



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

Department of  
**Health and Social Services**

DIVISION OF BEHAVIORAL HEALTH  
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September 4, 2015

RE: DHSS/BH ICD-10 Conversion - **Guidance Document 1: Changes to Service Authorizations and Service Review Requirements for Alaska Behavioral Health Services Providers**

Dear Behavioral Health Services Provider:

This guidance is for community behavioral health services providers, mental health physician clinics, residential behavioral rehabilitation services providers, residential psychiatric treatment centers, and inpatient psychiatric hospitals. The information below addresses how and when these providers should transition from DSM-IV-TR and ICD-9 diagnosis codes to use of the ICD-10 Diagnosis Code set when submitting Service Authorizations or Service Reviews.

**Preparing Early**

Providers should continue using DSM-IV-TR and DC: 0-3R criteria and ICD-9 diagnosis codes through September 30, 2015. Beginning October 1, 2015, ICD-10 diagnosis codes will be required on all health care claims for services provided on and after that date. Providers are encouraged to immediately begin updating recipient clinical records in preparation for these new requirements. Use the DSM-5 or DC: 0-3 criteria to identify the proper ICD-10 diagnosis for all existing recipient records opened on or before September 30, 2015.

The ICD-10 diagnosis codes may reflect more specificity for certain disorders than the DSM-5. The ICD-10 will also be frequently updated. Providers should choose the ICD-10 diagnosis that best describes the recipient's condition. Providers should also reference the most up to date source when selecting diagnosis.

The Centers for Medicaid and Medicare Services and the American Medical Association have developed guidance on new ICD-10 flexibility for providers during the first year of compliance. CMS will not deny claims nor subject eligible professionals to penalty related to the additional specificity of the ICD-10 diagnosis codes as long as eligible professionals use a code from the correct family of codes. The Division will also apply the same flexibility as CMS during the first year of compliance.

**Service Authorizations for Outpatient and Residential Behavioral Rehabilitation Services (BRS)**

Providers should use the current Service Authorization form for recipient records that have treatment plan "begin dates" that fall on or before September 30, 2015. This form should be used even when a Service Authorization end date extends past October 1, 2015. For example, if the treatment plan begin date is 9/1/2015, a Service Authorization using the current form may request service authorization for 9/1/15 through 1/16/16. Please note, however, that while the authorization period covers time before and after the ICD-10 conversion, actual claims for services that occur on and after October 1, 2015 provided under this Service Authorization request number will require that the agency use a new ICD-10 diagnosis code.

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Providers should use the new Service Authorization Form for recipient records that have treatment plans which begin on and after October 1, 2015.

For retroactive requests, Providers should choose the correct Service Authorization form based on the Treatment Plan "begin date" as explained above.

The two different Service Authorization forms are located at:

<http://manuals.medicaidalaska.com/docs/forms.htm>.

### **Inpatient Psychiatric and Residential Psychiatric Treatment (RPTC) Reviews**

There are three different date dependent conditions that affect service reviews: dates of services that fall entirely on or before September 30, 2015; dates of services that begin in September and span October 1, 2015 and beyond; and, dates of services that begin on October 1 or after.

Providers should continue to use DSM-IV-TR diagnosis codes for Reviews of Inpatient Psychiatric and RPTC stays for dates of services that fall entirely on or before September 30, 2015. For dates of services that span October 1 and beyond, providers may use both DSM-IV-TR and ICD-10 diagnosis codes. (The Qualis Jiva system and the Xerox Enterprise system will automatically select the proper code based upon date of service.) For services which begin on October 1, 2015 or after, providers should use only ICD-10 diagnosis codes for both new admissions and continued stay Reviews.

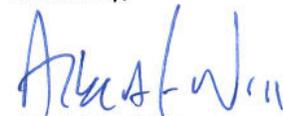
For Retroactive Reviews, Inpatient Psychiatric and RPTC providers should adhere to the same date dependent arrangement as explained above.

For more information regarding Service Authorizations and Service Reviews providers may access "ICD-10 Provider Training 8-24-15" available on the Division website at:

<http://dhss.alaska.gov/dbh/Pages/Resources/Regulations.aspx>. If you have questions or require other assistance please feel free to contact Lisa Brown ( [lisa.brown@alaska.gov](mailto:lisa.brown@alaska.gov) ; 269-2051).

Thank you for your continued service to Alaska and Alaskans in need.

Sincerely,



Albert E. Wall  
Director