Non-Formulary Mental Health Products Criteria

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

This policy applies only to requests for non-formulary products prescribed to members for the treatment of diagnoses listed below:

1. Anxiety and Stressor-Related Disorders
2. Attention Deficit Hyperactivity Disorder (ADHD)
3. Dissociative disorders
4. Eating Disorders
5. Mood Disorders
6. Obsessive-Compulsive and Related Disorders
7. Personality Disorders
8. Schizophrenia and Related Disorders
9. Somatic Symptom and Related Disorders
10. Suicidal Behavior and Self-Injury
11. Substance-Related Disorders
12. Other condition that falls under any of the diagnostic categories listed in the mental, behavioral, and neurodevelopmental disorders chapter of the current Diagnostic and Statistical Manual of Mental Disorders (DSM).

After treatment is initiated, it is important to monitor for changes in the patient's key symptom domains. Generally, guidelines recommend a few weeks when first starting therapy, then monthly, and once the dose is stabilized and symptoms have decreased, less frequent visits.

Definitions

"Acute episode" is a sudden, short-term, onset of symptoms.

"Brand name drug" means the first version of a particular medication to be developed or a medication that is sold under a pharmaceutical manufacturer's own registered trade name or trademark. The original manufacturer is granted a patent, which allows it to be the only company to make and sell the new drug for a certain number of years.

"Compendia" are summaries of drug information and medical evidence to support decision-making about the appropriate use of drugs and medical procedures. Examples include, but are not limited to:

1. American Hospital Formulary Service Drug Information
2. Elsevier Clinical Pharmacology
3. National Comprehensive Cancer Network Drugs and Biologics Compendium
4. Thomson Micromedex DrugDex
5. United States Pharmacopeia-National Formulary (USP-NF)

"Documentation" refers to written information, including but not limited to:

1. Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses;
2. Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

"Diagnostic and Statistical Manual of Mental Disorders", or DSM, is a handbook used by health care professionals in the United States and others in the world as the authoritative guide to the diagnosis of mental disorders. The DSM version applicable is the most current version applicable and no earlier than the date that is one (1) year before the first of the plan year.

"FDA," or the Food and Drug Administration, is an agency of the United States federal government responsible for protecting and promoting public health through the regulation and supervision of food safety, tobacco products, dietary supplements, prescription and over-the-counter medications, vaccines, biopharmaceuticals, blood transfusions, medical devices, electromagnetic radiation emitting devices, cosmetics, and veterinary products. The FDA's main goal is to ensure that these products are safe and effective for their intended use, and that their labeling and marketing are truthful and not misleading.

"Generic drugs" means prescription Drugs that have been determined by the Food and Drug Administration (FDA) to be equivalent to Brand Name Drugs, but are not made or sold under a registered trade name or trademark. Generic Drugs have the same active ingredients, meet the same FDA requirements for safety, purity, and potency and must be dispensed in the same dosage form (e.g., tablet, capsule, cream) as the Brand Name Drug.

"International Classification of Diseases", or ICD, is a standardized system used to code diseases and medical conditions. The ICD version applicable is the most current version applicable and no earlier than the date that is one (1) year before the first of the plan year.

"No evidence of" indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member is considered eligible. If any evidence of the item or condition is present upon review of the request then the member does not qualify.

"Non-formulary" means the list of pharmaceutical products that is not included on a health plan's list of covered products. Access to these products can be obtained through the formulary exception process.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

If there is no product-specific Clinical Guideline or indication-specific clinical criteria, the Plan considers the requested Non-Formulary Mental Health Product medically necessary when ALL of the following criteria are met:

1. The product is being used for an FDA-approved or compendia supported indication; *AND*
2. The product is being prescribed to treat ONE of the following diagnoses (see Appendix A, Table 2 for conditions included in the general condition listed below):
    a. Anxiety and Stressor-Related Disorders*; or*
    b. Attention Deficit Hyperactivity Disorder (ADHD)*; or*
    c. Dissociative disorders*; or*
    d. Eating Disorders*; or*
    e. Mood Disorders*; or*
    f. Obsessive-Compulsive and Related Disorders*; or*
    g. Personality Disorders*; or*
    h. Schizophrenia and Related Disorders*; or*
    i. Somatic Symptom and Related Disorders*; or*
    j. Suicidal Behavior and Self-Injury*; or*
    k. Substance-Related Disorders*; or*
    l. Other condition in the current Diagnostic and Statistical Manual of Mental Disorders (DSM); *AND*
3. The product being requested meets BOTH of the following:
    a. is being used at the age, weight, dosage, frequency, duration of therapy, and site of administration that is supported by ONE of the following:
        i. FDA-approved labeling (product information); *or*
        ii. Compendia of current literature; *or*
        iii. Peer-reviewed medical literature; *and*
    b. if the requested dosage exceeds the Plan's quantity limit AND the prescribed dosage cannot be achieved using a different dose or formulation that is within the Plan's limit; *AND*
4. The member meets ONE of the following:
    a. The member meets the Medical Necessity Criteria for Initial Clinical Review or Subsequent Clinical Review listed below; *or*
    b. The member meets the Continued Care Criteria/Medical Necessity Criteria for Subsequent Clinical Review listed below for members who have been on a non-formulary mental health product prior to enrollment with the Plan and meets ALL of the following criteria:
        i. The member is currently stable on the requested product; *and*

ii. For a Brand-name product with a generic or biosimilar available - the member is unable to use, or has tried and failed the corresponding generic or biosimilar product from ONE manufacturer, when available.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Non-Formulary Products for Mental Health

The Plan considers the requested Non-Formulary Mental Health Product medically necessary when ALL of the following criteria are met:

5. The member meets the above General Medical Necessity Criteria; *AND*
6. The member meets ALL of the following:
    a. The member is unable to use, or has tried and failed THREE appropriate formulary alternative(s), when available, that are indicated and clinically appropriate for the diagnosis; *and*
    b. For a Brand-name product with a generic or biosimilar available - the member is unable to use, or has tried and failed the corresponding generic or biosimilar product from ONE manufacturer, when available; *and*
    c. For a combination product - the member is unable to use or it is clinically not appropriate, or has concurrently tried and failed the individual ingredients, when available, at therapeutic dosage (e.g., amount, frequency of administration, and duration of use) to treat the same sign or symptom of the disease or condition; *AND*
7. There is no evidence the member has contraindications to the requested product per FDA labeling.

If the above prior authorization criteria are met, the requested product will be authorized for up to 12-months.

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Non-Formulary Products for Mental Health

The Plan considers the requested Non-Formulary Mental Health Product medically necessary when ALL of the following criteria are met:

5. The member meets the above applicable General Medical Necessity Criteria; *AND*
6. The member has experienced a clinically meaningful improvement in symptoms related to their mental health diagnosis within the last 6 months. This improvement must be validated by clinical documentation showing, for example, a reduction in the frequency or severity of acute episodes, reduced need for higher levels of care, improved social/occupational functioning, or other evidence that the product is providing significant benefit; *AND*

7. The member does not have evidence of any clinically significant adverse drug reaction or unacceptable toxicity from the requested product that may exclude continued use, such as:
    a. No evidence of severe or life-threatening reaction requiring medical intervention; *or*
    b. No evidence of reaction that recurred despite dose reduction or other appropriate management; *or*
    c. No evidence of reaction that resulted in treatment discontinuation.

If the above reauthorization criteria are met, the requested product will be authorized for up to a lifetime.

Experimental or Investigational / Not Medically Necessary

The use of any Non-Formulary Mental Health Product that is not supported by the FDA or compendia is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

Applicable Billing Codes

Table 1	
ICD-10 diagnosis codes considered medically necessary along with the product's CPT/HCPCS codes if criteria are met (this list is not all-inclusive; other qualifying ICD-10 codes may apply if the condition is listed in the current DSM):	
Code	*Description*
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition
F06.4	Anxiety disorder due to known physiological condition
F10.10	Alcohol abuse, uncomplicated
F10.11	Alcohol abuse, in remission
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

