>9. ANTHEM shall coordinate with COUNTY Narcotic Treatment Program providers when medically indicated for MAT services.</p>
<p>E1. Emergency Room Urgent Behavioral Health Care</p>	<ol style="list-style-type: none"> 1. The COUNTY toll free 24 hour line is available to Members. 2. The COUNTY shall cover and pay for the professional services of a behavioral health specialist provided in an emergency room to a Member whose condition meets COUNTY medical necessity criteria or when behavioral health specialist services are required to assess whether COUNTY medical necessity is met, per Exhibit B, attached hereto. 3. The COUNTY is responsible for the facility charges resulting from the emergency services and care of a Member whose condition meets COUNTY medical necessity criteria when such services and care do result in the admission of the Member for psychiatric and/or Substance Use Disorder inpatient hospital services at the same facility. The 	<ol style="list-style-type: none"> 1. ANTHEM will maintain a 24 hour member service and Nurse Advice Line. 2. ANTHEM shall cover and pay for all professional services, except the professional services of a behavioral health specialist when required for the emergency services and care of a member whose condition meets COUNTY medical necessity criteria. 3. ANTHEM shall cover and pay for the facility charges resulting from the emergency services and care of a Member whose condition meets COUNTY medical necessity criteria when such services and care do not result in the admission of the member for psychiatric and/or Substance Use Disorder inpatient hospital services or when such services result in an admission of the member for psychiatric and/or Substance Use Disorder inpatient hospital services at a different facility. 4. ANTHEM shall cover and pay for the facility charges and the medical professional services required for the

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	<p>facility charge is not paid separately, but is included in the per diem rate for the inpatient stay, per Exhibit B, attached hereto.</p> <p>4. The COUNTY is responsible for facility charges directly related to the professional services of a behavioral health specialist provided in the emergency room when these services do not result in an admission of the member for psychiatric and/or Substance Use Disorder inpatient hospital services at that facility or any other facility, per Exhibit B, attached hereto.</p>	<p>emergency services and care of a Member with an excluded diagnosis or a Member whose condition does not meet COUNTY medical necessity criteria and such services and care do not result in the admission of the Member for psychiatric and/or Substance Use Disorder inpatient hospital services.</p> <p>5. Payment for the professional services of a behavioral health specialist required for the emergency services and care of a Member with an excluded diagnosis is the responsibility of ANTHEM.</p>
E2. Home Health Agency Services	<p>1. COUNTY shall cover and pay for medication support services, case management, crisis intervention services, or any other specialty mental health services as provided under Section 1810.247, which are prescribed by a psychiatrist and are provided to a Member who is homebound. COUNTY will collaborate with ANTHEM on any specialty mental health services being provided to a Member.</p>	<p>1. ANTHEM will cover and pay for prior authorized home health agency services as described in Title 22, CCR, Section 51337 prescribed by an ANTHEM provider when medically necessary to meet the needs of homebound Members. ANTHEM is not obligated to provide home health agency services that would not otherwise be authorized by the Medi-Cal program.</p> <p>2. ANTHEM will refer Members who may be at risk of institutional placement to the Home and Community Based services (HCBS) Waiver Program (ANTHEM/DHCS Contract 6.7.3.8) if appropriate.</p>
E3. Nursing and Residential Facility Services	<p>1. COUNTY will arrange and coordinate payment for nursing facility services, i.e., Augmented Board and Care (ABC), Skilled Nursing Facility (SNF), Institution for Mental Disease (IMD), etc., for Members who meet medical necessity criteria and who require a special treatment program [Title 22, California Code of Regulations (CCR), Section 51335(k)].</p> <p>2. COUNTY's provide medically necessary specialty mental</p>	<p>1. ANTHEM will arrange and pay for nursing facility services for Members who meet the medical necessity criteria for the month of admission plus one month, per Title 22, CCR, Section 51335.</p> <p>2. ANTHEM will arrange for disenrollment from managed care if Member needs nursing services for a longer period of time.</p> <p>3. ANTHEM will pay for all medically necessary DHCS contractually required Medi-Cal covered services until the disenrollment is effective.</p>

CATEGORY	COUNTY	ANTHEM
	health services, typically visits by psychiatrists and psychologists.	
E4. Emergency Transportation, Non-Emergency Medical Transportation (NEMT and Non-Medical Transportation (NMT)	<ol style="list-style-type: none"> 1. Medical transportation services as described in Title 22, Section 51323 are not the responsibility of the COUNTY except when the purpose of the medical transportation service is to transport a Medi-Cal beneficiary from a psychiatric inpatient hospital to another psychiatric inpatient hospital or another type of 24 hour care facility because the services in the facility to which the beneficiary is being transported will result in lower costs to the COUNTY. 	<ol style="list-style-type: none"> 1. ANTHEM will arrange and pay for transportation of Members needing medical transportation from: <ol style="list-style-type: none"> a. The emergency room for medical evaluation. b. A psychiatric inpatient hospital to a medical inpatient hospital required to address the Member's change in medical condition. c. A medical inpatient hospital to a psychiatric inpatient hospital required to address the Member's change in psychiatric condition. 2. ANTHEM will cover and pay for all medically necessary emergency transportation (per CCR Title 22, 51323). Ambulance services are covered when the Member's medical condition contraindicates the use of other forms of medical transportation. 3. Emergency medical transportation is covered, without prior authorization, to the nearest facility capable of meeting the medical needs of the Member as per CCR Title 22, 51323. 4. Ambulance, litter van and wheelchair van medical transportation services are covered when the Member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated, and transportation is required for the purpose of obtaining needed medical care. Ambulance services are covered when the member's medical condition contraindicates the use of other forms of medical transportation 5. ANTHEM will cover all nonemergency medical transportation, necessary to obtain program covered services. A completed, signed ANTHEM Physician Certification Statement (PCS) Form

CATEGORY	COUNTY	ANTHEM
		<p>must be submitted to ANTHEM for the NEMT services to be arranged.</p> <ol style="list-style-type: none"> <li data-bbox="899 323 1474 520">6. ANTHEM will cover and pay for medically necessary non-emergency medical transportation services when prescribed for a Member by a Medi-Cal behavioral health provider outside the COUNTY when a PCS is submitted. <li data-bbox="899 527 1474 688">7. ANTHEM will maintain a policy of non-discrimination regarding Members with behavioral health disorders who require access to any other transportation services provided by ANTHEM. <li data-bbox="899 695 1474 989">8. ANTHEM shall/will provide Non-Medical Transport (NMT) for all Medi-Cal services including services not covered by the ANTHEM contract. These services include but are not limited to; Specialty Mental Health, Substance Use Disorder, dental and any other benefits delivered through the Medi-Cal delivery system. <li data-bbox="899 995 1474 1528">9. NMT does not include transportation of the sick, injured, invalid, convalescent, infirm or otherwise incapacitated members who need to be transported by ambulance, litter vans, or wheelchair vans licensed, operated and equipped in accordance with the State and Local statutes, ordinance, or regulations. Physicians may authorize NMT for members if they are currently using a wheelchair but the limitation is such that the member is able to ambulate without assistance from the driver. The NMT requested must be the least costly method of transportation that meets the member's needs. <li data-bbox="899 1535 1474 1732">10. ANTHEM may use prior authorization processes for NMT services. The member's needs for NMT or NEMT services do not relieve ANTHEM from complying with their timely access standards obligation. <li data-bbox="899 1738 1474 1894">11. ANTHEM will assure that Substance Use Disorder clients receive Non-Emergency medical transportation services when prescribed for a Member as described in APL 17-010, Attached

