

Changes to Clinician's Gateway SMHS Assessment Templates and Training

Alameda County Health

Behavioral Health Department

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Topics

- Assessment Template Updates
- Diagnosis Updates



Assessment Updates

Assessment Template Updates

- The following clinical templates have been updated in Clinician's Gateway (CG) to match the DHCS standardized domains:
 - Assessment Psychiatric MH
 - Assessment Mental Health
- These templates go live on **2/3/26**
- They should be used for both initial assessments and assessment updates.



Documenting Assessment Updates

- When documenting an update to an assessment, relevant information automatically imports from the most recent assessment template completed by the same agency.
- Information only imports from templates of the same name.
- For example, information from a prior *Assessment Mental Health template* only imports into a new *Assessment Mental Health template*.
- The provider can then edit and update the required sections.



Template Name Change



- *Assessment Update* is now called *Diagnosis Update*
- The *Diagnosis Update* template should be used to document changes to diagnosis and rationale for those updates.
- This template should **not** be used to update an assessment, except during the transition period.

Documenting Updates During the Transition Period

- Relevant assessment details import from previously completed *Assessment Mental Health and Assessment Psychiatric MH* templates into new ones.
- However, nothing will import from the previous versions of these assessment templates into the new ones.
- **If an assessment was completed prior to the launch of the new templates and needs to be updated, providers have the following options:**
 - For significant changes to an assessment, create a new assessment using the new assessment templates. Once created, for future updates, relevant information will import into the new templates.
 - For small changes, either use the *Diagnosis Update* template until the client is discharged or create a new assessment using the new templates.

DEMO



CG Diagnosis and Code Updates

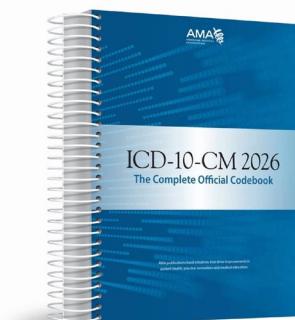
Reason for the Updates

- Diagnoses, diagnostic criteria, and codes allowable for claiming are updated at least annually.
- Diagnoses/codes in CG have not been updated in several years and are overdue for an overhaul of both the field options and the codes available for selection.
- Using current codes and diagnoses support quality clinical care and prevent claiming issues.



Organizations Responsible for Diagnostic Codes Used in Behavioral Health Settings

- The Centers for Medicaid and Medicare (CMS) identifies the codes allowed for claiming to Medicaid and Medicare. These codes become the health issues allowed for treatment in those systems. CMS requires that Medi-Cal uses HIPAA-compliant ICD-10-CM codes.
- The World Health Organization (WHO) manages the International Classification of Diseases (ICD). The latest version is ICD-11; however, CMS is expected to use ICD-10 for the foreseeable future.



Organizations Responsible for Diagnostic Codes Used in Behavioral Health Settings, cont.

- The American Psychological Association (APA) manages and publishes the Diagnostic and Statistical Classification of Mental Diseases.
- The current edition is the DSM-5-TR and Medi-Cal requires providers use the current edition (at the time of service) for diagnostic criteria.
- The Department of Health Care Services (DHCS) administers Medicaid in California (Medi-Cal) and instructs county BHPs on code requirements (see relevant BHINs on the Resources slide).



Codes and Claiming for Services

- Diagnoses used for claiming to Medi-Cal follow these rules:
 - Must be an ICD-10-CM, HIPAA-compliant code as established by [CMS](#).
 - Should be appropriate for the delivery system (e.g., MH diagnoses in SMHS, SUD in DMC-ODS).
 - Mental and substance use diagnoses must use the Diagnostic and Statistical Manual current to the day of service delivery.
 - A code that was allowed for claiming in one FY may not be allowed for claiming in subsequent years.
 - Errors in diagnoses/codes will result in Short-Doyle Medi-Cal (SDMC) denying claim submissions.



