

## Memo

Date: February 18, 2026

To: Alameda County Behavioral Health Department (ACBHD) Users of Clinician's Gateway (CG)

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Subject: Diagnosis and Code Updates in Clinician's Gateway

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The purpose of this memo is to provide information about recent updates to Clinician's Gateway (CG) to the *Principal Diagnosis* and *Diagnostic Impression* sections.

### Reason for the Updates

Codes, diagnoses, and diagnostic standards used for clinical services are updated regularly. As a result, ACBHD must update its systems to ensure proper diagnosing and that claim submissions are consistent with current billing code standards as errors in diagnoses/codes will result in Short-Doyle Medi-Cal (SDMC) denying claim submissions.

Due to multiple implementations and priorities, codes/diagnoses in CG are out-of-date and overdue for an overhaul of both the field options and the codes available for selection.

### Scope of Changes

The changes described in this memo impact all CG progress notes and all form templates with a *Diagnostic Impression* section, such as the *Assessment MH*, *Assessment Psychiatric MH*, and *Diagnosis Form SUD*.

### CG *Principal Diagnosis* / Service Specific Diagnosis Overview

CG's *Principal Diagnosis* dropdown is a post-CalAIM documentation reform feature that allows clinicians the ability to specify a service-specific diagnosis. The *Principal Diagnosis* function is found on all CG templates with the full billing header. This function allows clinicians, working within their scope of practice, to identify the specific diagnosis being treated for a specific service, even if that diagnosis has not yet been added to the billing or clinical record.

- *Principal Diagnosis* automatically defaults to the primary diagnosis from the billing system's *Diagnosis Document* and does not need to be changed unless there is change in the service specific diagnosis.

- 1) When different, the code in *Principal Diagnosis* will override the diagnosis in the billing system when the service is claimed.
- 2) If using a different diagnosis than what is currently in the billing system and/or clinical record, clinicians should review the individual's current diagnostic profile and update, as appropriate.

### Changes in Mental Health (MH) CG

- The *Principal Diagnosis* dropdown has been updated to include all codes that may be sent with SMHS claims, including all ICD-10-CM Z55-Z65 codes and Z03.89.
- The *Diagnostic Impression* section has been updated and includes the following fields and codes (the new field names are in all CAPS):
  - 1) PRIMARY MH
    - Includes all diagnoses appropriate to be sent with mental health claims, including all ICD-10-CM Z55-Z65 codes and Z03.89.
  - 2) DSM-5-TR
    - Includes all codes and diagnoses from the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5-Text Revision (TR).
  - 3) ALL ICD-10-CM
    - Includes all HIPAA-compliant ICD-10-CM codes provided by DHCS/CMS.<sup>1</sup>

### Changes in Substance Use Disorder (SUD) CG

- The *Principal Diagnosis* dropdown has been updated to include all codes that may be sent with DMC-ODS claims, including all ICD-10-CM Z55-Z65 codes and Z03.89.
- The *Diagnostic Impression* section has been updated to the following fields and codes (the new field names are in all CAPS):
  - 1) PRIMARY SUD
    - Includes all codes appropriate to be sent with substance use disorder claims, including all ICD-10-CM Z55-Z65 codes and Z03.89.
  - 2) DSM-5-TR
    - Includes all codes and diagnoses from the current edition of the DSM-5-TR.
  - 3) ALL ICD-10-CM

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<sup>1</sup> [CMS ICD-10-CM Tabular List](#)

- Includes all HIPAA-compliant ICD-10-CM codes provided by DHCS/CMS.<sup>2</sup>

### **How Were the Codes in Each Dropdown Determined?**

To determine the codes for the dropdowns, ACBHD Quality Assurance Division followed guidance described in [ACBHD Diagnosis and Code Guidance](#). This guide can be found Section 13 of the [QA Manual](#) and is based on current information from DHCS about what codes are appropriate for use in SMHS and DMC-ODS.

The PRIMARY MH and PRIMARY SUD dropdowns are required and only include codes allowed for claiming in the respective delivery system. When a MH or SUD diagnosis is not established during the assessment period, Z, T and other codes are available for selection.

To prevent claim submission issues, all codes are HIPAA-compliant.

### **Removed Fields**

DSM-IV era multiaxial fields, such as *Psychosocial Diagnoses* and *General Medical Codes* (GMC) have been removed as they no longer conform to current behavioral health diagnosing standards.

### **Action Required**

Please communicate the information in this memo to all team members that use CG.

### **Support**

For questions about this memo please contact [QATA@acgov.org](mailto:QATA@acgov.org).

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<sup>2</sup> [CMS ICD-10-CM Tabular List](#)