CATEGORY	COUNTY	ANTHEM
		as Exhibit E. These transportation services will be provided when the SUD services are medically necessary and a PCS is submitted.
E5. Developmentally Disabled Services	<ol style="list-style-type: none"> 1. COUNTY will refer Members with developmental disabilities to the Central Valley Regional Center for non-medical services such as respite, out-of-home placement, supportive living, etc., if such services are needed. 2. COUNTY has a current list of names, addresses and telephone numbers of local providers, provider organizations, and agencies that is available to a Member when that Member has been determined to be ineligible for COUNTY covered services because the Member's diagnosis is not included in Exhibit B Pages 32 to 36. 	<ol style="list-style-type: none"> 1. ANTHEM PCP will refer Members with developmental disabilities to the Central Valley Regional Center for non-medical services such as respite, out-of-home placement supportive living, etc., if such services are needed. 2. ANTHEM will maintain a current MOU with Central Valley Regional Center
E6. History and Physical for Psychiatric Hospital Admission	<ol style="list-style-type: none"> 1. COUNTY will utilize ANTHEM network providers to perform medical histories and physical examinations required for behavioral health examinations required for behavioral health and psychiatric hospital admissions for ANTHEM members. 	<ol style="list-style-type: none"> 1. ANTHEM will cover and pay for all medically necessary professional services to meet the physical health care needs of Members who are admitted to the psychiatric ward of a general acute care hospital or freestanding licensed psychiatric inpatient hospital. These services include the initial health history and physical assessment required within 24 hours of admission and any necessary physical medicine consultations, per Exhibit B attached hereto.
E7. Hospital Outpatient Department Services (Electroconvulsive Therapy)	<ol style="list-style-type: none"> 1. COUNTY will cover and pay for all psychiatric professional services associated with electroconvulsive therapy. Per Title 9, CCR Section 1810.350 	<ol style="list-style-type: none"> 1. ANTHEM is responsible for separately billable outpatient services related to electroconvulsive therapy, such as anesthesiologist services, per Exhibit B, attached hereto. 2. ANTHEM will cover and pay for professional services and associated room charges for hospital outpatient department services consistent with medical necessity and ANTHEM's

CATEGORY	COUNTY	ANTHEM
		contract with its contractors and DHCS, per Exhibit B, attached hereto.
F. Diagnostic Assessment and Triage	<ol style="list-style-type: none"> 3. COUNTY or COUNTY provider will screen and apply ASAM criteria for level of care placement. When Member is determined to meet medical necessity for a level of care not provided by COUNTY Member will be referred to ANTHEM. 4. COUNTY will arrange and pay for specialty COUNTY provider services for Members whose psychiatric condition may not be responsive to physical health care. <ol style="list-style-type: none"> a. Initial access and availability will be via the COUNTY Access Unit (a twenty-four hour toll free telephone triage system) b. Crisis/emergency triage via COUNTY provider is available 24 hours a day. 5. COUNTY provider will assess and diagnose Member's symptoms, level of impairment and focus of intervention. Included ICD-9 Diagnoses codes are identified in Enclosure 1a, attached hereto and incorporated herein. 6. COUNTY provider assessments will: <ol style="list-style-type: none"> c. Determine if Member meets medical necessity criteria (See Attachment B, attached hereto and incorporated herein by reference.) d. Provide a resolution of diagnostic dilemmas not resolved by consultations (e.g., multiple interacting syndromes, patient's symptoms interfere with the diagnostic conclusion and has a bearing on the 	<ol style="list-style-type: none"> 1. ANTHEM will provide Members with Substance Use Disorder screenings, brief intervention (SBIRT), referral and assessment. If it is found that a Member preliminarily meets medical necessity for COUNTY provided services ANTHEM will refer the Member to an appropriate COUNTY access point (24/7 Access Line, Urgent Care Wellness Center or COUNTY provider) for further assessment and treatment. 2. ANTHEM will arrange and pay for assessments of ANTHEM members by PCPs to: <ol style="list-style-type: none"> a. Rule out general medical conditions causing psychiatric and/or Substance Use Disorder symptoms. b. Rule out behavioral health disorders caused by a general medical condition. 3. The PCP will identify those general medical conditions that are causing or exacerbating psychiatric and/or Substance Use Disorder symptoms. 4. The PCP will be advised to identify and treat non-disabling psychiatric conditions which may be responsive to primary care, i.e., mild to moderate anxiety and/or depression. 5. When medically necessary ANTHEM will cover and pay for physician services provided by specialists such as neurologists, per Exhibit B, attached hereto.

CATEGORY	COUNTY	ANTHEM
	<p>primary care physician's treatment plan or if the diagnostic conclusion is needed to determine appropriateness for specialized mental health care.</p> <p>e. Identify stability level, if the result is needed to determine appropriateness for specialty mental health services.</p>	
G. Referrals	<ol style="list-style-type: none"> 1. COUNTY will accept referrals from ANTHEM staff and providers. ANTHEM providers and Members will be referred to determine medical necessity for specialty mental health services. For Substance Use Disorder members, screening will be completed to determine if further assessment is necessary. If so clients will be referred to the 24/7 Access Line. 2. COUNTY will coordinate with ANTHEM Customer Care Center to facilitate appointment and referral verification assistance as needed. 3. When all medical necessity criteria are met, COUNTY will arrange for specialty mental health and/or Substance Use Disorder services by COUNTY provider. 4. When Member is appropriately treated and/or stabilized, Member may be referred back, if appropriate to PCP for maintenance care. The COUNTY and ANTHEM will coordinate services as necessary in such cases 5. COUNTY and COUNTY provider will track referrals to PCP to verify that Member has access to 	<ol style="list-style-type: none"> 1. Following the PCP assessment, ANTHEM staff and/or PCP will refer those Members whose psychiatric condition or Substance Use Disorder would not be responsive to physical health care to the COUNTY to determine if specialty mental health and/or Substance Use Disorder services medical necessity criteria are met. 2. ANTHEM and PCP will coordinate and assist the COUNTY and Member to keep their appointments and referrals back to their PCP as appropriate for all other services not covered by the COUNTY. <ol style="list-style-type: none"> a. ANTHEM may request assistance from the COUNTY Liaison to facilitate removal of barriers to a successful referral such as transportation difficulties, resistance to treatment or delays to access. 3. Members not meeting COUNTY medical necessity guidelines will be referred by ANTHEM to appropriate community resources for assistance in identifying programs available for low income Medi-Cal beneficiaries.

CATEGORY	COUNTY	ANTHEM
	<p>appointment and assistance to keep appointment as needed.</p> <p>a. COUNTY provider will have the option of contacting the ANTHEM Health Services for information and assistance concerning a referred Member.</p> <p>6. The COUNTY will refer the Member to a source of treatment or a source of referral for treatment outside the COUNTY when the COUNTY determines that the Member's diagnosis is not included in Title 9, CCR, Section 1830.205.</p> <p>7. Per Welfare & Institution Code, Section 5777.5 (b)(1) for behavioral health services the COUNTY will designate a process or entity to receive notice of actions, denials, or deferrals from ANTHEM, and to provide any additional information requested in the deferral notice as necessary for a medical necessity determination.</p> <p>8. Per Welfare & Institution Code, Section 5777.5(b) (2) for behavioral health services the COUNTY will respond by the close of business day following the day the deferral notice is received.</p>	
<p>H. Service Authorizations</p>	<p>1. For mental health services, COUNTY will authorize assessment and/or treatment services by COUNTY providers who are credentialed and contracted with COUNTY for services that meet specialty mental health services medical necessity criteria.</p> <p>2. For Substance Use Disorder services, COUNTY will perform screening and referral to treatment. Once the provider assessment is complete</p>	<p>1. ANTHEM will authorize medical assessment and/or treatment services by ANTHEM network providers who are credentialed and contracted with ANTHEM for covered medically necessary services.</p> <p>2. ANTHEM will inform PCPs that they may refer Members to the COUNTY for initial diagnosis and assessment of the Member.</p>

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	<p>COUNTY will authorize a Treatment Authorization Request (TAR) for level of care to receive treatment by COUNTY providers who are Drug Medi-Cal certified and contracted with the COUNTY for Substance Use Disorder services that meet medical necessity criteria.</p>	
<p>I. Consultation</p>	<ol style="list-style-type: none"> 1. COUNTY encourages consultations between COUNTY providers, specialty providers and ANTHEM PCP providers as it relates to specialty mental health and/or Substance Use Disorder issues including but not limited to medication issues, linkage with community resources, etc., in accordance with HIPAA federal and state regulations regarding confidentiality per HIPPA Privacy Rule 45 C.F.R. Part 164. 2. For those Members who are excluded from COUNTY services, COUNTY will provide clinical consultation and training to the ANTHEM PCPs, other behavioral health providers and/or ANTHEM staff on the following topics: <ol style="list-style-type: none"> a. Recommended physical healthcare-based treatment for diagnosed conditions b. Complex diagnostic assessment of behavioral health disorders (e.g., multiple co-occurring diagnosis, atypical symptom patterns) c. Treatment of stabilized but serious and debilitating mental disorders d. Complex psychotropic medications practices (medication interactions, 	<ol style="list-style-type: none"> 1. PCP providers will be available to consult with COUNTY and COUNTY providers regarding Members who are treated by both, in accordance with HIPAA federal and state regulations regarding confidentiality, per HIPPA Privacy Rule 45 C.F.R. Part 164. 2. For those Members who meet COUNTY medical necessity criteria and whose psychiatric symptoms and/or Substance Use Disorder will be treated by a COUNTY provider, ANTHEM and/or PCP will provide consultation to COUNTY providers and/or COUNTY staff on the following topics: <ol style="list-style-type: none"> a. Acquiring access to covered ANTHEM medical services. b. Treatment of physical symptoms precipitated by medications used to treat behavioral health disorders. c. Treatment of complicated sub-syndrome medical symptoms. d. Complex medication interactions with medications prescribed by PCP not commonly used in psychiatric or Substance Use Disorder specialty practice.

