



Provider Batch Authorization Guide

Version 1.15

Released: 03/05/18

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Version Change Log

<p>Version 1.3 - Published 03.18.2015</p>
<p>Version 1.4 – Published 04.09.2015</p> <ul style="list-style-type: none"> • Updated all Requested Visits/Units fields (481, 484, 487, 490, 493, 496, 499, 502, 505, 508, 511, 514, 517, 520, 523, 526, 529, 532, 535 and 538) to four (4) digits in length • Updated all Approved Visits/Units fields (541, 543, 545, 547, 549, 551, 553, 555, 557, 559, 561, 563, 565, 567, 569, 571, 573, 575, 577 and 579) to four (4) bytes in length • Added in an Approve/Deny Reason code field for each of the Approved Visits/Units fields (List of code values will be available in a future release) • Updated field #392 regarding Substance Use to include conditional requirement verbiage; updated Required to 'C' for conditional • Updated the "Key for usage" section to include a note specific to a CRLF as an end of record indicator • Added in BMI specific fields: #328, "Results of Metabolic Syndrome Assessment", #329, "BMI Not Assessed" and #330, "Narrative Entry" • Updated all "Medication" fields (331, 335, 339, 343, 347, 351, 355, 359, 363 and 367), to four (4) bytes, from three (3); also updated Data Type to 'A', to allow for valid values to be entered • Added Medications List in Appendix C • Updated Field #3, "Level of Service", to two (2) bytes, from one (1); and updated values • Updated Field #4, "Type of Service", to reflect all applicable values; updated to two (2) bytes, from one (1); and updated Data Type to 'A' to allow for valid values to be entered • Updated Field #5, "Level of Care", to reflect valid values; and updated Data Type to 'A' to allow for valid values to be entered • Updated Field #6, "Type of Care", to eight (8) bytes, from two (2); added in valid values; and updated Data Type to 'A' to allow for valid values to be entered • Updated field #371, "Highest Level of Care Planned for Discharge", to eight (8) bytes, from two (2); added applicable values; and updated Data Type to 'A', to allow for valid values to be entered • Updated field #7, "Admit Date" to 'C' for conditional • Updated field #9 to 'C' for conditional • Updated field #21, "NPI # for Authorization" to reflect required/error message verbiage • Updated field #22, "Authorized User" to reflect required/error message verbiage • Updated field #54, from "Symptomology" to "Presenting Concerns" • Updated fields #312, 316, 317 and 444 to include conditional requirement verbiage; and updated Required to 'C' for conditional • Updated field #373, required verbiage only
<p>Version 1.5 – Published 04.29.2015</p> <ul style="list-style-type: none"> • Added in new field, Provider Internal Tag ID, Field #10, for provider's internal use • Updated field #474 to include one additional valid value • Updated field #64, "Social Elements Impacting Diagnosis" to reflect additional error message and tool tip • Updated fields #444 and #445 to reflect accurate error code value • Updated field #459 to reflect additional error message and tool tip • Updated field #462, "Health Insurance Types" to eight (8) bytes from one (1), to allow for multiple selections; updated error message verbiage to reflect accurately; added tool tip • Updated field #68, "Secondary Assessment Measure" to reflect 'N' for Not Required • Added in new Error Code Message fields (#587, 589, 591, 593 and 595) • Added in Appendix E – Service Class Code List

- Added in Appendix F – LOS/TOS/LOC/TOC Mapping
- Added in Appendix G – Approve/Deny Reason Code List
- Updated field #321, “Is the individual currently pregnant” with additional note for direction if individual is a male
- Updated field #329, “Results of Metabolic Syndrome Assessment” with additional note for direction as to use
- Updated field #417, “Most Recent Relapse Date” to reflect conditional requirements accurately
- Updated fields #437, 438 and 439 (Legal fields) with additional applicable values
- Updated field #377, “Type of substance(s) used” with additional note for direction regarding valid values
- Added in additional note under “Key for usage” section regarding leading zero(s) for numeric fields
- Updated Reject Response files to accurately reflect what additional fields would be populated
- Updated Appendix D (Place of Service Codes) to remove unassigned values
- Updated field #13, to “Provider Name” (from “Provider Last Name”), and updated required to “N” for not required
- Updated field #15, “Provider Alternate ID” to reflect required as “N” for not required
- Added in additional note under “Key for usage” to advise of File Naming Convention
- Added in note on all fields which include a conditional requirement based on LOS/TOS/LOC/TOC to refer to Appendix F for clarification
- Updated field #61, “Medical Diagnosis Code 1” with additional note for direction if individual has no medical diagnosis, or if it is unknown
- Added field #540, “FILLER”, for future use
- Updated field #71 - #188, with additional note requiring CANS if Service = PRTF, IFI or CBAY regardless of age
- Updated field #189 - #307, with additional note requiring ANSA if Service = ACT or CST regardless of age

Version 1.6 – Published 06.26.2015

NOTE: Field numbers have been changed due to additional fields being added. Field numbers may not match previous versions published.

- Updated the Withdrawal Section (fields 404 – 416) to “Required = N” as they are no longer required.
- Updated the Vitals Section (fields 417 – 440) to “Required = N” as they are no longer required.
- Social Elements Impacting Diagnosis (fields 64 – 73); previously one field with multiple selections allowed; Modified to 10 individual fields with Yes/No values. No record length increase was required for this as there was already 10 bytes allowed for the single field, now each individual field is one (1) byte. Also changed data type from N (numeric) to A (alphanumeric).
- Updated Fields 144 (CANS Education) and 145 (CANS Vocational), added in a value for Not Applicable; Also changed data type from N (numeric) to A (alphanumeric)
- Updated Fields 200 (ANSA Employment) and 214 (ANSA Parental/Caregiver Role), added in a value for Not Applicable; Also changed data type from N (numeric) to A (Alphanumeric)
- Updated field 470 (“other source”), increased to 100 bytes from 25.
- Highest Level of Care Planned for Discharge, field # 382, modified value “PRTF” to be “PR”.
- Added field to last record in Reject Response file to handle critical file errors – refer to Reject Response file for details.
- Modified data type from N (numeric) to A (alphanumeric) for all Service Class Code fields.
- Added in detail regarding response file naming. See Response File section for details.
- Inserted ‘Nursing Home’ as option for Referral source field, (field #24) and renumbered value for ‘Other’.
- Updated Field 20 as filler.
- Updated Required if Service = CANS and the individual is 15 years of age years or older (based on the individual’s DOB and authorization start date), fields 162-169.
- Updated Required if Service = CANS and the individual is 5 years of age years or younger (based on the individual’s DOB and authorization start date), fields 170-184.

- Added optional for CANS fields 185-197.
- ANSA fields 198-255 updated to Required if the ANSA is required.
- Added ANSA Peer Influences as N = N/A, field 249.
- Added optional for ANSA fields 257-262.
- Removed N/A from ANSA Career Aspirations, field 263.
- Expanded Social Element fields 64-73.
- Updated CANS Family as Required if CANS required.
- Removed and if service is any except for Non-Intensive Outpatient Services (initial requests), CSU, CSU Detox, Inpatient, and Inpatient Detox. Refer to Appendix F, "Service Column" for clarification from ANSA Fields, 263-317.
- Added N/A to ANSA Job Attendance and Performance fields, Field 265.
- Added Required if Employment (Life Domain Functioning) = 1, 2, 3 to ANSA Fields 263-268.
- Added Required if Intellectual/Developmental (Life Domain Functioning) = 1, 2, 3 to ANSA Fields 269-271.
- Added Required if Parental/Caregiver Role (Life Domain Functioning) = 1, 2, 3 to ANSA Fields 272-276.
- Added Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3 to ANSA Fields 277-287.
- Added Required if Suicide Risk (Risk Behaviors) = 1, 2, 3 to ANSA Fields 288-291.
- Added Required if Danger to Others (Risk Behaviors) = 1, 2, 3 to ANSA Fields 292-303.
- Added Required if Sexual Aggression (Risk Behaviors) = 2, 3 to ANSA Fields 304-309.
- Added Required if Criminal Behavior (Risk Behaviors) = 1, 2, 3 to ANSA Fields 310-317.
- Updated fields 319, 322-328, 382-383 to reference PASRR Specialized Services.
- Added PASRR Specialized Services to Appendix F.
- Added field ANSA - Caregiver Strengths & Needs updated, field 257.
- Updated Start and End fields following this update 256-10560
- Changed fields 447-452 to conditional status.
- Updated Appendix F CANS/ANSA Crosswalk based on meeting discussion on 6/11.
- Added "*" to "Has the individual had a baby (live birth)" question (as this field is always required when it is displayed). Updated screen shot in both RFS and Review flows to include an "" for this question, field 332.
- Changed the field "What is the date the individual was released from jail/RYDC or prison/YDC?" from "Required" to "Conditionally Required" (Oversight in data tables. No changes to screen shots needed), field 453.
- Changed the field "Enter the date of the individual's first contact with an employer following enrollment in ACT or SE services" from "Not Required" to "Conditionally Required" and added an "*" to the field label (as this field is always required when it is displayed). Updated screen shot in both RFS and Review flows to include "*" for this question, field 485.
- Changed last 4 employment questions from "Required" to "Conditionally Required". (Oversight in data tables. No changes to screen shots needed) Fields 482-485.
- Updated Highest Level of Care Planned for Discharge with Georgia Housing Voucher Program option, field 382.
- Updated Fields 404 – 446 to required status of 'N'.
- Updated how many times has the individual been admitted to jail/RYDC or prison/YDC in the past 90 days with 'C' for conditional requirement, field 454.
- Updated fields 56-63 to reference ICD-9 OR ICD-10.
- Added infinity language: If the employer is yet to be identified or if you have to contact the employer then please use the following infinity date 12/31/2299.
- Updated fields to reference PASRR Services 318, 319, 331,332,334, 387,347-349,452,454-456,468,474,476, and 477.
- Added Updated Appendix for ICD Codes List, Appendix H.

- Updated Response File Naming Convention with file detail, Appendix G
- Updated field 473 Other Health Insurance from 25 to 100 in length.

Version 1.7 - Published 08.07.2015

NOTE: Some field numbers have changed due to modification to filler fields being added. There were no new data elements added.

- Input File Layout and Validation Errors (pg. 10) - Updated Data format verbiage to further define Alpha and Numeric values and updated file naming convention.
- Changed fields 1, 11, 25-29, 37, 34-47, 49-55, 75, 78, 81-144, 147-154, 156-200, 203-214, 216-219, 221-256, 258-263, 265-318, 323-324, 328-329, 334-339, 344-345, 348-349, 352-353, 356-357, 360-361, 364-365, 368-369, 372-373, 376-377, 380-381, 384, 386, 388-400, 404, 418-423, 426-428, 448-450, 452, 454-455, 458-477, 480, 483, 487-494, 496-497, 500-506, 508, 510-511, 513-514, 516-517, 519-520, 522-526, 528-529, 531-532, 534-535, 537-538, 540-541, 543-544, 546-547, 549-550, 552-553, 555-556, 558-559, and 561 to Alpha numeric.
- Updated field #11 (Tax ID) added example of formatted value.
- Updated Field # 16 (Consumer ID) length to 9
- Added field #17, "FILLER", for future use
- Updated field # 157 Field Label to "CANS - Environmental Influences" and description to "Substance Use: Environmental Influences"
- Added field #158, "FILLER", and guidance to default to '0' when required.
- Updated field # 249 to 'ANSA - Substance Use' and (Domain Values / Allowed Responses) to include 'N=N/A'
- Updated field # 250 (ANSA - Substance Use) for (Domain Values / Allowed Responses) to omit 'N=N/A'
- Updated field # 251 to 'ANSA - Environmental Influences' and (Field Description) to Substance Use: Environmental Influences
- Added field #252, "FILLER", and guidance to default to '0' when required.
- Updated field # 268 (ANSA - Job Relations) for (Domain Values / Allowed Responses) to include 'N=N/A'
- Updated field #324(Total days of homelessness in the past 90 days) for (Domain Values / Allowed Responses) to '00-90' and (Field Notes) to include "Must be between 00 and 90. Prefill with zeros when necessary. See error message #6."
- Updated field #328(How many admissions to inpatient psychiatric.) for (Domain Values / Allowed Responses) to '00-90' and (Filed Notes) to include "Must be value between 00 and 90. Prefill with zeros when necessary. See error message #7."
- Updated field #329(What is the total number of days the individual.) for (Domain Values / Allowed Responses) to '00-90' and (Filed Notes) to include "Must be value between 00 and 90. Prefill with zeros when necessary. See error message #8."
- Updated field#335(Does the individual have dependent children under the age of 19?) changed (Req'd) to 'C'
- Updated field #336(Current Weight (lbs) for (Field Notes) to "Must be numeric. Prefill with zeros when necessary. See error message #2." Changed to Alpha Field.
- Updated field #337(Height ft) for (Field Notes) to "Must be numeric. Prefill with zeros when necessary. See error message #2." Changed to Alpha Field.
- Updated field #338(Height in) for (Field Notes) to "Must be numeric. Prefill with zeros when necessary. See error message #2." Changed to Alpha Field.
- Updated field #339(Waist Circumference in inches) for (Field Notes) to "Must be numeric. Prefill with zeros when necessary. See error message #2." Changed to Alpha Field.
- Updated field #392(Enter Age of First Use) for (Field Notes) to "Must be numeric. Prefill with zeros when necessary. See error message #2."
- Updated field #396(Enter Age of First Use) for (Field Notes) to "Must be numeric. Prefill with zeros when necessary. See error message #2."
- Updated field #400(Enter Age of First Use) for (Field Notes) to "Cannot be zero (00). Prefill with

- zero when necessary. See error message #2.”
- Updated field #404(How many times has the individual.) for (Field Notes) to “Must be numeric. Prefill with zeros when necessary. See error message #2.”
- Updated field #418(Blood Pressure (Systolic)) for (Field Notes) to “Must be numeric. Prefill with zeros when necessary. See error message #2.”
- Updated field #419(Blood Pressure Diastolic) for (Field Notes) to “Must be numeric. Prefill with zeros when necessary. See error message #2.”
- Updated field #420(Temperature) for (Field Notes) to “Must be numeric. Prefill with zeros when necessary. See error message #2.” Format changed to ‘A’
- Updated field #421(Pulse) for (Field Notes) to “Must be numeric. Prefill with zeros when necessary. See error message #2.”
- Updated field #422(Respiration) for (Field Notes) to “Must be numeric. Prefill with zeros when necessary. See error message #2.”
- Updated field #423(Respiration) for (Field Notes) to “Must be numeric. Prefill with zeros when necessary. See error message #2.” Format changed to ‘A’
- Updated field #452(Number of arrests in past 30 days) for (Domain Values / Allowed Responses) to ‘00-30’ and (Field Notes) to include “Must be value between 00 and 30. Prefill with zeros when necessary. See error message #18.”
- Updated field #455(How many times has the individual been admitted to jail.) for (Domain Values / Allowed Responses) to ‘00-90’ and (Field Notes) to include “Must be value between 00 and 90. Prefill with zeros when necessary. See error message # 019.” And “Tool Tip - If current incarceration began prior to 90 days ago, enter "00".”
- Updated field #456 (How many days has the individual spent in jail.) for (Domain Values / Allowed Responses) to ‘00-90’ and (Field Notes) to include “Must be value between 00 and 90. Prefill with zeros when necessary. See error message # 020.” And “Tool Tip - If current incarceration began prior to 90 days ago, enter "00".”
- Updated Fields 458 – 477. Changed Dollar amount of fields to 10 bytes. Assuming a decimal and Alpha numeric fields. Added additional 5 byte filler fields after each dollar amount field.
- Updated field #480 (Source of Non-Cash Benefits) format to ‘A’
- Updated field #483 (Health Insurance Types) format to ‘A’
- Updated field #484 (Other Health Insurance Type) to field length 25 and added 75 byte filler field.
- Inserted field #485 (Filler) with field length 75.
- Updated field #487 (For school-aged children and adolescents.) for (Domain Values / Allowed Responses) to ‘00-30’ and (Field Notes) to include “Must be a value between 0 and 30. Prefill with zeros when necessary. See error message #22.”
- Updated field #490 (Hours Worked Typical Week) for (Field Notes) to include “Must be value between 01 and 99. Prefill with zeros when necessary. See error message #25.”
- Updated field #491 (Hourly Wage) – (Field Notes) to include “must include a decimal point and trailing digits.”
- Updated field #493 (Hours Worked Typical Week) for (Field Notes) to include “Must be numeric. Prefill with zeros when necessary. See error message #2.”
- Updated fields #497 – 501 – Updated Notes: Required when individual is over 18 years of age, and when Type of Care = Supported Employment or ACT.
- Updated fields #504, 507, 510, 513, 516, 519, 522, 525, 528, 531, 534, 537, 540, 546, 549, 552, 555, 556, 561, (Requested Visits/Units for Service Class 1) for (Field Notes) to include “Must be numeric. Prefill with zeros when necessary. See error message #2.”
- Updated field # 474 start sequence to 7838
- Appendix A - Added 2nd place 0 to reflect 00-90 in Error logic for error # 6,7,8 and User Message for error # 6,7,8,18,19,20,22.
- Appendix A - Added Error Codes 55, 101-108.
- Appendix B - Deleted Substance code 1605 – Other Sedatives.
- Added Authorization Number to field 563 for Authorization Number used for billing.
- Updated filler length and end date field 562.

Version 1.8 - Published 10.1.2015

- Corrected field start and end positions for fields 464 and 465.
- Added new message, #112, applicable to fields 420, 423, 458, 460, 462, 464, 466, 468, 470, 472, 474, 476, and 491. Message specifies that the field must be numeric, zero-filled and include a decimal.
- Added error message #4 to all applicable fields with a list of values specified in the Domain Values/Allowed Responses column. Message specifies that the field must contain a valid value.
- Changed error message from #2 to #4 for phone number fields: 26, 27, 28, 34, 35, 36, 39, 40, 41, 44, 45, 46, 49, 50, 51, 53, 54, and 55.
- Fields 65, 66, 67, 68, 69, 70, 71, 72, 73 and 74 changed from Required ('R') to Conditionally Required ('C').
- Modified instructions for submitting default (unknown or none) diagnosis instructions for Medical Diagnosis 1 (field 62).
- Modified valid value for field 257.
- Changed error message from #2 to #113 for fields 336, 337, 338, 339, 418, 419, 421, 422, 504, 507, 510, 513, 516, 519, 522, 525, 528, 531, 534, 537, 540, 543, 546, 549, 552, 555, 558, and 561 to read "INVALID FORMAT. DATA MUST BE NUMERIC, ZERO FILLED."
- Corrected ending position for field 484 and starting position for (filler) field 485. This change does not affect the overall file layout.
- Updated field #491 (Hourly Wage) – (Field Notes) to include "must be zero-filled" and indicate that the format is '00.00'.
- Updated field 564, Upload Status, with full list of possible values that will be returned in response files.
- Updated field 565, authorization number, with the authorization number format that will be returned in response files.
- Updated Response Files section with clarifying language, a high-level workflow diagram, and new naming convention for error file from the second (clinical) processing step.
- Updated Appendix A with additional clarifying language for message #24, added messages #112 and #113.
- Removed duplicate service class entries in Appendix E.
- Updated ICD-10 diagnosis code list in Appendix H.

Version 1.9 – Published 10.30.2015

- Updated NOTE section with guidance related to authorization requests dated prior to 12/1/2015.
- Updated fields #34-37, 39-41, 44-46 and 49-51, field notes to indicate that a phone number is required when the corresponding name is present
- Updated field #62, "Medical Diagnostic Code 1" with additional note for direction if individual has no medical diagnosis, or if it is unknown
- Updated field #63 and 64 with additional field notes
- Updated fields #65-74 field notes to include error #56
- Updated fields #81-93, 199-215, field description to "Life Functioning Domain"
- Updated field label #134 and #135 to include "witness to"
- Changed field #152 to Filler
- Updated field label #153 "Child Strengths: Relationship Permanence"
- Updated field #165, 166, and 170 with additional direction for N/A selection
- Updated field #176-181 with additional direction for Unknown selection
- Updated field #186-198 with additional direction regarding when to leave blank
- Updated field #193 to rename "Substance Use"
- Update field notes for fields 264-277 to reference "Life Functioning Domain"
- Updated field #283 and #284 to remove "/victim"
- Updated field #388 field notes to include error #55

- Updated field #491 with to clarify that value needs leading zeroes and two trailing digits when populated
- Appendix A: error messages #24, 112, and 113 updated to clarify leading/trailing digits.
- Added errors codes 115, 116, and 117 to Appendix.

Version 1.10.42 – Published 3.24.2016 (revised 5.2.2016) (revised 5.23.2016)

Implementation date for changes in this version are effective Monday June 27, 2016

- Updated field #5 with additional instructions to clarify existing functioning
- Updated field #6 to add new SRCMH TOC
- Added new value to included “Medication Assisted Treatment” to field #6
- Removed “opioid maintenance” from field #6
- Updated field #15 to FILLER
- Updated fields #12, #13, #14, #16, #18, #19, #20, and #23 with additional instructions to clarify existing functioning
- Updated field #22 with new value update “U” and extra column added in File Layout to reflect this addition
- Updated field #23 with additional instructions to clarify existing functioning
- Updated field label #84 to “Developmental/Intellectual”
- Updated field label #116 to “Attachment Difficulties”
- Updated field label #128 to “Affective/Psychological Dysregulation”
- Updated field label #134 to “Witness to Family Violence”
- Updated field label #135 to “Witness/Victim to Community Violence”
- Updated field label #140 to “Witness/Victim to Criminal Activity”
- Updated field Label #145 to “Educational Setting”
- Updated field 152 to FILLER
- Changed field #158 to “Parental Influences”, added note to clarify existing functioning
- Added values to FILLER field #158 Valid values are 0,1,2 and 3
- Updated fields #165-166 and 170 with valid value for “Not Applicable”
- Updated fields #176-181 – modified valid value for “Unknown” from ‘4’ to ‘U’
- Updated field Label #188 to “Involvement with Care”
- Updated field #252 instructions
- Updated field #258-263 instructions
- Removed “opioid maintenance” from field #383
- Updated field #383 field notes to include “Medication Assisted Treatment”
- Added new value to included “Medication Assisted Treatment” to field #383
- Updated field #384 field notes to include “Medication Assisted Treatment”
- Updated field #497 instructions
- Updated field #563-565 instructions
- Updated field #567 instructions
- Updated field #336 field notes to include error #59
- Updated field #337 field notes to include error #58
- Added new value, “6 = Unknown” to field #391, #395, and #399
- Added new value, “Parental Custody” to field #450.
- Updated field #497 – modified logic/instructions for reporting this data element
- Updated ending position of field 562 and updated field length
- Added fields #563 for ANSA Witness/Victim to Criminal Activity, updated instructions
- Added field #564 for ANSA War Affected, updated instructions
- Added field #565 for ANSA Terrorism Affected, updated instructions
- Renumbered fields 563-623
- Added field #566 with FILLER
- Added field 567, “Rolled-Back Client Auth Number”, updated instructions

- Updated fields #567-569 & 571-623 to clarify which fields are populated on update requests
- Updated field #570 to clarify instructions on difference between initial/concurrent and update requests
- Appendix A: changed error messages #108 to #114; changed error messages 13, 109-111, 122
- Appendix A: added error messages #118 to #129
- Appendix A: added error message #58, #59, #122 #130, and #131
- Appendix A: renumbered fields 122-131
- Appendix F: crisis services on CANS/ANSA made optional; added Structured Residential C&A MH
- Appendix G: updated descriptions for two codes.
- Appendix H: Added MH diagnosis codes.

Version 1.11.1 – Published 9/2/2016

- Updated field #2 with additional information to clarify current functionality
- Renamed field #15 from “FILLER” to “Provider Local Client ID”
- Updated field #76 to reflect a tool tip
- Updated field #79 to reflect a tool tip
- Updated field #570 to reflect a tool tip to state that it is a Beacon authorization number. Add error code to field notes.
- Appendix A: updated error code 012 to reflect 365 days
- Appendix F: CST and ACT added additional direction on ANSA, with footnote
- Appendix H: Added table for informational ICD-10 diagnosis codes

Version 1.12 – Published 10/18/16

- Updated field #22 field notes with new error messages
- Appendix A: Modified error message #58; Added error messages #133 to #135
- Appendix H: Added additional diagnosis codes

Version 1.13 – Published 06/05/17

- Appendix A: Added error message #138 and #139

Version 1.14 – Published 09/26/17

- Updated field notes for field #14 Vendor ID
- Update field #6 to include CR1, CR2, CR3, CR4, and ICC as types of care
- Appendix E: added Service Class Codes and descriptions
- Appendix F: added CL1, CL2, CL3, CL4, and IC3 CANS/ANSA requirements
- Updated field notes for field #497 – First Contact with Employer for clarity

Version 1.15 – Published 03/05/18

- Update field #5 to include CUA and CUC as levels of care
- Appendix E: added Service Class Codes and descriptions

Introduction

The Georgia Collaborative ASO Provider Batch Authorization Companion Guide document provides the data requirements to be implemented for all electronic authorization submissions to the Georgia Collaborative ASO for consumers.

Purpose

The purpose of this document is to provide the information necessary to submit authorization data electronically to the Georgia Collaborative ASO. The information herein describes specific requirements for processing data within the payer's system.

Telecommunications Specifications

Providers wishing to submit electronic authorization data to the Georgia Collaborative ASO must obtain a Submitter ID/Password. If you do not have a Submitter ID you may obtain one by completing the Account Request form available on The Georgia Collaborative ASO website. If you already have a ProviderConnect user ID and password, you will be able to access the authorization batch submission process.

The Georgia Collaborative ASO can accommodate multiple submission methods for electronic registration data. Please refer to the Batch Submission Guide on the Georgia Collaborative ASO website at or further details.

If you have any questions please contact the EDI Help Desk:

E-mail: e-supportservices@valueoptions.com

E-Mail subject line should begin with "Batch Authorization" – This will direct the email to the correct internal resource for resolution

Telephone: 888-247-9311 (8am – 6pm ET, Monday – Friday) Fax: 866-698-6032

***NOTE**

Beginning in 2015, the CANS for children/youth and ANSA for adults will be the primary functional assessments used for service planning and are required components of authorization requests for most services.

Once both the provider community and the Collaborative have the opportunity to gain greater familiarity with these new assessment tools and their relationship to the authorization and appropriateness of covered services, the CANS and ANSA ratings will be more fully integrated into the clinical review process and result in pending and care manager review of requests based on the respective CANS or ANSA data submitted.

Guidance related to authorization requests with start dates prior to December 1, 2015 or newly added data elements after December 1, 2015:

As you know, the authorization process provided by Beacon Health Options includes data elements, such as the ANSA and CANS that have not been collected in the previous authorization process via the MICP. As such, it is understood that providers may not have these new data elements/information for individuals who need a retroactive authorization in the Georgia Collaborative System (i.e. authorizations submitted on or after December 1, 2015 with a start date prior to December 1, 2015). For these elements on retroactive authorizations with start dates prior to December 1, 2015, providers may enter information if available for the time period or, if not

available, providers may enter “unknown”, “refused”, or “n/a” for data elements with those options. If this is not an option, providers should indicate the best estimate of information at the time of the authorization request. Regarding clinical documentation, in all cases, providers should have the CAFAS or LOCUS noted in the record for authorizations with a start date prior to December 1, 2015. For authorizations with start dates on or after December 1, 2015, an ANSA or CANS is required both in clinical documentation and on authorization requests.

Guidance related to authorization requests with start dates after December 1, 2015 for newly added data elements:

From time to time, DBHDD adds new data elements that were not previously collected. As such, it is understood that providers may not have these new data elements/information for individuals who need a retroactive authorization subsequent to the implementation date of the new data element in the Georgia Collaborative System (e.g., implementation date of July 1, 2016 and authorization start date June 15, 2016). For these elements on retroactive authorizations, providers may enter information if available for the time period or, if not available, providers may enter a valid value for that field (e.g., “0”, “unknown”, “refused”, or “n/a”). If this is not an option, providers should indicate the best estimate of information at the time of the authorization request.

Input File Layout and Validation Errors

Under Req'd (required):

- R – Field is required
- N – Field is not required (If known should be entered, When entered will be subjected to rules in field notes and errors column)
- C – Field is conditionally required (condition under which the field is required is documented in the error processing column)
- X – Do not populate this field; It will be populated on the applicable response file

Under Format:

- N – Numeric Value: Numeric fields mean that all positions of data element must be populated with a number. E.g. If the fields length is 5 then all five positions must contain a number to include leading zeros when necessary. Note that no spaces or decimals are allowed.
- A – Alpha-Numeric Value: Field may contain letters, numbers, spaces, and special characters such as decimals, etc. Values should be left justified. All characters must be uppercase.

Any field that is not required and is not being reported needs to be spaces.

All required fields must be left justified.

All alpha characters need to be uppercase.

All numeric fields require leading zero(s) if value entered does not consume the entire length of the field.

A CRLF (Carriage Return Line Feed) is required to indicate the end of a record and the start of a new one. Each record must be on a separate line.

File Naming Convention: GAC123456_MMDDYYYY_001_BA.txt

- GAC123456 = Provider ID
- MMDDYYYY = the date the file is created
- 001 = the sequential number of the file being sent that day (in case the multiple files are sent on the same day/date)
- BA = to designate what the file is being sent for: BA = Batch Auth; BD = Batch Discharge; and BR = Batch Registration

Batch Authorization File Layout

Field #	Field Label (Column Header)	Field Description	Domain Values / Allowed Responses	Required for Initial and Concurrent Requests	Required for Update Requests	Field Notes	Length	Start	End	Format
1	Parent Code	CID Parent Code	Default to 'GACO'	R	R	Required. See error message #1	4	1	4	A
2	Auth Start Date (MMDDYYYY)	Authorization Start Date	MMDDYYYY	R	R	Required. See error message #1. Must be in MMDDYYYY format. See error message #3. Must be within past the last 180 365 days. See error message #12. (Note: DBHDD is temporarily modifying to 365 days. Will revert to 180 days in the future). Tool Tip – Must be within past the last 180-365 days.	8	5	12	N
3	Level of Service	Level of Service	Values: IP = INPATIENT/HLOC OP = OUTPATIENT	R	N	Required. See error message #1. Must be a valid value. See error message #4.	2	13	14	A
4	Type of Service	Type of Service	Values: P = MENTAL HEALTH S = SUBSTANCE USE	R	N	Required. See error message #1. Must be a valid value. See error message #4.	2	15	16	A

			MS = MENTAL HEALTH \ SUBSTANCE USE							
5	Level of Care	Level of Care	<p>Values:</p> <p>I = INPATIENT Z = CRISIS STABILIZATION UNIT (CSU) NH = NURSING HOME PR = PRTF R = RESIDENTIAL O = OUTPATIENT XA = CSU – ADULT XC = CSU – C&A</p>	R	N	<p>Required. See error message #1. Must be a valid value. See error message #4.</p> <p>If the provider selects “INPATIENT” or “CSU” and the system determines there are no initial authorization requests for the individual and requested combination of care, the request will error. See error message #42.</p>	2	17	18	A
6	Type of Care	Type of Care	<p>Values:</p> <p>AMBDTX = AMBULATORY DETOX ACT = ASSERTIVE COMMUNITY TREATMENT (ACT) BEH = BEHAVIORAL CM = CASE MANAGEMENT (ADA) CBAY = COMMUNITY BASED ALTERNATIVES FOR YOUTH (CBAY) CR1 = COMMUNITY RESIDENTIAL REHAB 1 CR2 = COMMUNITY RESIDENTIAL REHAB 2 CR3 = COMMUNITY RESIDENTIAL REHAB 3</p>	R	N	<p>Required. See error message #1. Must be a valid value. See error message #4.</p> <p>Drop down values filtered by Level of Care selected. See Care Setup for GA spreadsheet for valid drop-down values for TOC by LOC.</p>	8	19	26	A

			<p>CR4 = COMMUNITY RESIDENTIAL REHAB 4</p> <p>CST = COMMUNITY SUPPORT TEAM (CST)</p> <p>CS = CRISIS SERVICES</p> <p>DETOX = DETOX</p> <p>ICCC = INTENSIVE CUSTOMIZED CARE COORDINATION</p> <p>IR = INDEPENDENT RESIDENTIAL</p> <p>ICM = INTENSIVE CASE MANAGEMENT</p> <p>IFI = INTENSIVE FAMILY INTERVENTION</p> <p>INR = INTENSIVE RESIDENTIAL</p> <p>MAT = Medication Assisted Treatment</p> <p>NIO = NON-INTENSIVE OUTPATIENT</p> <p>OM = OPIOID MAINTENANCE</p> <p>PSS = PASRR SPECIALIZED SERVICES</p> <p>PSP = PEER SUPPORT PROGRAM</p> <p>PRP = PSYCHOSOCIAL REHAB PROGRAM</p> <p>SAIOPA = SAIOP - ADULT</p> <p>SAIOPC = SAIOP - CHILD & ADOLESCENT</p> <p>SIM = SEMI-INDEPENDENT RESIDENTIAL</p> <p>SRC = STRUCTURED RESIDENTIAL - C&A - AD</p> <p>SRCMH = STRUCTURED RESIDENTIAL C&A - MH</p>							
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			SE = SUPPORTED EMPLOYMENT TCSAD = TREATMENT COURT SERVICES - AD TCS = TREATMENT COURT SERVICES - MH WTRSO = WTRS - OUTPATIENT WTRSR = WTRS - RESIDENTIAL							
7	Admit Date (MMDDYYYY)	Admit Date for Inpatient/ HLOC	MMDDYYYY	C	N	Required if Level of Service is "Inpatient/HLOC". Refer to Appendix F, "Level of Service" column for clarification. See error message #1. Must be in MMDDYYYY format. See error message #3. Tool Tip – If individual has not yet been admitted, enter the "projected" admit date in this field.	8	27	34	N
8	Admit Time (HHmm)	Admit Time for Inpatient/ HLOC	HHMM	N	N	Must be valid (numeric with first two digits between 00 and 23 and last digits between 00 and 59). See error message #9. Tool Tip – If individual has not yet been admitted, and "projected" admit date was entered in the Admit Date field, enter "0000" in this field.	4	35	38	N
9	Has the individual already been admitted to the facility?	Indicator for whether individual has already been admitted to the facility (for Inpatient/HLOC)	Values: Y = Yes N = No	C	N	Required if Level of Service is "Inpatient/HLOC". Refer to Appendix F, "Level of Service" column for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	39	39	A
10	Provider Internal Tag ID	Provider Internal Tag ID	For Provider's internal use	N	N	For Provider's internal use	15	40	54	A

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11	Tax ID	Tax ID	Format = NN-NNNNNNN	R	N	Required. See error message #1.	16	55	70	A
12	Provider ID	Provider ID		R	R	Required. See error message #1. Must match the Provider ID on the original Auth. See error message #127	15	71	85	A
13	Provider Name	Provider Name		N	N	Must match the Provider Name on the original Auth. See error message #127	60	86	145	A
14	Vendor ID	Vendor ID		R	R	Required. See error message #1. For update request , must match the Vendor ID on the original Auth in field 570 . See error message #127	15	146	160	A
15	Provider Alternate ID FILLER Provider Local Client ID	Provider Alternate ID FILLER Provider Local Client ID		N	N	May be used by provider/vendor to submit local client identification number from vendor's system.	15	161	175	A
16	Consumer ID	Consumer ID (CID)		R	R	Required. See error message #1. For Request Type = 'U', must match the Member ID on the original authorization. See error message #126	9	176	184	A
17	Filler	Filler				DO NOT POPULATE.	6	185	190	A
18	Last Name	Individual Last Name		R	R	Required. See error message #1. For Request Type = 'U', must match the last name on the original authorization. See error message #126	60	191	250	A

