



April 15, 2015

Re: Conversion to ICD-10 Classification of Mental and Behavioral Disorders

Dear Provider,

As you know, last year at this time the Division of Behavioral Health (DBH) surveyed grantees regarding their preferences with respect to implementation dates for the DSM-5, given the Congressionally-mandated one year delay in transitioning to ICD-10 diagnostic billing codes (from October 1, 2014 to October 1st of this year). The vast majority of provider-grantees responding to the survey favored transitioning to the DSM-5 disorder classifications simultaneously with the new ICD-10 codes on October 1, 2015.

With this date fast approaching, the Division is actively working to manage the transition to both the DSM-5 and the ICD-10. I want to advise provider-grantees of critical issues related to this transition.

First, the current Behavioral Health Services Regulations originally adopted by reference the DSM-IV-TR and the ASAM (2nd Ed. Revised) as the diagnostic resources required for assessment and treatment planning. The Division will adopt the new DSM-5 and the new ASAM (3rd Ed.) as the required diagnostic resources, and intends to include the DC: 0-3 as another diagnostic resource adopted by reference in regulation.

Second, I want to advise provider-grantees of an important decision with respect to AKAIMS reporting. Currently AKAIMS utilizes ICD-9 codes with DSM-IV-TR descriptors for all screens requiring diagnoses. The Division has decided to adopt the new ICD-10 diagnostic code set and descriptors for reporting mental and behavioral health disorders within AKAIMS. Division staff have identified a number of compelling reasons for choosing this course of action:

- All health care providers nationwide are required to utilize ICD-9 codes up to September 30, 2015 for billing health care claims, and to transition to the new ICD-10 codes for this purpose on October 1, 2015;
- Use of ICD-10 codes will improve exchange of recipient health care information between health care providers, which will support the continuing national effort to integrate primary care and behavioral health services;
- AKAIMS and the API MediTech system will both utilize ICD-10 codes for all recipient and patient diagnosis;

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- The ICD-10 classification system actually provides more mental and behavioral health codes than the DSM-5 classifications;
- The potential for Medicaid Expansion will only further the reliance on ICD-10 codes, as the pool of Medicaid-eligible clients increases;
- Data exchanged via the Alaska Health Information Exchange Network will be improved; and,
- The Division will realize a significant annual cost savings by not paying American Psychiatric Association user fees to utilize DSM-5 codification within AKAIMS.

The conversion to the ICD-10 codes will require the Division to develop new functionality for AKAIMS. FEi Systems, the company that provides architectural engineering and system support for the WITS application on which AKAIMS is built, has already developed a new ICD-10 code application. This new module has already been tested and implemented by the state of Connecticut. AKAIMS staff have confirmed that this new module will work well within the present AKAIMS structure.

However, the schema for how DSM-5 mental and behavioral health diagnoses are to be reported within AKAIMS still needs to be determined. The Division would like to hear provider-grantee comments on this issue to make sure the new AKAIMS application is compatible with their needs. The Division will host a teleconference on **April 22, 8:30am – 9:30am (1-800-315-6338, Code – 34081#)** to discuss this important issue with provider-grantees. *Please encourage your Physicians, Clinical Directors, and Clinicians to attend.*

Third, the Division will also need to adopt new conforming regulations, policies, and, potentially, grant requirements. This will include information and instruction on Service Authorizations and transitioning clinical records assessments and treatment plans for billing Medicaid via the MMIS. The Division will also want to hear provider-grantee comments on these transition issues. The Division will host a separate teleconference on **May 27, 8:30am – 9:30am (1-800-315-6338, Code – 34081#)** to discuss these separate but equally important issues.

Finally, the Division will develop and deliver relevant training to all provider-grantee organizations regarding all transition requirements. This will include training around the new data entry screens in AKAIMS. Provider-grantees will be notified of the dates, times and locations (or venues) for these trainings.

We recognize the difficulty provider-grantees may experience with the conversion to ICD-10 codes. The Division is committed to making the transition as smooth and trouble-free as possible. Provider-grantees will have frequent opportunities to ask questions and to get updated information during:

- ❖ any Treatment & Recovery Section monthly regional provider teleconferences;

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- ❖ the monthly ABHA membership teleconference;
- ❖ the bi-weekly Technical Assistance Teleconferences on Medicaid Regulations and Billing; and
- ❖ AKAIMS User Group meetings.

We look forward to working with each of you.

Sincerely,

A handwritten signature in black ink, appearing to read "Albert E. Wall". The signature is written in a cursive style with a large initial "A" and a long horizontal stroke at the end.

Albert E. Wall

Director