CATEGORY	COUNTY	ANTHEM
	<p>polypharmacy, use of novel psychotropic medication)</p> <ul style="list-style-type: none"> e. Treatment of complicated sub-syndrome psychiatric symptoms f. Treatment of psychiatric symptoms precipitated by medications used to treat medical conditions g. Treatment of outpatient behavioral health services that are within the ANTHEM PCP's scope of practice. <p>3. For those Members who are excluded from COUNTY services, COUNTY will provide clinical consultation and training to the ANTHEM PCPs, and/or ANTHEM staff on the following topics:</p> <ul style="list-style-type: none"> a. ASAM Multidimensional Assessment b. From Assessment to Service Planning and Level of Care c. Title 22/Documentation d. Evidence Based Practices e. DSM-5 f. Co-occurring Disorders g. Medication Assisted Treatment 	
<p>J. Early Periodic Screening, Diagnosis and treatment (EPSDT) Supplemental Services.</p>	<ul style="list-style-type: none"> 1. COUNTY will utilize Medi-Cal medical necessity criteria established for EPSDT supplemental services to determine if a child, 21 years of age and under, meets those criteria. 2. When EPSDT supplemental criteria are met, COUNTY is responsible for arranging and paying for EPSDT supplemental services provided by COUNTY specialty mental health and 	<ul style="list-style-type: none"> 1. When ANTHEM determines that EPSDT supplemental services criteria are not met and the Member child's condition is not CCS eligible, ANTHEM will refer the Member child to the PCP for treatment of conditions within the PCP's scope of practice. 2. Referrals to the COUNTY for an appropriate linked program will be made for treatment of conditions outside the PCP's scope of practice. ANTHEM will assist the COUNTY and Members by providing links to known community providers of supplemental services.

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	<p>Substance Use Disorder providers.</p> <p>3. When EPSDT supplemental criteria are not met, COUNTY will refer Member children as follows:</p> <ul style="list-style-type: none"> a. For mental health services, Referral to California Children’s Services (CCS)- for those children who have a CCS medically eligible condition and require behavioral health provider services related to the eligible condition b. For Substance Use Disorder services, ASAM criteria will be applied, level of care will be determined and a referral to treatment will be made. c. When a referral is made, the COUNTY will notify ANTHEM of the referral. 	<p>3. ANTHEM will cover all medically necessary professional services to meet the physical health care needs of Members admitted to a general acute care hospital ward or to a freestanding licensed psychiatric inpatient hospital.</p>
<p>K. Pharmaceutical Services and Prescribed Drugs</p>	<ul style="list-style-type: none"> 1. COUNTY providers will prescribe and monitor the effects and side effects of psychotropic medications for Members under their treatment. 2. COUNTY will coordinate with ANTHEM representatives to ensure that psychotropic drugs prescribed by COUNTY providers are included in the ANTHEM formulary and/or available for dispensing by ANTHEM network pharmacies unless otherwise stipulated by state regulation. 3. COUNTY will inform COUNTY providers regarding process and procedure for obtaining prescribed medications for Members. 4. COUNTY providers will utilize ANTHEM contracted laboratories for laboratory tests required for medication administration and 	<ul style="list-style-type: none"> 1. ANTHEM will: <ul style="list-style-type: none"> a. Allow COUNTY credentialed providers access to pharmacy and laboratory services as specialty providers. b. Will make available a list of participating pharmacies and laboratories on the internet. c. Will make available the formulary and information regarding drug formulary procedures on the internet. d. Consider recommendations from COUNTY for utilization management standards for behavioral health, pharmacy and laboratory services. e. Provide the process for obtaining timely authorization and delivery of prescribed drugs and laboratory services to the COUNTY. 2. ANTHEM will coordinate with COUNTY to ensure that covered psychotropic

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	<p>management of psychotropic medications.</p> <p>5. COUNTY will assist ANTHEM in the utilization review of psychotropic drugs prescribed by out-of-network psychiatrists.</p> <p>6. COUNTY will share with ANTHEM a list of non-contracted psychiatrist COUNTY providers contracted to provide behavioral health services in areas where access to psychiatrists is limited, on a quarterly basis.</p>	<p>drugs prescribed by COUNTY providers are available through the authorization process or formulary for dispensing by ANTHEM network pharmacies unless otherwise stipulated by state regulation. (See Enclosure2, "Drugs Excluded from Plan Coverage" of Exhibit B)</p> <p>3. ANTHEM will apply utilization review procedures when prescriptions are written by out-of-network psychiatrists for the treatment of psychiatric conditions.</p> <ul style="list-style-type: none"> a. Covered psychotropic drugs written by out-of-network psychiatrists will be filled by ANTHEM network pharmacies. b. ANTHEM will provide Members with the same drug accessibility written by out-of-network psychiatrists as in-network providers. c. ANTHEM will not cover and pay for behavioral health drugs written by out-of-network physicians who are not psychiatrists unless these prescriptions are written by non-psychiatrists contracted by the COUNTY to provide behavioral health services in areas where access to psychiatrists is limited per Exhibit B, attached hereto. <p>4. ANTHEM PCPs will monitor the effects and side effects of psychotropic medications prescribed for those members whose psychiatric conditions are under their treatment.</p> <p>5. Reimbursement to pharmacies for new psychotropic drugs classified as antipsychotics and approved by the FDA will be made through the Medi-Cal FFS system whether these drugs are provided by a pharmacy contracting with ANTHEM or by a FFS pharmacy, per Enclosure 2 of this Exhibit A, attached hereto and incorporated herein.</p>
L. Laboratory, Radiological and	1. COUNTY or a Medi-Cal FFS behavioral health services	1. ANTHEM will cover and pay for medically necessary laboratory,

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Radioisotope Services	<p>provider needing laboratory, radiological, or radioisotope services for a Member when necessary for the diagnosis, treatment or monitoring of a behavioral health condition will utilize the list of ANTHEM contract providers.</p>	<p>radiological and radioisotope services when ordered by a COUNTY or a Medi-Cal FFS behavioral health services provider for the diagnosis, treatment or monitoring of a behavioral health condition (and side effects resulting from medications prescribed to treat the behavioral health diagnosis) as described in Title 22, CCR Section 51311 and Exhibit B, attached hereto.</p> <ol style="list-style-type: none"> 2. ANTHEM will coordinate and assist the COUNTY or Medi-Cal FFS behavioral health provider in the delivery of laboratory radiological or radioisotope services. 3. A list of ANTHEM contracted providers is available on-line. 4. Provide the process for obtaining timely authorization and delivery of prescribed drugs and laboratory services.
M. Grievances and Complaints	<ol style="list-style-type: none"> 1. COUNTY will share with ANTHEM its established processes for the submittal, processing and resolution of all member and provider grievances and complaints regarding any aspect of the behavioral health care services in accordance with CFR 42 Part 438. These processes include timelines/deadlines and member information that must be provided. 2. COUNTY and ANTHEM will work collaboratively to resolve any formal grievance or complaint brought to the attention of either plan. 	<ol style="list-style-type: none"> 1. ANTHEM has in place a written process for the submittal, processing and resolution of all member and provider grievances and complaints which is inclusive of any aspect of the health care services or provision of services. 2. ANTHEM liaison will coordinate and share the established complaint and grievance process for its Members with the COUNTY
N. Appeal Resolution Process	<ol style="list-style-type: none"> 1. COUNTY will ensure that the Members and providers are given an opportunity for reconsideration and appeal for denied, modified or delayed services. 2. COUNTY will ensure that the Members receive specialty mental health and/or Substance 	<ol style="list-style-type: none"> 1. ANTHEM will ensure that Members and providers are given an opportunity for reconsideration and an appeal for denied, modified or delayed services 2. ANTHEM will ensure that medically necessary services continue to be provided to Members while the dispute is being resolved. ANTHEM's appeal

