



September 14, 2015

RE: DHSS/BH ICD-10 Conversion - Guidance Document 4: Clinical Record Documentation 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 the clinical record documentation requirements regarding the transition to the ICD-10 Diagnosis Code set and adoption of the DSM-5.

The U.S. Department of Health and Human Services issued a rule finalizing October 1, 2015 as the new compliance date for health care providers covered by HIPAA to transition to the International Classification of Diseases, Tenth Revision (ICD-10) for all health care transactions. The transition to the ICD-10 code set is also required, regardless of funding source, for all health plans, including Medicaid, and all health care clearinghouses. To coincide with the transition to the ICD-10 the Division of Behavioral Health has also elected to adopt the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as a new diagnostic reference for provider use.

The clinical record documentation requirements related to this transition are minimal. Through September 30, 2015 providers should continue using DSM-IV-TR and DC: 0-3R diagnostic criteria for assessments and treatment planning and ICD-9 diagnosis codes for all health care claims. For all new recipient records opened on or after October 1, 2015 providers may choose either DSM-5, DC: 0-3R, or ICD-10 diagnosis codes for recipient assessments and treatment planning. Providers will be required to utilize ICD-10 diagnosis codes for all health care claims for any service provided on or after October 1.

All providers will also be required to update any clinical record opened prior to October 1, 2015 with diagnosis codes from either DSM-5 or ICD-10, and identify the relevant ICD-10 diagnosis code to be used for any electronic health care transaction. Providers may update these records by simply adding the new diagnosis code(s) to the existing assessment report, and include the date and signature of the staff member qualified to update the assessment. If a commonly accepted cross-walk is used to identify the new diagnosis code no other documentation or explanation is required in the clinical record. Keep in mind, however if the criteria for a new diagnosis is not supported in the existing assessment report the provider will need to include an addendum to the assessment which justifies the new diagnosis.

Providers may update currently existing clinical records at any time that it is convenient for their organization. For example, this may be accomplished before October 1, 2015 as part of an agency administrative effort, or staff members can individually update recipient diagnostic information at the next scheduled service regardless of date. But, to reiterate the point made above, all services provided on or after October 1, 2015 will require an ICD-10 diagnostic code on health care claims. The ICD-10

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code used on the claim form must either appear directly in the clinical record or be linked to the [new] DSM-5 or DC: 03R diagnosis used in the clinical record.

On September 1, 2015 AKAIMS adopted the ICD-10 diagnostic codes for both minimal data set, and for electronic clinical records. However, for various reasons the DSM-IV-TR codes and ICD-9 descriptors will remain available within AKAIMS until further notice. Providers are referred to [DHSS/BH ICD-10 Conversion - Guidance Document 2: Change to AKAIMS Diagnosis Screens](#) for more information.

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.

If you have additional questions or concerns regarding these new clinical record documentation requirements please contact either Lisa Brown at 907-269-2051 / lisa.brown@alaska.gov , or Rick Calcote at 907-269-3617 / rick.calcote@alaska.gov .

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

Sincerely,



Albert E. Wall
Director