Department of Public Health
Office of Compliance & Privacy Affairs (OCPA)

Behavioral Health Compliance Office Compliance Corner

August 2020

COMPLIANCE

Resuming Audits in August 2020

The past few months have been challenging for us all. Thank you all for your ongoing efforts during this global pandemic. These are challenging times for all of us and we hope that you are all healthy and safe. Your efforts to ensure that our clients' needs continue to be met have been phenomenal. We want to thank you all for working diligently to continue to provide services during the COVID-19 pandemic.

Here is a quick recap of what has happened in the Compliance Unit:

February 2020
Revised Audit Tool

- Presented the revised Audit Tool & Monitoring Plan with the proposed effective date April 2020.

April 2020
Suspended Audits

- Due to the public health emergency and following DHCS guidance, we have suspended audits.

August 2020
Resume Audits

- As we move into a gradual phased reopening of the City, the BHS Compliance Unit will resume its 2020 audit cycle in August using the revised audit tool.

Details:

- All providers will be notified at least 30 days prior to the audit.
- Audits will be conducted as desktop audits to minimize intrusion into your daily work.
- We may need to request access to your electronic health records to conduct the desktop review. Where we are unable to access your EHR, we may need to request paper records.
- The findings will be communicated to you in a clear and concise manner. We will work with you to develop a reasonable plan to address any deficiencies with the focus on improvement.
- We will make our best attempts to audit only open claims.

How can we prepare for the Compliance Audit?

- ✓ Use the audit tool as a guide/checklist as you are documenting.
  - Links: *MH Audit Tool, SUD NTP Audit Tool, SUD OS IOT RES Audit Tool*
- ✓ Share this tool with everyone in your team
- ✓ Implement ongoing internal auditing/review
- ✓ Take time to periodically review the documentation manual

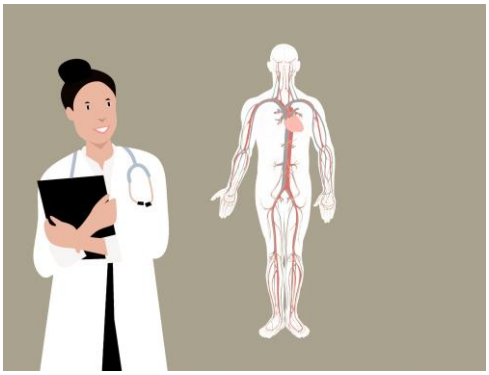
SUBSTANCE USE

DMC-ODS Diagnosis How and Whys

Written by: Joseph Gorndt, JD, DPH OCPA Assistant Auditor. July 2020.

Many of the past Compliance Corner newsletters have focused on the DMC-ODS medical necessity prong regarding proper level of care placement, but this does not imply that the requirement that a client have a DSM-5 diagnosis of a substance use disorder other than a tobacco-related disorder is not important. In fact, recent state trainings have indicated that the state will be putting more emphasis on the diagnosis of clients under ODS than they had under the state plan. Some risks that providers should look out for include:

1. **Diagnosis outside scope of practice**
   The state has directly said that it will be looking out for diagnoses that have been made by individuals that do not have diagnosis within their scope of practice. This includes diagnoses that are written by a person who is not legally permitted to diagnose, then signed off on by a person who is. Even though SUD counselors are permitted to assess clients, they should not be rendering diagnoses. Rather, when a SUD counselor has conducted a client's assessment, the LPHA should decide on the diagnosis and document it using the written assessment and face-to-face review as the source of information for the diagnosis.



2. **Diagnosis does not meet diagnostic criteria**
   It is very important to ensure that LPHAs use the DSM to guide their thinking while diagnosing. Simply drinking first thing in the morning or using heroin intravenously may be indicative of a substance use disorder, but they are not diagnostic criteria on their own.

3. **Diagnosis not validated by assessment findings**
   The compliance maxim "if you didn't document it, it didn't happen" continues to hold true in diagnosis. The state will be checking to make sure that there is actual support for the diagnostic criteria that a client is supposed to have met. If the diagnosis states that a client has given up or reduced important social, occupational, or recreational activities because of their substance use, but there is no evidence of that occurring in the assessment, the state will not consider that a valid diagnosis.

4. **Failure to diagnose mental health disorders**
   Keep in mind that the scope of practice of Clinical Psychologists, Clinical Social Workers, Professional Clinical Counselors, and Marriage and Family Therapists includes diagnosing any condition in the DSM-5.

The diagnosis must be made within 30 calendar days of admission[1], and the documentation must have the LPHA's typed or written name, signature, and the date of the signature on it. Please note, the treatment plan for clients at an Opioid Treatment Program must still be determined by a licensed physician or licensed prescriber[2].