CATEGORY	COUNTY	ANTHEM
	<p>Use Disorder services and prescription drugs while the dispute is being resolved.</p> <p>3. COUNTY will identify and provide ANTHEM with the name and telephone number of a psychiatrist or other qualified licensed mental health professional available to provide clinical consultation, including consultation on medications to the ANTHEM provider responsible for the beneficiary's care.</p>	<p>process will be shared with the COUNTY.</p>
<p>O. Conflict Resolution/MOU Monitoring</p>	<p>1. COUNTY Liaison will meet with the ANTHEM Liaison to monitor this MOU quarterly and/or upon request.</p> <ul style="list-style-type: none"> a. Within two weeks of a formal request, COUNTY Liaison will meet with ANTHEM Liaison when COUNTY or ANTHEM management identifies problems requiring resolution through the MOU. b. COUNTY Liaison will be responsible for coordinating, assisting and communicating suggestions for MOU changes to the COUNTY leadership and ANTHEM. c. COUNTY Liaison will communicate and coordinate MOU changes to the State Department of Health Care Services (DHCS), COUNTY service providers and to ANTHEM and its providers. <p>2. COUNTY Liaison will participate in an annual review, update and/or renegotiations with ANTHEM, as mutually agreed.</p>	<p>1. Local ANTHEM liaison will meet with the COUNTY Liaison to monitor this MOU quarterly and/or upon request.</p> <ul style="list-style-type: none"> a. Within two weeks of a formal request, ANTHEM Liaison will meet with the COUNTY Liaison when the COUNTY or ANTHEM management identifies problems requiring resolution through the MOU. b. ANTHEM Liaison will be responsible for coordinating, assisting and communicating suggestions for MOU changes for to ANTHEM and the COUNTY leadership. c. ANTHEM will coordinate and communicate MOU changes to the California Department of Health Care Services (DHCS), COUNTY providers and ANTHEM network services providers. d. ANTHEM Liaison will make a good faith effort to agree to resolutions that are in the best interest of Members and are agreeable to all parties involved. <p>2. ANTHEM Liaison will conduct an annual review, update and/or renegotiations of this MOU, as mutually agreed.</p> <p>3. ANTHEM management will provide 60 day advance written notice to COUNTY</p>

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	<p>3. COUNTY management will provide 60 days advance written notice to ANTHEM should the COUNTY decide to modify this MOU. [Unless mandated by the Department of Behavioral Health directives, Department of Health Care Services mandated requirements and/or Federal guidelines.]</p>	<p>should ANTHEM decide to modify this MOU.</p>
<p>P. Protected Health Information</p>	<ol style="list-style-type: none"> 1. COUNTY will comply with all applicable laws pertaining to use and disclosure of PHI including but not limited to: <ul style="list-style-type: none"> • HIPAA / 45 C.F.R. Parts 160 and 164 • LPS / W & I Code Sections 5328-5328.15 • 45 C.F.R. Part 2 • HITECH Act (42. U.S.C. Section 17921 <i>et. seq.</i> • CMIA (Ca Civil Code 56 through 56.37) 2. COUNTY will train its workforce in policies and procedures regarding Protected Health Information (PHI) as necessary and appropriate to perform processes and functions within the scope of duties under this MOU. 3. Only encrypted PHI as specified in the HIPAA Security Rule will be transmitted via email. Unsecured PHI will not be transmitted via email. 4. COUNTY will notify ANTHEM within 24 hours during a work week of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI and/or any actual or suspected use or disclosure of data in violation of any applicable Federal and State laws and regulations. 	<ol style="list-style-type: none"> 1. ANTHEM will comply with Confidentiality of Medical Information Act [California Civil Code 56 through 56.37] the Patient Access to Health Records Act (California Health and Safety Code 123100, <i>et seq</i>) and the Health Insurance Portability and Accountability Act (Code of Federal Regulations Title 45 Parts 160 and 164). 2. ANTHEM will train its workforce in policies and procedures regarding Protected Health Information (PHI) as necessary and appropriate to perform processes and functions within the scope of duties under this MOU. 3. ANTHEM will encrypt any data transmitted via Electronic Mail (Email) containing confidential data of Members such as PHI and Personal Confidential Information (PCI) or other confidential data to ANTHEM or anyone else including state agencies. 4. ANTHEM will notify COUNTY within 24 hours during a work week of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI and/or any actual or suspected use or disclosure of data in violation of any applicable Federal and State laws or regulations.
	<ol style="list-style-type: none"> 1. COUNTY Liaison will participate 	<ol style="list-style-type: none"> 1. ANTHEM liaison will conduct an annual

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<p>Q. Routine Dispute Resolution Process</p>	<p>in an annual review, update and/or renegotiations with ANTHEM on this agreement as is mutually agreed.</p> <ol style="list-style-type: none"> 2. When the COUNTY has a dispute with ANTHEM that cannot be resolved to the satisfaction of the COUNTY concerning the obligations of the COUNTY or ANTHEM under their respective contracts with the DHCS, State Medi-Cal laws and regulations, or with this MOU as described in Section 1810.370*, the COUNTY may submit a request for resolution to the Department. 3. Regardless of MOU status, COUNTY and ANTHEM must complete the plan level dispute resolution process in paragraph 2 above, within 15 business days of identifying the dispute. Within three business days after a failure to resolve the dispute during that timeframe, either the COUNTY or ANTHEM must submit a written "Request for Resolution" to DHCS. 4. If COUNTY submits the Request for Resolution it must be signed by COUNTY Director or designee. The Request for Resolution must include: <ol style="list-style-type: none"> a. A summary of the disputed issue(s) and a statement of the desired remedies, including any disputed services that have been or are expected to be delivered to the member by either ANTHEM or the COUNTY and the expected rate of payment for each type of service; b. A history of the attempts to resolve the issue(s) with the COUNTY; c. Justification for ANTHEM's 	<p>review, update and/or renegotiations of this agreement with the COUNTY as is mutually agreed.</p> <ol style="list-style-type: none"> 2. When ANTHEM has a dispute with the COUNTY that cannot be resolved to the satisfaction of ANTHEM concerning the obligations of the COUNTY or ANTHEM under their respective contracts with the DHCS, State Medi-Cal laws and regulations, or with this MOU as described in Section 1810.370*, the COUNTY may submit a request for resolution to the Department. 3. Regardless of MOU status, ANTHEM and COUNTY must complete the dispute resolution process in paragraph 2 above, within 15 business days of identifying the dispute. Within three business days after a failure to resolve the dispute during that timeframe, either the COUNTY or ANTHEM must submit a written "Request for Resolution" to DHCS. 4. If ANTHEM submits the Request for Resolution it must be signed by ANTHEM's Plan President or designee. The Request for Resolution must include: <ol style="list-style-type: none"> a. A summary of the disputed issue(s) and a statement of the desired remedies, including any disputed services that have been or are expected to be delivered to the member by either ANTHEM or the COUNTY and the expected rate of payment for each type of service; b. A history of the attempts to resolve the issue(s) with the COUNTY; c. Justification for ANTHEMHEALTH's desired remedy; and d. Any additional documentation that ANTHEM deems relevant to resolve the disputed issue(s), if applicable. 5. The Request for Resolution must be submitted via secure email to: MCQMD@dhcs.ca.gov.

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	<p>desired remedy; and</p> <p>d. Any additional documentation that COUNTY deems relevant to resolve the disputed issue(s), if applicable.</p> <p>5. The Request for Resolution must be submitted via secure email to: Countysupport@dhcs.ca.gov.</p> <p>6. Within three business days of receipt of a Request for Resolution from COUNTY, DHCS will forward a copy of the Request for Resolution to ANTHEM via secure email ("Notification"). ANTHEM will have three business days from the receipt of Notification to submit a response to COUNTY's Request for Resolution and to provide any relevant documents to support the ANTHEM's position. If ANTHEM fails to respond, DHCS will render a decision on the disputed issue(s) based on the documentation submitted by COUNTY.</p> <p>7. If COUNTY requests a rate of payment in its Request for Resolution, and the COUNTY prevails, the requested rate shall be deemed correct, unless ANTHEM disputes the rate of payment in its response. If ANTHEM fails to respond, DHCS will render a decision on the disputed issue(s) based on the documentation submitted by the COUNTY.</p> <p>8. At its discretion, DHCS may allow representatives of ANTHEM and COUNTY the opportunity to present oral arguments.</p> <p>9. The Managed Care Quality and Monitoring Division and the Medi-Cal Behavioral Health Division will make a joint recommendation to DHCS' Director, or the</p>	<p>6. Within three business days of receipt of a Request for Resolution from ANTHEM, DHCS will forward a copy of the Request for Resolution to the Director of the affiliated COUNTY via secure email ("Notification"). The COUNTY will have three business days from the receipt of Notification to submit a response to ANTHEM's Request for Resolution and to provide any relevant documents to support the COUNTY's position. If the COUNTY fails to respond, DHCS will render a decision on the disputed issue(s) based on the documentation submitted by ANTHEM.</p> <p>7. If ANTHEM requests a rate of payment in its Request for Resolution, and ANTHEM prevails, the requested rate shall be deemed correct, unless the COUNTY disputes the rate of payment in its response. If the COUNTY fails to respond, DHCS will render a decision on the disputed issue(s) based on the documentation submitted by ANTHEM.</p> <p>8. At its discretion, DHCS may allow representatives of ANTHEM and COUNTY the opportunity to present oral arguments.</p> <p>9. The Managed Care Quality and Monitoring Division and the Medi-Cal Behavioral Health Division will make a joint recommendation to DHCS' Director, or the Director's designee, based on their review of the submitted documentation; the applicable statutory, regulatory, and contractual obligations of ANTHEM and the COUNTY; and any oral arguments presented.</p> <p>10. Within 20 business days from the third business day after the Notification date, DHCS will communicate the final decision via secure email to ANTHEM's Plan President (or designee, if the designee submitted the Request for Resolution) and the COUNTY's Director (or the Director's designee, if the designee submitted the Request for Resolution). DHCS' decision will state the reasons for the decision, the</p>

