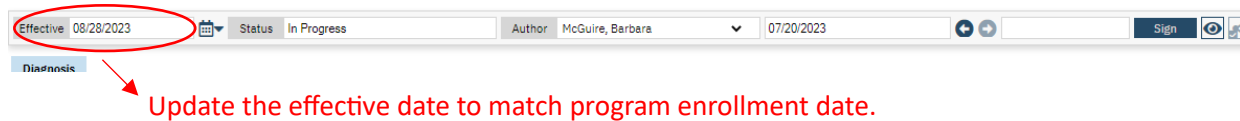


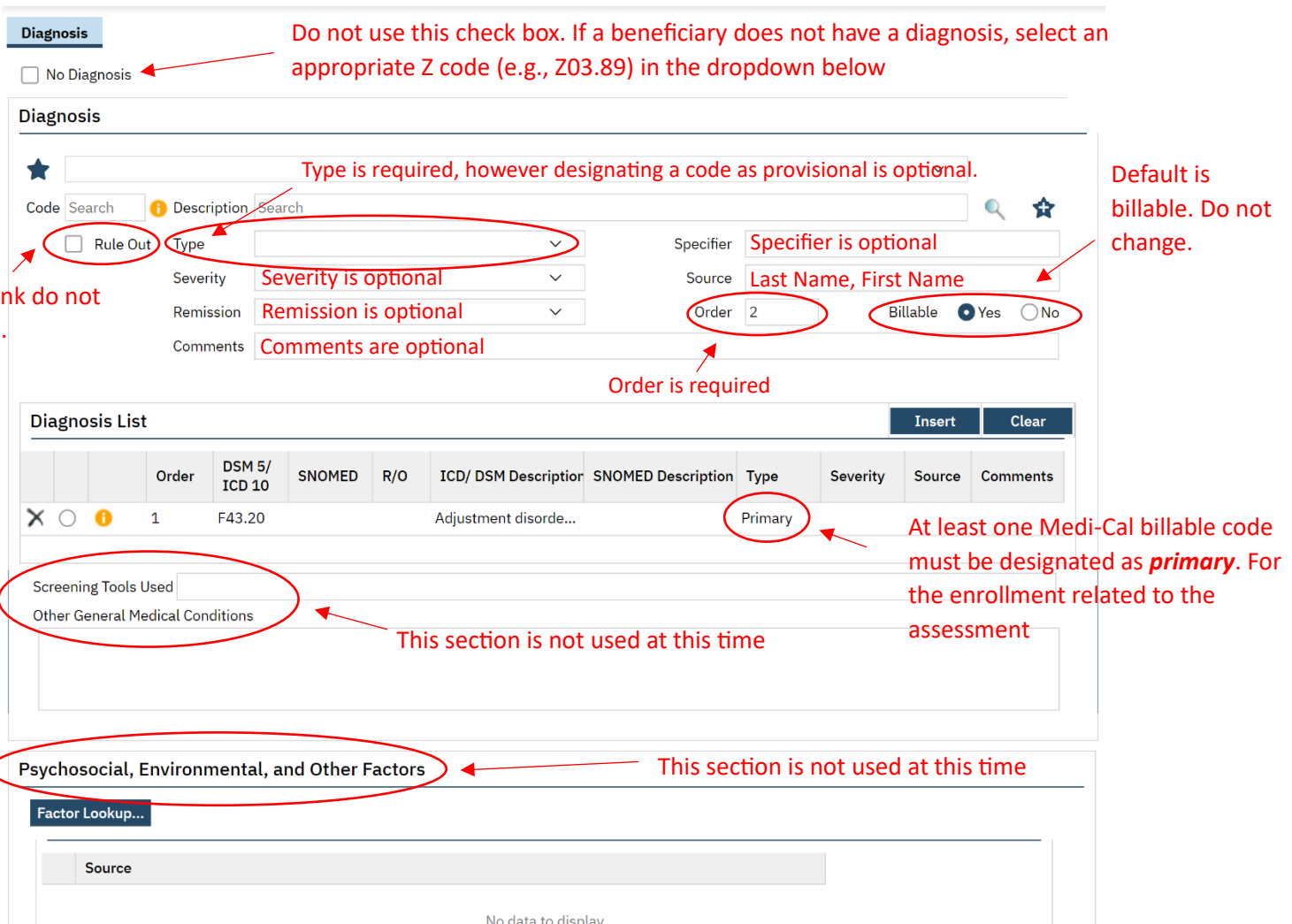
SmartCare "Diagnosis Document" Instructions

Below is a screenshot of the **Diagnosis Document** in SmartCare. The diagnosis document is the form in SmartCare that adds, removes, or updates a beneficiary's diagnoses for a specific program. A new diagnosis document must be completed for each program admission/enrollment, to indicate the diagnoses that will be used for claiming.



Effective 08/28/2023

Update the effective date to match program enrollment date.



No Diagnosis

Do not use this check box. If a beneficiary does not have a diagnosis, select an appropriate Z code (e.g., Z03.89) in the dropdown below

Type is required, however designating a code as provisional is optional.