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19	First Name	Individual First Name		R	R	Required. See error message #1. For Request Type = 'U', must match the first name on the original authorization. See error message #126	35	251	285	A
20	Date of Birth (MMDDYYYY)	Individual Date of Birth	MMDDYYYY	R	R	Required. See error message #1. Must be in MMDDYYYY format. See error message #3. For Request Type = 'U', must match the Date of Birth on the original authorization. See error message #126	8	286	293	N
21	Filler	Filler				DO NOT POPULATE.	8	294	301	A
22	Type of Request	Type of Request	Values: I = Initial C = Concurrent U = Update	R	R	Required. See error message #1. Must be a valid value. See error message #4. If value provided is 'I', there must not be an existing Authorization found in the system. See error message #134. If value provided is 'C', there must be an existing Initial Authorization already in the system. See error message #135.	1	302	302	A
23	NPI # for Authorization	NPI # for Authorization		R	R	Required. See error message #1. Must match the NPI# for Authorization on the original Auth. See error message #127	10	303	312	N
24	Authorized User	Authorized User	Valid Submitter ID	R	R	Required. See error message #1.	10	313	322	A

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25	Referral Source	Referral Source	<p>Values:</p> <ul style="list-style-type: none"> 01 = Self / Applicant 02 = Family 03 = Legal Guardian/Representative 04 = BH/DD Provider 05 = Access/Crisis Line 06 = Mobile Crisis Team 07 = Physician 08 = Professional/Therapist 09 = State Hospital - Adult MH 10 = State Hospital - Forensic 11 = State Hospital - ICF/MR 12 = State Hospital - Skilled Nursing 13 = Private Psychiatric Hospital 14 = Crisis Stabilization Unit 15 = General Hospital 16 = Emergency Room 17 = Jail 18 = Prison 19 = Law Enforcement 20 = Criminal Court 21 = Juvenile Justice 22 = Probation/Parole Officer 23 = School 24 = DFCS 25 = Support Coordinator 26 = Aging and Disability Resource Center 27 = Central Office 28 = Regional Office 29 = Clergy/Faith-Based 	C	N	<p>Required for initial requests. See error message #1. When populated, must be a valid value. See error message #4.</p> <p>Tool Tip – Indicate who referred the individual for services.</p>	2	323	324	A
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			30 = Nursing Home 31 = Other							
26	Phone Area Code	Individual Contact Phone Area Code	Must be numeric	C	N	<p>Aftercare follow-up contact information for individual – Please provide at least one method of contacting individual for follow-up.</p> <p>Phone # or Email required (or “Not Available” checkbox needs to be checked). See error message #44.</p> <p>If any phone number field is completed, the first 3 fields are required. See error message #10.</p> <p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be correct length for each field. See error message #11.</p> <p>Extension field is optional.</p>	3	325	327	A
27	Phone Exchange Number	Individual Contact Phone Exchange	Must be numeric	C	N	<p>Aftercare follow-up contact information for individual – Please provide at least one method of contacting individual for follow-up.</p> <p>Phone # or Email required (or “Not Available” checkbox needs to be checked). See error message #44.</p> <p>If any phone number field is completed, the first 3 fields are required. See error message #10.</p>	3	328	330	A

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						<p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be correct length for each field. See error message #11.</p> <p>Extension field is optional.</p>				
28	Phone Suffix	Individual Contact Phone Suffix	Must be numeric	C	N	<p>Aftercare follow-up contact information for individual – Please provide at least one method of contacting individual for follow-up.</p> <p>Phone # or Email required (or “Not Available” checkbox needs to be checked). See error message #44.</p> <p>If any phone number field is completed, the first 3 fields are required. See error message #10.</p> <p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be correct length for each field. See error message #11.</p> <p>Extension field is optional.</p>	4	331	334	A
29	Ext	Individual Contact Number Extension		N	N		8	335	342	A
30	Not Available	Indicator for when Individual Phone Number is not available	<p>Values: U = Unknown (blank) = Phone or Email field have been completed</p>	C	N	<p>Required only if neither Phone # nor Email are entered. See error message #51.</p> <p>Disable if Phone # is entered.</p>	1	343	343	A

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31	Reason Not Available	Reason Individual Phone Number is not available		C	N	Required if Not Available field = 'U'. See error message #1.	50	344	393	A
32	Email	Individual's Email Address	Must be valid email address.	C	N	Phone # or Email required (or "Not Available" checkbox needs to be checked). See error message #44. When populated, must be valid email address. See error message #16.	50	394	443	A
33	Admitting Physician	Admitting Physician		C	N	At least one contact name and phone number is required (including Admitting Physician, Attending Physician, Preparer, and Utilization Review Contact). See error message #41.	60	444	503	A
34	Phone Area Code	Admitting Physician Phone Area Code	Must be numeric	C	N	If Admitting Physician name is present, Admitting Physician phone must be present. See error message #1. If any phone number field is completed, the first 3 fields are required. See error message #10. When populated, must be numeric. See error message #2. When populated, must be correct length for each field. See error message #11.	3	504	506	A
35	Phone Exchange Number	Admitting Physician Phone Exchange	Must be numeric	C	N	If Admitting Physician name is present, Admitting Physician phone must be present. See error message #1. If any phone number field is completed, the first 3 fields are required. See error message #10. When populated, must be numeric. See error message #2.	3	507	509	A

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						When populated, must be correct length for each field. See error message #11.				
36	Phone Suffix	Admitting Physician Phone Suffix	Must be numeric	C	N	<p>If Admitting Physician name is present, Admitting Physician phone must be present. See error message #1.</p> <p>If any phone number field is completed, the first 3 fields are required. See error message #10.</p> <p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be correct length for each field. See error message #11.</p>	4	510	513	A
37	Ext	Admitting Physician Phone Extension		N	N		8	514	521	A
38	Attending Physician	Attending Physician		C	N	At least one contact name and phone number is required (including Admitting Physician, Attending Physician, Preparer, and Utilization Review Contact). See error message #41.	60	522	581	A
39	Phone Area Code	Attending Physician Phone Area Code	Must be numeric	C	N	<p>If Attending Physician name is present, Attending Physician phone must be present. See error message #1.</p> <p>If any phone number field is completed, the first 3 fields are required. See error message #10.</p> <p>When populated, must be numeric. See error message #2.</p>	3	582	584	A

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						When populated, must be correct length for each field. See error message #11.				
40	Phone Exchange Number	Attending Physician Phone Exchange	Must be numeric	C	N	<p>If Attending Physician name is present, Attending Physician phone must be present. See error message #1.</p> <p>If any phone number field is completed, the first 3 fields are required. See error message #10.</p> <p>When populated, must be numeric. See error message #4.</p> <p>When populated, must be correct length for each field. See error message #11.</p>	3	585	587	A
41	Phone Suffix	Attending Physician Phone Suffix	Must be numeric	C	N	<p>If Attending Physician name is present, Attending Physician phone must be present. See error message #1.</p> <p>If any phone number field is completed, the first 3 fields are required. See error message #10.</p> <p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be correct length for each field. See error message #11.</p>	4	588	591	A
42	Ext	Attending Physician Phone Extension		N	N		8	592	599	A
43	Preparer	Preparer		C	N	At least one contact name and phone number is required (including Admitting Physician, Attending Physician, Preparer, and Utilization Review Contact). See error message #41.	60	600	659	A

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44	Phone Area Code	Preparer Phone Area Code	Must be numeric	C	N	<p>If any phone number field is completed, the first 3 fields are required. See error message #10.</p> <p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be correct length for each field. See error message #11.</p> <p>If Preparer name is present, Preparer phone must be present. See error message #1.</p>	3	660	662	A
45	Phone Exchange Number	Preparer Phone Exchange	Must be numeric	C	N	<p>If Preparer name is present, Preparer phone must be present. See error message #1.</p> <p>If any phone number field is completed, the first 3 fields are required. See error message #10.</p> <p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be correct length for each field. See error message #11.</p>	3	663	665	A
46	Phone Suffix	Preparer Phone Suffix	Must be numeric	C	N	<p>If Preparer name is present, Preparer phone must be present. See error message #1.</p> <p>If any phone number field is completed, the first 3 fields are required. See error message #10.</p> <p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be correct length for each field. See error message #11.</p>	4	666	669	A

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47	Ext	Preparer Phone Extension		N	N		8	670	677	A
48	Utilization Review Contact	Utilization Review Contact		C	N	At least one contact name and phone number is required (including Admitting Physician, Attending Physician, Preparer, and Utilization Review Contact). See error message #41.	60	678	737	A
49	Phone Area Code	Utilization Review Contact Phone Area Code	Must be numeric	C	N	If Utilization Review Contact name is present, Preparer phone must be present. See error message #1. If any phone number field is completed, the first 3 fields are required. See error message #10. When populated, must be numeric. See error message #2. When populated, must be correct length for each field. See error message #11.	3	738	740	A
50	Phone Exchange Number	Utilization Review Contact Phone Exchange	Must be numeric	C	N	If Utilization Review Contact name is present, Preparer phone must be present. See error message #1. If any phone number field is completed, the first 3 fields are required. See error message #10. When populated, must be numeric. See error message #2. When populated, must be correct length for each field. See error message #11.	3	741	743	A
51	Phone Suffix	Utilization Review Contact Phone Suffix	Must be numeric	C	N	If Utilization Review Contact name is present, Preparer phone must be present. See error message #1.	4	744	747	A

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						<p>If any phone number field is completed, the first 3 fields are required. See error message #10.</p> <p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be correct length for each field. See error message #11.</p>				
52	Ext	Utilization Review Contact Phone Extension		N	N		8	748	755	A
53	Fax Area Code	Contact Fax Area Code	Must be numeric	N	N	<p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be correct length for each field. See error message #14.</p> <p>When populated, must be 10 digits. See error message #15.</p>	3	756	758	A
54	Fax Exchange Number	Contact Fax Exchange	Must be numeric	N	N	<p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be correct length for each field. See error message #14.</p> <p>When populated, must be 10 digits. See error message #15.</p>	3	759	761	A
55	Fax Suffix	Contact Fax Suffix	Must be numeric	N	N	<p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be correct length for each field. See error message #14.</p>	4	762	765	A

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						When populated, must be 10 digits. See error message #15.				
56	Narrative Entry (0 of 2000)	Presenting Concerns Narrative Entry		R	N	Please explain the reason for current admission or authorization request (describe symptoms) and include the precipitant (what stressor or situation led to this decompensation). If this is a concurrent review, please list both the progress that has been made to date and what symptoms still remain.	2000	766	2765	A
57	Diagnostic Code 1	Diagnostic Code 1	Must be valid ICD-9 or ICD-10 diagnosis code	R	N	<p>Required. The system determines whether to use ICD-9 or ICD-10 codes based on the Auth Start Date.</p> <ul style="list-style-type: none"> · ICD-9 must be sent if the Auth Start Date is prior to 10/01/2015. · ICD-10 must be sent if the Auth Start Date is 10/01/2015 or later. <p>Diagnosis code must include decimal when appropriate. See Appendix H. See error message #1. Must be a valid value. See error message #4.</p> <p>Tool Tip - Documentation of primary condition is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of additional co-occurring conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions of the benefit.</p>	8	2766	2773	A

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58	Diagnostic Code 2	Diagnostic Code 2	Must be valid ICD-9 OR ICD-10 diagnosis code	N	N	<p>The system determines whether to use ICD-9 or ICD-10 codes based on the Auth Start Date.</p> <ul style="list-style-type: none"> · ICD-9 must be sent if the Auth Start Date is prior to 10/01/2015. · ICD-10 must be sent if the Auth Start Date is 10/01/2015 or later. <p>When populated, diagnosis code must include decimal when appropriate. See Appendix H. When populated, must be a valid value. See error message #4.</p>	8	2774	2781	A
59	Diagnostic Code 3	Diagnostic Code 3	Must be valid ICD-9 OR ICD-10 diagnosis code	N	N	<p>The system determines whether to use ICD-9 or ICD-10 codes based on the Auth Start Date.</p> <ul style="list-style-type: none"> · ICD-9 must be sent if the Auth Start Date is prior to 10/01/2015. · ICD-10 must be sent if the Auth Start Date is 10/01/2015 or later. <p>When populated, diagnosis code must include decimal when appropriate. See Appendix H. When populated, must be a valid value. See error message #4.</p>	8	2782	2789	A
60	Diagnostic Code 4	Diagnostic Code 4	Must be valid ICD-9 OR ICD-10 diagnosis code	N	N	<p>The system determines whether to use ICD-9 or ICD-10 codes based on the Auth Start Date.</p> <ul style="list-style-type: none"> · ICD-9 must be sent if the Auth Start Date is prior to 10/01/2015. · ICD-10 must be sent if the Auth Start Date is 10/01/2015 or later. <p>When populated, diagnosis code must include decimal when appropriate. See Appendix H.</p>	8	2790	2797	A

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						When populated, must be a valid value. See error message #4.				
61	Diagnostic Code 5	Diagnostic Code 5	Must be valid ICD-9 OR ICD-10 diagnosis code	N	N	<p>The system determines whether to use ICD-9 or ICD-10 codes based on the Auth Start Date.</p> <ul style="list-style-type: none"> · ICD-9 must be sent if the Auth Start Date is prior to 10/01/2015. · ICD-10 must be sent if the Auth Start Date is 10/01/2015 or later. <p>When populated, diagnosis code must include decimal when appropriate. See Appendix H.</p> <p>When populated, must be a valid value. See error message #4.</p>	8	2798	2805	A
62	Diagnostic Code 1	Medical Diagnostic Code 1	<p>Must be valid ICD-9 OR ICD-10 diagnosis code or NON = None UNK = Unknown</p>	R	N	<p>Required. The system determines whether to use ICD-9 or ICD-10 codes based on the Auth Start Date.</p> <ul style="list-style-type: none"> · ICD-9 must be sent if the Auth Start Date is prior to 10/01/2015. · ICD-10 must be sent if the Auth Start Date is 10/01/2015 or later. <p>Diagnosis code must include decimal when appropriate.</p> <p>If there is no medical diagnosis for this individual, send "NON" ("None"), or if it is unknown, send "UNK" ("Unknown").</p> <p>See error message #1.</p> <p>Must be a valid value. See error message #4.</p> <p>Behavioral Health diagnosis codes listed in Appendix H are not allowable Medical Diagnosis codes.</p>	8	2806	2813	A

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63	Diagnostic Code 2	Medical Diagnostic Code 2	Must be valid ICD-9 OR ICD-10 diagnosis code	N	N	<p>The system determines whether to use ICD-9 or ICD-10 codes based on the Auth Start Date.</p> <ul style="list-style-type: none"> · ICD-9 must be sent if the Auth Start Date is prior to 10/01/2015. · ICD-10 must be sent if the Auth Start Date is 10/01/2015 or later. <p>When populated, diagnosis code must include decimal when appropriate.</p> <p>When populated, must be a valid value. See error message #4.</p> <p>Behavioral Health diagnosis codes listed in Appendix H are not allowable Medical Diagnosis codes.</p>	8	2814	2821	A
64	Diagnostic Code 3	Medical Diagnostic Code 3	Must be valid ICD-9 OR ICD-10 diagnosis code	N	N	<p>The system determines whether to use ICD-9 or ICD-10 codes based on the Auth Start Date.</p> <ul style="list-style-type: none"> · ICD-9 must be sent if the Auth Start Date is prior to 10/01/2015. · ICD-10 must be sent if the Auth Start Date is 10/01/2015 or later. <p>When populated, diagnosis code must include decimal when appropriate.</p> <p>Must be a valid value. See error message #4.</p> <p>Behavioral Health diagnosis codes listed in Appendix H are not allowable Medical Diagnosis codes.</p>	8	2822	2829	A
65	Social Elements Impacting Diagnosis	None	<p>Values: Y = Yes N = No</p>	C	N	<p>At least one "Social Elements Impacting Diagnosis" (from "None" to "Unknown") must be "Y". See error message #56.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	2830	2830	A

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66	Social Elements Impacting Diagnosis	Educational Problems	Values: Y = Yes N = No	C	N	At least one "Social Elements Impacting Diagnosis" (from "None" to "Unknown") must be "Y". See error message #56. When populated, must be a valid value. See error message #4.	1	2831	2831	A
67	Social Elements Impacting Diagnosis	Financial Problems	Values: Y = Yes N = No	C	N	At least one "Social Elements Impacting Diagnosis" (from "None" to "Unknown") must be "Y". See error message #56. When populated, must be a valid value. See error message #4.	1	2832	2832	A
68	Social Elements Impacting Diagnosis	Problems with access to health care services	Values: Y = Yes N = No	C	N	At least one "Social Elements Impacting Diagnosis" (from "None" to "Unknown") must be "Y". See error message #56. When populated, must be a valid value. See error message #4.	1	2833	2833	A
69	Social Elements Impacting Diagnosis	Problems related to interaction w/ legal system/crime	Values: Y = Yes N = No	C	N	At least one "Social Elements Impacting Diagnosis" (from "None" to "Unknown") must be "Y". See error message #56. When populated, must be a valid value. See error message #4.	1	2834	2834	A
70	Social Elements Impacting Diagnosis	Problems with primary support group	Values: Y = Yes N = No	C	N	At least one "Social Elements Impacting Diagnosis" (from "None" to "Unknown") must be "Y". See error message #56.	1	2835	2835	A

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						When populated, must be a valid value. See error message #4.				
71	Social Elements Impacting Diagnosis	Problems related to the social environment	Values: Y = Yes N = No	C	N	At least one "Social Elements Impacting Diagnosis" (from "None" to "Unknown") must be "Y". See error message #56. When populated, must be a valid value. See error message #4.	1	2836	2836	A
72	Social Elements Impacting Diagnosis	Occupational Problems	Values: Y = Yes N = No	C	N	At least one "Social Elements Impacting Diagnosis" (from "None" to "Unknown") must be "Y". See error message #56. When populated, must be a valid value. See error message #4.	1	2837	2837	A
73	Social Elements Impacting Diagnosis	Other psychosocial and environmental problems	Values: Y = Yes N = No	C	N	At least one "Social Elements Impacting Diagnosis" (from "None" to "Unknown") must be "Y". See error message #56. When populated, must be a valid value. See error message #4.	1	2838	2838	A
74	Social Elements Impacting Diagnosis	Unknown	Values: Y = Yes N = No	C	N	At least one "Social Elements Impacting Diagnosis" (from "None" to "Unknown") must be "Y". See error message #56. When populated, must be a valid value. See error message #4.	1	2839	2839	A

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75	Assessment Measure	Assessment Measure	Values: 1 = CALOCUS 2 = CDC HRQOL 3 = FAST 4 = GAF 5 = LOCUS 6 = OTHER 7 = OMFAQ 8 = SF12 9 = SF36 0 = WHO DAS	N	N	When populated, must be a valid value. See error message #4.	1	2840	2840	A
76	Assessment Score	Assessment Score		C	N	Required if Assessment Measure is selected. See error message #46. Tool Tip: a valid assessment score is only 3 digits	6	2841	2846	A
77	If Other, please specify	Assessment Measure Other specification		C	N	Required if Assessment Measure = "Other". See error message #45.	25	2847	2871	A
78	Secondary Assessment Measure	Secondary Assessment Measure	Values: 1 = CALOCUS 2 = CDC HRQOL 3 = FAST 4 = GAF 5 = LOCUS 6 = OTHER 7 = OMFAQ 8 = SF12 9 = SF36 0 = WHO DAS	N	N	When populated, must be a valid value. See error message #4.	1	2872	2872	A

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79	Secondary Assessment Score	Secondary Assessment Score		C	N	Required if Secondary Assessment Measure is selected. See error message #50. Tool Tip: a valid assessment score is only 3 digits	6	2873	2878	A
80	If Other, please specify	Secondary Assessment Measure Other specification		C	N	Required if Secondary Assessment Measure = "Other". See error message #49.	25	2879	2903	A
81	CANS - Family	Life Functioning Domain: Family	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2904	2904	A
82	CANS - Living Situation	Life Functioning Domain: Living Situation	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2905	2905	A
83	CANS - Social Functioning	Life Functioning Domain: Social Functioning	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2906	2906	A
84	CANS – Developmental/ Intellectual	Life Functioning Domain: Developmental/ Intellectual	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2907	2907	A

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85	CANS - Recreational	Life Functioning Domain: Recreational	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2908	2908	A
86	CANS - Legal	Life Functioning Domain: Legal	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2909	2909	A
87	CANS - Medical	Life Functioning Domain: Medical	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2910	2910	A
88	CANS - Physical	Life Functioning Domain: Physical	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2911	2911	A
89	CANS - Sleep	Life Functioning Domain: Sleep	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2912	2912	A

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90	CANS - Sexual Development	Life Functioning Domain: Sexual Development	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2913	2913	A
91	CANS - School Behavior	Life Functioning Domain: School Behavior	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2914	2914	A
92	CANS - School Achievement	Life Functioning Domain: School Achievement	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2915	2915	A
93	CANS - School Attendance	Life Functioning Domain: School Attendance	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2916	2916	A
94	CANS - Suicide Risk	Child Risk Behaviors: Suicide Risk	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4..	1	2917	2917	A

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95	CANS - Non-Suicidal Self Injury	Child Risk Behaviors: Non-Suicidal Self Injury	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2918	2918	A
96	CANS - Other Self Harm	Child Risk Behaviors: Other Self Harm	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2919	2919	A
97	CANS - Danger to Others	Child Risk Behaviors: Danger to Others	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2920	2920	A
98	CANS - Sexual Aggression	Child Risk Behaviors: Sexual Aggression	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2921	2921	A
99	CANS - Runaway	Child Risk Behaviors: Runaway	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2922	2922	A

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100	CANS - Delinquency	Child Risk Behaviors: Delinquency	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2923	2923	A
101	CANS - Judgment	Child Risk Behaviors: Judgment	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2924	2924	A
102	CANS - Fire Setting	Child Risk Behaviors: Fire Setting	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2925	2925	A
103	CANS - Intentional Misbehavior	Child Risk Behaviors: Intentional Misbehavior	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2926	2926	A
104	CANS - Sexually Reactive Behavior	Child Risk Behaviors: Sexually Reactive Behavior	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2927	2927	A

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105	CANS - Language	Acculturation: Language	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2928	2928	A
106	CANS - Identity	Acculturation: Identity	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2929	2929	A
107	CANS - Ritual	Acculturation: Ritual	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2930	2930	A
108	CANS - Cultural Stress	Acculturation: Cultural Stress	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2931	2931	A
109	CANS - Psychosis	Child Behavioral/Emotional Needs: Psychosis	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2932	2932	A

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110	CANS - Attention/Concentration	Child Behavioral/Emotional Needs: Attention/Concentration	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2933	2933	A
111	CANS - Impulsivity	Child Behavioral/Emotional Needs: Impulsivity	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2934	2934	A
112	CANS - Depression	Child Behavioral/Emotional Needs: Depression	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2935	2935	A
113	CANS - Anxiety	Child Behavioral/Emotional Needs: Anxiety	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2936	2936	A
114	CANS - Oppositional	Child Behavioral/Emotional Needs: Oppositional	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2937	2937	A

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115	CANS - Conduct	Child Behavioral/Emotional Needs: Conduct	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2938	2938	A
116	CANS – Attachment Difficulties	Child Behavioral/Emotional Needs: Attachment Difficulties	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2939	2939	A
117	CANS - Eating Disturbance	Child Behavioral/Emotional Needs: Eating Disturbance	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2940	2940	A
118	CANS - Behavioral Regression	Child Behavioral/Emotional Needs: Behavioral Regression	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2941	2941	A
119	CANS - Somatization	Child Behavioral/Emotional Needs: Somatization	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2942	2942	A

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120	CANS - Anger Control	Child Behavioral/Emotional Needs: Anger Control	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2943	2943	A
121	CANS - Adjustment to Trauma	Traumatic Stress Symptoms: Adjustment to Trauma	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2944	2944	A
122	CANS - Traumatic Grief	Traumatic Stress Symptoms: Traumatic Grief	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2945	2945	A
123	CANS - Re-experiencing	Traumatic Stress Symptoms: Re-experiencing	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2946	2946	A
124	CANS - Hyper arousal	Traumatic Stress Symptoms: Hyper arousal	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2947	2947	A

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125	CANS - Avoidance	Traumatic Stress Symptoms: Avoidance	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2948	2948	A
126	CANS - Numbing	Traumatic Stress Symptoms: Numbing	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2949	2949	A
127	CANS - Dissociation	Traumatic Stress Symptoms: Dissociation	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2950	2950	A
128	CANS - Affective/Phy siological Dysfunction- Dysregulation	Traumatic Stress Symptoms: Affective/Physiol ogical- Dysfunction- Dysregulation	Values: 0=no evidence of need 1 = a need for watching 2 = a need for action 3 = a need for immediate/intensive action	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2951	2951	A
129	CANS - Sexual Abuse	Traumatic/Adver se Childhood Experiences: Sexual Abuse	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2952	2952	A

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130	CANS - Physical Abuse	Traumatic/Adverse Childhood Experiences: Physical Abuse	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2953	2953	A
131	CANS - Emotional Abuse	Traumatic/Adverse Childhood Experiences: Emotional Abuse	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2954	2954	A
132	CANS - Neglect	Traumatic/Adverse Childhood Experiences: Neglect	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2955	2955	A
133	CANS - Medical Trauma	Traumatic/Adverse Childhood Experiences: Medical Trauma	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2956	2956	A
134	CANS - Witness to Family Violence	Traumatic/Adverse Childhood Experiences: Witness to Family Violence	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2957	2957	A
135	CANS – Witness/Victim to	Traumatic/Adverse Childhood Experiences: Witness/Victim	Values: 0=no evidence 1 = mild exposure	C	N	Required if the CANS is required. See Appendix F. See error message #1.	1	2958	2958	A

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	Community Violence	to Community Violence	2 = moderate 3 = severe			When populated, must be a valid value. See error message #4.				
136	CANS - School Violence	Traumatic/Adverse Childhood Experiences: School Violence	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2959	2959	A
137	CANS - Natural or Manmade Disasters	Traumatic/Adverse Childhood Experiences: Natural or Manmade Disasters	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2960	2960	A
138	CANS - War Affected	Traumatic/Adverse Childhood Experiences: War Affected	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2961	2961	A
139	CANS - Terrorism Affected	Traumatic/Adverse Childhood Experiences: Terrorism Affected	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2962	2962	A
140	CANS – Witness/Victim to Criminal Activity	Traumatic/Adverse Childhood Experiences: Witness/Victim	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2963	2963	A

		to Criminal Activity								
141	CANS - Parental Criminal Behavior	Traumatic/Adverse Childhood Experiences: Parental Criminal Behavior	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2964	2964	A
142	CANS - Disruption in Caregiving	Traumatic/Adverse Childhood Experiences: Disruption in Caregiving	Values: 0=no evidence 1 = mild exposure 2 = moderate 3 = severe	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2965	2965	A
143	CANS - Family	Child Strengths: Family	Values: 0 = centerpiece strength 1 = useful strength 2 = identified strength 3 = none identified	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2966	2966	A
144	CANS - Interpersonal	Child Strengths: Interpersonal	Values: 0 = centerpiece strength 1 = useful strength 2 = identified strength 3 = none identified	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2967	2967	A
145	CANS – Educational Setting	Child Strengths: Educational Setting	Values: N = Not Applicable 0 = centerpiece strength 1 = useful strength	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2968	2968	A

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			2 = identified strength 3 = none identified							
146	CANS - Vocational	Child Strengths: Vocational	Values: N = Not Applicable 0 = centerpiece strength 1 = useful strength 2 = identified strength 3 = none identified	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2969	2969	A
147	CANS - Coping and Savoring	Child Strengths: Coping and Savoring	Values: 0 = centerpiece strength 1 = useful strength 2 = identified strength 3 = none identified	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2970	2970	A
148	CANS - Optimism	Child Strengths: Optimism	Values: 0 = centerpiece strength 1 = useful strength 2 = identified strength 3 = none identified	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2971	2971	A
149	CANS - Talents/Interest	Child Strengths: Talents/Interest	Values: 0 = centerpiece strength 1 = useful strength 2 = identified strength 3 = none identified	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2972	2972	A
150	CANS - Spiritual Religious	Child Strengths: Spiritual Religious	Values: 0 = centerpiece strength 1 = useful strength 2 = identified strength 3 = none identified	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2973	2973	A

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151	CANS - Community Life	Child Strengths: Community Life	Values: 0 = centerpiece strength 1 = useful strength 2 = identified strength 3 = none identified	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2974	2974	A
152	CANS - Relationship FILLER	Child Strengths:- Relationship FILLER	Values: 0 = centerpiece strength 1 = useful strength 2 = identified strength 3 = none identified 0 = Default value	C	N	Required if the CANS is required. See Appendix F. See error message #1. Always Default to '0' when required. When populated, must be a valid value. See error- message #4.	1	2975	2975	A
153	CANS - Relationship Permanence	Child Strengths: Relationship Permanence	Values: 0 = centerpiece strength 1 = useful strength 2 = identified strength 3 = none identified	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2976	2976	A
154	CANS - Resilience	Child Strengths: Resilience	Values: 0 = centerpiece strength 1 = useful strength 2 = identified strength 3 = none identified	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2977	2977	A
155	CANS - Substance Use	Substance Use: Substance Use	Values: N = N/A 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2978	2978	A

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156	CANS - Peer Influences	Substance Use: Peer Influences	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2979	2979	A
157	CANS - Environmental Influences	Substance Use: Environmental Influences	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2980	2980	A
158	Filler CANS – Parental Influences	Filler Substance Use: Parental Influences	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the CANS is required. See Appendix F. See error message #1. Always Default to '0' when required. When populated, must be a valid value. See error message #4.	1	2981	2981	A
159	CANS - Severity of Use	Substance Use: Severity of Use	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2982	2982	A
160	CANS - Duration of Use	Substance Use: Duration of Use	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2983	2983	A

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161	CANS - Recovery Support in the Community	Substance Use: Recovery Support in the Community	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2984	2984	A
162	CANS - Stage of Recovery	Substance Use: Stage of Recovery	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the CANS is required. See Appendix F. See error message #1. When populated, must be a valid value. See error message #4.	1	2985	2985	A
163	CANS - Independent Living Skills	Transition to Adulthood: Independent Living Skills	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the CANS is required (see Appendix F) and the individual is 15 years or older (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	2986	2986	A
164	CANS – Transportation	Transition to Adulthood: Transportation	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the CANS is required (see Appendix F) and the individual is 15 years or older (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	2987	2987	A

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165	CANS - Parenting Roles	Transition to Adulthood: Parenting Roles	<p>Values: N = Not Applicable 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs (Valid value for N/A will be added in a future release.)</p>	C	N	<p>Required if the CANS is required (see Appendix F) and the individual is 15 years or older (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1.</p> <p>When populated, must be a valid value. See error message #4. If required and not applicable (N/A), populate with '0'.</p>	1	2988	2988	A
166	CANS - Intimate Relationships	Transition to Adulthood: Intimate Relationships	<p>Values: N = Not Applicable 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs (Valid value for N/A will be added in a future release.)</p>	C	N	<p>Required if the CANS is required (see Appendix F) and the individual is 15 years or older (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p> <p>If required and not applicable (N/A), populate with '0'.</p>	1	2989	2989	A
167	CANS - Medication Compliance	Transition to Adulthood: Medication Compliance	<p>Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs</p>	C	N	<p>Required if the CANS is required (see Appendix F) and the individual is 15 years or older (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	2990	2990	A

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168	CANS - Education Attainment	Transition to Adulthood: Education Attainment	<p>Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs</p>	C	N	<p>Required if the CANS is required (see Appendix F) and the individual is 15 years or older (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	2991	2991	A
169	CANS - Victimization	Transition to Adulthood: Victimization	<p>Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs</p>	C	N	<p>Required if the CANS is required (see Appendix F) and the individual is 15 years or older (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	2992	2992	A
170	CANS - Job Functioning	Transition to Adulthood: Job Functioning	<p>Values: N = Not Applicable 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs (Valid value for N/A will be added in a future release.)</p>	C	N	<p>Required if the CANS is required (see Appendix F) and the individual is 15 years or older (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p> <p>If required and not applicable (N/A), populate with '0'.</p>	1	2993	2993	A
171	CANS - Motor	Ratings of Children 5 Yrs and Younger: Motor	<p>Values: 0 = no evidence 1 = minimal needs</p>	C	N	<p>Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date).</p>	1	2994	2994	A

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			2 = moderate needs 3 = severe needs			Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.				
172	CANS - Sensory	Ratings of Children 5 Yrs and Younger: Sensory	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	2995	2995	A
173	CANS - Communication	Ratings of Children 5 Yrs and Younger: Communication	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	2996	2996	A
174	CANS - Failure to Thrive	Ratings of Children 5 Yrs and Younger: Failure to Thrive	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1.	1	2997	2997	A

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						When populated, must be a valid value. See error message #4.				
175	CANS - Feeding/Elimation	Ratings of Children 5 Yrs and Younger: Feeding/Elimation	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	2998	2998	A
176	CANS - Birth Weight	Ratings of Children 5 Yrs and Younger: Birth Weight	Values: 0 = no evidence or Unknown 1 = minimal needs 2 = moderate needs 3 = severe needs 4 = unknown U = unknown (Valid value for Unknown will be added in a future release.)	C	N	Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4. If required and Unknown, populate with '0'.	1	2999	2999	A
177	CANS - Prenatal Care	Ratings of Children 5 Yrs and Younger: Prenatal Care	Values: 0 = no evidence or Unknown 1 = minimal needs 2 = moderate needs 3 = severe needs 4 = unknown U = unknown (Valid value for Unknown will be added in a future release.)	C	N	Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4. If required and Unknown, populate with '0'.	1	3000	3000	A

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178	CANS - Substance Exposure	Ratings of Children 5 Yrs and Younger: Substance Exposure	<p>Values: 0 = no evidence or Unknown 1 = minimal needs 2 = moderate needs 3 = severe needs 4 = unknown U = unknown (Valid value for Unknown will be added in a future release.)</p>	C	N	<p>Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4. If required and Unknown, populate with '0'.</p>	1	3001	3001	A
179	CANS - Labor & Delivery	Ratings of Children 5 Yrs and Younger: Labor & Delivery	<p>Values: 0 = no evidence or Unknown 1 = minimal needs 2 = moderate needs 3 = severe needs 4 = unknown U = unknown (Valid value for Unknown will be added in a future release.)</p>	C	N	<p>Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4. If required and Unknown, populate with '0'.</p>	1	3002	3002	A
180	CANS - Parent/Sibling Problems	Ratings of Children 5 Yrs and Younger: Parent/Sibling Problems	<p>Values: 0 = no evidence or Unknown 1 = minimal needs 2 = moderate needs 3 = severe needs 4 = unknown U = unknown (Valid value for Unknown will be added in a future release.)</p>	C	N	<p>Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4. If required and Unknown, populate with '0'.</p>	1	3003	3003	A
181	CANS - Availability of Caregiver	Ratings of Children 5 Yrs and Younger: Availability of Caregiver	<p>Values: 0 = no evidence or Unknown 1 = minimal needs 2 = moderate needs 3 = severe needs 4 = unknown</p>	C	N	<p>Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1.</p>	1	3004	3004	A

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			U = unknown (Valid value for Unknown will be added in a future release.)			When populated, must be a valid value. See error message #4. If required and Unknown, populate with '0'.				
182	CANS - Curiosity	Ratings of Children 5 Yrs and Younger: Curiosity	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3005	3005	A
183	CANS - Playfulness	Ratings of Children 5 Yrs and Younger: Playfulness	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3006	3006	A
184	CANS - Temperament	Ratings of Children 5 Yrs and Younger: Temperament	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3007	3007	A
185	CANS - Day Care Preschool	Ratings of Children 5 Yrs and Younger: Day Care Preschool	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the CANS is required (see Appendix F) and the individual is 5 years or younger (based on the individual's DOB and auth start date). Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3008	3008	A