Table 1	
ICD-10 diagnosis codes considered medically necessary along with the product's CPT/HCPCS codes if criteria are met (this list is not all-inclusive; other qualifying ICD-10 codes may apply if the condition is listed in the current DSM):	
Code	*Description*
F10.182	Alcohol abuse with alcohol-induced sleep disorder
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.19	Alcohol abuse with unspecified alcohol-induced disorder
F10.20	Alcohol dependence, uncomplicated
F10.21	Alcohol dependence, in remission
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
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F10.280	Alcohol dependence with alcohol-induced anxiety disorder
F10.282	Alcohol dependence with alcohol-induced sleep disorder
F10.288	Alcohol dependence with other alcohol-induced disorder
F10.29	Alcohol dependence with unspecified alcohol-induced disorder
F11.10	Opioid abuse, uncomplicated
F11.11	Opioid abuse, in remission
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

Table 1	
ICD-10 diagnosis codes considered medically necessary along with the product's CPT/HCPCS codes if criteria are met (this list is not all-inclusive; other qualifying ICD-10 codes may apply if the condition is listed in the current DSM):	
Code	*Description*
F11.182	Opioid abuse with opioid-induced sleep disorder
F11.188	Opioid abuse with other opioid-induced disorder
F11.19	Opioid abuse with unspecified opioid-induced disorder
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission
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
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.288	Opioid dependence with other opioid-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder
F12.10	Cannabis abuse, uncomplicated
F12.11	Cannabis abuse, in remission
F12.150	Cannabis abuse with psychotic disorder with delusions
F12.151	Cannabis abuse with psychotic disorder with hallucinations
F12.159	Cannabis abuse with psychotic disorder, unspecified
F12.180	Cannabis abuse with cannabis-induced anxiety disorder
F12.188	Cannabis abuse with other cannabis-induced disorder
F12.19	Cannabis abuse with unspecified cannabis-induced disorder
F12.20	Cannabis dependence, uncomplicated

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ICD-10 diagnosis codes considered medically necessary along with the product's CPT/HCPCS codes if criteria are met (this list is not all-inclusive; other qualifying ICD-10 codes may apply if the condition is listed in the current DSM):	
Code	*Description*
F12.21	Cannabis dependence, in remission
F12.250	Cannabis dependence with psychotic disorder with delusions
F12.251	Cannabis dependence with psychotic disorder with hallucinations
F12.259	Cannabis dependence with psychotic disorder, unspecified
F12.280	Cannabis dependence with cannabis-induced anxiety disorder
F12.288	Cannabis dependence with other cannabis-induced disorder
F12.29	Cannabis dependence with unspecified cannabis-induced disorder
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13.11	Sedative, hypnotic or anxiolytic abuse, in remission
F13.14	Sedative, hypnotic or anxiolytic abuse with mood disorder
F13.150	Sedative/hypnotic/anxiolytic abuse with psychotic disorder with delusions
F13.151	Sedative/hypnotic/anxiolytic abuse with psychotic disorder with hallucinations
F13.159	Sedative/hypnotic/anxiolytic abuse with psychotic disorder, unspecified
F13.21	Sedative, hypnotic or anxiolytic dependence, in remission
F13.24	Sedative, hypnotic or anxiolytic dependence with mood disorder
F13.250	Sedative/hypnotic/anxiolytic dependence with psychotic disorder with delusions
F13.251	Sedative/hypnotic/anxiolytic dependence with psychotic disorder with hallucinations
F13.259	Sedative/hypnotic/anxiolytic dependence with psychotic disorder, unspecified
F13.26	Sedative/hypnotic/anxiolytic dependence with persisting amnestic disorder
F13.27	Sedative/hypnotic/anxiolytic dependence with persisting dementia

Table 1	
ICD-10 diagnosis codes considered medically necessary along with the product's CPT/HCPCS codes if criteria are met (this list is not all-inclusive; other qualifying ICD-10 codes may apply if the condition is listed in the current DSM):	
Code	*Description*
F13.280	Sedative/hypnotic/anxiolytic dependence with anxiety disorder
F13.288	Sedative, hypnotic or anxiolytic dependence with other disorder
F14.10	Cocaine abuse, uncomplicated
F14.11	Cocaine abuse, in remission
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
F14.182	Cocaine abuse with cocaine-induced sleep disorder
F14.188	Cocaine abuse with other cocaine-induced disorder
F14.19	Cocaine abuse with unspecified cocaine-induced disorder
F14.20	Cocaine dependence, uncomplicated
F14.21	Cocaine dependence, in remission
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
F14.282	Cocaine dependence with cocaine-induced sleep disorder

