

# Dx UPDATE FORM

<b>Client Name</b>	<b>Client ID</b>
	<b>Change Dx Date</b>

**PRIMARY BEHAVIORAL HEALTH Dx (F01-99)**

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**SECONDARY BEHAVIORAL HEALTH Dx (F01-99)**

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**TERTIARY BEHAVIORAL HEALTH Dx (F01-99)\* OR OTHER (G,R,T OR Z SERIES) DSM5 Dx**  
*\*Use for Behavioral Health Dx only if there is also a Behavioral Health Dx in Secondary field.*

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<b>Facility Name/ID</b>
<b>Program Name/ID</b>
<b>Clinician Name (PSP)</b>
<b>Physician Name</b>

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<b>Physician Name</b>

[Click here for Covered DSM5 diagnoses for SMH outpatient services](#)