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186	CANS - Physical	Caregiver Strengths & Needs: Physical	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4. Leave blank if N/A, Unknown or Caregiver refused to answer.	1	3009	3009	A
187	CANS - Mental Health	Caregiver Strengths & Needs: Mental Health	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4. Leave blank if N/A, Unknown or Caregiver refused to answer.	1	3010	3010	A
188	CANS – Involvement with Care	Caregiver Strengths & Needs: Involvement with Care	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4. Leave blank if N/A, Unknown or Caregiver refused to answer.	1	3011	3011	A
189	CANS - Knowledge	Caregiver Strengths & Needs: Knowledge	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4. Leave blank if N/A, Unknown or Caregiver refused to answer.	1	3012	3012	A
190	CANS - Social Resources	Caregiver Strengths & Needs: Social Resources	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4. Leave blank if N/A, Unknown or Caregiver refused to answer.	1	3013	3013	A
191	CANS - Posttraumatic Reactions	Caregiver Strengths & Needs: Posttraumatic Reactions	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4.	1	3014	3014	A

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						Leave blank if N/A, Unknown or Caregiver refused to answer.				
192	CANS - Safety	Caregiver Strengths & Needs: Safety	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4. Leave blank if N/A, Unknown or Caregiver refused to answer.	1	3015	3015	A
193	CANS - Substance Abuse Use	Caregiver Strengths & Needs: Substance Abuse Use	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4. Leave blank if N/A, Unknown or Caregiver refused to answer.	1	3016	3016	A
194	CANS – Developmental	Caregiver Strengths & Needs: Developmental	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4. Leave blank if N/A, Unknown or Caregiver refused to answer.	1	3017	3017	A
195	CANS - Supervision	Caregiver Strengths & Needs: Supervision	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4.	1	3018	3018	A

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						Leave blank if N/A, Unknown or Caregiver refused to answer.				
196	CANS - Organization	Caregiver Strengths & Needs: Organization	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4. Leave blank if N/A, Unknown or Caregiver refused to answer.	1	3019	3019	A
197	CANS - Residential Stability	Caregiver Strengths & Needs: Residential Stability	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4. Leave blank if N/A, Unknown or Caregiver refused to answer.	1	3020	3020	A
198	CANS - Marital/Partner Violence	Caregiver Strengths & Needs: Marital/Partner Violence	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	N	N	Optional. When populated, must be a valid value. See error message #4. Leave blank if N/A, Unknown or Caregiver refused to answer.	1	3021	3021	A
199	ANSA - Physical/Medical	Life Functioning Domain: Physical/Medical	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3022	3022	A

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200	ANSA - Family Functioning	Life Functioning Domain: Family Functioning	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3023	3023	A
201	ANSA - Employment	Life Functioning Domain: Employment	Values: N = Not Applicable 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3024	3024	A
202	ANSA - Social Functioning	Life Functioning Domain: Social Functioning	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3025	3025	A
203	ANSA - Recreational	Life Functioning Domain: Recreational	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3026	3026	A
204	ANSA - Intellectual/Developmental	Life Functioning Domain: Intellectual/Developmental	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3027	3027	A

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205	ANSA - Sexuality	Life Functioning Domain: Sexuality	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3028	3028	A
206	ANSA - Independent Living Skills	Life Functioning Domain: Independent Living Skills	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3029	3029	A
207	ANSA - Residential Stability	Life Functioning Domain: Residential Stability	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3030	3030	A
208	ANSA - Legal	Life Functioning Domain: Legal	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3031	3031	A
209	ANSA - Sleep	Life Functioning Domain: Sleep	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1.	1	3032	3032	A

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						When populated, must be a valid value. See error message #4.				
210	ANSA - Self Care	Life Functioning Domain: Self Care	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3033	3033	A
211	ANSA - Decision-Making	Life Functioning Domain: Decision-Making	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3034	3034	A
212	ANSA - Involvement in Recovery	Life Functioning Domain: Involvement in Recovery	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3035	3035	A
213	ANSA - Transportation	Life Functioning Domain: Transportation	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3036	3036	A

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214	ANSA - Medication Adherence	Life Functioning Domain: Medication Adherence	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3037	3037	A
215	ANSA - Parental/Caregiver Role	Life Functioning Domain: Parental/Caregiver Role	Values: N = Not Applicable 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3038	3038	A
216	ANSA - Family	Strengths: Family	Values: 0 = centerpiece 1 = useful 2 = identified 3 = not yet identified	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3039	3039	A
217	ANSA - Social Connectedness	Strengths: Social Connectedness	Values: 0 = centerpiece 1 = useful 2 = identified 3 = not yet identified	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3040	3040	A
218	ANSA - Optimism	Strengths: Optimism	Values: 0 = centerpiece 1 = useful 2 = identified 3 = not yet identified	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1.	1	3041	3041	A

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						When populated, must be a valid value. See error message #4.				
219	ANSA - Talents/Interest	Strengths: Talents/Interest	Values: 0 = centerpiece 1 = useful 2 = identified 3 = not yet identified	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3042	3042	A
220	ANSA - Educational	Strengths: Educational	Values: N = N/A 0 = centerpiece 1 = useful 2 = identified 3 = not yet identified	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3043	3043	A
221	ANSA - Volunteering	Strengths: Volunteering	Values: 0 = centerpiece 1 = useful 2 = identified 3 = not yet identified	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3044	3044	A
222	ANSA - Job History	Strengths: Job History	Values: 0 = centerpiece 1 = useful 2 = identified 3 = not yet identified	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3045	3045	A

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223	ANSA - Spiritual/Religious	Strengths: Spiritual/Religious	Values: 0 = centerpiece 1 = useful 2 = identified 3 = not yet identified	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3046	3046	A
224	ANSA - Community Connection	Strengths: Community Connection	Values: 0 = centerpiece 1 = useful 2 = identified 3 = not yet identified	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3047	3047	A
225	ANSA - Natural Support	Strengths: Natural Support	Values: 0 = centerpiece 1 = useful 2 = identified 3 = not yet identified	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3048	3048	A
226	ANSA - Resiliency	Strengths: Resiliency	Values: 0 = centerpiece 1 = useful 2 = identified 3 = not yet identified	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3049	3049	A
227	ANSA – Resourcefulness	Strengths: Resourcefulness	Values: 0 = centerpiece 1 = useful 2 = identified 3 = not yet identified	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1.	1	3050	3050	A

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						When populated, must be a valid value. See error message #4.				
228	ANSA - Language	Acculturation: Language	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3051	3051	A
229	ANSA - Cultural Identity	Acculturation: Cultural Identity	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3052	3052	A
230	ANSA - Ritual	Acculturation: Ritual	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3053	3053	A
231	ANSA - Cultural Stress	Acculturation: Cultural Stress	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3054	3054	A

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232	ANSA - Psychosis	Behavioral Health Needs: Psychosis	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3055	3055	A
233	ANSA - Impulse Control	Behavioral Health Needs: Impulse Control	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3056	3056	A
234	ANSA - Depression	Behavioral Health Needs: Depression	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3057	3057	A
235	ANSA - Anxiety	Behavioral Health Needs: Anxiety	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3058	3058	A

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236	ANSA - Interpersonal Problems	Behavioral Health Needs: Interpersonal Problems	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3059	3059	A
237	ANSA - Antisocial Behavior	Behavioral Health Needs: Antisocial Behavior	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3060	3060	A
238	ANSA - Adjustment to Trauma	Behavioral Health Needs: Adjustment to Trauma	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3061	3061	A
239	ANSA - Anger Control	Behavioral Health Needs: Anger Control	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3062	3062	A

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240	ANSA - Eating Disturbance	Behavioral Health Needs: Eating Disturbance	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3063	3063	A
241	ANSA - Suicide Risk	Risk Behaviors: Suicide Risk	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3064	3064	A
242	ANSA - Danger to Others	Risk Behaviors: Danger to Others	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3065	3065	A
243	ANSA - Self Injurious Behavior	Risk Behaviors: Self Injurious Behavior	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3066	3066	A
244	ANSA - Other Self Harm	Risk Behaviors: Other Self Harm	Values: 0 = no evidence 1 = history, watch/prevent	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1.	1	3067	3067	A

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			2 = recent, act 3 = acute, act immediately			When populated, must be a valid value. See error message #4.				
245	ANSA - Exploitation	Risk Behaviors: Exploitation	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3068	3068	A
246	ANSA - Gambling	Risk Behaviors: Gambling	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3069	3069	A
247	ANSA - Sexual Aggression	Risk Behaviors: Sexual Aggression	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3070	3070	A
248	ANSA - Criminal Behavior	Risk Behaviors: Criminal Behavior	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3071	3071	A

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249	ANSA - Substance Use	Substance Use: Substance Use	Values: N = N/A 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3072	3072	A
250	ANSA - Peer Influences	Substance Use: Peer Influences	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3073	3073	A
251	ANSA - Environmental Influences	Substance Use: Environmental Influences	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3074	3074	A
252	Filler	Filler	Filler	N	N	Filler. Any data submitted in this field will be ignored by the system and not stored.	1	3075	3075	A
253	ANSA - Severity of Use	Substance Use: Severity of Use	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3076	3076	A
254	ANSA - Duration of Use	Substance Use: Duration of Use	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3077	3077	A

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255	ANSA - Recovery Support in the Community	Substance Use: Recovery Support in the Community	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3078	3078	A
256	ANSA - Stage of Recovery	Substance Use: Stage of Recovery	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if the ANSA is required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.	1	3079	3079	A
257	ANSA - Caregiver Strengths & Needs	Caregiver Strengths & Needs: Not Applicable	Values: Y= N/A (i.e., No Caregiver)	C	N	Optional When populated, must be a valid value. See error message #4.	1	3080	3080	A
258	ANSA - Physical/Behavioral Health	Caregiver Strengths & Needs: Physical/Behavioral Health	Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs	C	N	Optional Required if the ANSA is required (unless Caregiver Strengths & Needs: Not Applicable = blank). See error message #1. Optional (leave blank) if Caregiver Strengths & Needs: Not Applicable = Y When Caregiver Strengths & Needs: Not Applicable = Y, any values in this field will be ignored and not stored.	1	3081	3081	A

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						When populated, must be a valid value. See error message #4.				
259	ANSA – Involvement with Care	Caregiver Strengths & Needs: Involvement with Care	<p>Values:</p> <p>0 = no evidence</p> <p>1 = minimal needs</p> <p>2 = moderate needs</p> <p>3 = severe needs</p>	C	N	<p>Optional</p> <p>Required if the ANSA is required (unless Caregiver Strengths & Needs: Not Applicable = blank). See error message #1.</p> <p>Optional (leave blank) if Caregiver Strengths & Needs: Not Applicable = Y. When Caregiver Strengths & Needs: Not Applicable = Y, any values in this field will be ignored and not stored.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	3082	3082	A
260	ANSA - Knowledge	Caregiver Strengths & Needs: Knowledge	<p>Values:</p> <p>0 = no evidence</p> <p>1 = minimal needs</p> <p>2 = moderate needs</p> <p>3 = severe needs</p>	C	N	<p>Optional</p> <p>Required if the ANSA is required (unless Caregiver Strengths & Needs: Not Applicable = blank). See error message #1.</p> <p>Optional (leave blank) if Caregiver Strengths & Needs: Not Applicable = Y. When Caregiver Strengths & Needs: Not Applicable = Y, any values in this field will be ignored and not stored.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	3083	3083	A

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261	ANSA - Social Resources	Caregiver Strengths & Needs: Social Resources	<p>Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs</p>	C	N	<p>Optional</p> <p>Required if the ANSA is required (unless Caregiver Strengths & Needs: Not Applicable = blank). See error message #1.</p> <p>Optional (leave blank) if Caregiver Strengths & Needs: Not Applicable = Y. When Caregiver Strengths & Needs: Not Applicable = Y, any values in this field will be ignored and not stored.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	3084	3084	A
262	ANSA - Family Stress	Caregiver Strengths & Needs: Family Stress	<p>Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs</p>	C	N	<p>Optional</p> <p>Required if the ANSA is required (unless Caregiver Strengths & Needs: Not Applicable = blank). See error message #1.</p> <p>Optional (leave blank) if Caregiver Strengths & Needs: Not Applicable = Y. When Caregiver Strengths & Needs: Not Applicable = Y, any values in this field will be ignored and not stored.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	3085	3085	A
263	ANSA - Safety	Caregiver Strengths & Needs: Safety	<p>Values: 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs</p>	C	N	<p>Optional</p> <p>Required if the ANSA is required (unless Caregiver Strengths & Needs: Not Applicable = blank). See error message #1.</p>	1	3086	3086	A

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						Optional (leave blank) if Caregiver Strengths & Needs: Not Applicable = Y. When Caregiver Strengths & Needs: Not Applicable = Y, any values in this field will be ignored and not stored. When populated, must be a valid value. See error message #4.				
264	ANSA - Career Aspirations	Vocational/Career: Career Aspirations	Values: N = N/A 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Employment (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3087	3087	A
265	ANSA - Job Time	Vocational/Career: Job Time	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Employment (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3088	3088	A
266	ANSA - Job Attendance	Vocational/Career: Job Attendance	Values: N = N/A 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Employment (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3089	3089	A
267	ANSA - Job Performance	Vocational/Career: Job Performance	Values: N = N/A 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Employment (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3090	3090	A

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268	ANSA - Job Relations	Vocational/Career: Job Relations	Values: N = N/A 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Employment (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3091	3091	A
269	ANSA - Job Skills	Vocational/Career: Job Skills	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Employment (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3092	3092	A
270	ANSA - Cognitive	Developmental Needs (DD): Cognitive	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Intellectual/Developmental (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3093	3093	A
271	ANSA - Communication	Developmental Needs (DD): Communication	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Intellectual/Developmental (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3094	3094	A
272	ANSA – Developmental	Developmental Needs (DD): Developmental	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Intellectual/Developmental (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3095	3095	A
273	ANSA - Knowledge of Needs	Parenting/Caregiver Role Extension Module:	Values: 0 = no evidence of problems 1 = history, mild	C	N	Required if Parental/Caregiver Role (Life Functioning Domain) = 1, 2, 3. See error message #1.	1	3096	3096	A

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		Knowledge of Needs	2 = moderate 3 = severe			When populated, must be a valid value. See error message #4.				
274	ANSA - Supervision	Parenting/Caregiver Role Extension Module: Supervision	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Parental/Caregiver Role (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3097	3097	A
275	ANSA - Involvement with Care	Parenting/Caregiver Role Extension Module: Involvement with Care	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Parental/Caregiver Role (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3098	3098	A
276	ANSA - Organization	Parenting/Caregiver Role Extension Module: Organization	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Parental/Caregiver Role (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3099	3099	A
277	ANSA - Marital/Partner Violence Home	Parenting/Caregiver Role Extension Module: Marital/Partner Violence Home	Values: 0 = no evidence of problems 1 = history, mild 2 = moderate 3 = severe	C	N	Required if Parental/Caregiver Role (Life Functioning Domain) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3100	3100	A
278	ANSA - Sexual Abuse	Trauma: Sexual Abuse	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1.	1	3101	3101	A

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			with diagnosable disorder 3 = causing severe/dangerous problems			When populated, must be a valid value. See error message #4.				
279	ANSA - Physical Abuse	Trauma: Physical Abuse	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3102	3102	A
280	ANSA - Emotional Abuse	Trauma: Emotional Abuse	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3103	3103	A
281	ANSA - Medical Trauma	Trauma: Medical Trauma	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3104	3104	A
282	ANSA - Natural/Man made Disaster	Trauma: Natural/Manmade Disaster	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1.	1	3105	3105	A

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			with diagnosable disorder 3 = causing severe/dangerous problems			When populated, must be a valid value. See error message #4.				
283	ANSA - Witness/Victim to Family Violence	Trauma: Witness/Victim to Family Violence	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3106	3106	A
284	ANSA - Witness/Victim to Community Violence	Trauma: Witness/Victim to Community Violence	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3107	3107	A
285	ANSA - Affect Regulation	Trauma: Affect Regulation	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3108	3108	A
286	ANSA - Intrusions	Trauma: Intrusions	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1.	1	3109	3109	A

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			with diagnosable disorder 3 = causing severe/dangerous problems			When populated, must be a valid value. See error message #4.				
287	ANSA - Attachment	Trauma: Attachment	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3110	3110	A
288	ANSA - Dissociation	Trauma: Dissociation	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3111	3111	A
289	ANSA - Suicide Ideation	Suicide Module: Suicide	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Suicide Risk (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3112	3112	A
290	ANSA - Suicide Intent	Suicide Module: Suicide Intent	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Suicide Risk (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3113	3113	A

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291	ANSA - Suicide Planning	Suicide Module: Suicide Planning	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Suicide Risk (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3114	3114	A
292	ANSA - Suicide History	Suicide Module: Suicide History	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Suicide Risk (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3115	3115	A
293	ANSA - Intent	Dangerousness Module: Intent	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Danger to Others (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3116	3116	A
294	ANSA - Planning	Dangerousness Module: Planning	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Danger to Others (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3117	3117	A
295	ANSA - Violence History	Dangerousness Module: Violence History	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Danger to Others (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3118	3118	A
296	ANSA - Frustration Management	Dangerousness Module: Frustration Management	Values: 0 = no evidence 1 = history, watch/prevent	C	N	Required if Danger to Others (Risk Behaviors) = 1, 2, 3. See error message #1.	1	3119	3119	A

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			2 = recent, act 3 = acute, act immediately			When populated, must be a valid value. See error message #4.				
297	ANSA - Hostility	Dangerousness Module: Hostility	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Danger to Others (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3120	3120	A
298	ANSA - Paranoid Thinking	Dangerousness Module: Paranoid Thinking	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Danger to Others (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3121	3121	A
299	ANSA - Secondary Gains from Anger	Dangerousness Module: Secondary Gains from Anger	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Danger to Others (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3122	3122	A
300	ANSA - Violent Thinking	Dangerousness Module: Violent Thinking	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Danger to Others (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3123	3123	A
301	ANSA - Aware of Violence Potential	Dangerousness Module: Aware of Violence Potential	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Danger to Others (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3124	3124	A

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302	ANSA - Response to Consequences	Dangerousness Module: Response to Consequences	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Danger to Others (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3125	3125	A
303	ANSA - Commitment to Self-Control	Dangerousness Module: Commitment to Self-Control	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Danger to Others (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3126	3126	A
304	ANSA - Treatment Involvement	Dangerousness Module: Treatment Involvement	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Danger to Others (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3127	3127	A
305	ANSA - Relationship	Sexually Aggressive Behavior (SAB): Relationship	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Sexual Aggression (Risk Behaviors) = 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3128	3128	A
306	ANSA - Physical Force/Threat	Sexually Aggressive Behavior (SAB): Physical Force/Threat	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Sexual Aggression (Risk Behaviors) = 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3129	3129	A
307	ANSA - Planning	Sexually Aggressive Behavior (SAB): Planning	Values: 0 = no evidence 1 = history, watch/prevent	C	N	Required if Sexual Aggression (Risk Behaviors) = 2, 3. See error message #1.	1	3130	3130	A

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			2 = recent, act 3 = acute, act immediately			When populated, must be a valid value. See error message #4.				
308	ANSA - Age Differential	Sexually Aggressive Behavior (SAB): Age Differential	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Sexual Aggression (Risk Behaviors) = 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3131	3131	A
309	ANSA - Type of Sex Act	Sexually Aggressive Behavior (SAB): Type of Sex Act	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Sexual Aggression (Risk Behaviors) = 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3132	3132	A
310	ANSA - Response to Accusation	Sexually Aggressive Behavior (SAB): Response to Accusation	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Sexual Aggression (Risk Behaviors) = 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3133	3133	A
311	ANSA - Seriousness	Crime: Seriousness	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Criminal Behavior (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3134	3134	A
312	ANSA - History	Crime: History	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Criminal Behavior (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3135	3135	A

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313	ANSA - Arrests	Crime: Arrests	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Criminal Behavior (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3136	3136	A
314	ANSA - Planning	Crime: Planning	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Criminal Behavior (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3137	3137	A
315	ANSA - Community Safety	Crime: Community Safety	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Criminal Behavior (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3138	3138	A
316	ANSA - Legal Compliance	Crime: Legal Compliance	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Criminal Behavior (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3139	3139	A
317	ANSA - Peer Influences	Crime: Peer Influences	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Criminal Behavior (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3140	3140	A
318	ANSA - Environmental Influences	Crime: Environmental Influences	Values: 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately	C	N	Required if Criminal Behavior (Risk Behaviors) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	3141	3141	A

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319	Does the individual have a mental illness that meets the definition of a Serious and Persistent Mental Illness (SPMI)?	Indicator for whether individual has a mental illness that meets the definition of SPMI	Values: Y = Yes N = No U = Unknown	C	N	<p>Required if the individual is 18 years old or older (as calculated by the DOB and the auth start date) except for PASRR Specialized Services. See error message #1. When populated, must be a valid value. See error message #4.</p> <p>Tool Tip - Must meet both criteria: (a) a mental, behavioral, or emotional disorder diagnosable currently or within the past year with sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders AND (b) the mental illness leads to a serious functional impairment, which substantially interferes with or limits one or more major life activities.</p>	1	3142	3142	A
320	Does the child/youth have a have a diagnosable mental, behavioral, or emotional disorder that meets the definition of a Serious Emotional Disorder (SED)?	Indicator for whether child/youth has a mental, behavioral, or emotional disorder that meets the definition of SED	Values: Y = Yes N = No U = Unknown	C	N	<p>Required if the individual is under 18 years old (as calculated by the DOB and the auth start date) except for PASRR Specialized Services. See error message #1. When populated, must be a valid value. See error message #4.</p> <p>Tool Tip - Must meet both criteria: (a) currently or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM AND (b) that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities</p>	1	3143	3143	A

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321	What is the individual's living situation at the present time?	Living Situation Indicator	<p>Values:</p> <ul style="list-style-type: none"> 01 = Independent Living - Individual owns or leases 02 = Independent Living - With family/friends 03 = Independent Living - Provider/Agency owns or leases 04 = Dependent Living - Individual owns or leases 05 = Dependent Living - With family/friends 06 = Dependent Living - Provider/Agency owns or leases 07 = Homeless -Shelter 08 = Homeless - Not in Shelter 09 = Mental Health Residential Care 10 = Substance Abuse Residential Care 11 = Group Home/Personal Care Home 12 = Host Home/Foster Home 13 = Crisis Stabilization Unit 14 = Crisis Residence 15 = Psychiatric Residential Treatment Facility (PRTF) 16 = Psychiatric Hospital or other Psychiatric Facility 17 = Assisted Living 18 = Nursing Home 19 = Hospice 20 = Rehabilitation Facility 21 = Other Healthcare 	R	N	<p>Required. See error message #1. Must be a valid value. See error message #4.</p>	2	3144	3145	N
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			<p>Facility/Institution</p> <p>22 = Prison</p> <p>23 = Jail</p> <p>24 = YDC/RYDC</p> <p>25 = Unknown</p> <p>26 = Other</p>							
322	How long has the individual been in this living situation?	Length of Time in Living Situation	<p>Values:</p> <p>01 = One day or less</p> <p>02 = Two days to one week</p> <p>03 = More than one week, but less than one month</p> <p>04 = One to three months</p> <p>05 = More than three months, but less than one year</p> <p>06 = One year to five years</p> <p>07 = More than five years</p> <p>08 = Unknown</p>	R	N	<p>Required. See error message #1.</p> <p>Must be a valid value. See error message #4.</p>	2	3146	3147	N
323	What is the individual's housing status/stability at the present time?	Housing Stability Indicator	<p>Values:</p> <p>1 = Homeless</p> <p>2 = At imminent risk of losing housing</p> <p>3 = At risk of homelessness</p> <p>4 = Stably housed</p> <p>5 = Unknown</p>	C	N	<p>Required except for PASRR Specialized Services. Required. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	3148	3148	A
324	Total days of homelessness in the past 90 days	Number of days of homelessness in the past 90 days	00 - 90	C	N	<p>Required except for Inpatient, Inpatient Detox, CSU and CSU Detox, PASRR Specialized Services. Refer to Appendix F, "Service Column" for clarification. See error message #1.</p> <p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be between 00 and 90. Prefill</p>	2	3149	3150	A

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						with zeros when necessary. See error message #6.				
						<p>Tool Tip - Include both sheltered and unsheltered days of homelessness. Do not include days when the individual was unstably housed or at risk of homelessness.</p>				
325	Does the individual meet the federal definition of chronically homeless? (Note: this is not the same as being currently homeless.)	Indicator for whether individual meets federal definition of chronically homeless	<p>Values: Y = Yes N = No U = Unknown</p>	C	N	<p>Required except for PASRR Specialized Services. See error message #1. When populated, must be a valid value. See error message #4.</p> <p>Tool Tip - According to the federal definition, chronically homeless means either: (1) An unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years. Homelessness is defined by HUD defines as "a person sleeping in a place not meant for human habitation (e.g. living on the streets, for example) OR living in a homeless emergency shelter."</p>	1	3151	3151	A
326	Has the individual been seen in a hospital emergency room for a behavioral health condition three (3) or more times in	Indicator for whether individual has been seen in a hospital emergency room for a behavioral health condition 3 times in the past 12 months	<p>Values: Y = Yes N = No U = Unknown</p>	C	N	<p>Required except for PASRR Specialized Services. See error message #1. When populated, must be a valid value. See error message #4.</p>	1	3152	3152	A

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	the 12 months prior to the authorization start date?	prior to the auth start date								
327	Has the individual been admitted to an inpatient psychiatric hospital (not CSU) three (3) or more times in the 12 months prior to the authorization start date?	Indicator for whether individual has been admitted to an inpatient psychiatric hospital 3 or more times in the past 12 months prior to the auth start date	Values: Y = Yes N = No U = Unknown	C	N	Required except for PASRR Specialized Services. See error message #1. When populated, must be a valid value. See error message #4.	1	3153	3153	A
328	How many admissions to inpatient psychiatric hospitals and crisis stabilization units has the individual had in the past 90 days? (6 months for PRTF requests)	Number of admissions the individual has had to inpatient psychiatric hospitals and crisis stabilization units in the past 90 days	00 - 90	C	N	Required except for Inpatient, Inpatient Detox, CSU, CSU Detox, and PASRR Specialized Services. See error message #1. When populated, must be value between 00 and 90. Prefill with zeros when necessary. See error message #7.	2	3154	3155	A

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329	What is the total number of days the individual has been in inpatient psychiatric hospitals and crisis stabilization units in the past 90 days? (past 6 months for PRTF requests)	Number of days individual has been in inpatient psychiatric hospitals and crisis stabilization units in the past 90 days	00 - 90	C	N	<p>Required except for Inpatient, Inpatient Detox, CSU, CSU Detox, and PASRR Specialized Services. See error message #1.</p> <p>When populated, must be numeric. See error message #2.</p> <p>When populated, must be value between 00 and 90. Prefill with zeros when necessary. See error message #8.</p>	2	3156	3157	A
330	Are there any comorbid medical conditions that impact the treatment of the diagnosed MHSU conditions?	Indicator for whether there are comorbid medical conditions that impact the treatment of the diagnosed MHSU conditions	<p>Values: Y = Yes N = No U = Unknown</p>	N	N	When populated, must be a valid value. See error message #4.	1	3158	3158	A
331	Is the individual receiving appropriate medical care for the comorbid	Indicator for whether the individual receiving appropriate medical care for the comorbid	<p>Values: Y = Yes N = No U = Unknown</p>	N	N	When populated, must be a valid value. See error message #4.	1	3159	3159	A

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	medical conditions?	medical conditions								
332	Is the individual currently pregnant?	Indicator for whether the individual is currently pregnant	Values: Y = Yes N = No Z = Not Applicable U = Unknown	C	N	Required for female, and transgender female to male individuals, except for PASRR Specialized Services. See error message #1. When populated, must be a valid value. See error message #4. If individual is a male, send 'Z' for Not Applicable. Tool Tip - Is the individual pregnant as of the auth start date?	1	3160	3160	A
333	Has the individual had a baby (live birth) during this episode of treatment?	Indicator for whether the individual had a live birth during this episode of treatment	Values: Y = Yes N = No U = Unknown	C	N	Required for female, and transgender female to male individuals, when Service = "Women's Treatment and Recovery Supports – Outpatient" or "Women's Treatment and Recovery Supports – Residential". Required. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4. Tool Tip - If the pregnancy did not result in a live birth for any reason, indicate No for this question.	1	3161	3161	A
334	What was the baby's status at birth?	Indicator for baby's status at birth	Values: 1 = Drug Dependent at Birth 2 = Not Drug Dependent at Birth 3 = Unknown	C	N	Required for female, and transgender female to male individuals, when Service = "Women's Treatment and Recovery Supports – Outpatient" or "Women's Treatment and Recovery Supports – Residential". Required if "Has the individual had a baby (live birth) during this episode of treatment?" = "Yes". Refer to	1	3162	3162	A

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						Appendix F, "Service Column" for clarification. See error message #1. When populated, must be a valid value. See error message #4.				
335	Does the individual have dependent children under the age of 19?	Indicator for whether individual has dependent children under the age of 19	Values: 1 = No dependent children 2 = Yes, with custody 3 = Yes, without custody 4 = Unknown	C	N	Required except for PASRR Specialized Services. See error message #1. When populated, must be a valid value. See error message #4. Tool Tip - Providers should use good interviewing skills and sensitivity to concerns parents may have about the reason for asking this question. If applicable, providers should query further and assist with the individual's needs regarding support with childcare and parenting responsibilities. If the individual has custody of some children but not others, indicate "Yes, with custody".	1	3163	3163	A
336	Current Weight (lbs)	Individual Current Weight	Lbs	N	C	When populated, must be numeric. Prefill with zeros when necessary. See error message #113. When populated, must be a value between 01-99. Prefill with zeroes when necessary. May not be "00". Required when height (FT) is populated. See error message #59	3	3164	3166	A
337	Height (ft)	Individual Height (ft)	FT	N	C	When populated, must be numeric. Prefill with zeros when necessary. See error message #113. When populated, must be a value between 01-999. Prefill with zeroes when necessary. May not be "000". Required when weight (lbs) is populated. See error message #58	2	3167	3168	A
338	Height (in)	Individual Height (in)	IN	N	N	When populated, must be numeric. Prefill with zeros when necessary. See error message #113.	2	3169	3170	A

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339	Waist Circumference in inches	Individual Waist Circumference in inches	IN	N	N	When populated, must be numeric. Prefill with zeros when necessary. See error message #113.	3	3171	3173	A
340	Results of Metabolic Syndrome Assessment	Results of Individual's Metabolic Syndrome Assessment	Indicate the results of BMI assessment if completed. Free text, maximum 250 characters available.	N	N	This is an optional field. If you would like more information regarding this, please visit our Provider Education Center (http://www.valueoptions.com/providers/Education-Center.htm). Under Clinical Tools there is a Metabolic Monitoring Toolkit with additional information.	250	3174	3423	A
341	BMI Not Assessed	Indicator if BMI Not Assessed	Values: Y = Yes, BMI was NOT assessed N = BMI was assessed	N	N	When populated, must be a valid value. See error message #4.	1	3424	3424	A
342	Narrative Entry	Metabolic Assessment Narrative Entry	Please provide additional information on reason for not assessing BMI.	C	N	Required if "BMI Not Assessed" = Y. See error message #47.	250	3425	3674	A
343	Medication 1	Medication	Values - See Medications List, Appendix C	N	N	When populated, must be valid. See error message #17.	4	3675	3678	A
344	Start Date Medication 1	Date Medication Started	MMDDYYYY	C	N	Required if Medication #1 is entered. See error message #38. When populated, must be a valid date. See error message #3.	8	3679	3686	A
345	Date Discontinued for Medication 1	Date Medication Discontinued	MMDDYYYY	N	N	When populated, must be a valid date. See error message #3.	8	3687	3694	A

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346	Narrative Entry (0 of 250) for Medication 1	Medication Narrative Entry		N	N		250	3695	3944	A
347	Medication 2	Medication	Values - See Medications List, Appendix C	N	N	When populated, must be valid. See error message #17.	4	3945	3948	A
348	Start Date for Medication 2	Date Medication Started	MMDDYYYY	C	N	Required if Medication #2 is entered. See error message #38. When populated, must be a valid date. See error message #3.	8	3949	3956	A
349	Date Discontinued for Medication 2	Date Medication Discontinued	MMDDYYYY	N	N	When populated, must be a valid date. See error message #3.	8	3957	3964	A
350	Narrative Entry (0 of 250) for Medication 2	Medication Narrative Entry		N	N		250	3965	4214	A
351	Medication3	Medication	Values - See Medications List, Appendix C	N	N	When populated, must be valid. See error message #17.	4	4215	4218	A
352	Start Date for Medication 3	Date Medication Started	MMDDYYYY	C	N	Required if Medication #3 is entered. See error message #38. When populated, must be a valid date. See error message #3.	8	4219	4226	A

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353	Date Discontinued for Medication 3	Date Medication Discontinued	MMDDYYYY	N	N	When populated, must be a valid date. See error message #3.	8	4227	4234	A
354	Narrative Entry (0 of 250) for Medication 3	Medication Narrative Entry		N	N		250	4235	4484	A
355	Medication 4	Medication	Values - See Medications List, Appendix C	N	N	When populated, must be valid. See error message #17.	4	4485	4488	A
356	Start Date for Medication 4	Date Medication Started	MMDDYYYY	C	N	Required if Medication #4 is entered. See error message #38. When populated, must be a valid date. See error message #3.	8	4489	4496	A
357	Date Discontinued for Medication 4	Date Medication Discontinued	MMDDYYYY	N	N	When populated, must be a valid date. See error message #3.	8	4497	4504	A
358	Narrative Entry (0 of 250) for Medication 4	Medication Narrative Entry		N	N		250	4505	4754	A
359	Medication 5	Medication	Values - See Medications List, Appendix C	N	N	When populated, must be valid. See error message #17.	4	4755	4758	A

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360	Start Date for Medication 5	Date Medication Started	MMDDYYYY	C	N	Required if Medication #5 is entered. See error message #38. When populated, must be a valid date. See error message #3.	8	4759	4766	A
361	Date Discontinued for Medication 5	Date Medication Discontinued	MMDDYYYY	N	N	When populated, must be a valid date. See error message #3.	8	4767	4774	A
362	Narrative Entry (0 of 250) for Medication 5	Medication Narrative Entry		N	N		250	4775	5024	A
363	Medication 6	Medication	Values - See Medications List, Appendix C	N	N	When populated, must be valid. See error message #17.	4	5025	5028	A
364	Start Date for Medication 6	Date Medication Started	MMDDYYYY	C	N	Required if Medication #6 is entered. See error message #38. When populated, must be a valid date. See error message #3.	8	5029	5036	A
365	Date Discontinued for Medication 6	Date Medication Discontinued	MMDDYYYY	N	N	When populated, must be a valid date. See error message #3.	8	5037	5044	A
366	Narrative Entry (0 of 250) for Medication 6	Medication Narrative Entry		N	N		250	5045	5294	A

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367	Medication 7	Medication	Values - See Medications List, Appendix C	N	N	When populated, must be valid. See error message #17.	4	5295	5298	A
368	Start Date for Medication 7	Date Medication Started	MMDDYYYY	C	N	Required if Medication #7 is entered. See error message #38. When populated, must be a valid date. See error message #3.	8	5299	5306	A
369	Date Discontinued for Medication 7	Date Medication Discontinued	MMDDYYYY	N	N	When populated, must be a valid date. See error message #3.	8	5307	5314	A
370	Narrative Entry (0 of 250) for Medication 7	Medication Narrative Entry		N	N		250	5315	5564	A
371	Medication 8	Medication	Values - See Medications List, Appendix C	N	N	When populated, must be valid. See error message #17.	4	5565	5568	A
372	Start Date for Medication 8	Date Medication Started	MMDDYYYY	C	N	Required if Medication #8 is entered. See error message #38. When populated, must be a valid date. See error message #3.	8	5569	5576	A
373	Date Discontinued for Medication 8	Date Medication Discontinued	MMDDYYYY	N	N	When populated, must be a valid date. See error message #3.	8	5577	5584	A