Leave blank do not complete.

Severity is optional

Remission is optional

Comments are optional

Order is required

Default is billable. Do not change.

Order 2

Billable Yes No

At least one Medi-Cal billable code must be designated as **primary**. For the enrollment related to the assessment

This section is not used at this time

Psychosocial, Environmental, and Other Factors

This section is not used at this time

Order	DSM 5/ ICD 10	SNOMED	R/O	ICD/ DSM Description	SNOMED Description	Type	Severity	Source	Comments
1	F43.20			Adjustment disorde...		Primary			

¹ For CG users, a service specific diagnosis feature has been developed and built into progress note templates. This feature allows, within one’s scope of practice, to temporarily override SmartCare’s *primary* ICD code for an individual service. This feature does not make any changes or updates to the SmartCare diagnosis document as it directly updates the ICD code on the service for claim submission.

Can ACBH providers use any of the codes in SmartCare as the primary?

No. The ICD codes available for selection are significantly expanded compared with InSyst. However, not all codes present in SmartCare can be used. This is because:

- 1) Codes that have been removed but were allowed for claiming in previous fiscal years may remain in the SmartCare database.
- 2) SmartCare includes physical health codes which are not appropriate for claiming of behavioral health services.

Why do some ICD codes in SmartCare have an asterisk?

ICD codes with an asterisk (e.g., F20.81*) mean that diagnosis is in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Since Medi-Cal requires providers use the DSM for diagnostic criteria, it is recommended that the codes with the asterisks are prioritized. Regardless, for the purposes of selecting *primary* billing code in SmartCare, it is most important that the correct ICD code be selected, regardless of the description, as the ICD code is what is submitted to, and validated by Medi-Cal.

The following are some examples to help clarify some of the nuances of the SmartCare diagnosis document:

Example #1: Why does the diagnosis document include multiple choices for the same ICD-10-CM code?

Diagnosis

★

Code Description

- F31.9* - Bipolar I disorder, Current or most recent episode depressed, Unspecified
- F31.9* - Bipolar I disorder, Current or most recent episode hypomanic, Unspecified
- F31.9* - Bipolar I disorder, Current or most recent episode manic, Unspecified
- F31.9* - Bipolar I disorder, Current or most recent episode unspecified
- F31.9* - Unspecified bipolar and related disorder
- F31.9 - Bipolar disorder, unspecified

Diagnosis List Insert Clear

This is because the DSM often uses the same ICD code for different diagnoses. SmartCare displays the ICD version and all of the different DSM versions for a single code. As an example, F31.9 is the ICD code for five similar but distinct diagnoses in the DSM. Thus in SmartCare, F31.9 has six different entries. The five with the asterisk (F31.9*) are different diagnoses in the DSM and the F31.9 entry without the asterisk is the ICD-10-CM code and description.

Example #2: Does SmartCare include any DSM disorders not allowed by SMHS or DMC-ODS?

Diagnosis

★ 🔍 ★

- G31.84* - Mild frontotemporal neurocognitive disorder
- G31.84* - Mild neurocognitive disorder due to Alzheimer's disease
- G31.84* - Mild neurocognitive disorder due to another medical condition
- G31.84* - Mild neurocognitive disorder due to HIV infection
- G31.84* - Mild neurocognitive disorder due to Huntington's disease
- G31.84* - Mild neurocognitive disorder due to multiple etiologies
- G31.84* - Mild neurocognitive disorder due to Parkinson's disease
- G31.84* - Mild neurocognitive disorder due to prion disease

Unfortunately it does. There are a few reasons for this: 1) SmartCare includes all billable (and some non-billable) CMS approved ICD codes. 2) Not all diagnoses in the DSM are suitable for claiming of behavioral health services. In this example, G31.84 is a CMS billable code and is in the DSM, however SMHS Medi-Cal does not allow for claiming of services for neurocognitive disorders. This means that not all codes with an asterisk (*) can be used as a **primary** code.

Example #3: Why are diagnoses not in the DSM available as choices in SmartCare?

Diagnosis

★

Code: F40.2 i Description: Search 🔍 ☆

- F40.210 - Arachnophobia
- F40.218* - Specific phobia, Animal
- F40.218 - Other animal type phobia
- F40.220 - Fear of thunderstorms
- F40.228* - Specific phobia, Natural environment
- F40.228 - Other natural environment type phobia
- F40.230* - Specific phobia, Fear of blood
- F40.230 - Fear of blood
- F40.231* - Specific phobia, Fear of heights

Diag

The SmartCare diagnosis database includes all ICD-10-CM codes allowed by CMS, including ones from previous fiscal years that have been removed or updated. In the screenshot above, F40.220 Fear of thunderstorms and F40.210 Arachnophobia are current ICD-10-CM billable codes and were in previous editions of the DSM. However, in the current edition of the DSM, F40.220 and F40.210 were grouped together with like phobias. As a result, F40.218* and F40.228*, respectively, are more appropriate as they are in the current version of the DSM. For all mental health and substance use diagnoses, clinicians must only use diagnoses in the current version of the DSM at the time of the service entry.