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	<p>Director's designee, based on their review of the submitted documentation; the applicable statutory, regulatory, and contractual obligations of ANTHEM and the COUNTY; and any oral arguments presented.</p> <p>10. Within 20 business days from the third business day after the Notification date, DHCS will communicate the final decision via secure email to ANTHEM's Plan President (or designee, if the designee submitted the Request for Resolution) and the COUNTY's Director (or the Director's designee, if the designee submitted the Request for Resolution). DHCS' decision will state the reasons for the decision, the determination of rates of payment (if the rates of payment were disputed), and any actions ANTHEM and COUNTY are required to take to implement the decision. Any such action required from either ANTHEM or the COUNTY must be taken no later than the next business day following the date of the decision.</p> <p>11. A dispute between the COUNTY and ANTHEM will not delay medically necessary specialty mental health services, physical health care services, or related prescription drugs and laboratory, radiological, or radioisotope services to beneficiaries, when it is reasonably foreseeable that delay in the provision of services is likely to harm the beneficiary.</p> <p>12. Nothing in this section will preclude a beneficiary from utilizing the COUNTY's beneficiary problem resolution process or any similar process offered by ANTHEM or to request a fair hearing.</p>	<p>determination of rates of payment (if the rates of payment were disputed), and any actions ANTHEM and COUNTY are required to take to implement the decision. Any such action required from either ANTHEM or the COUNTY must be taken no later than the next business day following the date of the decision.</p> <p>11. A dispute between ANTHEM and the COUNTY will not delay medically necessary specialty mental health services, physical health care services, or related prescription drugs and laboratory, radiological, or radioisotope services to beneficiaries, when it is reasonably foreseeable that delay in the provision of services is likely to harm the beneficiary.</p> <p>12. Nothing in this section will preclude a beneficiary from utilizing ANTHEM's beneficiary problem resolution process or any similar process offered by the COUNTY or to request a fair hearing.</p> <p>13. If a dispute occurs between the member and ANTHEM or COUNTY, the member will continue to receive medically necessary health care and mental health care services, including prescription drugs until the dispute is resolved.</p>

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	<p>13. If a dispute occurs between the member and the COUNTY or ANTHEM, the member will continue to receive medically necessary health care and mental health care services, including prescription drugs until the dispute is resolved.</p> <p>14. When the dispute involves ANTHEM continuing to provide services to a beneficiary that ANTHEM believes requires specialty mental health services from the COUNTY, the COUNTY shall identify and provide ANTHEM with the name and telephone number of a psychiatrist or other qualified licensed mental health.</p>	
<p>R. Expedited Dispute Resolution Process</p>	<p>1. ANTHEM and COUNTY may seek to enter into an expedited dispute resolution process if a member has not received a disputed service(s) and ANTHEM and/or COUNTY determine that the Routine Dispute Resolution Process timeframe would result in serious jeopardy to the member's life, health, or ability to attain, maintain, or regain maximum function.</p> <p>2. Under this expedited process, ANTHEM and COUNTY will have one business day after identification of a dispute to attempt to resolve the dispute at the plan level. Within one business day after a failure to resolve the dispute in that timeframe, both plans will separately submit a Request for Resolution to DHCS, as set out above, including an affirmation of the stated jeopardy to the member.</p> <p>3. If the COUNTY fails to submit a</p>	<p>1. ANTHEM and COUNTY may seek to enter into an expedited dispute resolution process if a member has not received a disputed service(s) and ANTHEM and/or COUNTY determine that the Routine Dispute Resolution Process timeframe would result in serious jeopardy to the member's life, health, or ability to attain, maintain, or regain maximum function.</p> <p>2. Under this expedited process, ANTHEM and COUNTY will have one business day after identification of a dispute to attempt to resolve the dispute at the plan level. Within one business day after a failure to resolve the dispute in that timeframe, both plans will separately submit a Request for Resolution to DHCS, as set out above, including an affirmation of the stated jeopardy to the member.</p> <p>3. If ANTHEM fails to submit a Request for Resolution, DHCS will render a decision on the disputed issue(s) based on the documentation submitted by the COUNTY.</p> <p>4. DHCS will provide a decision no later than one business day following</p>

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	<p>Request for Resolution, DHCS will render a decision on the disputed issue(s) based on the documentation submitted by ANTHEM.</p> <p>4. DHCS will provide a decision no later than one business day following DHCS' receipt of Request for Resolution from both parties and affirmation of the stated jeopardy to the member.</p>	<p>DHCS' receipt of Request for Resolution from both parties and affirmation of the stated jeopardy to the member.</p>
S. Financial Liability	<p>1. If DHCS' decision includes a finding that the unsuccessful party is financially liable to the other party for services, ANTHEM or COUNTY is required to comply with the requirements in Title 9, California Code of Regulations (CCR), section 1850.530. If necessary, DHCS will enforce the decision, including withholding funds to meet any financial liability.</p>	<p>1. If DHCS' decision includes a finding that the unsuccessful party is financially liable to the other party for services, ANTHEM or COUNTY is required to comply with the requirements in Title 9, California Code of Regulations (CCR), section 1850.530. If necessary, DHCS will enforce the decision, including withholding funds to meet any financial liability.</p>

Enclosure 1a.

Table 1 - Included ICD-10 Diagnoses - All Places of Services Except Hospital Inpatient

F20.0-F29	F60.0-F60.1	F98.0-F98.4
F30.10-F30.9	F60.3-F68.13	G21.0-G25.9
F31.10-F39	F80.82-F80.9	R15.0-R69
F40.00-F45.1	F84.2-F84.9	Z03.89
F45.22-F50.9	F90.0-F94.1	

ATTACHMENT A

Medical Necessity For Specialty Mental Health Services That Are The Responsibility Of Mental Health Plan

Must have *all, A, B and C*:

A. Diagnoses

Must have one of the following DSM IV diagnoses, which will be the focus of the intervention being provided:

Included Diagnosis:

- Pervasive Development Disorders, except Autistic Disorder which is excluded.
- Attention Deficit and Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy or Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood or Adolescence
- Schizophrenia & Other Psychotic Disorder
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identify Disorders
- Eating Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders (related to other included diagnoses).

B. Impairment Criteria

Must have *one* of the following as a result of the mental disorder identified in the diagnostic (“A”) criteria; must have *one, 1, 2 or 3*

- 1 A significant impairment in an important area of life functioning, *or*
- 2 A probability of significant deterioration in an important area of life functioning, *or*
- 3 Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated (current DHS EPSDT regulations also apply).

Excluded Diagnosis:

- Mental Retardation
- Learning Disorder
- Motor Skills Disorder
- Communications Disorders
- Autistic Disorder, Other Pervasive Developmental Disorders are included.
- Tic Disorders
- Delirium, Dementia, and Amnesic and Other Cognitive Disorders
- Mental Disorders Due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other Conditions that may be a focus of clinical attention, except Medication induced Movement Disorders which are included.

—
A beneficiary may receive services for an included diagnosis when an excluded diagnosis is also present.

C. Intervention Related Criteria

Must have *all, 1, 2 and 3* below:

- 1 The focus of proposed intervention is to address the condition identified in impairment criteria “B” above *and*
- 2 It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning, and/or for children it is probable the child will progress developmentally as individually appropriate (or if covered by EPSDT can be corrected or ameliorated), *and*
- 3 The condition would not be responsive to physical health care based treatment.