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374	Narrative Entry (0 of 250) for Medication 8	Medication Narrative Entry		N	N		250	5585	5834	A
375	Medication 9	Medication	Values - See Medications List, Appendix C	N	N	When populated, must be valid. See error message #17.	4	5835	5838	A
376	Start Date for Medication 9	Date Medication Started	MMDDYYYY	C	N	Required if Medication #9 is entered. See error message #38. When populated, must be a valid date. See error message #3.	8	5839	5846	A
377	Date Discontinued for Medication 9	Date Medication Discontinued	MMDDYYYY	N	N	When populated, must be a valid date. See error message #3.	8	5847	5854	A
378	Narrative Entry (0 of 250) for Medication 9	Medication Narrative Entry		N	N		250	5855	6104	A
379	Medication 10	Medication	Values - See Medications List, Appendix C	N	N	When populated, must be valid. See error message #17.	4	6105	6108	A
380	Start Date for Medication 10	Date Medication Started	MMDDYYYY	C	N	Required if Medication #10 is entered. See error message #38. When populated, must be a valid date. See error message #3.	8	6109	6116	A

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381	Date Discontinued for Medication 10	Date Medication Discontinued	MMDDYYYY	N	N	When populated, must be a valid date. See error message #3.	8	6117	6124	A
382	Narrative Entry (0 of 250) for Medication 10	Medication Narrative Entry		N	N		250	6125	6374	A
383	Highest Level of Care Planned for Discharge	Highest Level of Care Planned for Discharge	<p>Values:</p> <p>AMBDTX = Ambulatory Detox</p> <p>ACT = Assertive Community Treatment (ACT)</p> <p>CM = Case Management (CM)</p> <p>PR = PRTF</p> <p>CBAY = Community Based Alternatives for Youth (CBAY)</p> <p>CST = Community Support Team (CST)</p> <p>CS = Crisis Services</p> <p>Z = Crisis Stabilization Unit (CSU)</p> <p>ZDETOX = Crisis Stabilization Unit (CSU), Detox</p> <p>IFI = IFI (Intensive Family Intervention)</p> <p>IRAD = Independent Residential (AD)</p> <p>IRMH = Independent Residential (MH)</p> <p>I = Inpatient</p> <p>IDETOX = Inpatient, Detox</p>	C	N	<p>Required except when Type of Care = Crisis Services, Non-Intensive Outpatient, Supported Employment, Treatment Court Services – MH, Treatment Court Services – AD, Medication Assisted Treatment, or PASRR Specialized Services. Refer to Appendix F, "Type of Care" column for clarification. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p> <p>Tool Tip - Discharge planning considerations should include obtaining releases to speak to and coordinate care with the providers that care will be transitioning to as well as confirming that appointments are scheduled timely. Discharge planning should be included as a component of the treatment throughout the entire stay.</p>	8	6375	6382	A

			<p>ICM = Intensive Case Management (ICM) INRAD = Intensive Residential (AD) INRMH = Intensive Residential (MH) MAT = Medication Assisted Treatment NIO = Non-Intensive Outpatient Services PSP = Peer Support Program PASRRFA = PASRR Facility (Nursing Home) PASRRSS = PASRR Specialized Services (BH Services) PRP = Psychosocial Rehab Program RDETOX = Residential Detox SAIOPA = SA IOP – (Adult) SAIOPC = SA IOP – (C&A) SIMAD = Semi-Independent Residential (AD) SIMMH = Semi-Independent Residential (MH) SRC = Structured Residential Supports – AD (C&A) SE = Supported Employment TCSAD = Treatment Court Services – AD TCSMH = Treatment Court Services – MH WTRSO = Women’s Treatment (WTRS) – Outpatient</p>						
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			<p>WTRSR = Women’s Treatment (WTRS) – Residential GHV = Georgia Housing Voucher Program OTHER = Other</p>							
384	Planned Discharge Residence	Planned Discharge Residence	<p>Values: 01 = Independent Living - Individual owns or leases 02 = Independent Living - With family/friends 03 = Independent Living - Provider/Agency owns or leases 04 = Dependent Living - Individual owns or leases 05 = Dependent Living - With family/friends 06 = Dependent Living - Provider/Agency owns or leases 07 = Homeless -Shelter 08 = Homeless - Not in Shelter 09 = Mental Health Residential Care 10 = Substance Abuse Residential Care 11 = Group Home/Personal Care Home 12 = Host Home/Foster Home 13 = Crisis Stabilization Unit 14 = Crisis Residence 15 = Psychiatric Residential Treatment Facility (PRTF) 16 = Psychiatric Hospital or other Psychiatric Facility</p>	C	N	<p>Required except when Type of Care = Crisis Services, Non-Intensive Outpatient, Supported Employment, Treatment Court Services – MH, Treatment Court Services – AD, Medication Assisted Treatment, or PASRR Specialized Services. Refer to Appendix F, "Type of Care" column for clarification. See error message #1. When populated, must be a valid value. See error message #4.</p>	2	6383	6384	A

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			17 = Assisted Living 18 = Nursing Home 19 = Hospice 20 = Rehabilitation Facility 21 = Other Healthcare Facility/Institution 22 = Prison 23 = Jail 24 = YDC/RYDC 25 = Unknown 26 = Other							
385	Describe Other Discharge Level of Care	Description for Other Discharge Level of Care		C	N	Required if "Highest Level of Care Planned for Discharge" is "OTHER". See error message #1.	25	6385	6409	A
386	Expected Discharge Date (MMDDYYYY)	Expected Discharge Date	MMDDYYYY	C	N	Required for concurrent requests except for PASRR Specialized Services. See error message #1. When populated, must be valid date. See error message #3.	8	6410	6417	A
387	Explanation of Exceptions	Explanation of Exceptions		N	R	If missing, see error message #1	1000	6418	7417	A

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388	Type of substance(s) used	Type of Substances Used	<p>Values: 1 = None 2 = Alcohol 3 = Drugs 4 = Both</p>	C	N	<p>Required except for PASRR Specialized Services. See error message #1. When populated, must be a valid value. Type of Substance used cannot be "None" if Diagnostic Code 1 falls into a SU category, or if Type of Service = "Substance Use" or "Mental Health \ Substance Use". See error message #55. Refer to Appendix F, "Type of Service" column for clarification.</p>	1	7418	7418	A
389	Substance	Primary Substance	<p>Values - See List of Substances, Appendix B</p>	C	N	<p>Required when "Type of substance(s) used" does not equal "None". See error message #1. When populated, must be a valid value. See error message #4. The same value can be selected for Substance more than once, but the Route of Administration must be different. See error message #53. Tool Tip - If any substance use is reported, at least a primary substance must be identified. The fields providing the route of administration, frequency of use, and age at first use must be completed for each substance (primary, secondary, tertiary) reported.</p>	4	7419	7422	A
390	Route of Administration	Primary Substance Route of Administration	<p>Values: 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Other 6 = Unknown</p>	C	N	<p>Required when "Type of substance(s) used" does not equal "None". See error message #1. When populated, must be a valid value. See error message #4. Tool Tip - If a single substance is selected more than once, the route of administration must be different.</p>	1	7423	7423	A

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						(i.e. Cocaine can be selected for primary and secondary but one route may be smoking and the other route may be injection.)				
391	Frequency of Use	Primary Substance Frequency of Use	<p>Values:</p> <p>1 = 1 to 3 Days In Past Month</p> <p>2 = 1 to 2 Days In Past Week</p> <p>3 = 3 to 6 Days In Past Week</p> <p>4 = Daily</p> <p>5 = No Use In The Past Month</p> <p>6 = Unknown</p>	C	N	<p>Required when "Type of substance(s) used" does not equal "None". See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	7424	7424	A
392	Enter Age of First Use	Primary Substance Age of First Use	00 - 99	C	N	<p>Required when "Type of substance(s) used" does not equal "None". See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #2.</p> <p>Tool Tip - Enter age in years.</p>	2	7425	7426	A
393	Substance	Secondary Substance	Values - See List of Substances, Appendix B	N	N	<p>The same value can be selected for Substance more than once, but the Route of Administration must be different. See error message #53.</p> <p>When populated, must be a valid value. See error message #4.</p> <p>For values, see Appendix B: List of Substances.</p>	4	7427	7430	A
394	Route of Administration	Secondary Substance Route of Administration	<p>Values:</p> <p>1 = Oral</p> <p>2 = Smoking</p> <p>3 = Inhalation</p> <p>4 = Injection</p>	C	N	<p>Required if Secondary Substance contains a value. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	7431	7431	A

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			5 = Other 6 = Unknown							
395	Frequency of Use	Secondary Substance Frequency of Use	Values: 1 = 1 to 3 Days In Past Month 2 = 1 to 2 Days In Past Week 3 = 3 to 6 Days In Past Week 4 = Daily 5 = No Use In The Past Month 6 = Unknown	C	N	Required if Secondary Substance contains a value. See error message #1. When populated, must be a valid value. See error message #4.	1	7432	7432	A
396	Enter Age of First Use	Secondary Substance Age of First Use	00 - 99	C	N	Required if Secondary Substance contains a value. See error message #1. When populated, must be numeric. Prefill with zeros when necessary. See error message #2.	2	7433	7434	A
397	Substance	Tertiary Substance	Values - See List of Substances, Appendix B	N	N	The same value can be selected for Substance more than once, but the Route of Administration must be different. See error message #53. When populated, must be a valid value. See error message #4. For values, see Appendix B: List of Substances.	4	7435	7438	A
398	Route of Administration	Tertiary Substance Route of Administration	Values: 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Other 6 = Unknown	C	N	Required if Tertiary Substance contains a value. See error message #1. When populated, must be a valid value. See error message #4.	1	7439	7439	A
399	Frequency of Use	Tertiary Substance	Values: 1 = 1 to 3 Days In Past Month 2 = 1 to 2 Days In Past Week	C	N	Required if Tertiary Substance contains a value. See error message #1.	1	7440	7440	A

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		Frequency of Use	3 = 3 to 6 Days In Past Week 4 = Daily 5 = No Use In The Past Month 6 = Unknown			When populated, must be a valid value. See error message #4.				
400	Enter Age of First Use	Tertiary Substance Age of First Use	00 - 99	C	N	Required if Tertiary Substance contains a value. See error message #1. When populated, must be numeric. Prefill with zero when necessary. See error message #2.	2	7441	7442	A
401	How many previous treatment episodes has the person received in any substance abuse treatment program?	Number of previous treatment episodes the individual has received in any substance abuse program	Values: 0 = 0 Prior Episodes (No Prior Episodes) 1 = 1 Prior Episode 2 = 2 Prior Episodes 3 = 3 Prior Episodes 4 = 4 Prior Episodes 5 = 5 or More Prior Episodes U = Unknown	C	N	Required when "Type of substance(s) used" does not equal "None". See error message #1. When populated, must be a valid value. See error message #4.	1	7443	7443	A
402	Will the use of opioid medications such as methadone or buprenorphine be part of the individual's recovery plan?	Indicator for whether the use of opioid medications such as methadone or buprenorphine be part of the individual's recovery plan	Values: Y = Yes N = No U = Unknown	C	N	Required when "Type of substance(s) used" does not equal "None". See error message #1. When populated, must be a valid value. See error message #4.	1	7444	7444	A

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403	Has the individual participated in any self-help groups for recovery in the past 30 days?	Indicator for whether the individual has participated in any self-help groups for recovery in the past 30 days	Values: Y = Yes N = No U = Unknown	C	N	Required when "Type of substance(s) used" does not equal "None". See error message #1. When populated, must be a valid value. See error message #4. Tool Tip - This includes attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other self-help/mutual support groups focused on recovery from substance abuse and dependence.	1	7445	7445	A
404	How many times has the individual attended any self-help groups for recovery in the past 30 days?	Number of times the individual has attended any self-help groups for recovery in the past 30 days	00 - 99	C	N	Required if "Has the individual participated in any self-help groups for recovery in the past 30 days?" = "Yes". See error message #1. When populated, must be a valid value. See error message #4. Must be numeric. See error message #2. Cannot be zero (00). Prefill with zero when necessary. See error message #37. Tool Tip - This includes attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other self-help/mutual support groups focused on recovery from substance abuse and dependence.	2	7446	7447	A
405	None	Indicator for no withdrawal symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7448	7448	A
406	Nausea	Indicator for nausea symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7449	7449	A

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407	Vomiting	Indicator for vomiting symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7450	7450	A
408	Cramping	Indicator for cramping symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7451	7451	A
409	Sweating	Indicator for sweating symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7452	7452	A
410	Agitation	Indicator for agitation symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7453	7453	A
411	Hallucinations	Indicator for hallucination symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7454	7454	A
412	Tremors	Indicator for tremor symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7455	7455	A
413	Blackouts	Indicator for blackout symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7456	7456	A
414	Current DTs	Indicator for current DT symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7457	7457	A

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415	Past DTs	Indicator for past DT symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7458	7458	A
416	Current Seizures	Indicator for current seizure symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7459	7459	A
417	Past Seizures	Indicator for past seizure symptoms	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7460	7460	A
418	Blood Pressure (Systolic)	Individual's Blood Pressure (Systolic)	000 - 999	N	N	When populated, must be numeric. Prefill with zeros when necessary. See error message #113.	3	7461	7463	A
419	Blood Pressure (Diastolic)	Individual's Blood Pressure (Diastolic)	000 - 999	N	N	When populated, must be numeric. Prefill with zeros when necessary. See error message #113.	3	7464	7466	A
420	Temperature	Individual's Temperature	Format = 000.0	N	N	When populated, must be numeric and include a decimal. Prefill with zeros when necessary. See error message #112.	5	7467	7471	A
421	Pulse	Individual's Pulse	000 - 999	N	N	When populated, must be numeric. Prefill with zeros when necessary. See error message #113.	3	7472	7474	A
422	Respiration	Individual's Respiration	000 - 999	N	N	When populated, must be numeric. Prefill with zeros when necessary. See error message #113.	3	7475	7477	A

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423	Blood Alcohol	Individual's Blood Alcohol Content	Format: 0.000	N	N	When populated, must be numeric. Use leading/trailing zeros when necessary. Must include decimal. See error message #112.	5	7478	7482	A
424	Urine drug screen (UDS)?	Indicator if UDS has been performed	Values: Y = Yes N = No U = Unknown	N	N	When populated, must be a valid value. See error message #4.	1	7483	7483	A
425	Outcome of UDS	Outcome of UDS	Values: POS = Positive NEG = Negative PND = Pending	N	N	When populated, must be a valid value. See error message #4.	3	7484	7486	A
426	Date of Urine Drug Screen (MMDDYYYY)	Date of Urine Drug Screen	MMDDYYYY	N	N	When populated, must be valid date. See error message #3.	8	7487	7494	A
427	Longest Period of Sobriety	Longest Period of Sobriety	Values: 1 = Less than 6 months 2 = 6 months to 2 yrs 3 = More than 2 yrs 4 = None 5 = Unknown	N	N	When populated, must be a valid value. See error message #4.	1	7495	7495	A
428	Most Recent Relapse Date (MMDDYYYY)	Most Recent Relapse Date (MMDDYYYY)	MMDDYYYY	N	N	When populated, must be valid date. See error message #3.	8	7496	7503	A
429	Cannabis	Indicator Individual is Positive for Cannabis	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7504	7504	A

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430	Opiates	Indicator Individual is Positive for Opiates	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7505	7505	A
431	Cocaine	Indicator Individual is Positive for Cocaine	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7506	7506	A
432	Amphetamines	Indicator Individual is Positive for Amphetamines	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7507	7507	A
433	Tricyclic Antidepressants	Indicator Individual is Positive for Tricyclic Antidepressants	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7508	7508	A
434	Phenylpropanol	Indicator Individual is Positive for Phenylpropanol	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7509	7509	A
435	Benzodiazapines	Indicator Individual is Positive for Benzodiazapines	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7510	7510	A
436	Barbiturates	Indicator Individual is Positive for Barbiturates	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7511	7511	A

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437	Methamphetamines	Indicator Individual is Positive for Methamphetamines	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7512	7512	A
438	PCP (Phencyclidine)	Indicator Individual is Positive for PCP (Phencyclidine)	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7513	7513	A
439	LSD (Lysergic Acid Diethylamide)	Indicator Individual is Positive for LSD (Lysergic Acid Diethylamide)	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7514	7514	A
440	Methadone	Indicator Individual is Positive for Methadone	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7515	7515	A
441	Other	Indicator Individual is Positive for Other	Values: Y = Yes N = No	N	N	When populated, must be a valid value. See error message #4.	1	7516	7516	A
442	ASAM - Dimension 1 Intoxication/Withdrawal Potential	Rating for Individual's Intoxication/Withdrawal Potential (Dimension 1)	Values: L = Low M = Medium H = High	N	N	When populated, must be a valid value. See error message #4.	1	7517	7517	A
443	ASAM - Dimension 2 Biomedical Conditions	Rating for Individual's Biomedical	Values: L = Low M = Medium H = High	N	N	When populated, must be a valid value. See error message #4.	1	7518	7518	A

		Conditions (Dimension 2)								
444	ASAM - Dimension 3 Emot/Beh/Co gn Conditions	Rating for Individual's Emotional, Behavioral, Cognitive Conditions (Dimension 3)	Values: L = Low M = Medium H = High	N	N	When populated, must be a valid value. See error message #4.	1	7519	7519	A
445	ASAM - Dimension 4 Readiness to Change	Rating for Individual's Readiness to Change (Dimension 4)	Values: L = Low M = Medium H = High	N	N	When populated, must be a valid value. See error message #4.	1	7520	7520	A
446	ASAM - Dimension 5 Relapse Potential	Rating for Individual's Relapse Potential (Dimension 5)	Values: L = Low M = Medium H = High	N	N	When populated, must be a valid value. See error message #4.	1	7521	7521	A
447	ASAM - Dimension 6 Recovery Environment	Rating for Individual's Recovery (Dimension 6)	Values: L = Low M = Medium H = High	N	N	When populated, must be a valid value. See error message #4.	1	7522	7522	A
448	Legal Status	Legal Status	Values: 1 = Voluntary 2 = Involuntary 3 = Not Applicable 4 = Unknown	C	N	Required except for PASRR Specialized Services. See error message #1. When populated, must be a valid value. See error message #4.	1	7523	7523	A

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449	Legal Involvement	Legal Involvement	<p>Values:</p> <p>0 = None</p> <p>1 = DFCS</p> <p>2 = Jail/Law Enforcement</p> <p>3 = Juvenile Justice</p> <p>4 = Adult Criminal Court</p> <p>5 = Treatment Court (MH/AD)</p> <p>6 = Adult Probation</p> <p>7 = Probate Court</p> <p>8 = Parole</p> <p>9 = Unknown</p>	C	N	<p>Required except for PASRR Specialized Services. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	7524	7524	A
450	Legal Custody	Legal Custody	<p>Values:</p> <p>1 = DFCS Custody</p> <p>2 = Other Court-Appointed Guardian</p> <p>3 = Not Applicable</p> <p>4 = Unknown</p> <p>5 = Parental Custody</p>	C	N	<p>Required except for PASRR Specialized Services. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	7525	7525	A
451	Has individual been involved with criminal/juvenile justice system in past year?	Indicator whether individual has been involved with criminal/juvenile justice system in past year	<p>Values:</p> <p>Y = Yes</p> <p>N = No</p> <p>U = Unknown/Refused</p>	C	N	<p>Required except for PASRR Specialized Services. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	7526	7526	A
452	Number of arrests in past 30 days	Individual's number of arrests in past 30 days	00 - 30	C	N	<p>Required except for PASRR Specialized Services. See error message #1.</p> <p>When populated, must be numeric. See error message #2.</p>	2	7527	7528	A

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						When populated, must be value between 00 and 30. Prefill with zeros when necessary. See error message #18.				
453	Is the individual currently in jail/RYDC or prison/YDC or has the individual been released within the 6 months prior to the authorization start date?	Indicator for whether the individual is currently in jail/RYDC or prison/YDC or if the individual has been released within the 6 months prior to the authorization start date	Values: C = Currently in jail R = Released within 6 months N = No U = Unknown	C	N	Required except for PASRR Specialized Services. See error message #1. When populated, must be a valid value. See error message #4.	1	7529	7529	A
454	What is the date the individual was released from jail/RYDC or prison/YDC?	Date the individual was released from jail/RYDC or prison/YDC	MMDDYYYY	C	N	Required if "Is the individual currently in jail/RYDC or prison/YDC or has the individual been released within the 6 months prior to the authorization start date?" = "Released within 6 months". See error message #1. When populated, must be valid date. See error message #3. The system will calculate and store the number of days from release.	8	7530	7537	A
455	How many times has the individual been admitted to jail/RYDC or prison/YDC in	Number of times the individual has been admitted to jail/RYDC or prison/YDC in the past 90 days	00 - 90	C	N	Required except for Inpatient, Inpatient Detox, CSU, CSU Detox, and PASRR Specialized Services. Refer to Appendix F, "Service" column for clarification. See error message #1. When populated, must be value between 00 and 90. Prefill with zeros when necessary. See error message	2	7538	7539	A

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	the past 90 days?					# 020. Tool Tip - If current incarceration began prior to 90 days ago, enter "0".				
456	How many days has the individual spent in jail/RYDC or prison/YDC in the past 90 days?	Number of days the individual has spent in jail/RYDC or prison/YDC in the past 90 days	00 - 90	C	N	Required except for Inpatient, Inpatient Detox, CSU, CSU Detox, and PASRR Specialized Services. Refer to Appendix F, "Service Column" for clarification. See error message #1. When populated, must be numeric. See error message #2. When populated, must be value between 00 and 90. Prefill with zeros when necessary. See error message # 020.	2	7540	7541	N
457	Does the individual have income from any source?	Indicator for whether individual has income from any sources	Values: Y = Yes N = No U = Unknown	C	N	Required except for PASRR Specialized Services. See error message # 1. When populated, must be a valid value. See error message #4. Tool Tip - Indicate only individual's income. Do not include income for any other members of the household. If the individual has income but does not know the exact amount, enter Yes for this question and estimate the amount. Income data should only be entered for Income Sources current as of the auth start date.	1	7542	7542	A
458	Earned Income	Monthly amount of individual's earned income	Format = 0.00	C	N	If "Does the individual have income from any other source?" = "Yes", at least one of the values for this field through "Other Source" must have a value > 0. See error message #37.	10	7543	7552	A

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						The system rounds the amount entered to the nearest dollar and stores as a whole number. When populated, must be numeric. Must fill with leading zeros as necessary. Decimal and two trailing digits are required. See error message #112.				
459	Filler	Filler	Space Fill	N	N		5	7553	7557	A
460	Unemployment Insurance	Monthly amount individual receives from Unemployment Insurance	Format = 0.00	C	N	<p>If "Does the individual have income from any other source?" = "Yes", at least one of the values for this field through "Other Source" must have a value > 0. See error message #37.</p> <p>The system rounds the amount entered to the nearest dollar and stores as a whole number. When populated, must be numeric. Must fill with leading zeros as necessary. Decimal and two trailing digits are required. See error message #112</p>	10	7558	7567	A
461	Filler	Filler	Space Fill	N	N		5	7568	7572	A
462	Supplemental Security Income/ Social Security Disability Insurance	Monthly amount individual receives from Supplemental Security Income/ Social Security Disability Insurance	Format = 0.00	C	N	<p>If "Does the individual have income from any other source?" = "Yes", at least one of the values for this field through "Other Source" must have a value > 0. See error message #37.</p> <p>The system rounds the amount entered to the nearest dollar and stores as a whole number.</p> <p>When populated, must be numeric. Must fill with leading zeros as necessary. Decimal and two trailing digits are required. See error message #112</p>	10	7573	7582	A

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463	Filler	Filler	Space Fill	N	N		5	7583	7587	A
464	VA Service-Connected Disability	Monthly amount individual receives from VA Service-Connected Disability	Format = 0.00	C	N	<p>If “Does the individual have income from any other source?” = “Yes”, at least one of the values for this field through “Other Source” must have a value > 0. See error message #37.</p> <p>The system rounds the amount entered to the nearest dollar and stores as a whole number.</p> <p>When populated, must be numeric. Must fill with leading zeros as necessary. Decimal and two trailing digits are required. See error message #112</p>	10	7588	7597	A
465	Filler	Filler	Space Fill	N	N		5	7598	7602	A
466	Temporary Assistance for Needy Families (TANF)	Monthly amount individual receives from TANF	Format = 0.00	C	N	<p>If “Does the individual have income from any other source?” = “Yes”, at least one of the values for this field through “Other Source” must have a value > 0. See error message #37.</p> <p>The system rounds the amount entered to the nearest dollar and stores as a whole number. When populated, must be numeric. Must fill with leading zeros as necessary. Decimal and two trailing digits are required. See error message #112</p>	10	7603	7612	A
467	Filler	Filler	Space Fill	N	N		5	7613	7617	A

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468	Trust Fund Payments	Monthly amount individual receives from trust fund payments	Format = 0.00	C	N	<p>If “Does the individual have income from any other source?” = “Yes”, at least one of the values for this field through “Other Source” must have a value > 0. See error message #37.</p> <p>The system rounds the amount entered to the nearest dollar and stores as a whole number. When populated, must be numeric. Must fill with leading zeros as necessary. Decimal and two trailing digits are required. See error message #112</p>	10	7618	7627	A
469	Filler	Filler	Space Fill	N	N		5	7628	7632	A
470	Pension or Retirement Income from a Former Job	Monthly amount individual receives from pension or retirement income from a former job	Format = 0.00	C	N	<p>If “Does the individual have income from any other source?” = “Yes”, at least one of the values for this field through “Other Source” must have a value > 0. See error message #37.</p> <p>The system rounds the amount entered to the nearest dollar and stores as a whole number.</p> <p>When populated, must be numeric. Must fill with leading zeros as necessary. Decimal and two trailing digits are required. See error message #112</p>	10	7633	7647	A
471	Filler	Filler	Space Fill	N	N		5	7628	7647	A
472	Child Support	Monthly amount individual receives from child Support	Format = 0.00	C	N	<p>If “Does the individual have income from any other source?” = “Yes”, at least one of the values for this field through “Other Source” must have a value > 0. See error message #37.</p> <p>The system rounds the amount entered to the nearest dollar and stores as a whole number.</p>	10	7648	7656	A

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						When populated, must be numeric. Must fill with leading zeros as necessary. Decimal and two trailing digits are required. See error message #112				
473	Filler	Filler	Space Fill	N	N		5	7657	7662	A
474	Alimony or Other Spousal Support	Monthly amount individual receives from alimony or other spousal support	Format = 0.00	C	N	<p>If “Does the individual have income from any other source?” = “Yes”, at least one of the values for this field through “Other Source” must have a value > 0. See error message #37.</p> <p>The system rounds the amount entered to the nearest dollar and stores as a whole number. When populated, must be numeric. Must fill with leading zeros as necessary. Decimal and two trailing digits are required. See error message #112</p>	10	7663	7672	A
475	Filler	Filler	Space Fill	N	N		5	7673	7677	A
476	Other Source of Regular Income	Monthly amount individual receives from other source	Format = 0.00	C	N	<p>If “Does the individual have income from any other source?” = “Yes”, at least one of the values for this field through “Other Source” must have a value > 0. See error message #37.</p> <p>The system rounds the amount entered to the nearest dollar and stores as a whole number.</p> <p>When populated, must be numeric. Must fill with leading zeros as necessary. Decimal and two trailing digits are required. See error message #112</p>	10	7678	7687	A
477	Filler	Filler	Space Fill	N	N		5	7688	7692	A

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478	Specify source	Monthly other income description		C	N	Required if "Other Source of Regular Income" > 0. See error message #1.	25	7693	7717	A
479	Does the individual have Non-Cash Benefits?	Indicator whether individual has Non-Cash Benefits	Values: Y = Yes N = No U = Unknown/Refused	C	N	Required except for PASRR Specialized Services. See error message #1. When populated, must be a valid value. See error message #4.	1	7718	7718	A
480	Source of Non-Cash Benefits	Source of Non-Cash Benefits the individual has	Enter all that apply, left justified. Example: Selecting 2, 3 and 8 would be sent as 238, followed by 7 spaces. Values: 1 = Supplemental Nutrition Assistance Program (SNAP) 2 = Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 3 = TANF Child Care Services 4 = TANF Transportation Services 5 = Other TANF-Funded Services 6 = Georgia Housing Voucher (DBHDD) 7 = Section 8, Public Housing, or Other Ongoing Rental Assistance 8 = Temporary Rental Assistance 9 = Other Source	C	N	Required if "Does the individual have Non-Cash Benefits?" = "Yes". See error message #1. When populated, must be a valid value. See error message #4. Multiple entries can be made. Same value cannot be selected/sent more than one time. See error message #52. Tool Tip: If sending multiple entries, they should be sent in logical order.	10	7719	7728	A

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481	If "Other Source" specify source	Other Non-Cash Benefit description		C	N	Required if "Source of Non-Cash Benefits" includes "Other". See error message #1.	100	7729	7828	A
482	Is the individual covered by Health Insurance?	Indicator whether individual is covered by health insurance	Values: Y = Yes N = No U = Unknown	R	N	Required. See error message #1. When populated, must be a valid value. See error message #4. Tool Tip - Indicate Yes for any type of health insurance coverage including Medicaid, Medicare, private insurance, Veteran's Administration health insurance, retirement plan health insurance, etc.	1	7829	7829	A
483	Health Insurance Types	Health insurance types the individual is covered by	Enter all that apply, left justified. Example: Selecting 2, 3 and 8 would be sent as 238, followed by 5 spaces. Values: 1 = Medicaid 2 = Medicare 3 = State Children's Health Insurance Program 4 = Veteran's Administration (VA) Medical Services 5 = Employer-Provided Health Insurance 6 = Health Insurance obtained through COBRA 7 = Private Pay Health Insurance 8 = Other	C	N	Required if "Is the individual covered by Health Insurance?" = "Yes". See error message #1. When populated, must be a valid value. See error message #4. Multiple entries can be made. Same value cannot be selected/sent more than one time. See error message #52. Tool Tip: If sending multiple entries, they should be sent in logical order.	8	7830	7837	A

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484	If "Other" specify insurance type:	Other health insurance description		C	N	Required if "Health Insurance Types" includes "Other". See error message #1.	25	7838	7862	A
485	Filler	Filler	Space Fill	N	N		75	7863	7937	A
486	Has the individual attended school at any time in the past 90 days?	Indicator whether the individual attended school at any time in the past 90 days	Values: Y = Yes N = No Z = Not Applicable U = Unknown	C	N	Required except for PASRR Specialized Services. See error message #1. When populated, must be a valid value. See error message #4. Required if individual is less than 22 years of age. See error message #1. Tool Tip - Use "Not Applicable" for adults (18 and over) except persons 18-21 years old who are in Special Education AND continue to receive Child and Adolescent Services.	1	7938	7938	A
487	For school-aged children and adolescents, indicate the number# of days absent in past 30 days:	Number of days the individual has been absent in past 30 days	00 - 30	N	N	When populated, must be numeric. Must be a value between 00 and 30. Prefill with zeros when necessary. See error message #22. Tool tip - Only applicable for those individuals less than 22 years of age.	2	7939	7940	A
488	For individuals in school, what is their	Individual's current grade level OR highest grade completed	Values: 00 = Kindergarten 01 = Grade 1 02 = Grade 2	C	N	Required except for PASRR Specialized Services. Required. See error message #1. When populated, must be a valid value. See error message #4.	2	7941	7942	A

	<p>current grade level? If not in school, what is their highest grade level completed?</p>	<p>03 = Grade 3 04 = Grade 4 05 = Grade 5 06 = Grade 6 07 = Grade 7 08 = Grade 8 09 = Grade 9 10 = Grade 10 11 = Grade 11 12 = Grade 12/GED 13 = Undergraduate Freshman / 1 year of College/University 14 = Undergraduate Sophomore / 2 years of College/University OR Associate Degree 15 = Undergraduate Junior / 3 years of College/University 16 = Undergraduate Senior / 4 years of College/University OR Bachelor's Degree 17 = Some Post-Graduate Study – Degree not completed 18 = Post-Graduate Degree (Includes Master's and doctoral study or degrees, medical school, law school, etc.) 21 = Vocational School – Includes business, technical, secretarial, trade, or correspondence courses which provide specialized training for skilled employment 97 = Unknown</p>			<p>Tool Tip - Specifies a) the highest school grade completed for adults or those no longer in school or b) current school grade for clients aged 3-17 years and clients 18-21 years of age in special education.</p>				
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489	Date Employed	Competitive Date Employed	MMDDYYYY	C	N	<p>User must complete one of the following sections: when Level of Service = "Outpatient", (except for PASRR Specialized Services): Competitive Employment, Non-Competitive Employment, or Unemployed. Refer to Appendix F, "Level of Service" column for clarification. See error message #54.</p> <p>When populated, must be <= current system date. See error message #23.</p> <p>Tool Tip - Indicate only for competitive employment. If exact date is not known, enter the month and year using the first day of month e.g. 07/01/2000.</p>	8	7943	7950	A
490	Hours Worked Typical Week	Competitive Hours Worked typical week	01 - 99	C	N	<p>Required if Competitive Date Employed has a value. See error message #1.</p> <p>When populated, must be value between 01 and 99. Prefill with zeros when necessary. See error message #25.</p> <p>Tool Tip - Indicate only for competitive employment</p>	2	7951	7952	A
491	Hourly Wage	Hourly Wage (competitive job only)	Format = 00.00	C	N	<p>Required if Competitive Date Employed has a value. See error message #1.</p> <p>Default to 0.00</p> <p>When populated, must be a number, must include leading zeroes with a decimal point and two trailing digits. See error message #24.</p> <p>Tool Tip - Indicate only for competitive employment</p>	5	7953	7957	A

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492	Date Employed	Non-Competitive Date Employed	MMDDYYYY	C	N	<p>User must complete one of the following sections when Level of Service = "Outpatient", (except for GCAL Referral Services and PASRR Specialized Services): Competitive Employment, Non-Competitive Employment, or Unemployed. See error message #54.</p> <p>When populated, must be <= current system date. See error message #23.</p> <p>Tool Tip - Indicate only for non-competitive employment. If exact date is not known, enter the month and year using the first day of month e.g. 07/01/2000.</p>	8	7958	7965	A
493	Hours Worked Typical Week	Non-Competitive Hours Worked typical week	01 - 99	C	N	<p>Required if Non-Competitive Date Employed has a value. See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #2.</p> <p>When populated, must be value between 01 and 99. See error message #25.</p> <p>Tool Tip - Indicate only for non-competitive employment</p>	2	7966	7967	A
494	Type of Non-Competitive Employment	Type of Non-Competitive Employment	<p>Values:</p> <p>11 = Community-based</p> <p>12 = Facility-based</p>	C	N	<p>User must complete one of the following sections: when Level of Service = "Outpatient", (except for PASRR Specialized Services): Competitive Employment, Non-Competitive Employment, or Unemployed. Refer to Appendix F, "Level of Service" column for clarification. See error message #54.</p>	2	7968	7969	A

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						<p>Required if Non-Competitive Date Employed has a value. See error message #1. When populated, must be a valid value. See error message #4.</p> <p>Tool Tip - Community Based: Job arrangements with typical community businesses (i.e., not operated for the employment of Individuals with disabilities) that include regular meaningful interaction with non-disabled persons. In community-based job settings, the person should be a regular employee of the business (rather than an employee of the service agency) and should work next to and interact regularly with non-disabled coworkers.</p> <p>Facility Based: Job arrangements within segregated settings – that is, in job settings where people with disabilities are congregated together or sites that are operated primarily for the employment of persons with disabilities. Indicate only for non-competitive employment</p>				
495	Unemployed but available for work?	Unemployed but available for work indicator	Values: Y = Yes N = No	C	N	<p>User must complete one of the following sections when Level of Service = "Outpatient", (except for GCAL Referral Services and PASRR Specialized Services): Competitive Employment, Non-Competitive Employment, or Unemployed. See error message #54.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	7970	7970	A