Example #4: Can the physical health codes available in the diagnosis document be used as a *primary* diagnosis?

Diagnosis

No Diagnosis

Diagnosis

★

Code: Search i Description: diabetes 🔍 ☆

Rule Out

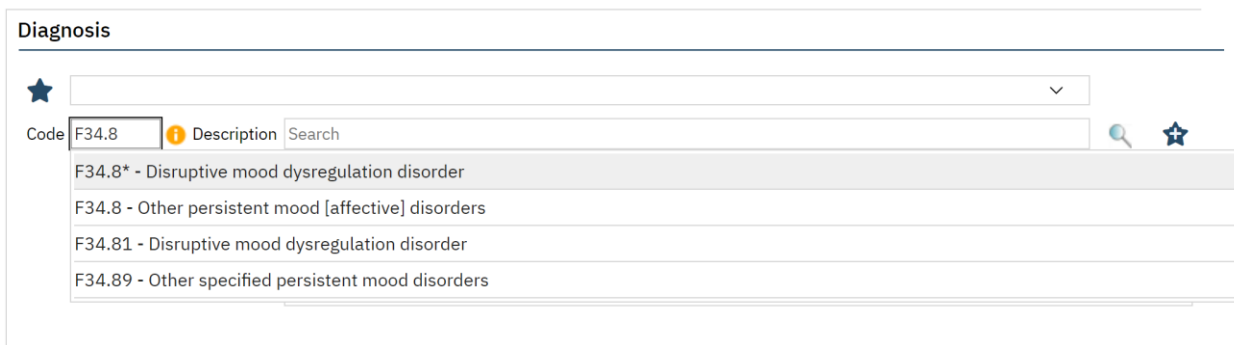
Type	Severity	Remission	Comments
E08.22			Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29			Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311			Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319			Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.321			Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
E08.3211			Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
E08.3212			Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye

Diagnosis List

Order	DSM ICD	Description	Primary
1	F43.20	Adjustment disorder with mixed anxiety and depressed mood	Primary

No. SmartCare currently includes all CMS-approved codes and the vast majority are physical health codes. Since behavioral health services are for the treatment of mental health (MH) and substance use disorders (SUD) physical health codes are not appropriate for claiming. If a beneficiary does not meet criteria for a MH or SUD diagnosis, in certain circumstances, an appropriate Z code can be used as **primary**.

Example #5: The diagnosis document includes codes of varying specificity. Do we always have to use the most specific code possible?



The screenshot shows a 'Diagnosis' dropdown menu in a software interface. The selected code is 'F34.8'. Below the dropdown, a list of related codes is displayed:

Code	Description
F34.8*	Disruptive mood dysregulation disorder
F34.8	Other persistent mood [affective] disorders
F34.81	Disruptive mood dysregulation disorder
F34.89	Other specified persistent mood disorders

Yes. More specific ICD codes must be used when available. Codes with less level of detail are sometimes called “parent codes” and are not billable. In the example above, F34.8 is considered a “parent code” and is not eligible for claiming. Instead, clinicians must choose a more specific code. SmartCare may include non-billable codes, such as parent codes and clinicians must be mindful to always use more specific codes when available because “parent codes” will result in claim submission denials.

Also, in the example above both F34.81 and F34.89 do not have asterisks, but both are in the current edition of the DSM.

Example #6: The diagnosis document for a beneficiary in a mental health program includes SUD diagnoses. At a SMHS program can a SUD code be **primary**?

Diagnosis

★

Code Description

- F10.10* - Alcohol use disorder, Mild
- F10.10 - Alcohol abuse, uncomplicated
- F10.11 - Alcohol abuse, in remission
- F10.120 - Alcohol abuse with intoxication, uncomplicated
- F10.121* - Alcohol intoxication delirium, With mild use disorder
- F10.121 - Alcohol abuse with intoxication delirium
- F10.129* - Alcohol intoxication, With mild use disorder
- F10.129 - Alcohol abuse with intoxication, unspecified

Diag

No. SMHS claims cannot be submitted with SUD diagnoses. Instead, a MH diagnosis, or in certain circumstances, an appropriate Z code, should be used as **primary**.

Example #7: The diagnosis document for a beneficiary in a SUD program includes MH diagnoses. At a SUD program, can a MH code be **primary**?

Diagnosis

★

Code Description

- F25.0* - Schizoaffective disorder, Bipolar type
- F25.0 - Schizoaffective disorder, bipolar type
- F25.1* - Schizoaffective disorder, Depressive type
- F25.1 - Schizoaffective disorder, depressive type
- F25.8 - Other schizoaffective disorders
- F25.9 - Schizoaffective disorder, unspecified

Diagnosis LIST

No. DMC-ODS claims cannot be submitted with mental health diagnoses. A non-tobacco SUD diagnosis, or in certain circumstances, an appropriate Z code, must be **primary** for SUD services.