[1] - Intergovernmental Agreement, Exhibit A, Attachment I A1 (III)(PP)(10)(i)(a)(i)

[2]- Intergovernmental Agreement, Exhibit A, Attachment I A1 (V)(O)(1)

MENTAL HEALTH

ICD-10 Code Changes

DATE: July 8, 2020

SUBJECT: Behavioral Health Information Notice No: 20-043

2020 International Classification of Diseases, Tenth Revision (ICD-10) Included Code Sets Effective October 1, 2019, remaining in effect until new guidance is issued

PURPOSE: This Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) is to inform Mental Health Plans (MHPs) of the Centers for Medicare and Medicaid Services' annual update to the International Classification of Diseases, Tenth Revision (ICD-10) diagnosis codes effective October 1, 2019, which is applicable to inpatient and outpatient specialty mental health services (SMHS). **These updates include, but are not limited to, the addition of a code that may be used during the assessment period prior to diagnosis, coverage of several mental health diagnoses caused or influenced by substance use, and coverage of autism spectrum disorder.** This BHIN is effective for dates of service on and after October 1, 2019, until new guidance is issued.

REFERENCE: Code of Federal Regulations, Title 45, Section 162.1002

(effective January 16, 2009)

BACKGROUND: MHPs are required to use appropriate ICD-10 diagnosis code(s) to submit claims for SMHS to receive reimbursement of Federal Financial Participation in accordance with the covered diagnoses for reimbursement of outpatient and inpatient Medi-Cal SMHS provided in this BHIN. This information is updated annually.

POLICY: Enclosure 1 lists the ICD-10 diagnosis codes covered for inpatient SMHS effective October 1, 2019. The table below indicates changes made to Enclosure 1 of this BHIN in comparison to previous guidance issued in *Mental Health and Substance Use Disorder Services Information Notice (MHSUDS IN) 18-053.*

These 30 diagnoses codes are ADDED to covered diagnosis list for Inpatient Services.

#	CHANGES TO INCLUDED DIAGNOSES FOR INPATIENT SPECIALTY MENTAL HEALTH SERVICES ICD-10 Diagnosis Code	Diagnosis Description
1	F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
2	F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified
3	F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
4	F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder
5	F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified
6	F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
7	F11.959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified
8	F12.159	Cannabis abuse with psychotic disorder, unspecified

#	CHANGES TO INCLUDED DIAGNOSES FOR INPATIENT SPECIALTY MENTAL HEALTH SERVICES ICD-10 Diagnosis Code	Diagnosis Description
9	F12.259	Cannabis dependence with psychotic disorder, unspecified
10	F12.959	Cannabis use, unspecified with psychotic disorder, unspecified
11	F13.159	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
12	F13.259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
13	F13.959	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
14	F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified
15	F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
16	F14.959	Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified
17	F15.159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified
18	F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
19	F15.959	Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified
20	F16.159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified
21	F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified
22	F16.959	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified
23	F18.159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified
24	F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified
25	F18.959	Inhalant use, unspecified with inhalant-induced psychotic disorder, unspecified
26	F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified
27	F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified
28	F19.959	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified
29	G21.0	Malignant neuroleptic syndrome
30	G21.11	Neuroleptic induced parkinsonism

Here are the Changes & Deletions for Inpatient SMHS

ICD-10 Diagnosis Code	Diagnosis Description	Change
F84.0	Autistic Disorder	This diagnosis description is **CHANGED** from "Autistic Disorder" to "Autistic Disorder (Autism Spectrum Disorder)." Diagnostic criteria for use of this code are located in the DSM-5.
R69	Diagnosis Deferred (Illness, unspecified)	This diagnosis code is **DELETED** from the covered diagnosis list. Diagnosis Deferred is no longer supported by and was removed from DSM-5.
Z03.89	No diagnosis	This diagnosis description is **CHANGED** from "No Diagnosis" to "Encounter for observation for other suspected diseases and conditions ruled out." Examples for use of Z03.89 ICD-10 diagnosis code may include: when providing crisis intervention, crisis stabilization, or during the assessment phase of a beneficiary's treatment when a diagnosis has yet to be established. This description has been detailed in order to meet the requirements for a "billable code," effective on October 1, 2019, with the 2020 edition of ICD-10-CM.

CHANGES TO INCLUDED DIAGNOSES FOR OUTPATIENT SPECIALTY MENTAL HEALTH

ICD-10 Diagnosis Code	Diagnosis Description	Change
F32.81	Premenstrual dysphoric disorder	These diagnoses codes are **ADDED** to Outpatient Services. Diagnostic criteria for use of these codes are located in the DSM-5.
F84.0	Autistic disorder (Autism spectrum disorder)	
G21.0	Neuroleptic malignant syndrome	This diagnosis description is **CORRECTED** to "Malignant neuroleptic syndrome."
R69	Diagnosis deferred (Illness, unspecified)	This diagnosis code is **DELETED** from the covered diagnosis list. Diagnosis Deferred is no longer supported by and was removed from DSM-5.
Z03.89	No diagnosis	This diagnosis description is **CHANGED** from "No Diagnosis" to "Encounter for observation for other suspected diseases and conditions ruled out." Examples for use of Z03.89 ICD-10 diagnosis code may include: when providing crisis intervention, crisis stabilization, or during the assessment phase of a beneficiary's treatment when a diagnosis has yet to be established. This description has been detailed in order to meet the requirements for a "billable code," effective on October 1, 2019, with the 2020 edition of ICD-10-CM.

NOTE: These are changes to the CD-10, not the full list. For the full list of ICD-10 Covered diagnosis list, please visit *BH Information Notice 20-043*. Click on *Enclosure 1* for the full list.