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496	If answered "No" above, please indicate why:	Reason individual is unemployed and not available for work	<p>Values:</p> <ul style="list-style-type: none"> 1 = Home Maker 2 = Student 3 = Retired 4 = Institutionalized 5 = Disabled 6 = Inmate 7 = Individual does not desire employment 	C	N	<p>Required if "Unemployed but available for work?" = "No". See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	7971	7971	A
497	Enter the date of the individual's first contact with an employer following the individual's enrollment in ACT or SE services: (MMDDYYYY)	Date the individual's first contact with an employer following the individual's enrollment in ACT or SE services	MMDDYYYY	N €	N	<p>Required when Type of Care = Supported Employment or ACT.</p> <p>Optional. Refer to Appendix F, "Service Column" for clarification. See error message #1.</p> <p>This data element is being revised. The default date of 12/31/2299 should be entered when this field is required until further notice. Actual date of first contact with an employer will be required in the future.</p> <p>Must be a valid date in MMDDYYYY format. See error message #3.</p> <p>When populated, must be greater than Auth Start Date of initial Authorization for SE and less than or equal to the Auth Start Date of the current request. See error message #13.</p> <p>Once a value is provided in this field for an episode of care, the system will ignore any subsequent values, but will keep the originally submitted date stored in</p>	8	7972	7979	A

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						<p>the system, received on concurrent authorizations and discharges for this service and will not overwrite the previous value stored.</p> <p>Tool Tip - The date of first contact must be later than the start date of the individual's current initial enrollment in ACT or SE services.</p>				
498	What is the current status of the individual's enrollment in Vocational Rehabilitation services?	Current status of the individual's enrollment in Vocational Rehabilitation services	<p>Values: E = Enrolled N = Not Enrolled</p>	C	N	<p>Required when individual is over 18 years of age, and when Type of Care = Supported Employment or ACT.</p> <p>Required. Refer to Appendix F, "Service Column" for clarification. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	7980	7980	A
499	Select the option that describes the individual status with respect to Vocational Rehabilitation services during the previous last authorization period	Individual's status with respect to Vocational Rehabilitation services during the previous authorization period	<p>Values: E = Enrolled but not Discharged N = No VR Enrollment C = Closed Successfully D = Discharged Unsuccessfully</p>	C	N	<p>Required when Type of Care = Supported Employment or ACT.</p> <p>Required. Refer to Appendix F, "Service Column" for clarification. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	1	7981	7981	A

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500	How many competitive jobs did the individual start during the last authorization period?	Number of competitive jobs the individual started since the start date of the previous authorization	0 - 9	C	N	<p>Required when Type of Care = Supported Employment or ACT.</p> <p>Required. Refer to Appendix F, "Service Column" for clarification. See error message #1.</p> <p>When populated, must be a whole number, including 0. See error message #21.</p> <p>Tool Tip - Only include competitive jobs.</p>	1	7982	7982	A
501	How many competitive jobs did the individual leave during the last authorization period?	Number of competitive jobs the individual left since the start date of the previous authorization	0 - 9	C	N	<p>Required when Type of Care = Supported Employment or ACT.</p> <p>Required. Refer to Appendix F, "Service Column" for clarification. See error message #1.</p> <p>When populated, must be a whole number, including 0. See error message #21.</p> <p>Tool Tip - Only include competitive jobs.</p>	1	7983	7983	A
502	Place of Service for Service Class 1	Place of Service	Values - See Standard Place of Service Code List, Appendix D	R	R	<p>At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>Required for every service class selected. See error message #1.</p> <p>Must be a valid value. See error message #4.</p>	2	7984	7985	A

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503	Service Class Code 1	Service Class Code	Service Class Code for request - See Appendix E	R	R	User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. Must be a valid value. See error message #4.	3	7986	7988	A
504	Requested Visits/Units for Service Class 1	Requested Visits/Units	0001 - 9999	R	R	Required for every service class selected. See error message #1. Must be numeric. Prefill with zeros when necessary. See error message #113.	4	7989	7992	A
505	Place of Service for Service Class 2	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. Required for every service class selected. See error message #1. When populated, must be a valid value. See error message #4.	2	7993	7994	A
506	Service Class Code 2	Service Class Code	Service Class Code for request - See Appendix E	C	C	User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. When populated, must be a valid value. See error message #4.	3	7995	7997	A
507	Requested Visits/Units for Service Class 2	Requested Visits/Units	0001 - 9999	C	C	Required for every service class selected. See error message #1.	4	7998	8001	A

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						When populated, must be numeric. Prefill with zeros when necessary. See error message #113.				
508	Place of Service for Service Class 3	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. Required for every service class selected. See error message #1. When populated, must be a valid value. See error message #4.	2	8002	8003	A
509	Service Class Code 3	Service Class Code	Service Class Code for request - See Appendix E	C	C	User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. When populated, must be a valid value. See error message #4.	3	8004	8006	A
510	Requested Visits/Units for Service Class 3	Requested Visits/Units	0001 - 9999	C	C	Required for every service class selected. See error message #1. When populated, must be numeric. Prefill with zeros when necessary. See error message #113.	4	8007	8010	A
511	Place of Service for Service Class 4	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.	2	8011	8012	A

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						<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>				
512	Service Class Code 4	Service Class Code	Service Class Code for request - See Appendix E	C	C	<p>User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>When populated, must be a valid value. See error message #4.</p>	3	8013	8015	A
513	Requested Visits/Units for Service Class 4	Requested Visits/Units	0001 - 9999	C	C	<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #113.</p>	4	8016	8019	A
514	Place of Service for Service Class 5	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	<p>At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>Required for every service class selected. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	2	8020	8021	A

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515	Service Class Code 5	Service Class Code	Service Class Code for request - See Appendix E	C	C	User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. When populated, must be a valid value. See error message #4.	3	8022	8024	A
516	Requested Visits/Units for Service Class 5	Requested Visits/Units	0001 - 9999	C	C	Required for every service class selected. See error message #1. When populated, must be numeric. Prefill with zeros when necessary. See error message #113.	4	8025	8028	A
517	Place of Service for Service Class 6	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. Required for every service class selected. See error message #1. When populated, must be a valid value. See error message #4.	2	8029	8030	A
518	Service Class Code 6	Service Class Code	Service Class Code for request - See Appendix E	C	C	User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. When populated, must be a valid value. See error message #4.	3	8031	8033	A

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519	Requested Visits/Units for Service Class 6	Requested Visits/Units	0001 - 9999	C	C	<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #113.</p>	4	8034	8037	A
520	Place of Service for Service Class 7	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	<p>At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>Required for every service class selected. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	2	8038	8039	A
521	Service Class Code 7	Service Class Code	Service Class Code for request - See Appendix E	C	C	<p>User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>When populated, must be a valid value. See error message #4.</p>	3	8040	8042	A
522	Requested Visits/Units for Service Class 7	Requested Visits/Units	0001 - 9999	C	C	<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #113.</p>	4	8043	8046	A

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523	Place of Service for Service Class 8	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	<p>At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>Required for every service class selected. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	2	8047	8048	A
524	Service Class Code 8	Service Class Code	Service Class Code for request - See Appendix E	C	C	<p>User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>When populated, must be a valid value. See error message #4.</p>	3	8049	8051	A
525	Requested Visits/Units for Service Class 8	Requested Visits/Units	0001 - 9999	C	C	<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #113.</p>	4	8052	8055	A
526	Place of Service for Service Class 9	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	<p>At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>Required for every service class selected. See error message #1.</p>	2	8056	8057	A

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						When populated, must be a valid value. See error message #4.				
527	Service Class Code 9	Service Class Code	Service Class Code for request - See Appendix E	C	C	User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. When populated, must be a valid value. See error message #4.	3	8058	8060	A
528	Requested Visits/Units for Service Class 9	Requested Visits/Units	0001 - 9999	C	C	Required for every service class selected. See error message #1. When populated, must be numeric. Prefill with zeros when necessary. See error message #113.	4	8061	8064	A
529	Place of Service for Service Class 10	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. Required for every service class selected. See error message #1. When populated, must be a valid value. See error message #4.	2	8065	8066	A
530	Service Class Code 10	Service Class Code	Service Class Code for request - See Appendix E	C	C	User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.	3	8067	8069	A

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						When populated, must be a valid value. See error message #4.				
531	Requested Visits/Units for Service Class 10	Requested Visits/Units	0001 - 9999	C	C	<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #113.</p>	4	8070	8073	A
532	Place of Service for Service Class 11	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	<p>At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>Required for every service class selected. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	2	8074	8075	A
533	Service Class Code 11	Service Class Code	Service Class Code for request - See Appendix E	C	C	<p>User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>When populated, must be a valid value. See error message #4.</p>	3	8076	8078	A
534	Requested Visits/Units for Service Class 11	Requested Visits/Units	0001 - 9999	C	C	Required for every service class selected. See error message #1.	4	8079	8082	A

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						When populated, must be numeric. Prefill with zeros when necessary. See error message #113.				
535	Place of Service for Service Class 12	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. Required for every service class selected. See error message #1. When populated, must be a valid value. See error message #4.	2	8083	8084	A
536	Service Class Code 12	Service Class Code	Service Class Code for request - See Appendix E	C	C	User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. When populated, must be a valid value. See error message #4.	3	8085	8087	A
537	Requested Visits/Units for Service Class 12	Requested Visits/Units	0001 – 9999	C	C	Required for every service class selected. See error message #1. When populated, must be numeric. Prefill with zeros when necessary. See error message #113.	4	8088	8091	A
538	Place of Service for Service Class 13	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.	2	8092	8093	A

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						<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>				
539	Service Class Code 13	Service Class Code	Service Class Code for request - See Appendix E	C	C	<p>User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>When populated, must be a valid value. See error message #4.</p>	3	8094	8096	A
540	Requested Visits/Units for Service Class 13	Requested Visits/Units	0001 - 9999	C	C	<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #113.</p>	4	8097	8100	A
541	Place of Service for Service Class 14	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	<p>At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>Required for every service class selected. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	2	8101	8102	A

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542	Service Class Code 14	Service Class Code	Service Class Code for request - See Appendix E	C	C	User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. When populated, must be a valid value. See error message #4.	3	8103	8105	A
543	Requested Visits/Units for Service Class 14	Requested Visits/Units	0001 – 9999	C	C	Required for every service class selected. See error message #1. When populated, must be numeric. Prefill with zeros when necessary. See error message #113.	4	8106	8109	A
544	Place of Service for Service Class 15	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. Required for every service class selected. See error message #1. When populated, must be a valid value. See error message #4.	2	8110	8111	A
545	Service Class Code 15	Service Class Code	Service Class Code for request - See Appendix E	C	C	User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. When populated, must be a valid value. See error message #4.	3	8112	8114	A

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546	Requested Visits/Units for Service Class 15	Requested Visits/Units	0001 – 9999	C	C	<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #113.</p>	4	8115	8118	A
547	Place of Service for Service Class 16	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	<p>At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>Required for every service class selected. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	2	8119	8120	A
548	Service Class Code 16	Service Class Code	Service Class Code for request - See Appendix E	C	C	<p>User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>When populated, must be a valid value. See error message #4.</p>	3	8121	8123	A
549	Requested Visits/Units for Service Class 16	Requested Visits/Units	0001 – 9999	C	C	<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #113.</p>	4	8124	8127	A

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550	Place of Service for Service Class 17	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	<p>At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>Required for every service class selected. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	2	8128	8129	A
551	Service Class Code 17	Service Class Code	Service Class Code for request - See Appendix E	C	C	<p>User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>When populated, must be a valid value. See error message #4.</p>	3	8130	8132	A
552	Requested Visits/Units for Service Class 17	Requested Visits/Units	0001 – 9999	C	C	<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #113.</p>	4	8133	8136	A
553	Place of Service for Service Class 18	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	<p>At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>Required for every service class selected. See error message #1.</p>	2	8137	8138	A

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						When populated, must be a valid value. See error message #4.				
554	Service Class Code 18	Service Class Code	Service Class Code for request - See Appendix E	C	C	User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. When populated, must be a valid value. See error message #4.	3	8139	8141	A
555	Requested Visits/Units for Service Class 18	Requested Visits/Units	0001 – 9999	C	C	Required for every service class selected. See error message #1. When populated, must be numeric. Prefill with zeros when necessary. See error message #113.	4	8142	8145	A
556	Place of Service for Service Class 19	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. Required for every service class selected. See error message #1. When populated, must be a valid value. See error message #4.	2	8146	8147	A
557	Service Class Code 19	Service Class Code	Service Class Code for request - See Appendix E	C	C	User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested. When populated, must be a valid value. See error message #4.	3	8148	8150	A

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558	Requested Visits/Units for Service Class 19	Requested Visits/Units	0001 – 9999	C	C	<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #113.</p>	4	8151	8154	A
559	Place of Service for Service Class 20	Place of Service	Values - See Standard Place of Service Code List, Appendix D	C	C	<p>At least one is required, however up to 20 service classes may be requested. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>Required for every service class selected. See error message #1.</p> <p>When populated, must be a valid value. See error message #4.</p>	2	8155	8156	A
560	Service Class Code 20	Service Class Code	Service Class Code for request - See Appendix E	C	C	<p>User can enter up to 20 service classes. For each service class selected, the provider must also enter the corresponding Place of Service and number of visits/units being requested.</p> <p>When populated, must be a valid value. See error message #4.</p>	3	8157	8159	A
561	Requested Visits/Units for Service Class 20	Requested Visits/Units	0001 – 9999	C	C	<p>Required for every service class selected. See error message #1.</p> <p>When populated, must be numeric. Prefill with zeros when necessary. See error message #113.</p>	4	8160	8163	A
562	RESERVED	RESERVED	RESERVED	X	X	DO NOT POPULATE: This field is for GCAL use only.	36	8164	8199	A

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563	ANSA - Witness/Victim to Criminal Activity	Trauma: Witness/Victim to Criminal Activity	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	8200	8200	A
564	ANSA – War Affected	Trauma: War Affected	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	8201	8201	A
565	ANSA – Terrorism Affected	Trauma: Terrorism Affected	Values: 0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	C	N	Required if Adjustment to Trauma (Behavioral Health Needs) = 1, 2, 3. See error message #1. When populated, must be a valid value. See error message #4.	1	8202	8202	A
566	FILLER	FILLER	For future use	X	X	DO NOT POPULATE: This field is for future use only.	437	8203	8639	A
567	Rolled-Back Client Auth Number	Rolled-Back Client Auth Number	Client Authorization Number of the prior authorization modified to accommodate a 365-day effective period	X	N X	DO NOT POPULATE: The rolled-back authorization number would be returned when the condition is met.	12	8640	8651	A

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568	Client Auth Number	Client Auth Number	Authorization Number for used for billing (Medicaid Claims and State Claims or Encounters)	X	N X	DO NOT POPULATE: This field will be populated on all response files.	12	8652	8663	N
569	Upload Status	Status of Record	Values: 0 = Accepted for further processing 1 = Rejected by EDI: Unable to process further 3 = Authorization is Pended 4 = Authorization is Approved 5 = Authorization is Denied 6 = Authorization is Rejected by ClinicalBatchConnect	X	N X	DO NOT POPULATE: This field will be populated on all response files.	1	8664	8664	N
570	Auth Number	Beacon Authorization Number	Authorization Number assigned to request Format: 01-CYMMDD-000-000 Example: 01-2150922-001-006	X	R	This field is only populated on 'UPDATE' request types. DO NOT POPULATE for 'INITIAL' or 'CONCURRENT' requests. For Update requests: Must be a valid Beacon Auth in the system, in ## - ##### - ### - ### format (See error #4). Must be Outpatient Care only (See error #121), must be eligible for Update (Approved), (See error #120) may not be for CBAY type of care (See error #122) Authorization Expiration Date must be within the last 180 days (See error #123), If Authorization Number not found in system (See error #128) Tool Tip: This is a Beacon authorization number and not the Georgia Client Authorization Number.	25	8665	8689	A
571	Approved Visits/Units for Service Class 1	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8690	8693	N

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572	Approve/Deny Reason Code 1	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8694	8697	A
573	Approved Visits/Units for Service Class 2	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8698	8701	N
574	Approve/Deny Reason Code 2	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8702	8705	A
575	Approved Visits/Units for Service Class 3	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8706	8709	N
576	Approve/Deny Reason Code 3	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8710	8713	A
577	Approved Visits/Units for Service Class 4	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8714	8717	N
578	Approve/Deny Reason Code 4	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8718	8721	A
579	Approved Visits/Units for Service Class 5	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8722	8725	N

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580	Approve/Deny Reason Code 5	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8726	8729	A
581	Approved Visits/Units for Service Class 6	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8730	8733	N
582	Approve/Deny Reason Code 6	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8734	8737	A
583	Approved Visits/Units for Service Class 7	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8738	8741	N
584	Approve/Deny Reason Code 7	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8742	8745	A
585	Approved Visits/Units for Service Class 8	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8746	8749	N
586	Approve/Deny Reason Code 8	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8750	8753	A
587	Approved Visits/Units for Service Class 9	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8754	8757	N

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588	Approve/Deny Reason Code 9	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8758	8761	A
589	Approved Visits/Units for Service Class 10	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8762	8765	N
590	Approve/Deny Reason Code 10	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8766	8769	A
591	Approved Visits/Units for Service Class 11	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8770	8773	N
592	Approve/Deny Reason Code 11	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8774	8777	A
593	Approved Visits/Units for Service Class 12	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8778	8781	N
594	Approve/Deny Reason Code 12	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8782	8785	A
595	Approved Visits/Units for Service Class 13	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8786	8789	N

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596	Approve/Deny Reason Code 13	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8790	8793	A
597	Approved Visits/Units for Service Class 14	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8794	8797	N
598	Approve/Deny Reason Code 14	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8798	8801	A
599	Approved Visits/Units for Service Class 15	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8802	8805	N
600	Approve/Deny Reason Code 15	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8806	8809	A
601	Approved Visits/Units for Service Class 16	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8810	8813	N
602	Approve/Deny Reason Code 16	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8814	8817	A
603	Approved Visits/Units for Service Class 17	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8818	8821	N

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604	Approve/Deny Reason Code 17	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8822	8825	A
605	Approved Visits/Units for Service Class 18	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8826	8829	N
606	Approve/Deny Reason Code 18	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8830	8833	A
607	Approved Visits/Units for Service Class 19	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8834	8837	N
608	Approve/Deny Reason Code 19	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8838	8841	A
609	Approved Visits/Units for Service Class 20	Approved Visits/Units	The number of units approved for this Service Class request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8842	8845	N
610	Approve/Deny Reason Code 20	Approve/Deny Reason Code	Reason code explaining why this request was approved or denied - See Appendix G.	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	4	8846	8849	A
611	Total Approved Units	Total Number of units approved	The total number of units approved for request	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	5	8850	8854	N

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612	Effective Date	Effective Date of Auth	The effective date of approved request (MMDDYYYY)	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	8	8855	8862	N
613	Expiration Date	Expiration Date of Auth	The expiration date of approved request (MMDDYYYY)	X	N X	DO NOT POPULATE: This field will be populated on Approved response files only.	8	8863	8870	N
614	Error Code 1	Error Code 1	Reason for rejection of request - See Appendix A	X	N X	DO NOT POPULATE: This field will be populated on Reject response files only.	3	8871	8873	N
615	Error Code Description	Error Code 1 Message	Explanation of Error Code	X	N X	DO NOT POPULATE: This field will be populated on Reject response files only.	350	8874	9223	A
616	Error Code 2	Error Code 2	Reason for rejection of request - See Appendix A	X	N X	DO NOT POPULATE: This field will be populated on Reject response files only.	3	9224	9226	N
617	Error Code Description	Error Code 2 Message	Explanation of Error Code	X	N X	DO NOT POPULATE: This field will be populated on Reject response files only.	350	9227	9576	A
618	Error Code 3	Error Code 3	Reason for rejection of request - See Appendix A	X	N X	DO NOT POPULATE: This field will be populated on Reject response files only.	3	9577	9579	N
619	Error Code Description	Error Code 3 Message	Explanation of Error Code	X	N X	DO NOT POPULATE: This field will be populated on Reject response files only.	350	9580	9929	A

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620	Error Code 4	Error Code 4	Reason for rejection of request - See Appendix A	X	N X	DO NOT POPULATE: This field will be populated on Reject response files only.	3	9930	9932	N
621	Error Code Description	Error Code 4 Message	Explanation of Error Code	X	N X	DO NOT POPULATE: This field will be populated on Reject response files only.	350	9933	10282	A
622	Error Code 5	Error Code 5	Reason for rejection of request - See Appendix A	X	N X	DO NOT POPULATE: This field will be populated on Reject response files only.	3	10283	10285	N
623	Error Code Description	Error Code 5 Message	Explanation of Error Code	X	N X	DO NOT POPULATE: This field will be populated on Reject response files only.	350	10286	10635	A

TRAILER RECORD LAYOUT / DETAILS

Field #	Field Label (Column Header)	Field Description	Domain Values / Allowed Responses	Req'd	Field Notes	Length	Start	End	Format
T1	Trailer	Trailer	"TRAILER"	R	Trailer record is required. See error message #33. File must contain details lines. See error message #34.	7	1	7	A

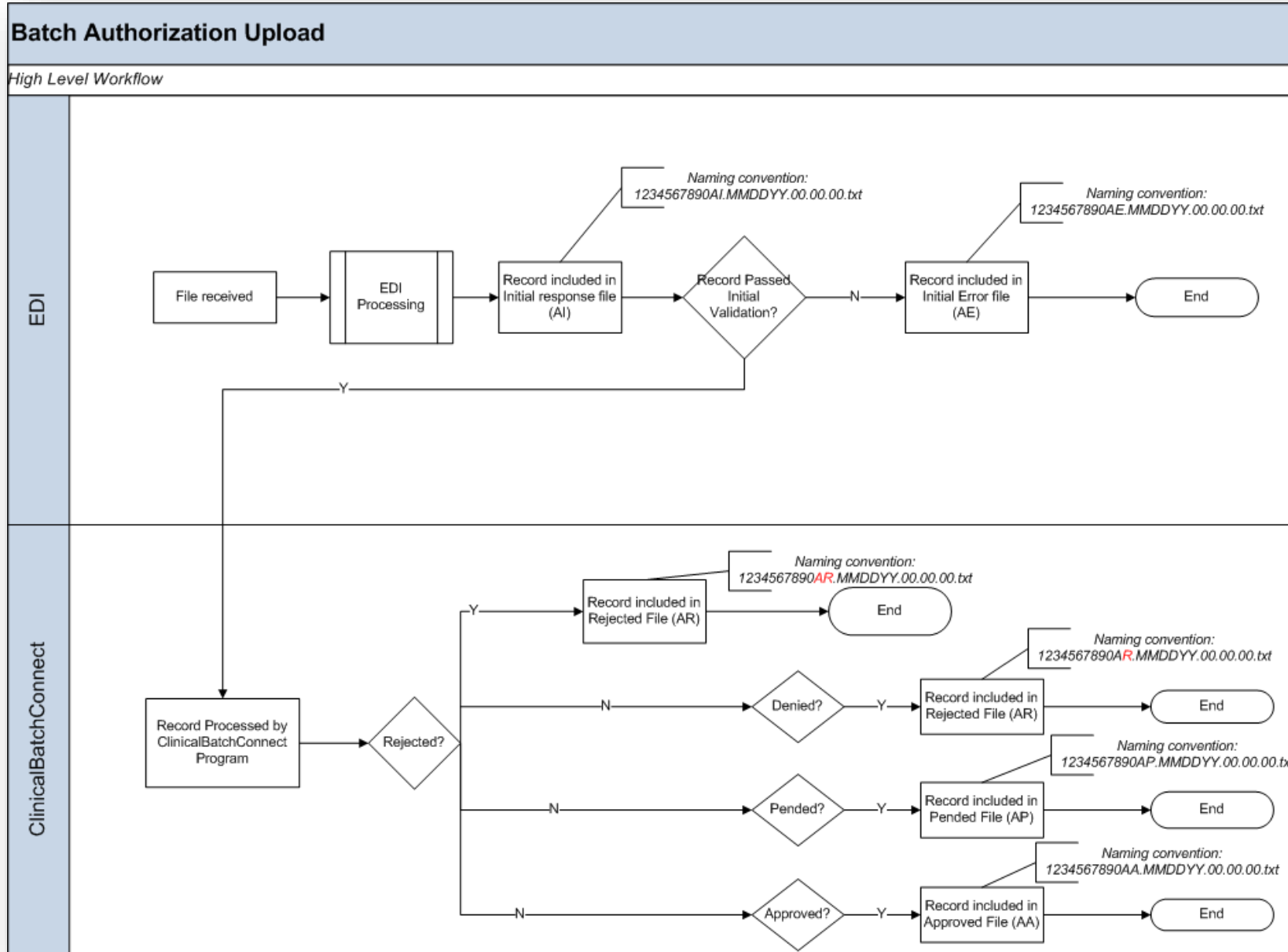
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T2	Record Count	Record Count	The number of detail lines submitted	R	<p>Must be numeric. See error message #2.</p> <p>Must be equal to the number of detail lines submitted. See error message #35.</p> <p>Record count must be 7 digits. Example: A record count of 100 must be sent as 0000100. See error message #36.</p>	7	8	14	N
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Response Files

All response files will mirror the Input File, with the addition of the specific fields detailed below added to the end of each, which will vary based on the type of response file being sent.

The following flow depicts what records will be received on which response files. Further detail of this is provided under each individual section below.



Response File Naming Convention

All response files will be placed in the submitters “download” folder for their retrieval. The response file naming convention will be as follows:

- Submission ID – The number assigned by Beacon to the file upon upload
- Positions 1 – 10: Submission ID # (Date and Sequence Number)
 - Date:
 - Positions 1 – 3 represent year (ex: 015 = 2015)
 - Position 4 represent month: 1 – 9, A, B, C (ex: November = B)
 - Positions 5 – 6 represent day (ex: 01 – 31)
 - Sequence Number: Positions 7 – 10 represent sequence number
- Position 11: Letter indicating type of batch file:
 - A – For Authorization
- Position 12: Letter indicating type of response file
 - I, E, A, P, R
 - I = Initial
 - The Initial EDI Processing file (AI) includes a listing of all records that were received
 - The Upload Status for these records will be ‘0’ (Accepted) or ‘1’ (Rejected)
 - Records that pass the initial validation step (Upload Status = ‘0’) will be passed to the ClinicalBatchConnect (CBC) program for processing
 - Records that were rejected by the EDI program (Upload Status = ‘1’) will also be included on the Error file (AE)
 - E = Error
 - The initial EDI Processing error file (AE) lists the records that did not pass initial validation and up to five (5) error codes for each failed record
 - The Upload Status for these records will be ‘1’
 - P = Pended
 - The pended authorization file (AP) lists the authorizations that were pended by the ClinicalBatchConnect (CBC) program
 - The Upload Status for these records will be ‘3’
 - A = Approved
 - The approved authorization file (AA) lists the authorizations that were approved by the ClinicalBatchConnect (CBC) program.
 - The Upload Status for these records will be ‘4’

- R = Rejected and Denied
 - The ClinicalBatchConnect (CBC)error file (AR) lists the records that have field-level errors, records that did not pass the clinical business rules and records that were denied based on clinical processing rules, and up to five (5) error codes for each record
 - The Upload Status for error records will be '1' (field-level errors)
 - The Upload Status for denied records will be '5'
 - The Upload Status for rejected records will be '6' (rejected based on clinical business rules)
- Date and Time Stamp
 - MMDDYY.00.00.00
- Example – 1234567890AI.MMDDYY.00.00.00.txt, would be an example of an Initial Response File name

Initial EDI Processing Response File (AI) Layout

This file acknowledges receipt of the record and advises as to whether or not each record has passed initial validation and has been accepted for processing into our clinical system. Initial validation will verify that the basic field-level requirements have been met and that all format requirements have been met. The file will contain Upload Status codes of 0 (Accepted) and 1 (Rejected). Records with an Upload Status = 0 have been accepted for processing and will be loaded into the clinical system for review. Please note that additional clinical field-level requirements and business processing requirements must be met before the authorization will be accepted into the clinical system. Records with an Upload Status = 1 have been rejected as they have been deemed unable to process.

Records with an Upload Status = 0 will also appear on another response file after it has been processed through our clinical system, denoting the disposition for that record (Approved records will appear in the Approved report; Pended records will appear in the Pended report; Denied and Rejected records will appear in the Error report). Records with an Upload Status = 1 will also appear on an Error Response file, advising of the status and corresponding error code.

This file will mirror the Input File with the following field populated at the end of the record:

1. Upload/ Status of record. The Upload Status values in this file will be '0' or '1'.

Two records will be added to the end of the Initial Response File; a count of all records that were accepted for further processing, and a count of all records that were rejected.

Count of Accepted Records				
Field #	Field Description	Domain Values / Allowed Responses	Length	Format
R1	Status of records	"ACCEPT"	7	A
R2	Record Count	Total count of records with upload status = 0	15	N
Count of Rejected Records				
Field #	Field Description	Domain Values / Allowed Responses	Length	Format
R1	Status of records	"REJECT"	7	A
R2	Record Count	Total count of records with upload status = 1	15	N

Initial EDI Processing Error Response File (AE) Layout

This file will mirror the Input File with the following fields populated at the end of the record:

1. Upload Status of Record. The Upload Status values in this file will be '0' or '1'.
2. *Authorization Number
3. *Denied Visits/Units (1 – 20) – This is the number of units denied for each Service Class request, 1 - 20. Please note, the number of these fields returned containing information will directly correspond to the number of Service Class requests sent. The remaining number, if any, will be returned as spaces/blank.
4. *Approve/Deny Reason Code (1 – 20) – This is the corresponding reason code explaining why the request was denied for each Service Class request, 1 – 20. Please note, the number of these fields returned containing information will directly correspond to the number of Service Class requests sent. The remaining number, if any will be returned as spaces/blank.
5. Total Denied Units – This is the total number of units approved for the request.
6. Error Code 1 – 5. A list of Error Codes can be found in Appendix A.
7. Error Code Message 1 – 5

Note: '*' = This field will not be populated.

One record will be added to the end of the Error Response File; a count of all records that were pended for further review.

Count of Rejected Records					
Field #	Field Label (Column Header)	Field Description	Domain Values / Allowed Responses	Length	Format
R1	Record Status	Status of records	"REJECTED"	8	A
R2	Record Count	Record Count	Total count of records rejected	15	N
R3	File Level Error	File Level Error Code	If entire file is being rejected for a critical error, this will reflect the applicable error code	3	N

Clinical Processing Approved Response File (AA) Layout

This file will contain records that were accepted in the EDI processing step, have completed processing in the ClinicalBatchConnect program and have been approved.

This file will mirror the Input File with the following fields populated at the end of the record:

1. Upload/Status of record. The Upload Status of these records will be '4'.
2. Authorization Number
3. Approved Visits/Units (1 – 20) – This is the number of units approved for each Service Class request, 1 - 20. Please note, the number of these fields returned containing information will directly correspond to the number of Service Class requests sent. The remaining number, if any, will be returned as spaces/blank.
4. Total Approved Units – This is the total number of units approved for the request.
5. Effective Date
6. Expiration Date
7. Rolled-Back Client Authorization Number – This will only be present when applicable

One record will be added to the end of the Approved Response File; a count of all records that were approved.

Count of Approved Records					
Field #	Field Label (Column Header)	Field Description	Domain Values / Allowed Responses	Length	Format
R1	Record Status	Status of records	"APPROVED"	8	A
R2	Record Count	Record Count	Total count of records approved	15	N

Clinical Processing Pended Response File (AP) Layout

This file will contain records that were accepted in the EDI Processing step and have entered into the ClinicalBatchConnect program, but have been deemed as requiring further clinical review. Records on this file will also appear on another response file after they have reached a final disposition.

This file will mirror the Input File with the following fields populated at the end of the record:

1. Upload/Status of Record. The Upload Status of these records will be '3'.
2. Authorization Number

One record will be added to the end of the Pended Response File; a count of all records that were pended for further review.

Count of Pended Records					
Field #	Field Label (Column Header)	Field Description	Domain Values / Allowed Responses	Length	Format
R1	Record Status	Status of records	"PENDED"	6	A
R2	Record Count	Record Count	Total count of records pended for further review	15	N

Clinical Processing Rejected and Denied Response File (AR) Layout

This file will contain records that were accepted in the EDI Processing step, have been processed through the ClinicalBatchConnect program, and are denied for clinical reasons or rejected based on field-level business logic.

This file will mirror the Input File with the following fields populated at the end of the record:

1. Upload/Status of Record. The Upload Status of these records will be '1', '5' or '6'.
2. *Authorization Number
3. *Denied Visits/Units (1 – 20) – This is the number of units denied for each Service Class request, 1 - 20. Please note, the number of these fields returned containing information will directly correspond to the number of Service Class requests sent. The remaining number, if any, will be returned as spaces/blank.
4. *Approve/Deny Reason Code (1 – 20) – This is the corresponding reason code explaining why the request was denied for each Service Class request, 1 – 20. Please note, the number of these fields returned containing information will directly correspond to the number of Service Class requests sent. The remaining number, if any will be returned as spaces/blank. A list of Approve/Deny Reason Codes can be found in Appendix G.
5. Total Denied Units – This is the total number of units approved for the request.
6. **Error Code 1 – 5. A list of Error Codes can be found in Appendix A.
7. **Error Code Message 1 – 5.

Note: '*' = This field will only be populated if the request is included in this file had an Uploaded Status = 0, but has been processed through our clinical system and has been denied; '**' This field(s) will only be populated if the request is included in this file had an Upload Status = 1.

One record will be added to the end of the Reject Response File; a count of all records that were pended for further review.

Count of Rejected Records					
Field #	Field Label (Column Header)	Field Description	Domain Values / Allowed Responses	Length	Format
R1	Record Status	Status of records	"REJECTED"	8	A
R2	Record Count	Record Count	Total count of records rejected	15	N
R3	File Level Error	File Level Error Code	If entire file is being rejected for a critical error, this will reflect the applicable error code	3	N

Appendix A: Error Codes

Note: Additional codes may be added in the future as needed. Any error code with an asterisk (*) denotes a critical error that will cause the entire batch/file to be returned as unable to process.