Changes in CG

1. Updates to codes in *Principal Diagnosis* dropdown
2. Changes to *Diagnostic Impression* categories
3. Updates to codes in the new *Diagnostic Impression* dropdowns

Principal Diagnosis: (Select ICD-...) (Select ICD-10 description)

Diagnostic Impression

PRIMARY MH

DSM-5-TR Descriptor	ICD-10-CM	ICD-10-CM Descriptor
(Select)	(Select)	(Select)

Signs & Symptoms that Support Diagnosis:

Add Additional Diagnosis

IF DX HAS CHANGED, YOU MUST CORRECT SMARTCARE FOR CORRECT CLAIMING.
Coordinate Diagnoses with other clinicians

ALL DSM-5-TR

DSM-5-TR Descriptor	ICD-10-CM	ICD-10-CM Descriptor
(Select)	(Select)	(Select)

Signs & Symptoms that Support Diagnosis:

Add Additional Diagnosis

IF DX HAS CHANGED, YOU MUST CORRECT SMARTCARE FOR CORRECT CLAIMING.
Coordinate Diagnoses with other clinicians

All ICD-10-CM

ICD-10-CM	ICD-10-CM Descriptor
(Select IC...)	(Select ICD-10 description)

Signs & Symptoms that Support Diagnosis:

Add Additional Diagnosis

CG Principal Diagnosis

Principal Diagnosis: (Select ICD-...) (Select ICD-10 description)

- The *Principal Diagnosis* function is found on all CG templates with the full billing header.
- The *Principal Diagnosis* dropdown 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* 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.
 - When different, the code in *Principal Diagnosis* will override the diagnosis in the billing system when the service is claimed.
 - 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, within their scope of practice.

CG *Principal Diagnosis* Dropdown

- The CG *Principal Diagnosis* dropdown is populated by codes appropriate for billing in the corresponding delivery system.
- Code guidance can be found in [ACBHD Diagnosis and Code Guidance](#) found in Section 13 of the [QA Manual](#).



Principal Diagnosis:

CG Diagnostic Impression Section Update

- The *Diagnostic Impression* section has been updated to include new field names and codes:

Diagnostic Impression

PRIMARY MH

DSM-5-TR Descriptor	ICD-10-CM	ICD-10-CM Descriptor
(Select)	(Select)	(Select)

Signs & Symptoms that Support Diagnosis:

ALL DSM-5-TR

DSM-5-TR Descriptor	ICD-10-CM	ICD-10-CM Descriptor
(Select)	(Select)	(Select)

Signs & Symptoms that Support Diagnosis:

All ICD-10-CM

ICD-10-CM	ICD-10-CM Descriptor
(Select IC...)	(Select ICD-10 description)

Signs & Symptoms that Support Diagnosis:

[Add Additional Diagnosis](#)

IF DX HAS CHANGED, YOU MUST CORRECT SMARTCARE FOR CORRECT CLAIMING.
Coordinate Diagnoses with other clinicians

[Add Additional Diagnosis](#)

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[Add Additional Diagnosis](#)

CG *Diagnostic Impression* Section: PRIMARY MH

- Mental health services require at least one MH code appropriate for claiming to SMHS. This dropdown includes those codes to ensure at least one of those codes are present on the assessment.
- Includes all diagnoses appropriate to be sent with mental health claims, including all ICD-10-CM Z55-Z65 codes.
- This field is required. Options are available (e.g., Z03.89, Z/T codes) when an individual does not meet criteria for a MH diagnosis.
- The codes in PRIMARY MH should be consistent with the billing system diagnoses.
- Diagnoses/codes in this dropdown are consistent with guidance provided in the [ACBHD DIAGNOSIS AND CODE GUIDANCE](#) document.

