**alameda county
behavioral health**

MENTAL HEALTH & SUBSTANCE USE SERVICES

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- MEMORANDUM -

DATE: August 24, 2020

TO: All ACBH Specialty Mental Health Services (SMHS) Providers (County and
            Contracted)

FROM: ACBH Quality Assurance Office

SUBJECT: Updated Specialty Mental Health Services (SMHS) Medi-Cal Included
            Diagnoses Lists - Effective September 14, 2020

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The Department of Health Care Services (DHCS) issued Behavioral Health Information Notice No: 20-043, dated July 8, 2020, which updated the 2020 International Classification of Diseases, Tenth Revision (ICD-10) Included Code Sets effective until new guidance is issued.

This guidance is applicable to Inpatient and Outpatient Specialty Mental Health Services (SMHS):

1. Diagnosis code R69 is now DELETED as the "Diagnosis Deferred" was removed from DSM-5. This code should no longer be utilized and effective September 14, 2020, may no longer be entered into InSyst or Clinician's Gateway (CG) Electronic Health Record (EHR).

2. For episodes entered into InSyst with an opening date of October 1, 2019 forward, diagnosis code R69 will not be allowed by DHCS. We sought clarification from DHCS regarding any prior claims made under R69, starting October 1, 2019, to determine if these will need to be modified by the Provider or by ACBH. At this time, no action is required. We will update providers as soon as we have instruction from DHCS.

3. If DSM-5 criteria are met, the clinician may utilize Z03.89 instead of R69. This diagnosis description is CHANGED from "No Diagnosis" to "Encounter for observation for other suspected diseases and conditions ruled out." Examples for use of Z03.89 ICD-10 diagnosis code may include providing crisis intervention, crisis stabilization, or during the assessment phase of a beneficiary's treatment when a diagnosis has yet to be

established. DHCS provided this description to outline the requirements for a "billable code," retroactively effective on October 1, 2019, with the 2020 edition of ICD-10-CM. Please begin utilizing Z03.89 diagnosis code by September 14, 2020 in both InSyst and Clinician's Gateway (CG) Electronic Health Record (EHR). Note: that once a diagnosis has been established, Z03.89 may no longer be used and CG/InSyst will need to be updated.
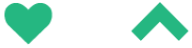
Note: several diagnoses have been added to both the Inpatient and Outpatient SMHS Included Lists, including **F84.0, "*Autism Spectrum Disorder*"**:

- For individuals with an established DSM-IV Diagnosis of: Rett's Disorder (F84.2); Other Childhood Disintegrative Disorder (F84.3); Asperger's Disorder (F84.5); Other Pervasive Developmental Disorder (F84.8); or Pervasive Developmental Disorder, Unspecified (F84.9), treatment may continue. The diagnosis will need to be updated to Autism Spectrum Disorder-F84.0 as outlined below after September 14, 2020 OR at the next Assessment time.

- For individuals with an established DSM-IV diagnosis of Autistic Disorder (299.0) - which was previously excluded from claiming to Medi-Cal – at this time, do not change the diagnosis to Autism Spectrum Disorder (F84.00) as a primary included diagnosis (even though it is now an included diagnosis). ACBH is consulting with DHCS to determine under what clinical circumstances this will be appropriate and how to document it. When guidance is received, providers will be updated.

Directions for updating the retired diagnoses (such as R69):

All R69 ICD-10 diagnosis codes for existing clients with open episodes must be updated to Z03.89, both in the medical record and InSyst between the dates of September 14, 2020 and September 30, 2020:
- In CG, clinicians may use the Assessment Update template to update existing diagnosis codes within CG.
   - InSyst diagnoses must be updated separately, after updating CG.
- Clients not in CG, will need both the existing medical record and the InSyst database updated to the new codes (no sooner than September 14, 2020 and no later than September 30, 2020, or based on the timeframes described above).

The revised ACBHS Medi-Cal Included Diagnoses Lists may be found here:
http://www.acbhcs.org/providers/QA/audit.htm

Each of the lists, or crosswalks, include one version that indicates highlighted changes, and one that is the final version (changes incorporated but not highlighted).

If you have any questions regarding these changes, your clinic or program's Quality Coordinator may contact QATA@ACgov.org for technical assistance. You may also bring your questions to the ACBH QA Office's regularly scheduled "ACBH QA Brown Bag Question and Answer for MH Providers" call-in sessions.
See: http://www.acbhcs.org/providers/QA/Training.htm.