EPSDT beneficiaries with an included diagnosis and a substance related disorder may receive specialty mental health services directed at the substance use component. The intervention must be consistent with, and necessary to the attainment of, the specialty MH treatment goals.

SUD ICD 10 Analysis Included Codes

ICD 10 Code	ICD 10 Code Descriptions
F10.10	Alcohol Abuse, Uncomplicated
F10.11	Alcohol Abuse, in Remission
F10.120	Alcohol Abuse with Intoxication, Uncomplicated
F10.129	Alcohol Abuse with Intoxication, Unspecified
F10.13	Alcohol Abuse, with Withdrawal
F10.130	Alcohol Abuse with Withdrawal, Uncomplicated
F10.131	Alcohol Abuse with Withdrawal, Delirium
F10.132	Alcohol Abuse with Withdrawal with Perceptual Disturbance
F10.139	Alcohol Abuse with Withdrawal, Unspecified
F10.14	Alcohol Abuse with Alcohol-Induced Mood Disorder
F10.150	Alcohol Abuse with Alcohol-Induced Psychotic Disorder with Delusions
F10.151	Alcohol Abuse with Alcohol-Induced Psychotic Disorder with Hallucinations
F10.159	Alcohol Abuse with Alcohol-Induced Psychotic Disorder, Unspecified
F10.180	Alcohol Abuse with Alcohol-Induced Anxiety Disorder
F10.20	Alcohol Dependence, Uncomplicated
F10.21	Alcohol Dependence, in Remission
F10.220	Alcohol Dependence with Intoxication, Uncomplicated
F10.229	Alcohol Dependence with Intoxication, Unspecified
F10.230	Alcohol Dependence with Withdrawal, Uncomplicated
F10.239	Alcohol Dependence with Withdrawal, Unspecified
F10.24	Alcohol Dependence with Alcohol-Induced Mood Disorder
F10.250	Alcohol Dependence with Alcohol-Induced Psychotic Disorder with Delusions
F10.251	Alcohol Dependence with Alcohol-Induced Psychotic Disorder with Hallucinations
F10.259	Alcohol Dependence with Alcohol-Induced Psychotic Disorder, Unspecified
F10.280	Alcohol Dependence with Alcohol-Induced Anxiety Disorder
F10.920	Alcohol Use, Unspecified with Intoxication, Uncomplicated
F10.929	Alcohol Use, Unspecified with Intoxication, Unspecified
F10.93	Alcohol Use, Unspecified with Withdrawal
F10.930	Alcohol Use, Unspecified with Withdrawal, Uncomplicated
F10.931	Alcohol Use, Unspecified with Withdrawal Delirium
F10.932	Alcohol Use, Unspecified with Withdrawal with Perceptual Disturbance
F10.939	Alcohol Use, Unspecified with Withdrawal, Unspecified
F10.94	Alcohol Use, Unspecified, with Alcohol-Induced Mood Disorder
F10.950	Alcohol Use, Unspecified, with Alcohol-Induced Psychotic Disorder with Delusions
F10.951	Alcohol Use, Unspecified, with Alcohol-Induced Psychotic Disorder with Hallucinations
F10.959	Alcohol Use, Unspecified with Alcohol-Induced Psychotic Disorder, Unspecified
F10.980	Alcohol Use, Unspecified with Alcohol-Induced Anxiety Disorder
F11.10	Opioid Abuse, Uncomplicated
F11.11	Opioid Abuse, in Remission
F11.120	Opioid Abuse with Intoxication, Uncomplicated
F11.129	Opioid Abuse with Intoxication, Unspecified
F11.13	Opioid Abuse with Withdrawal
F11.14	Opioid Abuse with Opioid-Induced Mood Disorder
F11.150	Opioid Abuse with Opioid-Induced Psychotic Disorder with Delusions
F11.151	Opioid Abuse with Opioid-Induced Psychotic Disorder with Hallucinations
F11.159	Opioid Abuse with Opioid-Induced Psychotic Disorder, Unspecified

SUD ICD 10 Analysis Included Codes

ICD 10 Code	ICD 10 Code Descriptions
F11.20	Opioid Dependence, Uncomplicated
F11.21	Opioid Dependence, in Remission
F11.220	Opioid Dependence with Intoxication, Uncomplicated
F11.229	Opioid Dependence with Intoxication, Unspecified
F11.23	Opioid Dependence with Withdrawal
F11.24	Opioid Dependence with Opioid-Induced Mood Disorder
F11.250	Opioid Dependence with Opioid-Induced Psychotic Disorder with Delusions
F11.251	Opioid Dependence with Opioid-Induced Psychotic Disorder with Hallucinations
F11.259	Opioid Dependence with Opioid-Induced Psychotic Disorder, Unspecified
F11.90	Opioid Use, Unspecified, Uncomplicated
F11.920	Opioid Use, Unspecified with Intoxication, Uncomplicated
F11.929	Opioid Use, Unspecified with Intoxication, Unspecified
F11.93	Opioid Use, Unspecified with Withdrawal
F11.94	Opioid Use, Unspecified, with Opioid-Induced Mood Disorder
F11.950	Opioid Use, Unspecified, with Opioid-Induced Psychotic Disorder with Delusions
F11.951	Opioid Use, Unspecified, with Opioid-Induced Psychotic Disorder with Hallucinations
F11.959	Opioid Use, Unspecified with Opioid-Induced Psychotic Disorder, Unspecified
F11.988	Opioid-Induced Anxiety Disorder Without Opioid Use Disorder
F12.10	Cannabis Abuse, Uncomplicated
F12.11	Cannabis Abuse, in Remission
F12.120	Cannabis Abuse with Intoxication, Uncomplicated
F12.129	Cannabis Abuse with Intoxication, Unspecified
F12.13	Cannabis Abuse with Withdrawal
F12.150	Cannabis Abuse with Psychotic Disorder with Delusions
F12.151	Cannabis Abuse with Cannabis-Induced Psychotic Disorder with Hallucinations
F12.159	Cannabis Abuse with Psychotic Disorder, Unspecified
F12.180	Cannabis Abuse with Cannabis-Induced Anxiety Disorder
F12.20	Cannabis Dependence, Uncomplicated
F12.21	Cannabis Dependence, in Remission
F12.220	Cannabis Dependence with Intoxication, Uncomplicated
F12.229	Cannabis Dependence with Intoxication, Unspecified
F12.23	Cannabis Dependence with Withdrawal
F12.250	Cannabis Dependence with Psychotic Disorder with Delusions
F12.251	Cannabis Dependence with Cannabis-Induced Psychotic Disorder with Hallucinations
F12.259	Cannabis Dependence with Psychotic Disorder, Unspecified
F12.280	Cannabis Dependence with Cannabis-Induced Anxiety Disorder
F12.90	Cannabis Use, Unspecified, Uncomplicated
F12.920	Cannabis Use, Unspecified with Intoxication, Uncomplicated
F12.929	Cannabis Use, Unspecified with Intoxication, Unspecified
F12.93	Cannabis Use, Unspecified with Withdrawal
F12.950	Cannabis Use, Unspecified, with Psychotic Disorder with Delusions
F12.951	Cannabis Use, Unspecified, with Cannabis-Induced Psychotic Disorder with Hallucinations
F12.959	Cannabis Use, Unspecified with Psychotic Disorder, Unspecified
F12.980	Cannabis Use, Unspecified, with Cannabis-Induced Anxiety Disorder
F13.10	Sedative, Hypnotic or Anxiolytic Abuse, Uncomplicated
F13.11	Sedative, Hypnotic or Anxiolytic Abuse, in Remission