Diagnostic Impression

PRIMARY MH		
DSM-5-TR Descriptor	ICD-10-CM	ICD-10-CM Descriptor
(Select)	(Select)	(Select)

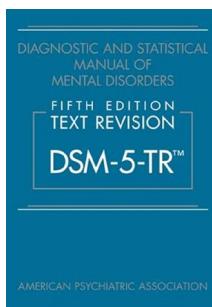
Signs & Symptoms that Support Diagnosis:

Add Additional Diagnosis

IF DX HAS CHANGED, YOU MUST CORRECT SMARTCARE FOR CORRECT CLAIMING.
Coordinate Diagnoses with other clinicians

CG Diagnostic Impression Section: DSM-5-TR

- DHCS requires behavioral health providers use the current edition of the DSM for diagnostic criteria.
- Dropdown includes all codes and diagnoses from the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Currently is the DSM-5-TR (Sept. 2025 Update)



ALL DSM-5-TR

DSM-5-TR Descriptor	ICD-10-CM	ICD-10-CM Descriptor
(Select)	(Select)	(Select)

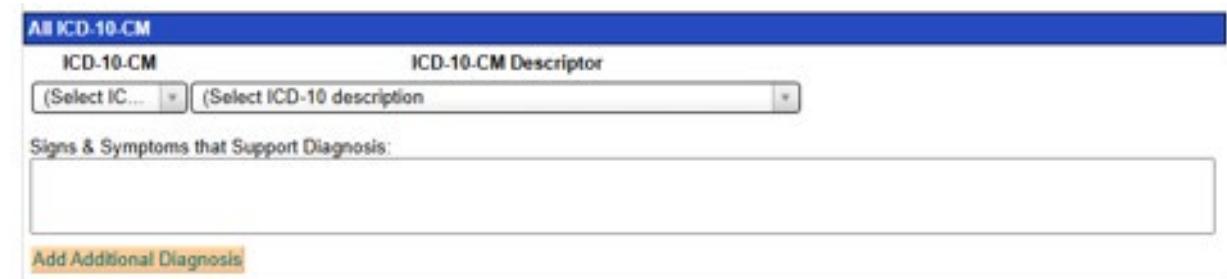
Signs & Symptoms that Support Diagnosis:

Add Additional Diagnosis

**IF DX HAS CHANGED, YOU MUST CORRECT SMARTCARE FOR CORRECT CLAIMING.
Coordinate Diagnoses with other clinicians**

CG Diagnostic Impression Section: ICD-10-CM

- Includes all HIPAA-compliant ICD-10-CM codes provided by DHCS/CMS (current to the April 2026 Update)
- Included to give clinicians access to all available ICD-10-CM codes to enable complete and comprehensive diagnosing.
- Clinicians may add codes outside of their scope of practice if the diagnosis was made by an individual with the scope of practice.
- Other diagnoses may be included, but only diagnoses/codes relevant to the member's behavioral health treatment are required to be included in the clinical record.
- For reference see: [CMS ICD-10-CM Tabular List](#)

A screenshot of a software interface for entering ICD-10-CM codes. The interface has a blue header bar with the text 'All ICD-10-CM' on the left. Below the header, there are two dropdown menus: 'ICD-10-CM' and 'ICD-10-CM Descriptor', both with '(Select IC...)' placeholder text. Below the dropdowns is a text input field labeled 'Signs & Symptoms that Support Diagnosis:' with a large empty box. At the bottom of the interface is a green button labeled 'Add Additional Diagnosis'.

Resources

Links to Resources

- [CMS ICD-10-CM Resources](#)
- [APA Updates to the DSM-5-TR](#)
- [SMARTCARE DIAGNOSIS DOCUMENT INSTRUCTIONS](#)
- [ACBHD DIAGNOSIS AND CODE GUIDANCE](#)
- [DHCS BH CalAIM FAQ](#)
- DHCS BHINs:
 - [22-013: Code Selection During Assessment Period for Outpatient Behavioral Health \(BH\) Services](#)
 - [26-002: Criteria for Medi-Cal member access to the Specialty Mental Health Services \(SMHS\) delivery system, medical necessity, and other coverage requirements](#)



Recently Updated

Questions?

- We are here to help!
- Please email questions to QATA@acgov.org or consider attending one of our Brown Bag Meetings for open forum Q&A.
- For more information or to access the meeting links to our monthly Mental Health and SUD Brown Bag Meetings, please visit our [QA Training Page](#) on the ACBHD Provider Website.



Thank you for attending.