alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

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- MEMORANDUM -

DATE: November 14, 2023

TO: All Alameda County Behavioral Health (ACBH) Medi-Cal providers

FROM: Torfeh Rejali, Quality Assurance Division Director
Brion Phipps, Quality Assurance Interim Associate Administrator

SUBJECT: **Diagnosis Codes Available for Medi-Cal Claiming Post CalAIM**

The purpose of this memo is to provide overarching concepts for consideration when submitting Medi-Cal claims, and to notify providers of availability of 1) New resource documents containing International Classification of Diseases (ICD) codes most appropriate for use for claiming of behavioral health Medi-Cal services (mental health and substance use disorder), 2) Supplemental resource document to assist diagnosis entry into SmartCare.

Background

Per current Medi-Cal billing requirements, all claims must be submitted with a CMS-approved ICD-10-CM code. Prior to the CalAIM updates to Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Medi-Cal reimbursement was restricted to diagnosis codes on "included lists" for the respective delivery system. With the adoption of the CalAIM changes, effective 1/1/22, for most behavioral health Medi-Cal services, specific diagnosis lists have been discontinued.[1] While this has expanded the codes available to claim for outpatient behavioral health services, specific nuances are important to take into consideration. To help providers navigate these nuances, this memo provides a brief overview.

Overarching Concepts for Claim Submission

The following are overarching concepts to consider when determining which code to use for claim submission in the respective delivery system. Make sure to consider ALL when determining which code to use for claiming purposes.

1. Only providers with the scope of practice to diagnose mental health and substance use disorders (SUD) may do so. Additional codes are available for use by all staff during the assessment period and other identified times.[2]
2. Codes must be CMS-approved from the ICD-10-CM tabular list, the HIPAA code set, and must be reported at the greatest level of detail possible.[3]

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[1] Except for SMHS inpatient, and DMC-ODS inpatient/residential as described in this memo.
[2] See DHCS BHIN 22-013
[3] For example, use F32.81 or F32.89 instead of F32.8. See CMS ICD-10-CM Official Guidelines for Coding and Reporting (p.12 Level of Detail in Coding).

3. All mental health and substance use diagnoses must be from the current edition of Diagnostic and Statistical Manual of Mental Disorders (DSM) on the date of the service activity.[4]
4. Individuals must only be given diagnoses for which they meet criteria. If a beneficiary no longer meets criteria for a code/diagnosis, the record should be updated to reflect this change.

Determining Appropriate ICD Codes for Each Delivery System

In addition to the overarching concepts just described, the following must also be considered:

SMHS Outpatient

- All diagnoses in the DSM considered "mental disorders", except neurocognitive disorders (e.g., dementia) or substance-related and addictive disorders are acceptable.[5]
- During the assessment period, codes (e.g., Z codes) are available for claiming until a diagnosis is established.[6]
- For individuals who do not meet criteria for a mental health disorder, but meet other SMHS outpatient criteria per BHIN 21-073, additional codes (e.g., Z codes) are available for claiming.[7]

SMHS Inpatient

- SMHS inpatient providers must continue to only bill Medi-Cal for services to individuals who meet criteria for diagnoses on Medi-Cal's inpatient diagnosis list as specified in Enclosure 1 of BHIN 20-043.

DMC-ODS Outpatient

- Per BHIN 23-001, all diagnoses from the DSM chapter on Substance-Related and Addictive Disorders, except Tobacco-Related Disorders and Non-Substance-Related Disorders (e.g., gambling) are acceptable.
- During the assessment period, codes (e.g., Z codes) are available for claiming until a SUD diagnosis is established.[8]
- Service for adolescent beneficiaries (through age 20) who do not meet criteria for a SUD diagnosis, but still require SUD treatment per the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate, may be claimed using an appropriate Z code.

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[4] Per DHCS BHINs 21-073, 23-001, MHP Contract, & DMC-ODS Contract
[5] Per DHCS BHIN 21-073
[6] Per DHCS BHIN 22-013
[7] See https://www.dhcs.ca.gov/Documents/BHIN-22-013-Code-Selection-During-Assessment-Period-for-Outpatient-Behavioral-Health.pdf
[8] Per DHCS BHIN 22-013

DMC-ODS Inpatient/Residential

- DMC-ODS inpatient and residential providers must only continue to bill Medi-Cal for services to individuals who meet criteria for diagnoses as specified in Enclosure 1 of BHIN 20-074E.

ACBH Code Selection Resources

ACBH SMHS Outpatient ICD-10-CM Diagnoses for Claiming and ACBH SUD Outpatient ICD-10-CM Diagnoses for Claiming

Based on the aforementioned rationale, to assist providers, ACBH has created two spreadsheets with recommended codes, one for SMHS Outpatient and one for DMC-ODS Outpatient. SMHS Inpatient and DMC-ODS Inpatient/Residential should use the respective enclosures provided by Medi-Cal and noted in the above sections.

The spreadsheets include columns for ICD-10-CM code, DSM-5-TR name, ICD-10-CM short name, ICD-10-CM long name, Scope of practice. Note that ICD and DSM[9] are typically updated annually with changes effective for the October 1st to September 30th fiscal year, but may also be updated periodically throughout the year. As a result, over time these resources may not be fully current.

Both documents are posted in Section 13 of the QA Manual.

SmartCare Diagnosis Document Instructions

A third resource document containing information on using the SmartCare Diagnosis document is also now available. 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.

The form provides instructions to users for how to complete this document and answers many of the frequently asked questions regarding this document.

ACBH Support

ACBH's QA team continues to offer opportunities for quality improvement, including documentation related technical assistance, monthly Brown Bag meetings and training opportunities throughout the year. Information regarding future Brown Bag meetings is posted on the QA Training page.

For questions, please contact qata@acgov.org.

[9] https://www.psychiatry.org/psychiatrists/practice/dsm