

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

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Due to multiple implementations and priorities, codes/diagnoses in CG are out-of-date and overdue for an overhaul of both the field options and the codes available for selection.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.¹

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

¹ [CMS ICD-10-CM Tabular List](#)

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

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.

² [CMS ICD-10-CM Tabular List](#)