

PROVIDER ALERT

Use of F99 and R69 Diagnosis Codes

September 28, 2022

Target Audience: All Behavioral Health Providers

This alert clarifies the appropriate use of the F99 (*mental disorder, not otherwise specified*) and R69 (*illness, unspecified*) diagnosis codes, and includes important information for Psychiatric Rehabilitation Program (PRP) providers.

PRP Providers:

The F99 and R69 diagnosis codes **should never be used** when submitting claims for PRP services, including PRP encounters (H2016).

- Prior to proceeding with treatment, an evaluation of the participant should be performed to establish the diagnosis, so that the most appropriate treatment can be provided.

Claims for PRP services and PRP encounters **received on or after October 1, 2022**, which are submitted with an F99 or R69 diagnosis code will be denied for the reason '*Invalid Diagnosis Code for Procedure Billed.*'

All Other Behavioral Health Providers:

Claim billing using the F99 or R69 diagnosis codes is **limited to 2 (two) uses/sessions per participant**. Using this code beyond two sessions will result in claims being denied for the following reason: '*Primary Diagnosis Limit Reached.*'

- The F99 or R69 diagnosis codes should be used only for 1-2 sessions as a precaution until an appropriate diagnosis is confirmed.
- Providers should use the actual Specialty Behavioral Health diagnosis following the second claims submission.

If you have questions about the information contained in this alert, please contact Optum Maryland customer service at 1-800-888-1965.

Thank you,

Optum Maryland Team