



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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**Date:** October 12, 2015

**To:** All ACHBCS Providers  
*Mental Health & SUD Providers*

**From:** ACBHCS—Quality Assurance

**Re:** Update regarding ICD-10 and DSM-IV Documentation Requirements

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Effective October 1, 2015—behavioral health care documentation, and claiming, requires utilization of ICD-10 diagnosis (Dx) codes. ACBHCS will be implementing this new requirement in two phases, which are described below.

Also, please see the ICD-10 Memo issued by Alameda Behavioral Health Care Services Agency at: <http://www.acbhcs.org/providers/ICD-10/default.htm>

**Phase I (Non-Clinician’s Gateway users):**

For clients’ with newly created Assessments (Initial, Annual, Updated) beginning 10/1/15:

1. Once the DSM-IV Dx is established for treatment purposes—document the DSM-IV Dx in the MH Assessment and enter the code into InSyst.
2. Refer to the DSM-IV to ICD-10 crosswalks (attached) to determine the appropriate ICD-10 Dx for the DSM-IV Dx. Document that specific ICD-10 Dx in your MH Assessment (along with the DSM-IV Dx). It is crucial that you utilize the specific ICD-10 Dx (indicated in the cross-walk for that DSM-IV Dx) so that it will match what is automatically generated in InSyst for claiming purposes. *Note, the Crosswalks were revised on 9/26/15.*
3. Please note, InSyst will automatically cross-walk to the DSM-IV Dx that is entered, and will submit that code to Medi-Cal for claiming purposes. (Again, that code must match exactly what you have entered into the MH Assessment.)

Update all existing clients’ Assessments:

1. Look up the clients’ cross-walked ICD-10 Dx (from their DSM-IV Dx) in InSyst (*Episode Update Screen* or *Episode Opening Screen*), or from the cross-walks provided (see website link and attachments).
2. Create a MH Assessment Addendum:
  - a. Title the page *Addendum to “MH Assessment dated: \_\_/\_\_/\_\_\_\_”* (date of last MH Assessment).
  - b. Indicate the DSM-IV Dx’s along with the cross-walked ICD-10 Dx’s. (For all diagnoses, not just the primary Dx.)
  - c. Print the LPHA’s name, M/C credential and the date (signed) at the bottom of the page.



- d. LPHA signs the MH Assessment Addendum and it is added to the Client's Medical Record. Note, if the LPHA is waived or registered—a licensed LPHA must co-sign.
3. It is expected that the updating of all open clients' MH Assessment records will be completed within the next two to four weeks.

*Please note, if you also include the DSM-IV Dx anywhere else in the medical record—moving forward you will want to include the ICD-10 Dx in those documents as well. For example, if you include the Dx in the Client Plan and/or Progress Note—you will want to include both the DSM-IV and ICD-10 Dx in any future such records that you create. (There is no requirement to go back and update all open Clients' Plans with the ICD-10 diagnoses. However, if you include the Dx in the Client Plan—you will include the DSM-IV and the cross-walked ICD-10 Dx's in all future plans.)*

### **Phase I (Clinician's Gateway users):**

Effective 10/1/15, ICD-10 Diagnostic Codes will be displayed on all Clinician's Gateway progress note and assessment templates where the Episode Diagnosis Information currently displays.

- For InSyst: the DSM-IV codes that exist in InSyst will be cross-walked to the corresponding ICD-10 codes.
- Until further instruction, you must continue to use DSM-IV Diagnostic Codes until you are trained in ICD-10.
- The DSM-IV and ICD-10 Diagnostic Codes will display together on Clinician Gateway data entry screens and printed notes.
- InSyst and Clinician's Gateway ICD-10 and DSM-IV must match. If you change the Dx in Clinician's Gateway, InSyst must be updated. Include a note in your assessment indicating that this is a new Dx and that you will submit a Dx update into InSyst for claiming and future services.

*Please note, Clinician Gateway users are not being asked to create MH Assessment Addendums for existing open clients.*

### **Phase II (not yet in effect):**

In Phase II, the clinician will have the opportunity to refine the ICD-10 Dx. That is, they will not be restricted to utilization of only one specific ICD-10 Dx for each DSM-IV Dx.

If you have any questions, or need any assistance in the implementation of this requirement, please email your Quality Assurance Technical Assistance contact. See list below. (If you would like to ask your questions in person, you may also attend the monthly QA Brown Bag Luncheons held on the first Friday of the Month from noon – 1pm at 2000 Embarcadero, Fifth floor, Oakland CA.)

**ACHBCS QA Technical Assistance Contacts for Master Contract Providers  
(CBOs), County Clinics/Programs & Network Providers**

<b>CBO's by Parent Agency Name, or County Clinic by Program Name</b>	<b>QA Technical Support Staff Member</b>
All CBO's/Network Providers: A-C County Adult Programs: A-C	Michael De Vito, MFT, MPH <a href="mailto:mdevito@acbhcs.org">mdevito@acbhcs.org</a>
All CBO's/Network Providers: D-O County Adult Programs : D-O <b>All Children's County Clinics and Programs</b>	Jennifer Fatzler, MFT <a href="mailto:jfatzler@acbhcs.org">jfatzler@acbhcs.org</a>
All CBO's/Network Providers P – Z County Adult Programs: P-Z	Tony Sanders, PhD <a href="mailto:asanders2@acbhcs.org">asanders2@acbhcs.org</a>
All AOD/SUD Providers	Sharon Loveseth, CADCI, LAADC sloveseth@acbhcs.org

**For general questions, you may call QA's main phone line: 510-567-8105**