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Code	*Description*
F14.288	Cocaine dependence with other cocaine-induced disorder
F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F15.10	Other stimulant abuse, uncomplicated
F15.11	Other stimulant abuse, in remission
F15.122	Other stimulant abuse with intoxication with perceptual disturbance
F15.129	Other stimulant abuse with intoxication, unspecified
F15.14	Other stimulant abuse with stimulant-induced mood disorder
F15.188	Other stimulant abuse with other stimulant-induced disorder
F15.20	Other stimulant dependence, uncomplicated
F15.21	Other stimulant dependence, in remission
F15.222	Other stimulant dependence with intoxication with perceptual disturbance
F15.229	Other stimulant dependence with intoxication
F15.229	Other stimulant dependence with intoxication, unspecified
F15.24	Other stimulant dependence with stimulant-induced mood disorder
F15.288	Other stimulant dependence with other stimulant-induced disorder
F16.10	Hallucinogen abuse, uncomplicated
F16.11	Hallucinogen abuse, in remission
F16.14	Hallucinogen abuse with hallucinogen-induced mood disorder
F16.150	Hallucinogen abuse with psychotic disorder with delusions
F16.151	Hallucinogen abuse with psychotic disorder with hallucinations
F16.159	Hallucinogen abuse with psychotic disorder, unspecified

Table 1	
ICD-10 diagnosis codes considered medically necessary along with the product's CPT/HCPCS codes if criteria are met (this list is not all-inclusive; other qualifying ICD-10 codes may apply if the condition is listed in the current DSM):	
Code	*Description*
F16.180	Hallucinogen abuse with hallucinogen-induced anxiety disorder
F16.188	Hallucinogen abuse with other hallucinogen-induced disorder
F16.20	Hallucinogen dependence, uncomplicated
F16.21	Hallucinogen dependence, in remission
F16.24	Hallucinogen dependence with hallucinogen-induced mood disorder
F16.250	Hallucinogen dependence with psychotic disorder with delusions
F16.251	Hallucinogen dependence with psychotic disorder with hallucinations
F16.259	Hallucinogen dependence with psychotic disorder, unspecified
F16.280	Hallucinogen dependence with anxiety disorder
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.211	Nicotine dependence, cigarettes, in remission
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.291	Nicotine dependence, other tobacco product, in remission
F18.10	Inhalant abuse, uncomplicated
F18.11	Inhalant abuse, in remission
F18.14	Inhalant abuse with inhalant-induced mood disorder
F18.17	Inhalant abuse with inhalant-induced dementia
F18.188	Inhalant abuse with other inhalant-induced disorder
F18.20	Inhalant dependence, uncomplicated
F18.21	Inhalant dependence, in remission

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ICD-10 diagnosis codes considered medically necessary along with the product's CPT/HCPCS codes if criteria are met (this list is not all-inclusive; other qualifying ICD-10 codes may apply if the condition is listed in the current DSM):	
Code	*Description*
F18.24	Inhalant dependence with inhalant-induced mood disorder
F18.27	Inhalant dependence with inhalant-induced dementia
F18.288	Inhalant dependence with other inhalant-induced 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
F19.121	Other psychoactive substance abuse with intoxication delirium
F19.122	Other psychoactive substance abuse with intoxication with perceptual disturbance
F19.129	Other psychoactive substance abuse with intoxication, unspecified
F19.130	Other psychoactive substance abuse with withdrawal, uncomplicated
F19.131	Other psychoactive substance abuse with withdrawal delirium
F19.139	Other psychoactive substance abuse with withdrawal, unspecified
F19.14	Other psychoactive substance abuse with mood disorder
F19.150	Other psychoactive substance abuse with psychotic disorder with delusions
F19.151	Other psychoactive substance abuse with psychotic disorder with hallucinations
F19.159	Other psychoactive substance abuse with psychotic disorder, unspecified
F19.16	Other psychoactive substance abuse with persisting amnestic disorder
F19.17	Other psychoactive substance abuse with persisting dementia
F19.180	Other psychoactive substance abuse with anxiety disorder
F19.181	Other psychoactive substance abuse with sexual dysfunction

