



Changes to patient designation for severe mental illness (SMI)

The Florida Agency for Health Care Administration introduced a change, effective Feb. 1, 2025, to how patients with Florida Medicaid coverage will be identified as having severe mental illness (SMI). SMI constitutes one or a combination of the following diagnostic categories: psychotic disorders, bipolar disorder, major depression, schizophrenia, delusional disorder or obsessive-compulsive disorder.

Please review the information below to promote documentation and coding that are complete and accurate to the highest degree of specificity, which will help ensure that SMI is appropriately identified via claims and encounters. This will support appropriate patient diagnosis and treatment, accurate provider claim reimbursement and proper funding for patient care.

Period	SMI designation identification
Prior to Feb. 1, 2025	SMI designation identified by at least <u>one</u> claim since Jan. 1, 2013 , containing a diagnosis code from the list of SMI-qualifying diagnoses. Once the patient was designated as having SMI, they would always have an SMI designation.
Beginning Feb. 1, 2025	Monthly verification of SMI designation via inpatient, outpatient, professional and pharmacy claims and encounters for patients 6 years of age and older to validate that SMI diagnoses are present, with appropriate documentation and coding as follows: Groups 1 and 2: Psychotic disorders /Bipolar disorders (incl. manic episodes) <ul style="list-style-type: none">• ICD -10 Groups: <i>ICD Groups F2x, F30x, F31x</i>:• One date of service with a group 1 or 2 diagnosis code in any position on either a(n) inpatient, outpatient, long-term care or professional claim or encounter within a 12-month service date lookback period prior to the run month. Groups 3, 4 and 5: Mood disorders (including major depression), anxiety disorders (including stress-related anxiety), other mental health disorders <ul style="list-style-type: none">• ICD Groups F32x, F33x, F34x, F39x, F4, F50, F53, F60, F63, F68, F69, F91, F98, F99• Primary diagnosis on an inpatient claim or encounter within 12-month rolling cycle. OR• Any diagnosis on an outpatient claim with at least two dates of service between 15–90 days apart within a 12-month service date lookback period prior to the run month OR• Any diagnosis on a professional claim with four consecutive dates of service 7–12 days apart in any position within a 12-month service date lookback period prior to the run month. .

	<p>Group 6: Suicide attempt</p> <ul style="list-style-type: none">• ICD Group T1491• One date of service with a T1491x diagnosis code in any position on either a(n) inpatient, outpatient, long-term care or professional claim or encounter within a 24-month service date lookback period prior to the run month.
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For any questions, please contact BHSMI@humana.com.