SUD ICD 10 Analysis Included Codes

ICD 10 Code	ICD 10 Code Descriptions
F13.120	Sedative, Hypnotic or Anxiolytic Abuse with Intoxication, Uncomplicated
F13.129	Sedative, Hypnotic or Anxiolytic Abuse with Intoxication, Unspecified
F13.13	Sedative, Hypnotic or Anxiolytic Abuse with Withdrawal
F13.130	Sedative, Hypnotic or Anxiolytic Abuse with Withdrawal, Uncomplicated
F13.131	Sedative, Hypnotic or Anxiolytic Abuse with Withdrawal Delirium
F13.132	Sedative, Hypnotic or Anxiolytic Abuse with Withdrawal with Perceptual Disturbance
F13.139	Sedative, Hypnotic or Anxiolytic Abuse with Withdrawal, Unspecified
F13.14	Sedative, Hypnotic or Anxiolytic Abuse with Sedative-, Hypnotic-, or Anxiolytic-Induced Mood Disorder
F13.150	Sedative, Hypnotic, or Anxiolytic Abuse with Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder with Delusions
F13.151	Sedative, Hypnotic, or Anxiolytic Abuse with Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder with Hallucinations
F13.159	Sedative, Hypnotic or Anxiolytic Abuse with Sedative, Hypnotic or Anxiolytic-Induced Psychotic Disorder, Unspecified
F13.180	Sedative, Hypnotic or Anxiolytic Abuse with Sedative-, Hypnotic-, or Anxiolytic-Induced Anxiety Disorder
F13.20	Sedative, Hypnotic or Anxiolytic Dependence, Uncomplicated
F13.21	Sedative, Hypnotic or Anxiolytic Dependence, in Remission
F13.220	Sedative, Hypnotic or Anxiolytic Dependence with Intoxication, Uncomplicated
F13.229	Sedative, Hypnotic or Anxiolytic Dependence with Intoxication, Unspecified
F13.230	Sedative, Hypnotic or Anxiolytic Dependence with Withdrawal, Uncomplicated
F13.239	Sedative, Hypnotic or Anxiolytic Dependence with Withdrawal, Unspecified
F13.24	Sedative, Hypnotic or Anxiolytic Dependence with Sedative-, Hypnotic-, or Anxiolytic-Induced Mood Disorder
F13.250	Sedative, Hypnotic, or Anxiolytic Dependence with Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder with Delusions
F13.251	Sedative, Hypnotic, or Anxiolytic Dependence with Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder with Hallucinations
F13.259	Sedative, Hypnotic or Anxiolytic Dependence with Sedative, Hypnotic or Anxiolytic-Induced Psychotic Disorder, Unspecified
F13.280	Sedative, Hypnotic or Anxiolytic Dependence with Sedative-, Hypnotic-, or Anxiolytic-Induced Anxiety Disorder
F13.90	Sedative, Hypnotic, or Anxiolytic Use, Unspecified, Uncomplicated
F13.920	Sedative, Hypnotic or Anxiolytic Use, Unspecified with Intoxication, Uncomplicated
F13.921	Sedative, Hypnotic or Anxiolytic Use, Unspecified with Intoxication Delirium
F13.929	Sedative, Hypnotic or Anxiolytic Use, Unspecified with Intoxication, Unspecified
F13.930	Sedative, Hypnotic or Anxiolytic Use, Unspecified with Withdrawal, Uncomplicated
F13.939	Sedative, Hypnotic or Anxiolytic Use, Unspecified with Withdrawal, Unspecified
F13.94	Sedative, Hypnotic or Anxiolytic Use, Unspecified, with Sedative-, Hypnotic-, or Anxiolytic-Induced Mood Disorder
F13.950	Sedative, Hypnotic, or Anxiolytic Use, Unspecified, with Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder with Delusions
F13.951	Sedative, Hypnotic, or Anxiolytic Use, Unspecified, with Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder with Hallucinations
F13.959	Sedative, Hypnotic or Anxiolytic Use, Unspecified with Sedative, Hypnotic or Anxiolytic-Induced Psychotic Disorder, Unspecified

SUD ICD 10 Analysis Included Codes

ICD 10 Code	ICD 10 Code Descriptions
F13.980	Sedative, Hypnotic or Anxiolytic Use, Unspecified, with Sedative-, Hypnotic-, or Anxiolytic-Induced Anxiety Disorder
F14.10	Cocaine Abuse, Uncomplicated
F14.11	Cocaine Abuse, in Remission
F14.120	Cocaine Abuse with Intoxication, Uncomplicated
F14.129	Cocaine Abuse with Intoxication, Unspecified
F14.13	Cocaine Abuse, Unspecified with Withdrawal
F14.14	Cocaine Abuse with Cocaine-Induced Mood Disorder
F14.150	Cocaine Abuse with Cocaine-Induced Psychotic Disorder with Delusions
F14.151	Cocaine Abuse with Cocaine-Induced Psychotic Disorder with Hallucinations
F14.159	Cocaine Abuse with Cocaine-Induced Psychotic Disorder, Unspecified
F14.180	Cocaine Abuse with Cocaine-Induced Anxiety Disorder
F14.20	Cocaine Dependence, Uncomplicated
F14.21	Cocaine Dependence, in Remission
F14.220	Cocaine Dependence with Intoxication, Uncomplicated
F14.229	Cocaine Dependence with Intoxication, Unspecified
F14.23	Cocaine Dependence with Withdrawal
F14.24	Cocaine Dependence with Cocaine-Induced Mood Disorder
F14.250	Cocaine Dependence with Cocaine-Induced Psychotic Disorder with Delusions
F14.251	Cocaine Dependence with Cocaine-Induced Psychotic Disorder with Hallucinations
F14.259	Cocaine Dependence with Cocaine-Induced Psychotic Disorder, Unspecified
F14.280	Cocaine Dependence with Cocaine-Induced Anxiety Disorder
F14.90	Cocaine Use, Unspecified, Uncomplicated
F14.920	Cocaine Use, Unspecified with Intoxication, Uncomplicated
F14.929	Cocaine Use, Unspecified with Intoxication, Unspecified
F14.93	Cocaine Use, Unspecified with Withdrawal
F14.94	Cocaine Use, Unspecified, with Cocaine-Induced Mood Disorder
F14.950	Cocaine Use, Unspecified, with Cocaine-Induced Psychotic Disorder with Delusions
F14.951	Cocaine Use, Unspecified, with Cocaine-Induced Psychotic Disorder with Hallucinations
F14.959	Cocaine Use, Unspecified with Cocaine-Induced Psychotic Disorder, Unspecified
F14.980	Cocaine Use, Unspecified, with Cocaine-Induced Anxiety Disorder
F15.10	Other Stimulant Abuse, Uncomplicated
F15.11	Other Stimulant Abuse, in Remission
F15.120	Other Stimulant Abuse with Intoxication, Uncomplicated
F15.129	Other Stimulant Abuse with Intoxication, Unspecified
F15.13	Other Stimulant Abuse with Withdrawal
F15.14	Other Stimulant Abuse with Stimulant-Induced Mood Disorder
F15.150	Other Stimulant Abuse with Stimulant-Induced Psychotic Disorder with Delusions
F15.151	Other Stimulant Abuse with Stimulant-Induced Psychotic Disorder with Hallucinations
F15.159	Other Stimulant Abuse with Stimulant-Induced Psychotic Disorder, Unspecified
F15.180	Other Stimulant Abuse with Stimulant-Induced Anxiety Disorder
F15.20	Other Stimulant Dependence, Uncomplicated
F15.21	Other Stimulant Dependence, in Remission
F15.220	Other Stimulant Dependence with Intoxication, Uncomplicated
F15.229	Other Stimulant Dependence with Intoxication, Unspecified
F15.23	Other Stimulant Dependence with Withdrawal