Error #	Error Code	Edit/Error Logic	User Message	Usage
1	001	Required field has not been completed.	[Field name] is required.	EDI/CONNECT
2	002	Numeric field is not numeric.	[Field name] must be numeric.	EDI/CONNECT
3	003	Date field is not a valid value.	[Field name] is not a date.	EDI/CONNECT
4	004	Must be a valid value	Invalid value for [Field Name]	EDI/CONNECT
5	005	Total Visits/Units cannot exceed 9999.	Total Visits/Units cannot exceed 9999.	CONNECT
6	006	“Total days of homelessness in the past 90 days” is not between 00 and 90.	Total days of homelessness in the past 90 days must be between 00 and 90.	CONNECT
7	007	“How many admissions to inpatient psychiatric hospitals and crisis stabilization units has the individual had in the past 90 days?” is not between 00 and 90.	Number of admissions to inpatient psychiatric hospitals and crisis stabilization units must be between 00 and 90.	CONNECT
8	008	“What is the total number of days the individual has been in inpatient psychiatric hospitals and crisis stabilization units in the past 90 days?” is not between 00 and 90.	Number of days the individual has been in inpatient psychiatric hospitals and crisis stabilization units must be between 00 and 90.	EDI
9	009	Time is not a valid value.	Not a valid time.	CONNECT
10	010	Phone fields contain partial data upon submission.	Phone number is incomplete.	EDI/CONNECT

Error #	Error Code	Edit/Error Logic	User Message	Usage
11	011	Phone number fields must contain the correct length (3,3,4).	Phone number is not valid.	CONNECT
12	012	Auth Start Date is more than 180 365 days from the current date.	Authorization Start Date must be within the last 180 365 days.	CONNECT
13	013	Individual's first contact with an employer following enrollment in ACT- or SE services is not greater than the auth start date.	Individual's first contact with an employer following enrollment in ACT- or SE services must be greater than the requested Auth Start Date of the initial Authorization for SE.	CONNECT
14	014	Fax field must contain the correct length (3,3,4).	Fax # is not valid.	CONNECT
15	015	Fax field contains partial data upon submission.	Fax # is incomplete.	CONNECT
16	016	Individual email address is not in a valid format of address@ISP.nnn.	Individual's email address must be in valid format: address@ISP.nnn.	CONNECT
17	017	Medication Name is invalid.	Invalid Medication Name.	CONNECT
18	018	"Number of arrests in past 30 days" is invalid.	Number of arrests in past 30 days must be between 00 and 30.	EDI/CONNECT
19	019	"How many times has the individual been admitted to jail/RYDC or prison/YDC in the past 90 days?" is invalid.	Number of times has the individual been admitted to jail/RYDC or prison/YDC in the past 90 days must be between 00 and 90.	EDI/CONNECT
20	020	"How many days has the individual spent in jail/RYDC or prison/YDC in the past 90 days?" is invalid.	Number of days has the individual spent in jail/RYDC or prison/YDC in the past 90 days must be between 00 and 90.	EDI/CONNECT
21	021	One of the following fields is not a whole number: "How many competitive jobs did the individual start since the start date of the	[Field name] must be a number (no decimals).	EDI/CONNECT

Error #	Error Code	Edit/Error Logic	User Message	Usage
		previous authorization?", or "How many competitive jobs did the individual leave since the start date of the previous authorization?"		
22	022	"For school-aged children and adolescents, indicate the # of days absent in past 30 days" is not a value between 0 and 30.	Number of days absent in past 30 days must be a number between 00 and 30.	EDI/CONNECT
23	023	One of the following date fields is not prior to today's date: "Competitive Date Employed", "Non-Competitive Date Employed".	[Field name] must be less than or equal to the current date.	EDI/CONNECT
24	024	Hourly Wage (competitive job only) is invalid.	Hourly Wage (competitive job only) must include leading zeroes with a decimal and trailing digits	EDI/CONNECT
25	025	Hours Worked Typical Week (competitive or non-competitive job) is invalid.	Hours Worked Typical Week must be between 01 and 99.	EDI/CONNECT
26	026	Provider Street Address must be completed before additional address information can be entered	Address Line 2 sent, but Address Line 1 is blank	CONNECT
27	027	Provider City is required if Provider Street Address is entered	Street Address sent, but City is blank	EDI/CONNECT
28	028	Provider City must be a valid city within ZIP entered	City sent is invalid for ZIP sent	CONNECT
29	029	Provider State is required if Provider City is entered	City is sent, but State is blank	CONNECT
30	030	Provider State code sent is not a valid USPS State Code	Invalid USPS State Code	CONNECT

Error #	Error Code	Edit/Error Logic	User Message	Usage
31	031	Provider Zip is required if Provider State is entered	State is sent, but ZIP is blank	CONNECT
32	032	Provider ZIP code sent is not a valid USPS ZIP Code	Invalid USPS ZIP Code	CONNECT
33	*033	Trailer Record is required	Trailer Record is required.	EDI/CONNECT
34	*034	Trailer Record is received, but no detail lines are submitted	File Submission is blank.	EDI/CONNECT
35	*035	Trailer Record: Record Count does not equal the number of detail lines submitted	Trailer record count mismatch	EDI/CONNECT
36	*036	Trailer Record: Record Count must be seven (7) digits.	Trailer record count is not seven (7) digits	EDI/CONNECT
37	037	Value entered cannot be zero (0)	Value cannot be zero (0)	EDI/CONNECT
38	038	Start Date for Medication is required if Medication is entered	Medication sent, but Start Date is blank	CONNECT
39	039	Withdrawal symptom not selected when Type of Service = 'Substance Use' or 'Mental Health / Substance Use'.	At least one withdrawal symptom must be selected	CONNECT
40	040	Actual Discharge Date entered must be on or after Authorization Start Date discharge is being requested for	Actual Discharge Date is not on or after Authorization Start Date	CONNECT
41	041	At least one contact name and phone number is required (including Admitting Physician, Attending Physician, Preparer, and Utilization Review Contact).	At least one contact name and phone number is required	CONNECT
42	042	If provider selects "INPATIENT" or "CSU" and the system determines there are no existing authorization	No authorization found for level of care selected	CONNECT

Error #	Error Code	Edit/Error Logic	User Message	Usage
		requests for the individual, the request will error.		
43	043	If Type of Service = 'Substance Use' or 'Mental Health / Substance Use', at least one of the values for this field through "Past Seizures" must have a value = Y.	At least one withdrawal symptom must be selected	CONNECT
44	044	Phone # or Email required (Or "Not Available" checkbox needs to be checked)	At least one method for contact is required	CONNECT
45	045	Required if Assessment Measure = 'Other'	Assessment Measure = "Other", but Other specification is blank	EDI/CONNECT
46	046	Required if Assessment Measure is selected	Assessment Measure sent, but Assessment Score is blank	EDI/CONNECT
47	047	Required if "BMI Not Assessed" = Y	BMI Not Assessed = Y, but Narrative explaining why is blank	CONNECT
48	048	Required if 'Other Support' is selected for Treatment Involvement.		CONNECT
49	049	Required if Secondary Assessment Measure = "Other".	Secondary Assessment Measure = "Other", but Other specification is blank	CONNECT
50	050	Required if Secondary Assessment Measure is selected.	Secondary Assessment Measure sent, but Assessment Score is blank	CONNECT
51	051	Required only if neither Phone # or Email are entered (Not available)	Neither Phone or Email sent, but Not Available is blank	CONNECT
52	052	Same value cannot be selected/sent more than one time	Same value sent multiple times	CONNECT
53	053	The same value can be selected for Substance more than once, but the	Same substance and route of administration sent multiple times	CONNECT

Error #	Error Code	Edit/Error Logic	User Message	Usage
		Route of Administration must be different.		
54	054	User must complete one of the following sections: Competitive Employment, Non-Competitive Employment, or Unemployed.	Employment Dates and Unemployed indicator are blank	CONNECT
55	055	“None” option is not valid when Diagnostic Category 1 falls into a SU category, or if Type of Service = “Substance Use” or “Mental Health \ Substance Use”.	“None” option is not valid when Diagnostic Code 1 falls into a SU category, or if Type of Service = “Substance Use” or “Mental Health \ Substance Use”.	CONNECT
56	056	All ‘Social Elements Impacting Diagnosis’ (from ‘None’ to ‘Unknown’) are “N”.	At least one ‘Social Elements Impacting Diagnosis’ (from ‘None’ to ‘Unknown’) must be ‘Y’.	CONNECT
58	058	Current Weight is entered, but not Height.	Height is required to calculate the BMI value. Please either enter a Height value of 1-999 or remove the Weight value to disregard the BMI calculation.	CONNECT
59	059	Height is entered, but not Current Weight.	Weight is required to calculate the BMI value. Please either enter a Weight value of 001-999 or remove the Height value to disregard the BMI calculation.	CONNECT
101	101	Active fund not found. Either the provider is not approved for the fund or the individual does not meet the fund criteria.	Active fund not found. Either the provider is not approved for the fund or the individual does not meet the fund criteria.	CONNECT
102	102	Provider is not authorized to perform the requested service.	Provider is not authorized to perform the requested service.	CONNECT

Error #	Error Code	Edit/Error Logic	User Message	Usage
103	103	Vendor is not valid for the provider.	Vendor is not valid for the provider.	CONNECT
104	104	Individual does not have a valid, active registration.	Individual does not have a valid, active registration.	CONNECT
105	105	Duplicate Request - the Authorization Start Date and requested service are an exact match to a previous request for this individual.	Duplicate Request - the Authorization Start Date and requested service are an exact match to a previous request for this individual.	CONNECT
106	106	LOS/TOS/LOC/TOC is not a valid combination.	LOS/TOS/LOC/TOC is not a valid combination.	CONNECT
107	107	LOS/TOS/LOC/TOC is not valid for the individual.	LOS/TOS/LOC/TOC is not valid for the individual.	CONNECT
108	108	Individual ID and Date of Birth do not match.	Individual ID and Date of Birth are not valid.	CONNECT
109	109	The provider is not the servicing provider and cannot submit a discharge request for the authorization.	The provider is not the servicing provider and cannot submit a discharge request for the authorization.	CONNECT
110	110	The discharge date is before the authorization start date.	The discharge date is before the authorization start date.	CONNECT
111	111	The authorization number does not match an existing authorization in the system.	The authorization number in the discharge request does not match an existing authorization in the system.	CONNECT
112	112	Amount field not properly formatted as a numeric, zero-filled value with a decimal point.	[Field Name] INVALID FORMAT. DATA MUST BE NUMERIC, INCLUDE LEADING ZEROES WITH A DECIMAL AND TWO TRAILING DIGITS	EDI
113	113	Value not properly formatted as a numeric, zero-filled value.	[Field Name] INVALID FORMAT. DATA MUST BE NUMERIC AND INCLUDE LEADING ZEROES.	EDI

Error #	Error Code	Edit/Error Logic	User Message	Usage
114	114	Individual ID and Date of Birth do not match.	Individual ID and Date of Birth are not valid.	CONNECT
115	115	Service Class Code is not in the list of service classes found for the highest priority fund for the individual and combination of care.	Service Class Code <x> not valid for the request.	CONNECT
116	116	Service Class Code is entered more than once on the request.	Service Class Code <x> can only be specified once on the request.	CONNECT
117	117	Requested Visits/Units exceeds the maximum visits/units allowed for the service class.	Requested Units for Service Class Code <x> exceeds the maximum allowed.	CONNECT
118	118	There are no funded services available for the individual for the requested combination of care.	There are no funded services available for the requested Level of Care. Please choose a different Level of Care or register the Individual for additional funds. If you feel you have received this message in error, please contact Customer Service.	CONNECT
119	119	Duplicate Update Request (Update Request) – the Authorization Start Date and requested service are an exact match to an existing approved service detail line on the Authorization being updated.	Duplicate Request, the Update Request Effective Date and requested service class are an exact match to an existing service line already on this Authorization.	CONNECT
120	120	Authorization not eligible for Update Request	Invalid Update Request; No eligible approved Authorization to update. Please review your previous Authorization Requests to confirm that a non-expired and approved Authorization is available for update.	CONNECT

Error #	Error Code	Edit/Error Logic	User Message	Usage
121	121	Authorization Level of Service is not Outpatient.	Invalid Update Request; Only Outpatient Level of Service Authorizations are eligible for Update Request.	CONNECT
122 122	122 122	If the Current Date (date submitted/processed) of the Update Request is greater than 180 days past the Authorization Expiration Date If the Authorization for the Update Request has the Type of Care = Community Based Alternatives for Youth (CBAY).	Invalid Update Request; Authorization Expiration Date must be within the last 180 days. Invalid Update Request; Authorizations for Community Based Alternatives for Youth (CBAY) may not use the Update Request function. If additional services are required, please enter a new Authorization.	CONNECT
122 123	122 123	If the Current Date (date submitted/processed) of the Update Request is greater than 180 days past the Authorization Expiration Date	Invalid Update Request; Authorization Expiration Date must be within the last 180 days.	CONNECT
123 124	123 124	Authorization Number not found	Invalid Update Request; Authorization Number not found.	CONNECT
124 125	124 125	If the Auth Start Date submitted on the Update Request is prior to the Auth Start Date of the Authorization or after the Auth Expiration Date.	Invalid Update Request; The Update Request Auth Start Date must be within the Authorization Dates of Service.	CONNECT
125 126	125 126	Member information does not match member on existing Authorization.	Invalid Update Request; Individual data provided does not match Individual on the Authorization being updated.	CONNECT
126 127	126 127	Provider, Vendor, or NPI information does not match existing Authorization	Invalid Update Request, Provider, Vendor, and/or NPI Number information does not match the Request to be updated.	CONNECT

Error #	Error Code	Edit/Error Logic	User Message	Usage
127 128	127 128	The Authorization Number on the Update Request is not found in the system	Invalid Update Request, the authorization number in the update request does not match an existing authorization in the system.	CONNECT
128 129	128 129	If the total of all the service classes added to the Authorization exceeds 20.	Invalid Update Request; Number of Service Class Codes for the Authorization exceeds the maximum of 20 allowed.	CONNECT
130	130	A Georgia concurrent, Outpatient Authorization has been submitted, but the existing Authorization Request is in a <u>Pended</u> status.	There is currently a pending authorization request for this combination of care. You cannot submit another request until that pending request has been completed.	CONNECT
131	131	A Georgia concurrent, Outpatient Authorization has been submitted, and the existing Authorization request is in a Denied, Voided, or Approved status, and the Authorization Start Date of the concurrent Authorization Request is prior or equal to the Authorization Start Date of the existing Authorization Request.	Authorization Start Date must be later than Authorization Start Date of most recent Authorization. Please review your previous Authorization Requests to confirm this date if necessary.	CONNECT
133	133	Must specify at least one Beacon-Approved Behavioral Diagnosis	At least one diagnosis must be from the approved listed in this guide	CONNECT

Error #	Error Code	Edit/Error Logic	User Message	Usage
134	134	The Authorization has been identified as Initial, but it is Concurrent to an existing Authorization.	An Initial Request cannot be submitted with an existing initial or concurrent authorization present in the system.	CONNECT
135	135	The Authorization has been identified as Concurrent, but there is no Initial Authorization found.	An initial authorization was not found for this authorization.	CONNECT
138	138	For a Gap Authorization, the Expiration Date of the next earlier existing Authorization Request is one day prior to the Authorization Effective Date of the next subsequent Authorization Request	The time period requested is covered by multiple existing Authorizations. Please review your previous Authorization Requests to confirm this date if necessary.	CONNECT
139	139	Authorization Start Date of concurrent Authorization Request < Authorization Effective Date of Initial Authorization Request for same Review	Authorization Start Date may not be earlier than the Authorization Effective Date of the Initial Authorization. Please review your Initial Authorization Request to confirm this date if necessary.	CONNECT
999	999	Internal error Note that the error message in GBASTG will be a stack trace and used for internal purposes only.	Unexpected error. Beacon system-generated. Please contact e-support services.	CONNECT

Appendix B: List of Substances

Substance Problem Code (Primary/Secondary/Tertiary)	
Code	Description
0201	Alcohol
0301	Crack
0302	Other Cocaine
0401	Marijuana / Hashish / THC
0501	Heroin / Morphine
0601	Methadone
0701	Codeine
0702	D-Propoxyphine
0703	Oxycodone (Oxycontin)
0704	Meperidine HCL
0705	Hydromorphone
0706	Butorphanol (Stadol), morphine (MS contin), opium, and other narcotic analgesics, opiates, or synthetics
0707	Pentazocine
0708	Hydrocodone (Vicodin)
0709	Tramadol (Ultram)
0710	Buprenorphine
0801	PCP or PCP Combinations
0901	LSD
0902	DMT, mescaline, peyote, psilocybin, STD, and other hallucinogens
1001	Methamphetamine/ Speed
1101	Amphetamine
1102	Methylphenidate (Ritalin)
1103	Methylenedioxy (Mdma, Ecstasy)
1109	Bath Salts, phenmetrazine, and other amines and related drugs
1201	Other Stimulants
1301	Alprazolam (Xanax)
1302	Chlordiazepoxide (Librium)

1303	Cloroazepate (Tranzene)
1304	Diazepam (Valium)
1305	Flurazepam (Dalmane)
1306	Lorazepam (Ativan)
1307	Triazolam (Halcion)
1308	Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other Benzodiazepines
1401	Meprobamate (Miltown)
1403	Other Tranquilizers
1501	Phenobarbital
1502	Secobarbital / Amobarbital
1503	Secobarbital (Seconal)
1509	Amobarbital, pentobarbital (Neumbutal), and other barbiturate sedatives
1601	Ethchlorvynol (Placidyl)
1602	Glutethimide (Doriden)
1603	Methaqualone
1604	Chloral hydrate and other Non-Barbiturate Sedatives/hypnotics
1606	Flunitrazepam (Rohypnol)
1605	Other Sedatives
1607	GHB/GBL
1608	Ketamine
1609	Clonazepam (Klonopin, Rivotril)
1701	Aerosols
1702	Nitrites
1703	Gasoline, glue, and other inappropriately inhaled products
1704	Solvents
1705	Anesthetics
1801	Diphenhydramine
1809	Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication
2001	Diphenylhydantoin Sodium
2002	Spice, Carisoprodol (Soma), and other drugs
9700	Unknown

Appendix C: Medications List

Beacon Value	Medication (Description in Connects)
0001	Elavil(Amitriptyline)
0002	Asendin(Amoxapine)
0003	Wellbutrin(Bupropion)
0004	Anafranil(Clomipramine)
0005	Norpramin(Desipramine)
0006	Sinequan(Doxepin)
0007	Prozac(Fluoxetine)
0008	Luvox(Fluvoxamine)
0009	Tofranil(Imipramine)
0010	Ludiomil(Maprotiline)
0011	Remeron(Mirtazadine)
0012	Serzone(Nefazodone)
0013	Pamelor(Nortriptyline)
0014	Paxil(Paroxetine)
0015	Nardil(Phenelzine)
0016	Vivactil(Protiptyline)
0017	Zoloft(Sertraline)
0018	Parnate(Tranyleypromine)
0019	Desyrel(Trazodone)
0020	Surmontil(Trimipramine)
0021	Effexor(Venlafaxine)
0023	Symmetrel(Amantadine)
0024	Cogentin (Benztropine)
0025	Akineton(Biperiden)
0026	Parlodel(Bromocriptine)
0027	Benadryl(Diphenhydramine)
0028	Parsidol(Ethopropazine)
0029	Sinemet(Levodopa/Carbidopa)
0030	Permax(Pergolide)
0031	Kermadrin(Procyclidine)

0032	Eldepryl(Selegiline)
0033	Artane(Trihexyphenidyl)
0035	Tegretol(Carbamazepine)
0036	Depakote(Divalproex)
0037	Eskalith(Lithium)
0038	Inderal(Propranolol)
0039	Depakene(Valproic Acid)
0041	Tindal(Acetophenazine)
0042	Thorazine(Chlorpromazine)
0043	Taractan(Chlorprothixene)
0044	Clozaril(Clozapine)
0045	Prolixin(Fluphenazine)
0046	Haldol(Haloperidol)
0047	Loxitane(Loxapine)
0048	Serentil(Mesoridazine)
0049	Moban(Molindone)
0050	Zyprexa(Olanzapine)
0051	Trilafon(Perphenazine)
0052	Orap(Pimozide)
0053	Compazine(Prochlorperazine)
0054	Sparine(Promazine)
0055	Risperdal(Risperidone)
0056	Mellaril(Thioridazine)
0057	Navane(Thiothixene)
0058	Stelazine(Trifluoperazine)
0059	Vesprin(Triflupromazine)
0061	Xanax(Alprazolam)
0062	Buspar(Buspirone)
0063	Librium(Chlordiazepoxide)
0064	Trancopal(Chlormezanone)
0065	Klonopin(Clونazepam)
0066	Tranzene(Clورazepate)
0067	Valium(Diazepam)
0068	Benadryl(Diphenhydramine)
0069	Paxipam(Halazepam)

0070	Vistaril(Hydroxyine)
0071	Ativan(Lorazepam)
0072	Equanil(Meproamate)
0073	Serax(Oxazepam)
0074	Centrax(Prazepam)
0076	Tegretol(Carbamazepine)
0077	Depakote(Divalproex)
0078	Felbatal(Felbamate)
0079	Cerebyx(Fosphenytoin)
0080	Neurontin(Gabapentim)
0081	Phenobarbital
0082	Dilantin(Phenytoin)
0083	Mysoline(Primidone)
0084	Depakene(Valproic Acid)
0086	Amytal(Amobarbital)
0087	Butisol(Butabarbital)
0089	ProSom(Estazolam)
0090	Placidyl(Ethchlorvynol)
0091	Valmid(Ethinamate)
0092	Dalmane(Flurazepam)
0093	Doriden(Glutethimide)
0094	Mebaral(Mephobarbital)
0095	Nembutal(Pentobarbital)
0096	Doral(Quazepam)
0097	Seconal(Secobarbital)
0098	Restoril(Temazepam)
0099	Halcion(Triazolam)
0100	Ambien(Zolpidem)
0102	Hydergine(Ergoloid Mesylate)
0103	Ritalin(Methylphenidate)
0104	Cylert(Pemolire)
0105	Cognex(Tacrine)
0107	Dexedrine(Dextroamphetamine)
0108	Adderall(Adderall)
0109	Modafinil(Provigil)

0110	Marplan(Isocarboxazid)
0111	Celexa(Citalopram)
0112	Sonata(Zaleplon)
0113	Aricept(Donepezil)
0114	Exelon(Rivastigmine)
0115	Tenex(Guanfacine)
0116	Antabuse(Disulfiram)
0117	Concerta(Methylphenidate)
0118	Triavil(Perphenazine/Amitriptyline)
0119	Seroquel(Quetiapine)
0120	Topriamate(Topomax)
0121	Geodon(Ziprasodone)
0122	Clonidine(Catapres)
0124	Carbatrol (Carbamazepine)
0125	Lithobid(Eskalith)
0126	Methadone(Dolophine)
0127	Trileptal (Oxcarbazepine)
0128	Metadate(Methylphenidate)
0129	Focalin(Dexmethylphenidate)
0130	Methylin(Methylphenidate)
0131	Atarax(Hydroxyzine hydrochloride)
0132	Lexapro(Escitalopram)
0133	Abilify(Aripiprazole)
0134	Stratera (Atomoxetine)
0135	Gabitril (Tiagabine hydrochloride)
0136	Lamictal (Lamotrigine)
0137	ZONEGRAN (Zonisamide)
0138	Avonex (Interferon beta-1a)
0139	Symbyax(Olanzapine and fluoxetine HCl)
0140	Cymbalta(Duloxetine)
0141	Risperidol Constanta (Risperidone)
0142	Campral (Acamprosate calcium)
0143	Lunesta (Eszopiclone)
0144	Rozerem (Ramelteon)
0145	Invega (Paliperidone)

0146	Chantix (Varenicline)
0147	Vyvanse (Lisdexamfetamine)
1188	Noctec(Chloral Hydrate)
1189	Pristiq(Desvenlafaxine)
1190	Intuniv(Guanfacine)
1191	Fanapt (Iloperidone)
1192	Saphris (Asenapine)
1193	Latuda (Lurasidone HCL)
1194	Viibryd (Vilazondone HCL)
1195	Invega Sustenna (Paliperidone palmitate)
1196	Hypovase(Prazosin)
1197	Minipress(Prazosin)
1198	Pressin(Prazosin)
1199	Vasoflex (Prazosin)
1200	Emsam Patch (Selegiline)

Appendix D: Place of Service Code List

Place of Service Code(s)	Place of Service Name	Place of Service Description
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
05	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization. (Effective January 1, 2003)
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization. (Effective January 1, 2003)
08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
09	Prison / Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate

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		care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. (Effective May 1, 2010)
18	Place of Employment - Worksite	A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual. (This code is available for use effective January 1, 2013 but no later than May 1, 2013)
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.

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22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.

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50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or

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		using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
71	Public Health Clinic	A facility maintained by either State or local health departments that provide ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
99	Other Place of Service	Other place of service not identified above.

Appendix E: Service Class/Code Description List

BEACON INTERNAL AUTH/SERVICE CLASS	SERVICE CLASS DESCRIPTION (*Please note the prefacing 5 digit number is the current APS Code)
BHA	10101-BH ASSESSMENT & SERVICE PLAN DEVELOPMENT
TST	10102-PSYCHOLOGICAL TESTING
DAS	10103-DIAGNOSTIC ASSESSMENT
CAO	10104-INTERACTIVE COMPLEXITY ADD-ON CODE
CIN	10110-CRISIS INTERVENTION
PEM	10120-PSYCHIATRIC TREATMENT (E&M)
NUR	10130-NURSING SERVICES
MED	10140-MEDICATION ADMINISTRATION
CSI	10150-COMMUNITY SUPPORT INDIVIDUAL
PSR	10151-PSYCHOSOCIAL REHABILITATION
ADS	10152-ADDICTIVE DISEASE SUPPORT SERVICES (ADSS)
TIN	10160-INDIVIDUAL OUTPATIENT SERVICES
GRP	10170-GROUP OUTPATIENT SERVICES
FAM	10180-FAMILY OUTPATIENT SERVICES
CSU	20101-CRISIS STABILIZATION UNIT (CSU)
IPF	20102-INPATIENT PSYCH & SA DETOX
CSC	20103-CRISIS SERVICE CENTER
UHB	20105-TEMPORARY OBSERVATION
CTP	20106-COMMUNITY TRANSITIONAL PLACEMENTS
MCB	20107-MOBILE CRISIS (MH)
CUA	20108-CSU-ADULT
CUC	20109-CSU-C&A
PSW	20302-PEER SUPPORT WHOLE HEALTH & WELLNESS
YPS	20303-YOUTH PEER SUPPORT SERVICES

FPS	20304-FAMILY PEER SUPPORT SERVICES
WRC	20305-WELLNESS & RECOVERY CENTERS
PSI	20306-PEER SUPPORT-INDIVIDUAL
PSP	20307-PEER SUPPORT-GROUP
SE8	20401-SUPPORTED EMPLOYMENT
TOR	20402-TASK ORIENTED REHABILITATION (TORS)
IRS	20501-INDEPENDENT RESIDENTIAL SERVICES
SRS	20502-SEMI-INDEPENDENT RESIDENTIAL SERVICES
INT	20503-INTENSIVE RESIDENTIAL SERVICES
PRT	20506-PRTF-PSYCHIATRIC RESIDENTIAL TRMT FACILITY
STR	20510-STRUCTURED RESIDENTIAL
GHV	20515-GEORGIA HOUSING VOUCHER PROGRAM
WTT	20517-WOMEN'S TRMT & RECOVERY SUPPORTS-TRANSITION
ACT	20601-ASSERTIVE COMMUNITY TREATMENT (ACT)
IFI	20602-INTENSIVE FAMILY INTERVENTION
CST	20605-COMMUNITY SUPPORT TEAM (CST)
IOA	20606-SAIOP ADULT
IOC	20607-SAIOP – C&A
WTR	20616-WOMEN'S TRMT & RECOVERY SUPPORTS-RESIDENTIAL
PRE	20908-PSYCHOSOCIAL REHABILITATION-GROUP
MDM	21001-OPIOD MAINTENANCE
IDF	21101-RESIDENTIAL DETOXIFICATION
OPD	21102-AMBULATORY DETOXIFICATION
CT1	21202-COMMUNITY TRANSITION PLANNING
LCT	21203-LEGAL SKILLS & COMPETENCY TRAINING
LCT	21203-LEGAL SKILLS/COMPETENCY TRAINING
ICM	21301-INTENSIVE CASE MANAGEMENT
CMS	21302-CASE MANAGEMENT SERVICES
BFG	30001-BRIDGE FUNDING
CH1	30101-C&A CLUBHOUSE

CH2	30102-C&A CLUBHOUSE
CH3	30103-C&A CLUBHOUSE
CH4	30104-C&A CLUBHOUSE
CH5	30105-C&A CLUBHOUSE
CH6	30106-C&A CLUBHOUSE
CH7	30107-C&A CLUBHOUSE
CH8	30108-C&A CLUBHOUSE
CMT	31101-CARE MANAGEMENT
SE7	31102-SUPPORTED EMPLOYMENT
CTR	31103-COMMUNITY TRANSITION SERVICES
CUS	31104-CUSTOMIZED GOODS AND SERVICES
CCS	31105-CLINICAL CONSULTATIVE SERVICES
ECS	31106-EXPRESSIVE CLINICAL SERVICES
TR5	31107-TRANSPORTATION SERVICES
RE8	31108-RESPIRE SERVICES
BEH	31109-BEHAVIORAL ASSISTANCE
FS1	31110-FINANCIAL SUPPORT SERVICES
TF1	40001-TRANSITION FUNDING
TF2	40002-TRANSITION FUNDING
TF3	40003-TRANSITION FUNDING
TF4	40004-TRANSITION FUNDING
TF5	40005-TRANSITION FUNDING
TF6	40006-TRANSITION FUNDING
TF7	40007-TRANSITION FUNDING
TF8	40008-TRANSITION FUNDING
TF9	40009-TRANSITION FUNDING
TFA	40010-TRANSITION FUNDING
TFB	40012-TRANSITION FUNDING
TFC	40013-TRANSITION FUNDING
RE1	41250-RESPIRE SERVICES

RE2	41251-RESPITE SERVICES
RE3	41252-RESPITE SERVICES
RE4	41253-RESPITE SERVICES
RE5	41254-RESPITE SERVICES
RE6	41255-RESPITE SERVICES
RE7	41256-RESPITE SERVICES
CHS	41330-CRISIS HOME SERVICES
MCD	41331-MOBILE CRISIS (IDD)
	20108-CRISIS STABILIZATION UNIT (ADULT)
	20109-CRISIS STABILIZATION UNIT (C&A)
YPI	20308-YOUTH PEER SUPPORT – INDIVIDUAL
YPG	20309-YOUTH PEER SUPPORT – GROUP
PPI	20310-PARENT PEER SUPPORT – INDIVIDUAL
PPG	20311-PARENT PEER SUPPORT - GROUP
CL1	20511-COMMUNITY RESIDENTIAL REHABILITATION – LEVEL 1
CL2	20512- COMMUNITY RESIDENTIAL REHABILITATION – LEVEL 2
CL3	20513- COMMUNITY RESIDENTIAL REHABILITATION – LEVEL 3
CL4	20514- COMMUNITY RESIDENTIAL REHABILITATION – LEVEL 4
RBO	20518-ROOM, BOARD, OVERSIGHT
IOA	20606-SAIOP – ADULT
IOC	20607-SAIOP – C&A
IC3	21303-INTENSIVE CUSTOMIZED CARE COORDINATION

Appendix F: LOS/TOS/LOC/TOC Mapping

Service	Level of Service	Type of Service	Level of Care	Type of Care	< 18 Years Old (based on individual's DOB and auth start date)	18 or Older (based on individual's DOB and auth start date)
Ambulatory Detox	Outpt	SU	Outpt	Ambulatory Detox	ANSA Required	ANSA Required
Assertive Community Treatment (ACT)	Outpt	MH	Outpt	ACT	ANSA Required -for Initial, 4+ Concurrent, Discharge (see note below)	ANSA Required -for Initial, 4+ Concurrent, Discharge (see note below)
Assertive Community Treatment (ACT)	Outpt	MH/SU	Outpt	ACT	ANSA Required -for Initial, 4+ Concurrent, Discharge (see note below)	ANSA Required -for Initial, 4+ Concurrent, Discharge (see note below)
Case Management (CM)	Outpt	MH	Outpt	Case Management	ANSA Required	ANSA Required
Community Support Team (CST)	Outpt	MH	Outpt	CST	ANSA Required -for Initial, 4+ Concurrent, Discharge (see note below)	ANSA Required -for Initial, 4+ Concurrent, Discharge (see note below)
Community Residential Rehabilitation – Level 1	Outpt	MH	Outpt	CRR-1	ANSA Required	ANSA Required
Community Residential Rehabilitation – Level 2	Outpt	MH	Outpt	CRR-2	ANSA Required	ANSA Required
Community Residential Rehabilitation – Level 3	Outpt	MH	Outpt	CRR-3	ANSA Required	ANSA Required
Community Residential Rehabilitation – Level 4	Outpt	MH	Outpt	CRR-4	ANSA Required	ANSA Required
Independent Residential (MH)	Outpt	MH	Outpt	Independent Residential	ANSA Required	ANSA Required
Independent Residential (AD)	Outpt	SU	Outpt	Independent Residential	ANSA Required	ANSA Required
Intensive Case Management (ICM)	Outpt	MH	Outpt	Intensive Case Management	ANSA Required	ANSA Required
Intensive Residential (MH)	Outpt	MH	Outpt	Intensive Residential	ANSA Required	ANSA Required
Intensive Residential (AD)	Outpt	SU	Outpt	Intensive Residential	ANSA Required	ANSA Required

Service	Level of Service	Type of Service	Level of Care	Type of Care	< 18 Years Old (based on individual's DOB and auth start date)	18 or Older (based on individual's DOB and auth start date)
Opioid Maintenance Medication Assisted Treatment (MAT)	Outpt	SU	Outpt	Opioid Maintenance Medication Assisted Treatment (MAT)	ANSA Required	ANSA Required
Peer Support Program	Outpt	MH	Outpt	Peer Support Program	ANSA Required	ANSA Required
Peer Support Program	Outpt	MH/SU	Outpt	Peer Support Program	ANSA Required	ANSA Required
Peer Support Program	Outpt	SU	Outpt	Peer Support Program	ANSA Required	ANSA Required
Psychosocial Rehab Program	Outpt	MH	Outpt	Psychosocial Rehab Program	ANSA Required	ANSA Required
Residential Detox	Inpt	SU	Residential	Detox	ANSA Required-Optional	ANSA Required-Optional
SA IOP (Adult)	Outpt	SU	Outpt	SAIOP - Adult	ANSA Required	ANSA Required
Semi-Independent Residential (MH)	Outpt	MH	Outpt	Semi-Independent Residential	ANSA Required	ANSA Required
Semi-Independent Residential (AD)	Outpt	SU	Outpt	Semi-Independent Residential	ANSA Required	ANSA Required
Supported Employment	Outpt	MH	Outpt	Supported Employment	ANSA Required	ANSA Required
Women's Treatment (WTRS) - Residential	Outpt	SU	Outpt	Women's Treatment (WTRS) - Residential	ANSA Required	ANSA Required
Women's Treatment (WTRS) - Outpatient	Outpt	SU	Outpt	Women's Treatment (WTRS) - Outpatient	ANSA Required	ANSA Required
Treatment Court Services - MH	Outpt	MH	Outpt	Treatment Court Services - MH	ANSA Optional	ANSA Optional
Treatment Court Services - AD	Outpt	SU	Outpt	Treatment Court Services - AD	ANSA Optional	ANSA Optional
Community Based Alternatives for Youth (CBAY)	Outpt	MH	Outpt	CBAY	CANS Required	CANS Required
Intensive Customized Care Coordination	Outpt	MH	Outpt	Intensive Customized Care Coordination	CANS Required	CANS Required
Intensive Customized Care Coordination	Outpt	MH/SU	Outpt	Intensive Customized Care Coordination	CANS Required	CANS Required
IFI (Intensive Family Intervention)	Outpt	MH	Outpt	Intensive Family Intervention	CANS Required	CANS Required

Service	Level of Service	Type of Service	Level of Care	Type of Care	< 18 Years Old (based on individual's DOB and auth start date)	18 or Older (based on individual's DOB and auth start date)
PRTF	Inpt	MH	PRTF	Behavioral	CANS Required	CANS Required
SA IOP (C&A)	Outpt	SU	Outpt	SAIOP - C&A	CANS Required	CANS Required
Structured Residential Supports - AD (C&A)	Outpt	SU	Outpt	Structured Residential C&A - AD	CANS Required	CANS Required
Structured Residential Supports – MH (C&A)	Outpt	MH	Outpt	Structured Residential C&A - MH	CANS Required	CANS Required
Crisis Services	Outpt	MH	Outpt	Crisis Services	CANS Required Optional	ANSA Required Optional
Crisis Services	Outpt	MH/SU	Outpt	Crisis Services	CANS Required Optional	ANSA Required Optional
Crisis Services	Outpt	SU	Outpt	Crisis Services	CANS Required Optional	ANSA Required Optional
Non-Intensive Outpatient Services	Outpt	MH	Outpt	Non-Intensive Outpatient	CANS Required (for concurrent requests only)	ANSA Required (for concurrent requests only)
Non-Intensive Outpatient Services	Outpt	MH/SU	Outpt	Non-Intensive Outpatient	CANS Required (for concurrent requests only)	ANSA Required (for concurrent requests only)
Non-Intensive Outpatient Services	Outpt	SU	Outpt	Non-Intensive Outpatient	CANS Required (for concurrent requests only)	ANSA Required (for concurrent requests only)
Crisis Stabilization Unit (CSU)	Inpt	MH	CSU	Behavioral	CANS Optional	ANSA Optional
Crisis Stabilization Unit (CSU)	Inpt	MH/SU	CSU	Behavioral	CANS Optional	ANSA Optional
Crisis Stabilization Unit (CSU), Detox	Inpt	SU	CSU	Detox	CANS Optional	ANSA Optional
Inpatient	Inpt	MH	Inpt	Behavioral	CANS Optional	ANSA Optional
Inpatient	Inpt	MH/SU	Inpt	Behavioral	CANS Optional	ANSA Optional
Inpatient, Detox	Inpt	SU	Inpt	Detox	CANS Optional	ANSA Optional
PASRR Specialized Services (BH Services)	Outpt	MH	Outpt	PASRR Specialized Services	CANS Optional	ANSA Optional

NOTES:

1. ANSA requirements for ACT & CST: ANSA is required on Initial requests, 4th Concurrent and greater, and Discharge. ANSA is optional on 1st, 2nd, and 3rd concurrent request.