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ICD-10 diagnosis codes considered medically necessary along with the product's CPT/HCPCS codes if criteria are met (this list is not all-inclusive; other qualifying ICD-10 codes may apply if the condition is listed in the current DSM):	
Code	*Description*
F19.182	Other psychoactive substance abuse with sleep disorder
F19.188	Other psychoactive substance abuse with other disorder
F19.19	Other psychoactive substance abuse with unspecified 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
F19.221	Other psychoactive substance dependence with intoxication delirium
F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F19.229	Other psychoactive substance dependence with intoxication, unspecified
F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated
F19.231	Other psychoactive substance dependence with withdrawal delirium
F19.239	Other psychoactive substance dependence with withdrawal, unspecified
F19.24	Other psychoactive substance dependence with mood disorder
F19.250	Other psychoactive substance dependence with psychotic disorder with delusions
F19.251	Other psychoactive substance dependence with psychotic disorder with hallucinations
F19.259	Other psychoactive substance dependence with psychotic disorder, unspecified
F19.26	Other psychoactive substance dependence with persisting amnestic disorder
F19.27	Other psychoactive substance dependence with persisting dementia
F19.280	Other psychoactive substance dependence with anxiety disorder

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ICD-10 diagnosis codes considered medically necessary along with the product's CPT/HCPCS codes if criteria are met (this list is not all-inclusive; other qualifying ICD-10 codes may apply if the condition is listed in the current DSM):	
Code	*Description*
F19.281	Other psychoactive substance dependence with sexual dysfunction
F19.282	Other psychoactive substance dependence with sleep disorder
F19.288	Other psychoactive substance dependence with other disorder
F19.29	Other psychoactive substance dependence with unspecified disorder
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.81	Schizophreniform disorder
F20.89	Other schizophrenia
F20.9	Schizophrenia, unspecified
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25.0	Schizoaffective disorder, bipolar type
F25.1	Schizoaffective disorder, depressive type
F25.8	Other schizoaffective disorders
F25.9	Schizoaffective disorder, unspecified
F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition

Table 1	
ICD-10 diagnosis codes considered medically necessary along with the product's CPT/HCPCS codes if criteria are met (this list is not all-inclusive; other qualifying ICD-10 codes may apply if the condition is listed in the current DSM):	
Code	*Description*
F30.10	Manic episode without psychotic symptoms, unspecified
F30.11	Manic episode without psychotic symptoms, mild
F30.12	Manic episode without psychotic symptoms, moderate
F30.13	Manic episode, severe, without psychotic symptoms
F30.2	Manic episode, severe with psychotic symptoms
F30.3	Manic episode in partial remission
F30.4	Manic episode in full remission
F30.8	Other manic episodes
F30.9	Manic episode, unspecified
F31.0	Bipolar disorder, current episode hypomanic
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified
F31.11	Bipolar disorder, current episode manic without psychotic features, mild
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate
F31.13	Bipolar disorder, current episode manic without psychotic features, severe
F31.2	Bipolar disorder, current episode manic severe with psychotic features
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features

Table 1	
ICD-10 diagnosis codes considered medically necessary along with the product's CPT/HCPCS codes if criteria are met (this list is not all-inclusive; other qualifying ICD-10 codes may apply if the condition is listed in the current DSM):	
Code	*Description*
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic
F31.72	Bipolar disorder, in full remission, most recent episode unspecified
F31.73	Bipolar disorder, in partial remission, most recent episode manic
F31.74	Bipolar disorder, in full remission, most recent episode manic
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.81	Bipolar II disorder
F31.89	Other bipolar disorder
F31.9	Bipolar disorder, unspecified
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.3	Major depressive disorder, single episode, severe with psychotic symptoms

