



Alaska Department of Health and Social Services

Division of Behavioral Health

ICD – 10 Provider Training



ICD-10 Changes in Alaska Behavioral Health

- ❖ Preparing Early
- ❖ Outpatient and Residential Behavioral Rehabilitation Services (BRS) Service Authorizations
- ❖ Inpatient Psychiatric and Residential Psychiatric Treatment Center (RPTC) Reviews
- ❖ Knowing which ICD Diagnosis Code, ICD-9 or ICD-10, to use and when

Prepare Early

- ❖ ICD-10 codes are required on claims for services that are provided on and after October, 1, 2015
- ❖ Continue using DSM-IV-TR and DC:0-3R criteria and ICD-9 Diagnosis Codes through September 30, 2015

AND

- ❖ Begin using DSM-5 or DC:0-3R criteria early to identify the ICD-10 Diagnosis Code for new clients
- ❖ Consider updating ongoing clients' records with ICD-10 Diagnosis Codes as Treatment Plans are renewed this summer and through September 2015

Prepare Early (Continued)

- ❖ ICD-10 requires more specificity – start practicing now. Use the criteria in DSM-5 and DC:0-3R to find the most applicable ICD-10 Diagnosis Code(s).
- ❖ CMS and the AMA developed guidance on new ICD-10 flexibility for providers during the first year of compliance.
- ❖ DBH will apply the same flexibility as CMS to record reviews

Service Authorization Forms and ICD-10: Before

- ❖ Treatment Plans with begin dates on or before September 30, 2015:
 - ❖ Service Authorizations with Treatment Plan begin dates that are on or before September 30, 2015 will continue to be requested using the current form
 - ❖ Use the current form in these cases, including when a Service Authorization end date spans over 10/1/15
 - ❖ For example, if the Treatment Plan begin date is 9/1/2015, then the Service Authorization may be requested from 9/1/15 through 1/16/16.
- ❖ Remember:
 - Claims for services on and after October 1, 2015 using this Service Authorization number will require an ICD-10 Diagnosis Code

Service Authorization Forms and ICD-10: After

- ❖ Use the new Service Authorization Form for Treatment Plans that begin on and after October 1, 2015.
- ❖ The new forms are located at:
<http://manuals.medicaidalaska.com/docs/forms.htm>
- ❖ Remember:
For retroactive requests, choose the correct Service Authorization form based on the Treatment Plan begin date.

ICD-10 on the Service Authorization Forms

Diagnosis Codes

a. Behavioral ICD-10 Diagnosis Code(s) (Mental, Behavioral, and Neurodevelopmental Disorders (F01-F99)):

ICD-10 Code	Description	Comment

b. Medical and other ICD-10 Diagnoses:

ICD-10 Code	Description	Comment

c. Psychosocial ICD-10 Diagnosis Code(s) (Injury, Poisoning, and Certain Other Consequences of External Causes (T07-T88) and Factors Influencing Health Status and Contact with Health Services (Z00-Z99)):

ICD-10 Code	Description	Comment

(d) Further description from Psychosocial ICD-10 Diagnosis Code(s), above:

Inpatient Psychiatric and Residential Psychiatric Treatment (RPTC) Reviews

- ❖ For Reviews of Inpatient Psychiatric and RPTC stays that are for dates of services on or before September 30, 2015, use DSM-IV-TR
- ❖ Beginning with dates of services on October 1, 2015, use ICD-10 Diagnosis Codes for new admissions and continued stay Reviews
- ❖ For continued stays that span October 1, 2015, the ICD-10 Diagnosis Code will be added to the existing Authorization record
- ❖ For retroactive Reviews, use DSM-IV-TR if the dates of services are entirely on or before September 30, 2015
- ❖ For retroactive Reviews that span October 1, 2015, use the correct ICD Diagnosis Code(s) for the dates of services; both Diagnosis Code sets may be entered into one Review

Questions (When to Use ICD-10)

- Can I enter the ICD-10 Diagnosis Codes early on Outpatient and Residential Behavioral Rehabilitation Services (BRS) Service Authorizations or use the new form early?
 - No, ICD-10 codes may only be entered on Service Authorization requests that are based on Treatment Plans with begin dates on and after October 1, 2015.
- Can I enter the ICD-10 Diagnosis Codes early for new Inpatient Psychiatric and RPTC admissions or continued stay Reviews?
 - Yes, an ICD-10 Diagnosis Code may be entered in a Review in addition to the DSM-IV-TR Diagnosis Code for dates of services on or before September 30, 2015.

Questions (When to Use ICD-10 continued)

- Can I enter the ICD-10 Diagnosis Codes early on claims?
 - No, the ICD-10 codes will be used on claims for services that are provided on and after October 1, 2015.
- For institutional claims with dates of services that span October 1, 2015, a provider must submit separate claims with the correct ICD Diagnosis Code in the Principal Diagnosis Code field on each claim.
 - For example, if the admission is on September 28, 2015 and the discharge is on October 2, 2015, then a provider must submit a claim for September 28, 2015 through September 30, 2015 with an ICD-9 Diagnosis Code and a second claim for October 1, 2015 through October 2, 2015 with an ICD-10 Diagnosis Code.

Questions (How to Use ICD-10)

- Can I enter the ICD-9 and ICD-10 Diagnosis Codes on the same professional claim for multiple dates of services that are before and after October 1, 2015?
 - No, a claim, including a claim with multiple claim lines for many dates of services, may only have one Diagnosis Code set associated with it.
- After October 1, 2015, do not submit a professional claim with dates of services that are both before and after October 1, 2015 on the same claim form.
 - For example, if services were provided on September 28, 2015 and on October 2, 2015, then a provider must submit a claim for September 28, 2015 with an ICD-9 Diagnosis Code and a separate claim for October 1, 2015 with an ICD-10 Diagnosis Code. The two dates of services and Diagnosis Code sets may not be in the same claim.
- Will my professional claim deny if the Service Authorization had a DSM-IV-TR Diagnosis Code and I bill for services provided after October 1, 2015?
 - No, a diagnosis code on a professional claim is not required to match a diagnosis code in the Service Authorization record.

Questions (How to Use ICD-10 continued)

- For an institutional claim with dates of services on and after October 1, 2015 and an admission date that is prior to October 1, 2015, which ICD Diagnosis Code, ICD-9 or ICD-10, do I enter in the Admitting Diagnosis Code field?
- Enter the applicable ICD-10 Diagnosis Code.

Questions (How to Use ICD-10 continued)

- Enterprise ICD-10 Related Exception Codes:
 - An ICD-9 indicator or qualifier is entered but reports an ICD-10 code and vice versa
 - An ICD-9 code is entered for a date of service on or after 10/01/2015 and vice versa
 - A claim contains both ICD-9 and ICD-10 claims