Appendix G: Approve/Deny Reason Code List

CODE	DESCRIPTION
A01	APPROVED AUTHORIZATION
A02	MEDICALLY NECESSARY FOR REDUCED BENEFIT
A03	SERVICE APPROVED BY SECOND PA
A04	SERVICE APPROVED BY APPEALS PANEL
A05	APPROVED TX EXPECTED TO END
A06	APPROVED BENEFITS EXHSTED WITH CERT
A07	APPROVED PSYCH TST WITH 1 EVALUATION
A08	APPROVED PC, PT, SA EVAL WITH OTR
A09	APPROVED PC, PT, SA EVAL W/O OTR
A10	APPROVED PENALTY WAIVED-EMERGENCY
A11	APPROVED PENALTY WAIVED-OTHER
A12	APPROVED ADMIN WAIVER (CLIENT)
A13	APPROVED ADMIN WAIVER (OPTIONS)
A14	SINGLE CASE AGREEMENT (PAY NEGOTIATED RATE)
A15	OTR REVIEW
A16	INPATIENT CONCURRENT REVIEW
A17	TELEPHONIC TREATMENT REPORT
A18	ALTERNATIVE LEVEL REVIEW
A19	ON-SITE REVIEW
A20	MEMBER ACCOMMODATION (PAY AS PLAN DESIGN)
A21	MEMBER ACCOMMODATION (IN-NETWORK RATE)
A22	MEMBER ACCOMMODATION (PAY AS CHARGED)
A23	APPROVED; MODIFIED CERT
A24	APPROVED;PSYCH TST-TX EXPECTD TO END
A25	CARE REGISTERED VIA IVR
A26	CARE REGISTERED MANUALLY FOR IVR

A27	OPTIONS IS SECONDARY
A28	AUTHORIZED - REGISTRATION
A29	APPROVED, OUTPATIENT OUTLIER
A30	RTC CERT, RECORDS REQUIRED FOR CONT STAY REVIEW
A31	RTC CERT, BY PA-RECORDS REQUIRED FOR CONT STAY RVW
A32	RTC, GEOGRAPHICALLY DISTANT FAMILY THERAPY
A33	RTC, EXCESSIVE INPATIENT PSYCHOTHERAPY
A34	DISABILITY
A35	APPROVED; IP & ALOC
A37	APPROVED; EAP-ASSESSMENT & REFERRAL
A38	APPROVED SPECIAL FINANCIAL ARRANGEMENT
A39	OPMH CERT W/REQUEST FOR SUBSTANCE ABUSE EVAL
A40	TX APPROVED UNDER PARITY
A41	APPROVED - GROUP PRACTICE INITIATIVE
A42	APPROVED CLINICAL ROUNDS
A43	APPROVAL W/ REQUIREMENT FOR PSYCHIATRIC CONSULT
A44	APPROVED OUTPT CRISIS SVCS
A45	APPROVED SCA ASSESSMENT
A46	APPROVED BSU DIAG. ASSESSMENT
A47	APPROVED OUTPT ECT
A48	MODIFIED CERT - CONTINUING TREATMENT NONCERTIFIED
A50	APPROVED AUTH ABOUT TO EXPIRE
A51	RETURN TO TREATMENT
A52	TRANSITIONAL BENEFITS
A60	ADMINISTRATIVE/COURT ORDERED ADMISSION
A61	ADMIN ADMIT-OTHER
A62	ADMIN ADMIT-CPT
A70	APPROVED-AUTOMATED INTERFACE
A71	MEDICATION MANAGEMENT ONLY APPROVED
A72	AUTHORIZED - DEPRESSION PROGRAM

A762	OUT OF BENEFITS
A783	INPATIENT AUTHORIZED
A784	DAY/NIGHTCARE AUTHORIZED
A785	OUTPATIENT AUTHORIZED
A786	INPATIENT RECERTIFIED AUTHORIZED
A787	DAY/NIGHTCARE RECERT AUTHORIZED
A788	OUTPATIENT RECERT AUTHORIZED
A789	INPATIENT CASE APPEAL AUTHORIZED
A790	DAY/NIGHT CARE APPEAL AUTHORIZED
A791	OUTPATIENT CASE APPEAL AUTHORIZED
A792	INPATIENT RECERT APPEAL AUTHORIZED
A793	DAY/NIGHT CARE RECERT APPEAL AUTHORIZED
A794	OUTPATIENT RECERT APPEAL AUTHORIZED
A80	AMBULATORY FOLLOW UP BROCHURE
A800	APPROVED OP OTR PRECERT (BCBS ONLY)
A810	APPROVED OP OTR RECERT (BCBS ONLY)
A83	INPATIENT AUTO APPROVAL
AA01	ADMIN APPEAL OVERTURNED LVL 1
AA02	ADMIN APPEAL OVERTURNED LVL 2
ABL	AUTHORIZED TO BENEFIT LIMIT
ACC	AUTHORIZATION APPROVED- CLIENT COMPANY
ACE	CERTIFICATION PERIOD EXTENSION
ACM	CERT IN COORDINATION WITH MEDICAL
ACO	APPROVED AUTHORIZATION WITH CARVE-OUT
ACR	SERVICES APPROVED-UNITS REQUESTED REDUCED BY UM
ACT	SERVICES APPROVED BY PEER REVIEW
ACU	SERVICES APPROVED AFTER RECONSIDERATION
AEPC	EPSDT MOD-CERT
AEPM	EPSDT MAINTENANCE OF SERVICE
AEPP	EPSDT APPROVAL BY PA

AEPS	EPSDT APPROVAL
AFP	APPROVE FOR PRICING
AIN	INVOLUNTARY ADMISSION
ALO	CERT NO ALOC AVAILABLE
AMM	CERTIFICATION FOR MEDS MANAGEMENT
AMO	AUTH AWAITING MEDS
AMS	APPROVED MEDICAID SCA
ANA	Approved View Next Authorization
ANO	APPROVED OUTPATIENT - NO OTR
AOO	ENHANCED OUTPATIENT
AOT	APPROVED OUTPT/TELEPHONIC F-UP REQUIRED
AP0	LEVEL 3 APPEAL MODIFIED
AP1	FIRST LEVEL APPEAL = APPROVAL
AP2	SECOND LEVEL APPEAL = APPROVAL
AP3	LEVEL 3 APPEAL APPROVED
AP4	FIRST LEVEL APPEAL-MODIFIED DECISION
AP5	SECOND LEVEL APPEAL - MODIFIED DECISION
AP6	FIRST LEVEL APPEAL MOD- DEC TERM TREATMENT
AP7	SECOND LEVEL APPEAL MOD - DEC TERM TREATMENT
AP8	FIRST LEVEL APPEAL REVERSED OUTPATIENT
AP9	SECOND LEVEL APPEAL REVERSED OUTPATIENT
APA	APPROVED PASS-THROUGH VISITS
APBL	AUTHORIZED TO BENEFIT LIMIT BY PA
APC	APPROVED PSYCH CONSULTRDS
APCM	MODIFIED ON PROVIDER COURTESY REVIEW
APCR	APPROVED ON PROVIDER COURTESY REVIEW
APDM	MOD CERT DECISION MODIFIED
APDO	MOD CERT DECISION OVERTURNED
APDU	MOD CERT DECISION UPHELD
APO	APPROVED AUTHORIZATION-PILOT

APR	PSYCH TESTING REGISTRATION
APS	APPROVED BY THE STATE
APT	APPROVED PSYCH TESTING
ARE	CERT IN COORDINATION WITH EAP
ASA	APPROVED-SUBSTANCE ABUSE EVALUATION
ATR	APPROVED TRANSITION AUTHORIZATION
AUA	COVERAGE UNDER APPEAL
AUR	APPROVED UNITS REVISED
AW1	APPROVED AUTHORIZATION FOR WELLINGTON
AWB	WEB APPROVAL
AWC	AUTHORIZED WEBCARE
AWO	APPROVED WEBCARE OUTLIER
AWS	APPROVED WORKPLACE SERVICE AUTH
AWT	APPROVED WORKPLACE SERVICE AUTH SCA OUT-OF-NETWORK
C01	OPMH CERT WITH OTR FOR CONTINUED CARE (WHICH WILL
CAC	CARVEOUT ADMINISTRATIVE CONCURRENT OP MH/SA
CAI	CARVEOUT ADMINISTRATIVE INITIAL OP MH/SA
CONV	CONVERSION
D01	FIRST LEVEL APPEAL-DENIAL
D02	SECOND LVL APPEAL-DENIAL
D04	DECLINED BY THE STATE
D11	D-PROV NO CRED/LIC
D12	D-60D/WAIV-N/RISK
D13	D-60D/WAIV-N/EVID
D14	D-60D/WAIV-N/TX PLN
D15	D-PT COND N/ER
D16	D-CHG N/ACCOM W/DA
D17	D-N/NEW SX FOR TXPLN
D20	D-PHP/SX LLOC
D21	D-PHP-N/SUPP

D22	D-PHP-N/INAB T/TRANSI
D2A	D-ACT TX N/VALID
D2D	D-N/PROG FOR D/C
D3A	D-SX LLOC /PRIOR
D3B	D-N/RESP LOC N/TX RV
D3C	D-NEED FOR INTEN TX
D3D	D-CONT ENVIR/SOC
D3E	D-CONT TX IN LIEU OF INCARCERATION
D3F	D-COURT ORDR W/O JUS
D3G	D-DELAY IN D/C
D3H	D-FREQ OF PASSES INDICATES LACK OF MED NEED
D3I	D-PSYCH EVAL DID NOT VALIDATE D/O
D4A	D-SRV CONT EXCLUSION
D5D	D-MED SURG
D762	PATIENT IS OUT OF BENEFITS
D775	INPATIENT DENIED FOR SETTING - PRECERT REV AND APP
D776	OUTPATIENT DENIED FOR CRITERIA -PRECERT REV & APP
D777	INPATIENT DENIED FOR SETTING - RECERT REV & APP
D778	PARTIAL DENIED FOR SETTING - RECERT REV AND APP
D779	OUTPATIENT DENIED FOR CRITERIA-RECERT REV & APPEA
D780	PARTIAL DENITED FOR SETTING -PRECERT REVIEW
D781	PARTIAL DENIED FOR SETTING -PRECERT APPEAL
D782	NONPANEL PROVIDER DENIED
D9A	D-RTC N/MED NEC
D9B	D-RTC-N/ADM ASSESS
DA1	ADMIN NONCERT-OPMH
DA2	ADMIN NONCERT-IP, ALOC, OPCD
DA3	ADMIN CARVEOUT-OPMH
DA4	ADMIN CARVEOUT-IP, ALOC, OPCD
DA5	DENIED AUTHORIZATION

DA6	ADMINISTRATIVE DENIAL
DA7	TREATMENT REQUESTED/NOT A COVERED SERVICE
DA8	BENEFIT PACKAGE - NO OUT OF NETWORK COVERAGE
DA9	DELAY IN TREATMENT
DAA	MODIFIED NON-CERT AFTER PA REVIEW
DAB	NON-CERTIFICATION
DAC	LEVEL I APPEAL DECISION UPHELD DECISION
DAD	LEVEL I APPEAL DECISION MODIFIED
DAE	LEVEL I APPEAL DECISION REVERSED - INPATIENT/ALOC
DAF	LEVEL I APPEAL DECISION REVERSED - OUTPATIENT
DAG	LEVEL II APPEAL DECISION REVERSED - INPATIENT
DAH	LEVEL II APPEAL DECISION REVERSED - OUTPATIENT
DAI	LEVEL II APPEAL DECISION MODIFIED
DAJ	LEVEL II APPEAL RECORD REQUEST
DAK	ADMIN APPEAL DENIAL
DAL	ADMIN APPEAL POSITIVE
DAM	LEVEL II APPEAL DECISION UPHELD DECISION
DAS	Alternative Service Authorized
DASP	PARTIAL DENIAL-COSTLY ALTERNATIVE
DAU1	ADMIN APPEAL UPHELD LVL1
DAU2	ADMIN APPEAL UPHELD LVL 2
DAW	NON-AUTHORIZED ADMIN WAIVER BY CLINICAL
DBA	INTL NONCERT AFTER PA W/LOWER CARE
DBB	INTL NONCERT AFTER PA W/O LOWER CARE
DBC	N-CERT W/PA LOWER LVL APPROVAL
DBD	N-CERT W/PA - CARE TERMINATED
DC1	NON-AUTH'D CONDITION DOES NOT MEET CRITERIA FOR TX
DC2	NON-AUTH'D-TX PLAN NOT APPROPRIATE FOR TX SETTING
DC3	NON-AUTHORIZED-TX PLAN HAS NOT BEEN IMPLEMENTED
DC4	NON-AUTHORIZED-FAMILY INVOLVMENT IS NOT EVIDENT

DC5	NON-AUTHORIZED-NO EVIDENCE OF ACTION ON TX PLAN
DC6	NON-AUTH'D-DCHRG PLAN NOT APPROP FOR TX SETTING
DC7	NON-AUTH'D-CONDITION DOES NOT MEET EMER CRITERIA
DC8	NON-AUTHORIZED-SVCS EXCEED MEDICAL APPROPRIATENESS
DC9	NON-AUTHORIZED-TREATMENT PLAN NOT DOCUMENTED
DCA	NON-AUTHORIZED-TX SERVICES NOT DOCUMENTED
DCAP	PARTIAL DENIAL-NOT BASED ON ASSESSMENT
DCB	NON-AUTHORIZED-DENIED ACCESS TO CHART
DCC	NON AUTH-NOT NOTIFIED OF ADMISSION
DCD	NON-AUTHORIZED-DID NOT RESPOND TO CM REQUEST
DCE	NON AUTH-TX SET NOT PREAUTHORIZED
DCF	NON-AUTHORIZED- PATIENT LEFT AMA
DCG	NON-AUTH'D-PATIENT NON-COMPLIANT WITH CASE MGMT
DCH	NON-AUTHORIZED-PROV NON-COMPLIANT WITH CASE MGMT
DCJ	NON-AUTHORIZED-CARE NOT MEDICALLY APPROPRIATE
DCK	NON-AUTHORIZED-CARE NOT MEDICALLY NECESSARY
DCL	NON-AUTH'D-PATIENT DISCH'D PRIOR TO PLANNED DISCHRG
DCM	NON-AUTHORIZED-CON NOT RECEIVED
DCN	NON-AUTHORIZED BY PEER REVIEW
DCP	NON-AUTHORIZED AFTER RECONSIDERATION
DCQ	NON-AUTHORIZED-NO OUT-OF-PLAN COVERAGE
DCT	DENIED SERVICES-CARE NO LONGER MEDICALLY NECESSARY
DCV	ADMIN DENIAL,NO RESPONSE FROM PROVIDER/PHYSICIAN
DCX	CLINICAL DOCUMENTATION DOES NOT SUPPORT DIAGNOSIS
DCZ	PCP NOTIFICATION FORM NOT RECEIVED
DD9	NON-AUTH'D-PATIENT NOT ELIGIBLE AT TIME OF SVC
DDA	NOT AUTH'D-CHEMICAL DEPENDENCY EXCLUSION
DDB	NOT AUTHORIZED-CHRONIC
DDC	OPTIONS IS SECONDARY
DDD	NON-AUTHORIZED-1 ADMIT PER 6 MOS

DDK	NON-AUTHORIZED-BENEFIT LIMITS EXCEEDED
DDR	NON-AUTHORIZED-UNAUTHORIZED ABSENCE
DDS	NON-AUTHORIZED-PROVIDER NOT LICENSED/CERTIFIED
DE1	OON LOWER BEN NOTIFICATION IP, ALOC
DE2	OON LOWER BEN NOTIFICATION OUTPT
DE3	OON, LOWER BENEFITS, STABLE TO TRANSFER
DE6	NON-AUTHORIZED-NOT A COVERED BENEFIT
DE7	EXHAUSTION OF BENEFIT-IP,ALOC,OPCD
DE8	EXHAUSTION OF BENEFIT-OPMH
DE9	NON-AUTHORIZED-NO RECORD OF OUTPATIENT TX REPORT
DEN	COMVERSION DENIAL
DEPS	EPSDT DENIAL/NON-CERT
DES	NON-AUTHORIZED- HMO BENEFIT MAX NOT SATISFIED
DEX	Service is Experimental; Unproven
DEXP	PARTIAL DENIAL-NOT CONSISTENT W/ACCEPTED STANDARDS
DFR	D-OUTPATIENT;FREQUENCY OF SESSIONS
DG1	NON-AUTHORIZED-DIAGNOSIS IS NOT COVERED
DGC	NON-AUTHORIZED-SERVICES INCLUDED IN PER DIEM
DGP	NON-AUTHORIZED - GROUP PRACTICE INITIATIVE
DHG	NON-AUTHORIZED-MEDICAL, NON-PSYCHIATRIC
DIN	Insufficient Information
DL6	NON-AUTHORIZED-STATE IS RESPONSIBLE
DLA	LVL 1 INT N-CERT-DEC UPHLD W/CARE
DLB	LVL 1 INT N-CERT DEC UPHLD W/O CARE
DLC	LVL 1 APP DEC MOD-CONTD TX W/CARE
DLD	LVL 1 APP DEC MOD-CONTD TX W/O CARE
DLE	LVL 1 APP DEC/CERT FOR TERM W/CARE
DLF	LVL 1 APP DEC/CERT FOR TRM W/O CARE
DLG	LVL 1 APP DEC REV-IP, ALOC
DLH	LVL 1 APP DEC REVERSAL OUTPT

DLI	LEVEL 3 UPHELD
DMA	LVL 2 APP DEC REVERSAL IP & ALOC
DMB	LVL 2 APP DEC REVERSAL OPMH
DMC	LVL 2 APP DEC REVERSAL OPCD
DMD	LVL 2 APP DEC MOD;TX CONTD W/CARE
DME	LVL 2 APP DEC MOD;TX CONTD W/O CARE
DMF	LVL 2 APP DEC MOD; TERM CERT W/CARE
DMG	LVL 2 APP DEC MOD;TRM CERT W/O CARE
DMH	LVL 2 APP N-CERT-DEC UPHLD W/CARE
DMI	LVL 2 APP N-CERT DEC UPHLD W/O CARE
DMS	DISMISSAL
DMV	NON-AUTHORIZED-REFERRED TO MH VENDOR
DN1	D-TIME ASSES N/VALID
DN2	D-ACT/TIM N/VALID
DN3	D-SX & STAB LLOC
DN4	D-PROV N/RESPOND
DN5	D-INF AVAIL N/MED NEC
DN6	D-60D/WAIV-NO D/O
DN7	D-60D/WAIV-N/COND
DN8	D-60D/WAIV-IP N/NEC
DNA	D-OP LONG TERM/EXCL
DNB	D-OP N/ACT X
DNC	D-OP N/SX OF D/O
DND	D-OP N/IMPRV N/CHNG
DNE	D-OP NO FAM TX
DNF	D-OP NO TERM OF TX
DNG	D-OP REQ>INTEN CARE
DNH	D-OP N/NEED INTENS
DNI	D-OP N/VALID MED NEC
DNJ	D-OP PTX N/MED NEC

DNK	SERVICE/GOOD IS NOT A COVERED BENEFIT (HA&DO5)
DNN	D-N/NEC OTP @ FREQ
DNS	SVC NMN/INAPPROPRIATE LOC
DO1	CERT PERIOD EXTENDED
DOS	OTHER SERVICE MEDICALLY APPROPRIATE
DOT	SVC NMN FOR OTHER REASON
DP1	D-DIDN'T FLW PREV TX PLAN/PARITY NA
DP2	D-OON BENEFITS EXHAUSTED/PARITY NA
DPC	SERVICES PRIMARILY FOR CONVENIENCE
DPCP	PARTIAL DENIAL-FOR PROVIDER CONVENIENCE
DPCR	DENIED ON PROVIDER COURTESY REVIEW
DPF	D-OUTPATIENT;FREQUENCY,QUANTITY
DPT	OPEN AUTH TO OTHER PROVIDER
DRR	LACK OF INFORMATION NOTIFICATION
DRS	TX NOT IN RIGHT HEALTH CARE SETTING
DRSP	PARTIAL DENIAL-NOT RIGHT SETTING
DRT	Intensity, Freq, Duration in excess of Med Necess
DRTP	PARTIAL DENIAL-NOT CLINICALLY APPROPRIATE
DSB	NON-AUTHORIZED- PROVIDER NOT MEDICAID APPROVED
DSCA	DENIED SINGLE CASE AGREEMENT
DSM	DISMISSAL
DTR	NON-AUTHORIZED-TRANSPORTATION NO SHOW
DV1	D-N/PREC OTP
DV2	D-N/PREC PHP
DV3	D-N/PREC IP CD
DV4	D-N/PREC PHP CD
DV5	D-N/PREC RTC
DV6	D-N/PREC CUSTODIAL
DV7	D-N/PREC LONG TERM
DW1	DENIAL AUTHORIZATION FOR WELLINGTON

DWA	DENIED WEBCARE ADMINISTRATIVELY
DWC	DENIED WEBCARE
ELR	ERISA LACK INFORMATION 45 DAY TURNAROUND
ELU	ERISA LACK INFORMATION 2 DAY TURNAROUND
FAD	FOLLOW-UP ADJUSTMENT DISORDER
FUP	AFTERCARE CASE MANAGEMENT
I01	CERTIFICATION LIMIT LETTER
I70	PRIMARY DIAGNOSIS INVALID OR BLANK
I71	REQUIRED DATA MISSING
IA0	THE IND IS NOT AFFECTED BY DX REF 132 FOR THIS REQ
IA1	NO EVIDENCE TRAD SVC/MOD OF DEL NOT EFFECTIVE
IA2	NO EVID AS RESULT OF MENTAL ILL SUPP BY LOCUS SCO
IA3	NO EVIDENCE OF SIGNIFICANT FUNCTION IMPAIRMENT
IC0	MULT & FREQ PSY IP READMITS INCLUDING LT HOSPITALI
IC1	EXCESSIVE USE OF CRISIS/EMERG SVCS W/FAILED LINKAG
IC2	HOMELESSNESS(HUD DEFINITION OF HOMELESSNESS)
IC3	REPEAT ARREST AND INCARCERATION
IC4	HX OF INADEQ FOLLOW-THRU W/ELEMENTS OF ITP REL RIS
IC5	HIGH USE OF DETOX SVCS(E.G. 2 OR MORE EPISODES/YR)
IC6	MED RESISTANCE DUE TO INTOLERABLE SIDE EFFECTS
IC7	CHILD/FAM BEHAV HEALTH ISSUES NOT SHOWN IMPROV OP
IC8	CHILD/ADOL RISK OF OUT HOME PLACE OR CURR IN OUT H
IC9	CLIN EVID OF SUICIDAL IDEA OR GESTURE IN LAST 3 MO
ICA	SEVERITY OF ILLNESS & RESULT IMPAIR CONT TO REQ CS
ICB	SVCS CONSISTENT W/RECOVERY GOALS
ICC	MODE, INTENSITY AND FREQUENCY OF TX IS APPROPRIATE
ICD	ACTIVE TX OCCURRING & CONTINUED PROGRESS TO GOALS
ICE	SVCS LISTED PROV AS NEEDED & AGREED UPON IN TX PLA
ICF	REQUIRES SVC TO MAX FUNCTIONING & SUSTAIN RECOVERY
ICV	PERSIST/SEV PSY SYMP, SER BEHAV DIFF, CO-OCUR DISO

ICW	EVID OF COGNITIVE IMPAIR, BEHAVIOR PROB OR MED PRO
ICX	SELF HARM OR THREATS TO OTHERS IN LAST 3 MONTHS
ICY	ONGOING INAPPR PUBLIC BEHAVIOR IN LAST 3 MONTHS
ICZ	INAPPR PUBLIC BEHAVIOR INCLUDING DELINQUENT BEHAVI
J01	OPMH CERT WITH OTR FOR CONTINUED CARE (WHICH WILL
L1W	LEVEL 1 APPEAL OVERTURNED WEBCARE
L2W	LEVEL 2 APPEAL OVERTURNED WEBCARE
LOA	LEAVE OF ABSENCE FALLS CHURCH SERVICE CENTER
M01	PA MODIFIED - NEW INFORMATION OBTAINED
M02	PA MODIFIED - REASONALBLE TREATMENT PLAN PRESENTED
M03	PA MODIFIED - CERT TO TERMINATE
M04	PA MODIFIED - LEGAL/PROTECTIVE ISSUES
M10	MEDICARE EXPEDITED ORGANIZATION DETERMINE DENIED
M11	MEDICARE APPEAL FOR DENIAL OF SERVICE SENT TO CHDR
M12	MEDICARE APPEAL REQUEST-EXPIRATION OF TIMEFRAME
MC1	MEDICARE OPMH AUTH WITH OTR FOR CONTINUED CARE
MC2	MCARE IP AND HIGHER LVLS OF CARE INIT/CONT CERT
MC3	MEDICARE ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
MC4	MEDICARE ACKNOWLEDGEMENT OF STANDARD APPEAL
MC5	MEDICARE APPOINTMENT OF REPRESENTATIVE-FORM NEEDED
MC6	MEDICARE EXPEDITED APPEAL EXTENSION NONPAR PROVIDE
MC7	MEDICARE EXPEDITED REVIEW-14 DAY
MC8	MEDICARE DENIAL OF SERVICE
MC9	MEDICARE REQUEST FOR EXPEDITED APPEAL DENIED
MD1	MEDICAID AUTH OUTPATIENT
MD2	MEDICAID AUTH INPATIENT
MD3	MEDICAID AUTH TESTING
MDX	PLS VERIFY DX & FORWARD TO MVP
ME1	MEMBER APPEAL UPHELD CLINICAL
ME2	MEMBER APPEAL MODIFIED CLINICAL

ME3	MEMBER APPEAL OVERTURNED CLINICAL
ME4	MEMBER APPEAL UPHELD ADMIN
ME5	MEMBER APPEAL MODIFIED ADMIN
ME6	MEMBER APPEAL OVERTURNED ADMIN
MLT	MEMBER AUTHORIZATION LETTER
MMR	MEDICATION MANAGEMENT REGISTRATION
MNA	NOTIFICATION OF DISCHARGE W/MCR APPEAL RIGHTS
MRR	LACK OF INFORMATION NOTIFICATION
MVP1	CLAIM FORWARDED TO MVP
NE1	NOA DENIAL AND PARTIAL DENIAL
NE2	NOA TERMINATION OF SERVICES
NE3	NOA SUSPENSION OF SERVICES
NE4	NOA REDUCTION OF SERVICES/LEVEL OF CARE
NM1	IP AND HIGHER LEVELS OF CARE INITIAL AND CONT TX
NMN	NOT MEDICALLY NECESSARY
NS1	NOA DENIAL AND PARTIAL DENIAL (SPANISH)
NS2	NOA TERMINATION OF SERVICES
NS3	NOA SUSPENSION OF SERVICES
NS4	NOA REDUCTION OF FREQUENCY/LEVEL OF CARE (SPANISH)
P01	PEND PHYSICIAN ADVISOR REVIEW
P02	PEND FOR RECORD REVIEW
P03	PEND PROVIDER HAS NOT RESPONDED
P04	PEND WAITING FOR WRITTEN TREATMENT PLAN
P05	PEND RECEIVED TX PLAN/MEDICAL RECORD/IN REVIEW
P06	PENDING SINGLE CASE AGREEMENT
P07	PEND FOR CLINICAL CONSULTATION
P08	NCMC - DO NOT TRANSMIT TO EDS
P09	UNABLE TO TRANSMIT - MEMBER ELIGIBILITY
P15	PENDING DIAGNOSIS CODE
P19	LACK OF INFORMATION

P20	NCMC ONLY - AUTH'D IN ERROR
P30	PEND FOR AUTHORIZATION REVIEW
P31	PEND FOR CASE MANAGEMENT REVIEW
P32	PEND FOR ELIG VERIFICATION
P34	PEND FOR MEMBER INFORMATION UPDATE
P35	PEND-REQUEST FOR MEDICAL RECORDS
P70	REQUESTED START DATE > PAST DATE THRESHOLD
P71	REQUESTED START DATE > FUTURE DATE THRESHOLD
P72	RISK TO SELF RESPONSE GREATER THAN OR EQUAL TO 2
P73	RISK TO OTHERS RESPONSE GREATER THAN OR EQUAL TO 2
P74	WEIGHT LOSS RESPONSE EQUAL TO 3
P75	PREVIOUS PEER ADVISOR (PA) DENIAL
P76	MAX # OF AUTO AUTH VISITS EXCEEDED
P77	ITR PEND FOR CLINICIAN REVIEW
P78	MEMBER IS MANAGED-CLINICIAN REVIEW REQUIRED
P79	PROVIDER IS MANAGED-CLINICIAN REVIEW REQUIRED
P80	REQUESTED START DATE > 7 DAYS PRIOR
P81	REQUESTED START DATE > 21 DAYS SUBSEQUENT
P82	SUBSEQUENT REQ < 2 WKS PRIOR TO END OF PRIOR AUTH
P83	REQUESTED START DATE >21 DAYS PRIOR
P84	SERVICE CODE SUBMITTED REQUIRES ADDITIONAL REVIEW
P85	DUPLICATE REQUEST FROM ANOTHER PROVIDER
P86	PRIMARY DIAGNOSIS OUTSIDE BENEFIT STRUCTURE
P87	APPROVE NUMBER OF UNITS REJECTED
P88	TEMPORARY PROVIDER-CLINICIAN REVIEW REQUIRED
P89	ANOTHER LINE ON AUTHORIZATION IS PENDED
P90	IT SPECIAL HOLD CODE
P91	EAP SERVICES PENDED
P92	RISK OF HARM ELEVATED - CLINICAL REIVEW REQUIRED
P94	PEND PSYCH TESTING

P97	PROVIDER NOT IN NETWORK FOR THIS MEMBER
P98	SUBSEQUENT EAP REQUEST
P99	NON-SPECIFIC-AUTOMATED INTERFACE
PBL	AUTHORIZED TO BENEFIT LIMIT
PCZ	PEND PCP NOTIFICAION FORM REQUIRED
PLT	PROVIDER AUTHORIZATION LETTER
PPBL	AUTHORIZED TO BENEFIT LIMIT BY PA
PRR	PROVIDERCONNECT RETURNED REQUEST
PTR	PENDE FOR TRIAGE
PTY	PENALTY LETTER
PVD	IT SPECIAL HOLD CODE VOID
PWB	WEB PEND
R01	REQUEST COORDINATION OF CARE
R02	LVL 2 APPEAL-RECORDS REQUEST OPMH
R03	LVL 2 APPEAL-RECS REQ IP,ALOC,OPCD
R04	REQUEST FOR OTR TO BE COMPLETED
R05	REQUEST FOR OTR TO BE MAILED
R06	REQUEST FOR SPECIFIC OTR INFO
R07	REQUEST FOR REVISED OTR
R08	RECORDS REQUEST-OPMH
R09	RECORDS REQUEST-IP,ALOC,OPCD
R10	LEVEL II APPEAL RECORD REQUEST
R11	ACKNOWLEDGEMENT OF LEVEL II REQUEST
R12	PSYCH TESTING PRECERT FORM
SA1	IP AND HIGHER LEVELS OF CARE INITIAL AND CONT TX
SDX	SUBMIT FUTURE CLAIMS WITH VALID DSM IV DIAG
SPP	SUBMIT FUTURE CLAIMS WITH VALID PROCEDURE CODE
SPS	SUBMIT FUTURE CLAIMS WITH VALID HCFA POS
SPV	SUBMIT FUTURE CLAIMS WITH PROVIDER/VENDOR #S
T01	IP AND HIGHER LEVELS OF CARE INITIAL AND CONT. TRE

T02	DEIED INPATIENT
T03	REGULAR DISCHARGE
U01	PSYCH TESTING LETTER (CERT)
V25	VOID - IVR
V26	MANUAL VOID - IVR
VMR	VOID MR REQUEST
VNA	Void View Next Authorization
VOID	VOID FOR CONVERSION
VPMR	VOID MR REQUEST PARITY OON
VPO	VOID PARITY OUTLIER INFORMATION NEEDED
VPO2	VOID OON OUTLIER INFO
VURP	VOID UNNECESSARY REVIEW PARITY
VV1	INCORRECT/EXPIRED MEMBER NUMBER
VV2	Voided Incorrect/Expired Provider #
VV3	DUPLICATE AUTHORIZATION
VV4	INCORRECT LEVEL OF CARE
VV5	INCORRECT SERVICE CLASS
VV6	INCORRECT DATES OF SERVICE
VV7	TREATMENT ALREADY DENIED
VV9	AUTHORIZATION CREATED IN ERROR
VVO	VOIDED
VWC	VOID WEBCARE
XMR	MED REC RQST - DON'T DISPLAY ON RPTS OR LETTERS

Appendix H: Diagnosis Code List

Note: ICD-10 diagnosis coding is being implemented effective 10/1/2015 in accordance with Federal law. Should there be changes in the law that impacts this implementation systems should be flexible to allow a transition period where ICD-9 codes may continue to be used.

The following ICD-9 / ICD-10 crosswalk identifies diagnosis codes that will be acceptable on authorization and discharge requests.