Table 1	
ICD-10 diagnosis codes considered medically necessary along with the product's CPT/HCPCS codes if criteria are met (this list is not all-inclusive; other qualifying ICD-10 codes may apply if the condition is listed in the current DSM):	
Code	*Description*
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.89	Other specified depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F32.A	Depression, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.9	Major depressive disorder, recurrent, unspecified
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F42.3	Hoarding disorder
F42.9	Obsessive-compulsive disorder, unspecified
F43.0	Acute stress reaction
F43.10	Post-traumatic stress disorder, unspecified

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Code	*Description*
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F44.81	Dissociative identity disorder
F44.9	Dissociative and conversion disorder, unspecified
F50.810	Binge eating disorder, mild
F50.811	Binge eating disorder, moderate
F50.812	Binge eating disorder, severe
F50.813	Binge eating disorder, extreme
F50.814	Binge eating disorder, in remission
F50.819	Binge eating disorder, unspecified
F50.89	Other specified eating disorder
F50.9	Eating disorder, unspecified
F53.0	Postpartum depression
F60.0	Paranoid personality disorder
F60.3	Borderline personality disorder
F60.5	Obsessive-compulsive personality disorder
F84.0	Autistic disorder
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type

Table 1	
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Code	*Description*
F90.9	Attention-deficit hyperactivity disorder, unspecified type

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Appendix A

Table 2: Example Psychiatric Disorders

General Condition	Included Conditions
Anxiety and Stressor-Related Disorders	• Specific Phobias • Social Anxiety Disorder • Panic Attacks and Panic Disorder • Agoraphobia • Generalized Anxiety Disorder • Trauma- and Stressor-Related Disorders • Posttraumatic Stress Disorder (PTSD) • Acute Stress Disorder (ASD) • Adjustment Disorders
Attention Deficit Hyperactivity Disorder (ADHD)	-
Dissociative Disorders	• Dissociative Disorders • Dissociative Identity Disorder • Dissociative Amnesia • Depersonalization/Derealization Disorder • Dissociative Subtype of Posttraumatic Stress Disorder
Eating Disorders	• Anorexia Nervosa • Bulimia Nervosa • Binge Eating Disorder • Avoidant/Restrictive Food Intake Disorder (ARFID) • Pica • Rumination Disorder
Mood Disorders	• Bipolar Disorders • Cyclothymic Disorder • Depressive Disorders
Obsessive-Compulsive and Related Disorders	• Obsessive-Compulsive Disorder (OCD) • Body Dysmorphic Disorder • Excoriation (Skin-Picking) Disorder • Trichotillomania • Body-Focused Repetitive Behavior Disorder • Hoarding Disorder

General Condition	Included Conditions
	• Olfactory Reference Disorder
Personality Disorders	• Paranoid Personality Disorder (PPD) • Schizoid Personality Disorder (ScPD) • Schizotypal Personality Disorder (STPD) • Antisocial Personality Disorder (ASPD) • Borderline Personality Disorder (BPD) • Histrionic Personality Disorder (HPD) • Narcissistic Personality Disorder (NPD) • Avoidant Personality Disorder (AVPD) • Dependent Personality Disorder (DPD • Obsessive-Compulsive Personality Disorder (OCPD)
Schizophrenia and Related Disorders	• Brief Psychotic Disorder • Delusional Disorder • Other Schizophrenia Spectrum and Psychotic Disorders • Psychotic Disorder Due to Another Medical Condition • Schizoaffective Disorder • Schizophrenia • Schizophreniform Disorder • Shared Psychosis • Substance-/Medication-Induced Psychotic Disorder
Somatic Symptom and Related Disorders	• Somatic Symptom Disorder • Illness Anxiety Disorder • Functional Neurological Symptom Disorder • Psychological Factors Affecting Other Medical Conditions • Factitious Disorder Imposed on Self • Factitious Disorder Imposed on Another
Suicidal Behavior and Self-Injury	• Suicidal Behavior • Nonsuicidal Self-Injury (NSSI)
Substance-Related Disorders	• Substance Use Disorders

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