SUD ICD 10 Analysis Included Codes

ICD 10 Code	ICD 10 Code Descriptions
F15.24	Other Stimulant Dependence with Stimulant-Induced Mood Disorder
F15.250	Other Stimulant Dependence with Stimulant-Induced Psychotic Disorder with Delusions
F15.251	Other Stimulant Dependence with Stimulant-Induced Psychotic Disorder with Hallucinations
F15.259	Other Stimulant Dependence with Stimulant-Induced Psychotic Disorder, Unspecified
F15.280	Other Stimulant Dependence with Stimulant-Induced Anxiety Disorder
F15.90	Other Stimulant Use, Unspecified, Uncomplicated
F15.920	Other Stimulant Use, Unspecified with Intoxication, Uncomplicated
F15.929	Other Stimulant Use, Unspecified with Intoxication, Unspecified
F15.93	Other Stimulant Use, Unspecified with Withdrawal
F15.94	Other Stimulant Use, Unspecified, with Stimulant-Induced Mood Disorder
F15.950	Other Stimulant Use, Unspecified, with Stimulant-Induced Psychotic Disorder with Delusions
F15.951	Other Stimulant Use, Unspecified, with Stimulant-Induced Psychotic Disorder with Hallucinations
F15.959	Other Stimulant Use, Unspecified with Stimulant-Induced Psychotic Disorder, Unspecified
F15.980	Other Stimulant Use, Unspecified, with Stimulant-Induced Anxiety Disorder
F16.10	Hallucinogen Abuse, Uncomplicated
F16.11	Hallucinogen Abuse, in Remission
F16.120	Hallucinogen Abuse with Intoxication, Uncomplicated
F16.129	Hallucinogen Abuse with Intoxication, Unspecified
F16.14	Hallucinogen Abuse with Hallucinogen-Induced Mood Disorder
F16.150	Hallucinogen Abuse with Hallucinogen-Induced Psychotic Disorder with Delusions
F16.151	Hallucinogen Abuse with Hallucinogen-Induced Psychotic Disorder with Hallucinations
F16.159	Hallucinogen Abuse with Hallucinogen-Induced Psychotic Disorder, Unspecified
F16.180	Hallucinogen Abuse with Hallucinogen-Induced Anxiety Disorder
F16.183	Hallucinogen Abuse with Hallucinogen Persisting Perception Disorder (Flashbacks)
F16.20	Hallucinogen Dependence, Uncomplicated
F16.21	Hallucinogen Dependence, in Remission
F16.220	Hallucinogen Dependence with Intoxication, Uncomplicated
F16.229	Hallucinogen Dependence with Intoxication, Unspecified
F16.24	Hallucinogen Dependence with Hallucinogen-Induced Mood Disorder
F16.250	Hallucinogen Dependence with Hallucinogen-Induced Psychotic Disorder with Delusions
F16.251	Hallucinogen Dependence with Hallucinogen-Induced Psychotic Disorder with Hallucinations
F16.259	Hallucinogen Dependence with Hallucinogen-Induced Psychotic Disorder, Unspecified
F16.280	Hallucinogen Dependence with Hallucinogen-Induced Anxiety Disorder
F16.283	Hallucinogen Dependence with Hallucinogen Persisting Perception Disorder (Flashbacks)
F16.90	Hallucinogen Use, Unspecified, Uncomplicated
F16.920	Hallucinogen Use, Unspecified with Intoxication, Uncomplicated
F16.929	Hallucinogen Use, Unspecified with Intoxication, Unspecified
F16.94	Hallucinogen Use, Unspecified, with Hallucinogen-Induced Mood Disorder
F16.950	Hallucinogen Use, Unspecified, with Hallucinogen-Induced Psychotic Disorder with Delusions
F16.951	Hallucinogen Use, Unspecified, with Hallucinogen-Induced Psychotic Disorder with Hallucinations
F16.959	Hallucinogen Use, Unspecified with Hallucinogen-Induced Psychotic Disorder, Unspecified
F16.980	Hallucinogen Use, Unspecified, with Hallucinogen-Induced Anxiety Disorder
F16.983	Hallucinogen Use, Unspecified, with Hallucinogen Persisting Perception Disorder (Flashbacks)
F18.10	Inhalant Abuse, Uncomplicated
F18.11	Inhalant Abuse, in Remission
F18.120	Inhalant Abuse with Intoxication, Uncomplicated

SUD ICD 10 Analysis Included Codes

ICD 10 Code	ICD 10 Code Descriptions
F18.129	Inhalant Abuse with Intoxication, Unspecified
F18.14	Inhalant Abuse with Inhalant-Induced Mood Disorder
F18.150	Inhalant Abuse with Inhalant-Induced Psychotic Disorder with Delusions
F18.151	Inhalant Abuse with Inhalant-Induced Psychotic Disorder with Hallucinations
F18.159	Inhalant Abuse with Inhalant-Induced Psychotic Disorder, Unspecified
F18.180	Inhalant Abuse with Inhalant-Induced Anxiety Disorder
F18.20	Inhalant Dependence, Uncomplicated
F18.21	Inhalant Dependence, in Remission
F18.220	Inhalant Dependence with Intoxication, Uncomplicated
F18.229	Inhalant Dependence with Intoxication, Unspecified
F18.24	Inhalant Dependence with Inhalant-Induced Mood Disorder
F18.250	Inhalant Dependence with Inhalant-Induced Psychotic Disorder with Delusions
F18.251	Inhalant Dependence with Inhalant-Induced Psychotic Disorder with Hallucinations
F18.259	Inhalant Dependence with Inhalant-Induced Psychotic Disorder, Unspecified
F18.280	Inhalant Dependence with Inhalant-Induced Anxiety Disorder
F18.90	Inhalant Use, Unspecified, Uncomplicated
F18.920	Inhalant Use, Unspecified with Intoxication, Uncomplicated
F18.929	Inhalant Use, Unspecified with Intoxication, Unspecified
F18.94	Inhalant Use, Unspecified, with Inhalant-Induced Mood Disorder
F18.950	Inhalant Use, Unspecified, with Inhalant-Induced Psychotic Disorder with Delusions
F18.951	Inhalant Use, Unspecified, with Inhalant-Induced Psychotic Disorder with Hallucinations
F18.959	Inhalant Use, Unspecified with Inhalant-Induced Psychotic Disorder, Unspecified
F18.980	Inhalant Use, Unspecified, with Inhalant-Induced Anxiety Disorder
F19.10	Other Psychoactive Substance Abuse, Uncomplicated
F19.11	Other Psychoactive Substance Abuse, in Remission
F19.120	Other Psychoactive Substance Abuse with Intoxication, Uncomplicated
F19.129	Other Psychoactive Substance Abuse with Intoxication, Unspecified
F19.13	Other Psychoactive Substance Abuse with Withdrawal
F19.130	Other Psychoactive Substance Abuse with Withdrawal, Uncomplicated
F19.131	Other Psychoactive Substance Abuse with Withdrawal Delirium
F19.132	Other Psychoactive Substance Abuse with Withdrawal with Perceptual Disturbance
F19.139	Other Psychoactive Substance Abuse with Withdrawal, Unspecified
F19.14	Other Psychoactive Substance Abuse with Psychoactive Substance-Induced Mood Disorder
F19.150	Other Psychoactive Substance Abuse with Psychoactive Substance-Induced Psychotic Disorder with Delusions
F19.151	Other Psychoactive Substance Abuse with Psychoactive Substance-Induced Psychotic Disorder with Hallucinations
F19.159	Other Psychoactive Substance Abuse with Psychoactive Substance-Induced Psychotic Disorder, Unspecified
F19.180	Other Psychoactive Substance Abuse with Psychoactive Substance-Induced Anxiety Disorder
F19.20	Other Psychoactive Substance Dependence, Uncomplicated
F19.21	Other Psychoactive Substance Dependence, in Remission
F19.220	Other Psychoactive Substance Dependence with Intoxication, Uncomplicated
F19.229	Other Psychoactive Substance Dependence with Intoxication, Unspecified
F19.230	Other Psychoactive Substance Dependence with Withdrawal, Uncomplicated
F19.239	Other Psychoactive Substance Dependence with Withdrawal, Unspecified
F19.24	Other Psychoactive Substance Dependence with Psychoactive Substance-Induced Mood Disorder

SUD ICD 10 Analysis Included Codes

ICD 10 Code	ICD 10 Code Descriptions
F19.250	Other Psychoactive Substance Dependence with Psychoactive Substance-Induced Psychotic Disorder with Delusions
F19.251	Other Psychoactive Substance Dependence with Psychoactive Substance-Induced Psychotic Disorder with Hallucinations
F19.259	Other Psychoactive Substance Dependence with Psychoactive Substance-Induced Psychotic Disorder,
F19.280	Other Psychoactive Substance Dependence with Psychoactive Substance-Induced Anxiety Disorder
F19.90	Other Psychoactive Substance Use, Unspecified, Uncomplicated
F19.920	Other Psychoactive Substance Use, Unspecified with Intoxication, Uncomplicated
F19.929	Other Psychoactive Substance Use, Unspecified with Intoxication, Unspecified
F19.930	Other Psychoactive Substance Use, Unspecified with Withdrawal, Uncomplicated
F19.939	Other Psychoactive Substance Use, Unspecified with Withdrawal, Unspecified
F19.94	Other Psychoactive Substance Use, Unspecified, with Psychoactive Substance-Induced Mood Disorder
F19.950	Other Psychoactive Substance Use, Unspecified, with Psychoactive Substance-Induced Psychotic Disorder with Delusions
F19.951	Other Psychoactive Substance Use, Unspecified, with Psychoactive Substance-Induced Psychotic Disorder with Hallucinations
F19.959	Other Psychoactive Substance Use, Unspecified with Psychoactive Substance-Induced Psychotic Disorder, Unspecified
F19.980	Other Psychoactive Substance Use, Unspecified, with Psychoactive Substance-Induced Anxiety Disorder
Z03.89	Encounter for Observation for Other Suspected Diseases and Conditions Ruled Out