Y = This code is Acceptable for this Type of Service

N = This code is Not Acceptable for this Type of Service

E = This code is Acceptable as an Exception (will require review)

Behavioral Diagnosis Codes

ICD-9 Diagnosis Codes

ICD-9 Dx Code	Diagnostic Description ICD-9	BH MH	BH SU	DD
291.81	Alcohol Withdrawal	N	Y	N
291.9	Unspecified Alcohol-Related Disorder	N	Y	N
292.0	Substance use withdrawal other	N	Y	N
292.89	Substance use intoxication other	N	Y	N
292.9	Unspecified Substance Use - Other	N	Y	N
293.81	Psychotic Disorder Due to Another Medical Condition with Delusions	Y	N	N
293.82	Psychotic Disorder Due to Another Medical Condition with Hallucinations	Y	N	N
293.83	Mood Disorder - other, due to medical condition - other	Y	N	N
293.84	Anxiety Disorder Due to Another Medical Condition	Y	N	N
293.89	Catatonia - other	Y	N	N
294.8	Obsessive-Compulsive and Related Disorder Due to Another Medical Condition	E	N	N
294.9	Unspecified Mental Disorder Due to Another Medical Condition	E	N	N
295.40	Schizophreniform Disorder	Y	N	N

ICD-9 Dx Code	Diagnostic Description ICD-9	BH MH	BH SU	DD
295.70	Schizoaffective Disorder - other	Y	N	N
295.90	Schizophrenia	Y	N	N
296.20	Major Depressive Disorder, Single Episode -Unspecified	Y	N	N
296.21	Major Depressive Disorder, Single Episode -Mild	Y	N	N
296.22	Major Depressive Disorder, Single Episode -Moderate	Y	N	N
296.23	Major Depressive Disorder, Single Episode -Severe	Y	N	N
296.24	Major Depressive Disorder, Single Episode -with Psychotic Features	Y	N	N
296.25	Major Depressive Disorder, Single Episode -in Partial Remission	Y	N	N
296.26	Major Depressive Disorder, Single Episode -in Full Remission	Y	N	N
296.30	Major Depressive Disorder, Recurrent Episode -Unspecified	Y	N	N
296.31	Major Depressive Disorder, Recurrent Episode -Mild - Moderate	Y	N	N
296.32	Major Depressive Disorder, Recurrent Episode -Moderate	Y	N	N
296.33	Major Depressive Disorder, Recurrent Episode -Severe	Y	N	N
296.34	Major Depressive Disorder, Recurrent Episode -with Psychotic Features	Y	N	N
296.35	Major Depressive Disorder, Recurrent Episode -in Partial Remission	Y	N	N
296.36	Major Depressive Disorder, Recurrent Episode -in Full Remission	Y	N	N
296.40	Bipolar I Disorder Current or most recent episode hypomanic/manic	Y	N	N
296.41	Bipolar I Disorder Current or most recent episode manic - Mild	Y	N	N
296.42	Bipolar I Disorder Current or most recent episode manic - Moderate	Y	N	N
296.43	Bipolar I Disorder Current or most recent episode manic - Severe	Y	N	N
296.44	Bipolar I Disorder Current or most recent episode manic - with Psychotic Features	Y	N	N
296.45	Bipolar I Disorder Current or most recent episode manic/hypomanic - In Partial Remission	Y	N	N
296.46	Bipolar I Disorder Current or most recent episode manic/hypomanic - In Full Remission	Y	N	N
296.50	Bipolar I Disorder Current or most recent episode depressed - Unspecified	Y	N	N
296.51	Bipolar I Disorder Current or most recent episode depressed - Mild	Y	N	N
296.52	Bipolar I Disorder Current or most recent episode depressed - Moderate	Y	N	N

ICD-9 Dx Code	Diagnostic Description ICD-9	BH MH	BH SU	DD
296.53	Bipolar I Disorder Current or most recent episode depressed - Severe	Y	N	N
296.54	Bipolar I Disorder Current or most recent episode depressed - with Psychotic Features	Y	N	N
296.55	Bipolar I Disorder Current or most recent episode depressed - In Partial Remission	Y	N	N
296.56	Bipolar I Disorder Current or most recent episode depressed - In Full Remission	Y	N	N
296.7	Bipolar I Disorder Current or most recent episode unspecified	Y	N	N
296.80	Unspecified Bipolar and Related Disorder	Y	N	N
296.89	Bipolar II Disorder, other	Y	N	N
296.99	Disruptive Mood Dysregulation Disorder	Y	N	N
297.1	Delusional Disorder	Y	N	N
298.8	Other Psychotic Disorder	Y	N	N
298.9	Unspecified Schizophrenia Spectrum and Other Psychotic Disorder	Y	N	N
299.00	Autism Spectrum Disorder	N	N	E
300.00	Unspecified Anxiety Disorder	Y	N	N
300.01	Panic Disorder	Y	N	N
300.02	Generalized Anxiety Disorder	Y	N	N
300.09	Other Specified Anxiety Disorder	Y	N	N
300.11	Conversion Disorder (Functional Neurological Symptom Disorder) - other	Y	N	N
300.12	Dissociative Amnesia	Y	N	N
300.13	Dissociative Amnesia WITH Dissociative Fugue	Y	N	N
300.14	Dissociative Identity Disorder	Y	N	N
300.15	Dissociative Disorder, Other	Y	N	N
300.19	Factitious Disorder	E	N	N
300.22	Agoraphobia	Y	N	N
300.23	Social Anxiety Disorder (Social Phobia)	Y	N	N
300.29	Specific Phobia - Other	Y	N	N
300.3	Obsessive-Compulsive Disorder, other	Y	N	N

ICD-9 Dx Code	Diagnostic Description ICD-9	BH MH	BH SU	DD
300.4	Persistent Depressive Disorder (Dysthymia)	Y	N	N
300.6	Depersonalization/Derealization Disorder	Y	N	N
300.7	Body Dysmorphic / Illness Anxiety Disorder	Y	N	N
300.82	Somatic Symptom Disorder - other	Y	N	N
300.89	Other Specified Somatic Symptom and Related Disorder	Y	N	N
300.9	Other Specified/Unspecified Mental Disorder	E	N	N
301.0	Paranoid Personality Disorder	Y	N	N
301.13	Cyclothymic Disorder	Y	N	N
301.20	Schizoid Personality Disorder	Y	N	N
301.22	Schizotypal Personality Disorder	Y	N	N
301.4	Obsessive-Compulsive Personality Disorder	Y	N	N
301.50	Histrionic Personality Disorder	Y	N	N
301.6	Dependent Personality Disorder	Y	N	N
301.7	Antisocial Personality Disorder	Y	N	N
301.81	Narcissistic Personality Disorder	Y	N	N
301.82	Avoidant Personality Disorder	Y	N	N
301.83	Borderline Personality Disorder	Y	N	N
301.89	Other Specified Personality Disorder	Y	N	N
301.9	Unspecified Personality Disorder	Y	N	N
302.2	Pedophilic Disorder	E	N	N
302.6	Gender Dysphoria	Y	N	N
302.84	Sexual Sadism Disorder	E	N	N
302.85	Gender Dysphoria in Adolescents and Adults	Y	N	N
303.00	Alcohol Intoxication, other	N	Y	N
303.90	Alcohol Use Disorder - Moderate/Severe	N	Y	N
304.00	Opioid Use Disorder - Moderate/Severe	N	Y	N
304.10	Sedative, Hypnotic, or Anxiolytic Use Disorder - Moderate - Severe	N	Y	N
304.20	Stimulant Use Disorder - Cocaine - Moderate/Severe	N	Y	N
304.30	Cannabis Use Disorder - Moderate/Severe	N	Y	N

ICD-9 Dx Code	Diagnostic Description ICD-9	BH MH	BH SU	DD
304.40	Stimulant Use Disorder - other, moderate - severe	N	Y	N
304.50	Hallucinogen Use Disorder, other, Moderate - Severe	N	Y	N
304.60	Hallucinogen Use Disorder, other, Moderate - Severe	N	Y	N
304.90	Substance Use Disorder, Other (or Unknown) - Moderate - Severe	N	Y	N
305.00	Alcohol Use Disorder- Mild	N	Y	N
305.20	Cannabis Use Disorder - Mild	N	Y	N
305.30	Other Hallucinogen Use Disorder - Mild	N	Y	N
305.40	Sedative, Hypnotic, or Anxiolytic Use Disorder - Mild	N	Y	N
305.50	Opioid Use Disorder - Mild	N	Y	N
305.60	Stimulant Use Disorder - Cocaine - Mild	N	Y	N
305.70	Stimulant Use Disorder - Other, mild	N	Y	N
305.90	Substance Use Disorder, Other (or Unknown) - Mild	N	Y	N
307.1	Anorexia Nervosa, other	Y	N	N
307.42	Insomnia Disorder	E	N	N
307.44	Hypersomnolence Disorder	E	N	N
307.45	Circadian Rhythm Sleep-Wake Disorders - other	E	N	N
307.46	Non-Rapid Eye Movement Sleep Arousal Disorders - other	E	N	N
307.47	Nightmare Disorder	E	N	N
307.50	Unspecified Feeding or Eating Disorder	E	N	N
307.51	Bulimia Nervosa	E	N	N
307.51	Feeding / Eating Disorder - other	E	N	N
307.52	Pica - other	E	N	N
307.53	Rumination Disorder	E	N	N
307.59	Feeding / Eating Disorder - other	E	N	N
307.6	Enuresis	E	N	N
307.7	Encopresis	E	N	N
308.3	Acute Stress Disorder	Y	N	N
309.0	Adjustment Disorders with Depressed Mood	Y	N	N
309.1	Adjustment Disorder with depressed mood, Persistent	Y	N	N

ICD-9 Dx Code	Diagnostic Description ICD-9	BH MH	BH SU	DD
309.21	Separation Anxiety Disorder	Y	N	N
309.24	Adjustment Disorders With Anxiety	Y	N	N
309.28	Adjustment Disorders with Mixed Anxiety and Depressed Mood	Y	N	N
309.3	Adjustment Disorders with Disturbance of Conduct	Y	N	N
309.4	Adjustment Disorders with Mixed Disturbance of Emotions and Conduct	Y	N	N
309.81	Posttraumatic Stress Disorder	Y	N	N
309.89	Other Specified Trauma- and Stressor-Related Disorder	Y	N	N
309.9	Unspecified Stress Related Disorder	Y	N	N
310.1	Personality Change Due to Another Medical Condition	Y	N	N
311	Depressive Disorder - other	Y	N	N
312.31	Gambling Disorder	E	N	N
312.32	Kleptomania	Y	N	N
312.33	Pyromania	Y	N	N
312.34	Intermittent Explosive Disorder	Y	N	N
312.39	Trichotillomania (Hair-Pulling Disorder)	Y	N	N
312.81	Conduct Disorder - Childhood-onset Type	Y	N	N
312.82	Conduct Disorder - Adolescent-onset Type	Y	N	N
312.89	Disruptive, Impulse-Control, and Conduct Disorders - other	Y	N	N
312.9	Unspecified Disruptive, Impulse-Control, and Conduct Disorder	Y	N	N
313.23	Selective Mutism	Y	N	N
313.81	Oppositional Defiant Disorder	Y	N	N
313.89	Reactive Attachment Disorder	Y	N	N
313.89	Disinhibited Social Engagement Disorder	Y	N	N
313.89	Trauma- and Stressor-Related Disorders - other			
314.00	Attention-Deficit/Hyperactivity Disorder Predominantly inattentive presentation	Y	N	N
314.01	Attention-Deficit/Hyperactivity Disorder - other	Y	N	N
315.8	Developmental Disorder, Other	N	N	E
315.9	Unspecified Neurodevelopmental Disorder	N	N	E

ICD-9 Dx Code	Diagnostic Description ICD-9	BH MH	BH SU	DD
316	Psychological Factors Affecting Other Medical Conditions	E	N	N
317	Intellectual Disability (Intellectual Developmental Disorder) - Mild	N	N	Y
318.0	Intellectual Disability (Intellectual Developmental Disorder) - Moderate	N	N	Y
318.1	Intellectual Disability (Intellectual Developmental Disorder) - Severe	N	N	Y
318.2	Intellectual Disability (Intellectual Developmental Disorder) - Profound	N	N	Y
319	Intellectual Disability (Intellectual Developmental Disorder) - other	N	N	Y
625.4	Premenstrual Dysphoric Disorder	Y	N	N
698.4	Excoriation (Skin-Picking) Disorder	Y	N	N
780.52	Insomnia Disorder - other	E	N	N
780.54	Hypersomnolence Disorder - other	E	N	N

ICD-10 Diagnosis Codes

Below are the acceptable ICD-10 diagnosis codes allowed on authorization requests. These codes can be found in the DSM-5 manual next to the appropriate diagnosis.

ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F06.0	Y	N	N
F06.1	Y	N	N
F06.2	Y	N	N
F06.31	Y	N	N
F06.32	Y	N	N
F06.33	Y	N	N
F06.34	Y	N	N
F06.4	Y	N	N
F06.8	E	N	N
F07.0	Y	N	N
F10.10	N	Y	N
F10.121	N	Y	N
F10.129	N	Y	N
F10.14	N	Y	N
F10.159	N	Y	N
F10.180	N	Y	N
F10.20	N	Y	N
F10.221	N	Y	N
F10.229	N	Y	N
F10.231	N	Y	N
F10.232	N	Y	N
F10.239	N	Y	N
F10.24	N	Y	N
F10.259	N	Y	N

ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F10.26	N	Y	N
F10.27	N	Y	N
F10.280	N	Y	N
F10.921	N	Y	N
F10.929	N	Y	N
F10.94	N	Y	N
F10.959	N	Y	N
F10.96	N	Y	N
F10.97	N	Y	N
F10.980	N	Y	N
F10.99	N	Y	N
F11.10	N	Y	N
F11.121	N	Y	N
F11.122	N	Y	N
F11.129	N	Y	N
F11.14	N	Y	N
F11.181	N	Y	N
F11.188	N	Y	N
F11.20	N	Y	N
F11.221	N	Y	N
F11.222	N	Y	N
F11.229	N	Y	N
F11.23	N	Y	N
F11.24	N	Y	N
F11.281	N	Y	N
F11.282	N	Y	N
F11.288	N	Y	N
F11.921	N	Y	N
F11.922	N	Y	N
F11.929	N	Y	N
F11.94	N	Y	N

ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F11.981	N	Y	N
F11.982	N	Y	N
F11.988	N	Y	N
F11.99	N	Y	N
F12.10	N	Y	N
F12.121	N	Y	N
F12.122	N	Y	N
F12.129	N	Y	N
F12.159	N	Y	N
F12.180	N	Y	N
F12.188	N	Y	N
F12.20	N	Y	N
F12.221	N	Y	N
F12.222	N	Y	N
F12.229	N	Y	N
F12.259	N	Y	N
F12.280	N	Y	N
F12.288	N	Y	N
F12.921	N	Y	N
F12.922	N	Y	N
F12.929	N	Y	N
F12.959	N	Y	N
F12.980	N	Y	N
F12.988	N	Y	N
F12.99	N	Y	N
F13.10	N	Y	N
F13.121	N	Y	N
F13.129	N	Y	N
F13.14	N	Y	N
F13.159	N	Y	N
F13.180	N	Y	N

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ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F13.181	N	Y	N
F13.20	N	Y	N
F13.221	N	Y	N
F13.229	N	Y	N
F13.231	N	Y	N
F13.232	N	Y	N
F13.239	N	Y	N
F13.24	N	Y	N
F13.259	N	Y	N
F13.27	N	Y	N
F13.280	N	Y	N
F13.281	N	Y	N
F13.282	N	Y	N
F13.288	N	Y	N
F13.921	N	Y	N
F13.929	N	Y	N
F13.94	N	Y	N
F13.959	N	Y	N
F13.97	N	Y	N
F13.980	N	Y	N
F13.981	N	Y	N
F13.988	N	Y	N
F13.99	N	Y	N
F14.10	N	Y	N
F14.121	N	Y	N
F14.122	N	Y	N
F14.129	N	Y	N
F14.14	N	Y	N
F14.159	N	Y	N
F14.180	N	Y	N
F14.181	N	Y	N

ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F14.188	N	Y	N
F14.20	N	Y	N
F14.221	N	Y	N
F14.222	N	Y	N
F14.229	N	Y	N
F14.23	N	Y	N
F14.24	N	Y	N
F14.259	N	Y	N
F14.280	N	Y	N
F14.281	N	Y	N
F14.282	N	Y	N
F14.288	N	Y	N
F14.921	N	Y	N
F14.922	N	Y	N
F14.929	N	Y	N
F14.94	N	Y	N
F14.959	N	Y	N
F14.980	N	Y	N
F14.981	N	Y	N
F14.988	N	Y	N
F14.99	N	Y	N
F15.10	N	Y	N
F15.121	N	Y	N
F15.122	N	Y	N
F15.129	N	Y	N
F15.14	N	Y	N
F15.159	N	Y	N
F15.180	N	Y	N
F15.181	N	Y	N
F15.188	N	Y	N
F15.20	N	Y	N

ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F15.221	N	Y	N
F15.222	N	Y	N
F15.229	N	Y	N
F15.23	N	Y	N
F15.24	N	Y	N
F15.259	N	Y	N
F15.280	N	Y	N
F15.281	N	Y	N
F15.282	N	Y	N
F15.288	N	Y	N
F15.921	N	Y	N
F15.922	N	Y	N
F15.929	N	Y	N
F15.94	N	Y	N
F15.959	N	Y	N
F15.980	N	Y	N
F15.981	N	Y	N
F15.988	N	Y	N
F15.99	N	Y	N
F16.10	N	Y	N
F16.121	N	Y	N
F16.129	N	Y	N
F16.14	N	Y	N
F16.159	N	Y	N
F16.180	N	Y	N
F16.20	N	Y	N
F16.221	N	Y	N
F16.229	N	Y	N
F16.24	N	Y	N
F16.259	N	Y	N
F16.280	N	Y	N

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ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F16.921	N	Y	N
F16.929	N	Y	N
F16.94	N	Y	N
F16.959	N	Y	N
F16.980	N	Y	N
F16.983	N	Y	N
F16.99	N	Y	N
F17.208	N	N	N
F17.209	N	N	N
F18.121	N	Y	N
F18.129	N	Y	N
F18.14	N	Y	N
F18.159	N	Y	N
F18.17	N	Y	N
F18.180	N	Y	N
F18.188	N	Y	N
F18.20	N	Y	N
F18.221	N	Y	N
F18.229	N	Y	N
F18.24	N	Y	N
F18.259	N	Y	N
F18.27	N	Y	N
F18.280	N	Y	N
F18.288	N	Y	N
F18.921	N	Y	N
F18.929	N	Y	N
F18.94	N	Y	N
F18.959	N	Y	N
F18.97	N	Y	N
F18.980	N	Y	N
F18.988	N	Y	N

ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F18.99	N	Y	N
F19.10	N	Y	N
F19.121	N	Y	N
F19.129	N	Y	N
F19.14	N	Y	N
F19.159	N	Y	N
F19.17	N	Y	N
F19.180	N	Y	N
F19.181	N	Y	N
F19.188	N	Y	N
F19.20	N	Y	N
F19.221	N	Y	N
F19.229	N	Y	N
F19.231	N	Y	N
F19.239	N	Y	N
F19.24	N	Y	N
F19.259	N	Y	N
F19.27	N	Y	N
F19.280	N	Y	N
F19.281	N	Y	N
F19.282	N	Y	N
F19.288	N	Y	N
F19.921	N	Y	N
F19.929	N	Y	N
F19.94	N	Y	N
F19.959	N	Y	N
F19.97	N	Y	N
F19.980	N	Y	N
F19.981	N	Y	N
F19.988	N	Y	N
F19.99	N	Y	N

ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F20.81	Y	N	N
F20.9	Y	N	N
F21	Y	N	N
F22	Y	N	N
F23	Y	N	N
F25.0	Y	N	N
F25.1	Y	N	N
F28	Y	N	N
F29	Y	N	N
F31.0	Y	N	N
F31.11	Y	N	N
F31.12	Y	N	N
F31.13	Y	N	N
F31.2	Y	N	N
F31.31	Y	N	N
F31.32	Y	N	N
F31.4	Y	N	N
F31.5	Y	N	N
F31.71	Y	N	N
F31.72	Y	N	N
F31.73	Y	N	N
F31.74	Y	N	N
F31.75	Y	N	N
F31.76	Y	N	N
F31.81	Y	N	N
F31.89	Y	N	N
F31.9	Y	N	N
F32.0	Y	N	N
F32.1	Y	N	N
F32.2	Y	N	N
F32.3	Y	N	N

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ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F32.4	Y	N	N
F32.5	Y	N	N
F32.89	Y	N	N
F32.9	Y	N	N
F33.0	Y	N	N
F33.1	Y	N	N
F33.2	Y	N	N
F33.3	Y	N	N
F33.41	Y	N	N
F33.42	Y	N	N
F33.9	Y	N	N
F34.0	Y	N	N
F34.1	Y	N	N
F34.81	Y	N	N
F40.00	Y	N	N
F40.10	Y	N	N
F40.218	Y	N	N
F40.228	Y	N	N
F40.230	Y	N	N
F40.231	Y	N	N
F40.232	Y	N	N
F40.233	Y	N	N
F40.248	Y	N	N
F40.298	Y	N	N
F41.0	Y	N	N
F41.1	Y	N	N
F41.8	Y	N	N
F41.9	Y	N	N
F42.2	Y	N	N
F42.3	Y	N	N
F42.4	Y	N	N

ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F42.8	Y	N	N
F42.9	Y	N	N
F43.0	Y	N	N
F43.10	Y	N	N
F43.20	Y	N	N
F43.21	Y	N	N
F43.22	Y	N	N
F43.23	Y	N	N
F43.24	Y	N	N
F43.25	Y	N	N
F43.8	Y	N	N
F43.9	Y	N	N
F44.0	Y	N	N
F44.1	Y	N	N
F44.4	Y	N	N
F44.5	Y	N	N
F44.6	Y	N	N
F44.7	Y	N	N
F44.81	Y	N	N
F44.89	Y	N	N
F44.9	Y	N	N
F45.1	Y	N	N
F45.21	Y	N	N
F45.22	Y	N	N
F45.8	Y	N	N
F45.9	Y	N	N
F48.1	Y	N	N
F50.01	E	N	N
F50.02	E	N	N
F50.2	E	N	N
F50.81	E	N	N

ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F50.89	E	N	N
F50.9	E	N	N
F51.01	E	N	N
F51.11	E	N	N
F51.4	E	N	N
F51.5	E	N	N
F54	E	N	N
F60.0	Y	N	N
F60.1	Y	N	N
F60.2	Y	N	N
F60.3	Y	N	N
F60.4	Y	N	N
F60.5	Y	N	N
F60.6	Y	N	N
F60.7	Y	N	N
F60.81	Y	N	N
F60.89	Y	N	N
F60.9	Y	N	N
F63.0	E	N	N
F63.1	Y	N	N
F63.2	Y	N	N
F63.3	Y	N	N
F63.81	Y	N	N
F64.0	Y	N	N
F64.8	Y	N	N
F64.9	Y	N	N
F65.0	E	N	N
F65.1	E	N	N
F65.2	E	N	N
F65.3	E	N	N
F65.4	E	N	N

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ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F65.51	E	N	N
F65.52	E	N	N
F65.81	E	N	N
F65.89	E	N	N
F65.9	E	N	N
F68.10	E	N	N
F70	N	N	Y
F71	N	N	Y
F72	N	N	Y
F73	N	N	Y
F79	N	N	Y
F84.0	N	N	E
F88	N	N	E
F89	N	N	E
F90.0	Y	N	N
F90.1	Y	N	N
F90.2	Y	N	N
F90.8	Y	N	N
F90.9	Y	N	N
F91.1	Y	N	N
F91.2	Y	N	N
F91.3	Y	N	N
F91.8	Y	N	N
F91.9	Y	N	N
F93.0	Y	N	N
F94.0	Y	N	N
F94.1	Y	N	N
F94.2	Y	N	N
F98.0	E	N	N
F98.1	E	N	N
F98.21	E	N	N

ICD-10 Dx Code from DSM-5	BH MH	BH SU	DD
F98.3	E	N	N
F99	E	N	N
G47.00	E	N	N
G47.09	E	N	N
G47.10	E	N	N
G47.19	E	N	N
G47.20	E	N	N
G47.21	E	N	N
G47.22	E	N	N
G47.23	E	N	N
G47.24	E	N	N
G47.26	E	N	N
L98.1	Y	N	N

ICD-10 Informational Diagnosis Codes

Below are the informational ICD-10 diagnosis codes that may be used in conjunction with the above listed approved diagnosis codes.

ICD-CM-10 Code	Description
F01.50	Probable Major Vascular Neurocognitive Disorder without Behavioral Disturbance
F01.51	Probable Major Vascular Neurocognitive Disorder with Behavioral Disturbance
F02.80	Probable Major Neurocognitive Disorder Due to Alzheimer's Disease without Behavioral Disturbance
F02.81	Probable Major Neurocognitive Disorder Due to Frontotemporal Lobar Degeneration with Behavioral Disturbance
F03.90	Unspecified dementia without behavioral disturbance
F03.91	Unspecified dementia with behavioral disturbance
F04	Amnesic disorder due to known physiological condition
F05	Delirium due to another Medical condition
F06.30	Mood disorder due to known physiological condition, unspecified
F07.81	Postconcussional syndrome
F07.89	Other personality and behavioral disorders due to known physiological condition
F07.9	Unspecified personality and behavioral disorder due to known physiological condition
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10.181	Alcohol - Induced Sexual Dysfunction, With mild use disorder
F10.182	Alcohol-Induced Sleep Disorder, With mild use disorder
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.19	Alcohol abuse with unspecified alcohol-induced disorder
F10.21	Alcohol dependence, in remission
F10.220	Alcohol dependence with intoxication, uncomplicated
F10.230	Alcohol dependence with withdrawal, uncomplicated
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10.281	Alcohol - Induced Sexual Dysfunction, With moderate or severe use disorder

F10.282	Alcohol-Induced Sleep Disorder, With moderate or severe use disorder
F10.288	Alcohol - Induced mild neurocognitive disorder, With moderate or severe use disorder
F10.29	Alcohol dependence with unspecified alcohol-induced disorder
F10.920	Alcohol use, unspecified with intoxication, uncomplicated
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F10.981	Alcohol - Induced Sexual Dysfunction, Without use disorder
F10.982	Alcohol-Induced Sleep Disorder, Without use disorder
F10.988	Alcohol - Induced mild neurocognitive disorder, Without use disorder
F11.120	Opioid abuse with intoxication, uncomplicated
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
F11.182	Opioid-Induced Sleep Disorder, With mild use disorder
F11.19	Opioid abuse with unspecified opioid-induced disorder
F11.21	Opioid dependence, in remission
F11.220	Opioid dependence with intoxication, uncomplicated
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
F11.29	Opioid dependence with unspecified opioid-induced disorder
F11.90	Opioid use, unspecified, uncomplicated
F11.920	Opioid use, unspecified with intoxication, uncomplicated
F11.93	Opioid use, unspecified with withdrawal
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
F12.120	Cannabis abuse with intoxication, uncomplicated

F12.150	Cannabis abuse with psychotic disorder with delusions
F12.151	Cannabis abuse with psychotic disorder with hallucinations
F12.19	Cannabis abuse with unspecified cannabis-induced disorder
F12.21	Cannabis dependence, in remission
F12.220	Cannabis dependence with intoxication, uncomplicated
F12.250	Cannabis dependence with psychotic disorder with delusions
F12.251	Cannabis dependence with psychotic disorder with hallucinations
F12.29	Cannabis dependence with unspecified cannabis-induced disorder
F12.90	Cannabis use, unspecified, uncomplicated
F12.920	Cannabis use, unspecified with intoxication, uncomplicated
F12.950	Cannabis use, unspecified with psychotic disorder with delusions
F12.951	Cannabis use, unspecified with psychotic disorder with hallucinations
F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
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
F13.182	Sedative, hypnotic, or anxiolytic-Induced Sleep Disorder, With mild use disorder
F13.188	Sedative, hypnotic or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorder
F13.19	Sedative, hypnotic or anxiolytic abuse with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.21	Sedative, hypnotic or anxiolytic dependence, in remission
F13.220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated
F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
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
F13.26	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnesic disorder
F13.29	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.90	Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated

F13.920	Sedative, hypnotic or anxiolytic use, unspecified with intoxication, uncomplicated
F13.930	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, uncomplicated
F13.931	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal delirium
F13.932	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal with perceptual disturbances
F13.939	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, unspecified
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
F13.96	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting amnesic disorder
F13.982	Sedative, hypnotic, or anxiolytic-Induced Sleep Disorder, Without use disorder
F14.120	Cocaine abuse with intoxication, uncomplicated
F14.150	Cocaine abuse with cocaine-induced psychotic disorder with delusions
F14.151	Cocaine abuse with cocaine-induced psychotic disorder with hallucinations
F14.182	Cocaine-Induced Sleep Disorder, With mild use disorder
F14.19	Cocaine abuse with unspecified cocaine-induced disorder
F14.21	Cocaine dependence, in remission
F14.220	Cocaine dependence with intoxication, uncomplicated
F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F14.90	Cocaine use, unspecified, uncomplicated
F14.920	Cocaine use, unspecified with intoxication, uncomplicated
F14.950	Cocaine use, unspecified with cocaine-induced psychotic disorder with delusions
F14.951	Cocaine use, unspecified with cocaine-induced psychotic disorder with hallucinations
F14.982	Cocaine-Induced Sleep Disorder, Without use disorder
F15.120	Other stimulant abuse with intoxication, uncomplicated
F15.150	Other stimulant abuse with stimulant-induced psychotic disorder with delusions

F15.151	Other stimulant abuse with stimulant-induced psychotic disorder with hallucinations
F15.182	Caffeine-Induced Sleep Disorder, With mild use disorder
F15.19	Other stimulant abuse with unspecified stimulant-induced disorder
F15.21	Other stimulant dependence, in remission
F15.220	Other stimulant dependence with intoxication, uncomplicated
F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F15.29	Other stimulant dependence with unspecified stimulant-induced disorder
F15.90	Other stimulant use, unspecified, uncomplicated
F15.93	Caffeine Withdrawal
F15.920	Other stimulant use, unspecified with intoxication, uncomplicated
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
F15.982	Amphetamine (or other stimulant)-Induced Sleep Disorder, Without use disorder
F16.120	Hallucinogen abuse with intoxication, uncomplicated
F16.122	Hallucinogen abuse with intoxication with perceptual disturbance
F16.150	Hallucinogen abuse with hallucinogen-induced psychotic disorder with delusions
F16.151	Hallucinogen abuse with hallucinogen-induced psychotic disorder with hallucinations
F16.183	Hallucinogen abuse with hallucinogen persisting perception disorder (flashbacks)
F16.188	Hallucinogen abuse with other hallucinogen-induced disorder
F16.19	Hallucinogen abuse with unspecified hallucinogen-induced disorder
F16.21	Hallucinogen dependence, in remission
F16.220	Hallucinogen dependence with intoxication, uncomplicated
F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions
F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations
F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F16.288	Hallucinogen dependence with other hallucinogen-induced disorder
F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder

F16.90	Hallucinogen use, unspecified, uncomplicated
F16.920	Hallucinogen use, unspecified with intoxication, uncomplicated
F16.950	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with delusions
F16.951	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with hallucinations
F16.988	Hallucinogen use, unspecified with other hallucinogen-induced disorder
F17.200	Tobacco Use Disorder, Moderate
F17.201	Nicotine dependence, unspecified, in remission
F17.203	Tobacco Withdrawal
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.213	Nicotine dependence, cigarettes, with withdrawal
F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders
F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.223	Nicotine dependence, chewing tobacco, with withdrawal
F17.228	Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
F17.229	Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
F17.293	Nicotine dependence, other tobacco product, with withdrawal
F17.298	Nicotine dependence, other tobacco product, with other nicotine-induced disorders
F17.299	Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders
F18.10	Inhalant Use Disorder - Mild
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.150	Inhalant abuse with inhalant-induced psychotic disorder with delusions
F18.151	Inhalant abuse with inhalant-induced psychotic disorder with hallucinations
F18.19	Inhalant abuse with unspecified inhalant-induced disorder

F18.21	Inhalant dependence, in remission
F18.220	Inhalant dependence with intoxication, uncomplicated
F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions
F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations
F18.29	Inhalant dependence with unspecified inhalant-induced disorder
F18.90	Inhalant use, unspecified, uncomplicated
F18.920	Inhalant use, unspecified with intoxication, uncomplicated
F18.950	Inhalant use, unspecified with inhalant-induced psychotic disorder with delusions
F18.951	Inhalant use, unspecified with inhalant-induced psychotic disorder with hallucinations
F19.120	Other psychoactive substance abuse with intoxication, uncomplicated
F19.122	Other psychoactive substance abuse with intoxication with perceptual disturbances
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
F19.16	Other psychoactive substance abuse with psychoactive substance-induced persisting amnestic disorder
F19.182	Other (or unknown) substance-Induced Sleep Disorder, With mild use disorder
F19.19	Other psychoactive substance abuse with unspecified psychoactive substance-induced disorder
F19.21	Other psychoactive substance dependence, in remission
F19.220	Other psychoactive substance dependence with intoxication, uncomplicated
F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated
F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
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
F19.26	Other psychoactive substance dependence with psychoactive substance-induced persisting amnestic disorder
F19.29	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder
F19.90	Other psychoactive substance use, unspecified, uncomplicated
F19.920	Other psychoactive substance use, unspecified with intoxication, uncomplicated
F19.922	Other psychoactive substance use, unspecified with intoxication with perceptual disturbance

F19.930	Other psychoactive substance use, unspecified with withdrawal, uncomplicated
F19.931	Other psychoactive substance use, unspecified with withdrawal delirium
F19.932	Other psychoactive substance use, unspecified with withdrawal with perceptual disturbance
F19.939	Other psychoactive substance use, unspecified with withdrawal, unspecified
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
F19.96	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting amnesic disorder
F19.982	Other (or unknown) substance-Induced Sleep Disorder, Without use disorder
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.89	Other schizophrenia
F24	Shared psychotic disorder
F25.8	Other schizoaffective disorders
F25.9	Schizoaffective disorder, unspecified
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
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified

F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
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
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F32.81	Premenstrual Dysphoric Disorder
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.8	Other recurrent depressive disorders
F34.9	Persistent mood [affective] disorder, unspecified
F39	Unspecified mood [affective] disorder
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.11	Social phobia, generalized
F40.210	Arachnophobia
F40.220	Fear of thunderstorms
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying
F40.290	Androphobia
F40.291	Gynephobia
F40.8	Other phobic anxiety disorders
F40.9	Phobic anxiety disorder, unspecified
F41.3	Other mixed anxiety disorders

F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F43.29	Adjustment disorder with other symptoms
F44.2	Dissociative stupor
F45.0	Somatization disorder
F45.20	Hypochondriacal disorder, unspecified
F45.29	Other hypochondriacal disorders
F45.41	Pain disorder exclusively related to psychological factors
F45.42	Pain disorder with related psychological factors
F48.2	Pseudobulbar affect
F48.8	Other specified nonpsychotic mental disorders
F48.9	Nonpsychotic mental disorder, unspecified
F50.00	Anorexia nervosa, unspecified
F51.02	Adjustment insomnia
F51.03	Paradoxical insomnia
F51.04	Psychophysiologic insomnia
F51.05	Insomnia due to other mental disorder
F51.09	Other insomnia not due to a substance or known physiological condition
F51.12	Insufficient sleep syndrome
F51.13	Hypersomnia due to other mental disorder
F51.19	Other hypersomnia not due to a substance or known physiological condition
F51.3	Non-Rapid Eye Movement Sleep Arousal Disorders - Sleepwalking
F51.8	Other sleep disorders not due to a substance or known physiological condition
F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified
F52.0	Male Hypoactive Sexual Desire Disorder
F52.1	Sexual aversion disorder
F52.21	Erectile Disorder
F52.22	Female Sexual Interest/Arousal Disorder

F52.31	Female Orgasmic Disorder
F52.32	Delayed Ejaculation
F52.4	Premature (Early) Ejaculation
F52.5	Vaginismus not due to a substance or known physiological condition
F52.6	Genito-Pelvic Pain/Penetration Disorder
F52.8	Other Specified Sexual Dysfunction
F52.9	Unspecified Sexual Dysfunction
F53	Puerperal psychosis
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
F63.89	Other impulse disorders
F63.9	Impulse disorder, unspecified
F64.2	Gender Dysphoria in Children
F65.50	Sadomasochism, unspecified
F66	Other sexual disorders
F68.11	Factitious disorder with predominantly psychological signs and symptoms
F68.12	Factitious disorder with predominantly physical signs and symptoms
F68.13	Factitious disorder with combined psychological and physical signs and symptoms
F68.8	Other specified disorders of adult personality and behavior
F69	Unspecified disorder of adult personality and behavior
F78	Other intellectual disabilities
F80.0	Speech Sound Disorder (previously Phonological Disorder)
F80.1	Expressive language disorder

F80.2	Language Disorder
F80.4	Speech and language development delay due to hearing loss
F80.81	Childhood-Onset Fluency Disorder (Stuttering)
F80.82	Social (Pragmatic) Communication Disorder
F80.9	Unspecified Communication Disorder
F81.0	Specific Learning Disorder with impairment in reading
F81.2	Specific Learning Disorder with impairment in mathematics
F81.81	Specific Learning Disorder with impairment in written expression
F81.89	Other developmental disorders of scholastic skills
F81.9	Developmental disorder of scholastic skills, unspecified
F82	Developmental Coordination Disorder
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
F91.0	Conduct disorder confined to family context
F93.8	Other childhood emotional disorders
F93.9	Childhood emotional disorder, unspecified
F94.8	Other childhood disorders of social functioning
F94.9	Childhood disorder of social functioning, unspecified
F95.0	Provisional Tic Disorder
F95.1	Persistent (Chronic) Motor or Vocal Tic Disorder
F95.2	Tourette's Disorder
F95.8	Other Specified Tic Disorder
F95.9	Unspecified Tic Disorder
F98.29	Other feeding disorders of infancy and early childhood
F98.4	Stereotypic Movement Disorder

F98.5	Adult-Onset Fluency Disorder
F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F98.9	Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence

Medical Diagnosis Codes

All ICD-10 diagnosis codes are allowed except the behavioral codes listed above.