Washington State
Department of Social
& Health Services

Transforming lives

Transitioning to ICD10 Codes Webinar Question and Answers

Billing/ProviderOne

- Will ProviderOne only take the 16 ICD-10 codes mentioned in the webinar?
- Will youth billing also require ICD 10 codes on Oct 1?
- If we are resubmitting an unpaid claim, as long as the service occurred before 10/1, should we still use the ICD9 code?
- When completing back billing or rebilling for months prior should we use the ICD-10 codes or the old ICD-9 codes?
- Can we continue to upload batch billings directly to ProviderOne or do we have to go through a clearinghouse?
- Where in the ProviderOne website do we see what you show on your number 15 slide?

Coding Details

- Prior to this change, the "unspecified" codes were not used to code mild, so is it correct that has changed? And they are now attached to the mild diagnosis
- To confirm: Uncomplicated = Episodic?
- What are the 16 codes that will be implemented next week?
- There is "unspecified" and "uncomplicated" for both the mild and moderate/severe. Which is correct?
- Just to clarify, for September services that we will be billing in ProviderOne in October, we use the old codes. We only start using the ICD10 codes for services on or after Oct. 1?
- I still do not understand how to get DSM V diagnoses in ICD10 format? Is that just something hospitals and providers will know how to use? Will we have to use the crosswalk every single time? That seems like a lot of time and energy.
- Since we enter/submit TARGET weekly, and billing gets done monthly, moving forward do we need to submit the coding for each client weekly as well?

Diagnosis

- As a CDP, we cannot diagnose mental health disorders, like anxiety disorder. Will it be okay to use the "uncomplicated" for all diagnosis codes?
- What about codes for depression, anxiety disorders, mood disorders, etc.　?
- Do current clients need to be re-diagnosed?
- What will the code be if there is no diagnosis?
- Is ICD-9 code 304.90 = Unspecified drug dependence, unspecified?
- What F code is equal to 303.90?
- ICD-9 code 292.9 =ICD10 code F10.99 unspecified alcohol use- disorder, this would be a patient that has some issues with alcohol but doesn't meet the criteria for 305.0 =F10.10, is this correct?
- The F19.20 code given for 'no significant problem' is actually Other Psychoactive substance dependence, uncomplicated. This does not seem correct. Can you please confirm?
- Please let us know when and how we can get the code for no significant problem for an assessment.
- The DSM5 has the same # for moderate & severe--Is there another code to support the diagnosis?

Transitioning to ICD10 Codes Webinar Question and Answers

Assessment

- Who is responsible for updating the 12 page DBHR ADULT assessment packet we use to diagnose and when will it be provided?
- If you do an assessment and it is NSP can we use V79.1?

TARGET

- TARGET asks for Dependence, abuse, etc. Should we answer abuse for all now? Or should we use old classifications for that?
- What is the reasoning behind not implementing all SUD ICD10 codes? For anybody billing private insurance, it then requires our clinicians to have different means of assigning diagnosis dependent upon the clients funding.
- Is it correct that we use the old codes in TARGET and ICD-10 codes in provider one?
- Will target continue to be used after October of 2015?

General Comments

- I bill Medicaid for substance use disorder electronically through our Clearinghouse, Office Ally, so they can accept claims that don't come through Provider One.
- Will these codes be implemented in the GAIN system by October 1st?

Private Insurance

- Will private insurance companies be using DSM 5 as of October 1st 2015?
- Does your comment "Each healthcare encounter should be coded to level of certainty" mean the clinician needs to use an ICD-10 code each time they provide a service?
- When a patient is in treatment services and in remission, will the codes still apply?

Behavioral Health Organizations (BHO)

- Upon the BHO transitions will CDP's still use the "uncomplicated" codes or will the diagnosis become more complex in order to gain reimbursement?

Resource Links

- The link for ICD-10 codes on page 19 is not working. Can you send out the correct link?
- Can you provide the recording for Mental Health codes?

Transitioning to ICD10 Codes Webinar Question and Answers

Billing/ProviderOne

1. Will ProviderOne only take the 16 ICD-10 codes mentioned in the webinar?
Yes, use only the ICD10 codes described during the webinar and noted in the Substance Abuse Disorder Billing Instructions.

2. Will youth billing also require ICD 10 codes on Oct 1?
Yes

3. If we are resubmitting an unpaid claim, as long as the service occurred before 10/1, should we still use the ICD9 code?
Yes, ICD 10 codes are service-driven therefore services provided prior to October 1, 2015 will need the ICD 9 codes when billing.

4. When completing back billing or rebilling for months prior should we use the ICD-10 codes or the old ICD-9 codes?
ICD 9 codes – See earlier question.

5. Can we continue to upload batch billings directly to ProviderOne or do we have to go through a clearinghouse?
Continue billing ProviderOne in your usual way. The only change is the ICD codes.

6. Where in the ProviderOne website do we see what you show on your number 15 slide?
See page 25 of this link:

http://www.hca.wa.gov/medicaid/billing/Documents/guides/substance_abuse_disorder_bi.pdf,

Coding Details

7. Prior to this change, the "unspecified" codes were not used to code mild, so is it correct that has changed? And they are now attached to the mild diagnosis
Beginning October 1, 2015, diagnosis will be aligned with the DSM-5. From October 1 – March 31, 2016 "unspecified" will be used. Beginning April 1, 2016, more specificity will be needed for the diagnosis codes.
 • Mild = 2 – 3 symptoms
 • Moderate = 4 – 5
 • Severe = 6+

8. To confirm: Uncomplicated = Episodic?
See the table for question #9. These are the only choices at this time.

Transitioning to ICD10 Codes Webinar Question and Answers

9. What are the 16 codes that will be implemented next week? See Charts below

Abuse

ICD-9		ICD-10		DSMV
305.00	Alcohol abuse, unspecified	F10.10	Alcohol abuse, uncomplicated	Alcohol use disorder, Mild
305.50	Opioid abuse, unspecified	F11.10	Opioid abuse, uncomplicated	Opioid use, Mild
305.20	Cannabis abuse, unspecified	F12.10	Cannabis abuse, uncomplicated	Cannabis use disorder, Mild
305.40	Sedative, hypnotic or anxiolytic abuse, unspecified	F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated	Sedative, hypnotic, or anxiolytic use disorder, Mild
305.60	Cocaine abuse, unspecified	F14.10	Cocaine abuse, uncomplicated	Cocaine use disorder, Mild
305.70	Amphetamine or related acting sympathomimetic abuse, unspecified	F15.10	Other stimulant abuse, uncomplicated	Amphetamine-type substance use disorder, Mild
305.30	Hallucinogen abuse, unspecified	F16.10	Hallucinogen abuse, uncomplicated	Other hallucinogen use disorder, Mild
305.90	Inhalant abuse, unspecified	F18.10	Inhalant Abuse, uncomplicated	Inhalant use disorder, Mild

Dependency

ICD-9		ICD-10		DSMV
303.90	Other and unspecified alcohol dependence, unspecified	F10.20	Alcohol dependence, uncomplicated	Alcohol use disorder, Moderate Alcohol use disorder, Severe
304.00	Opioid type dependence, unspecified	F11.20	Opioid dependence, uncomplicated	Opioid use disorder, Moderate Opioid use disorder, Severe
304.30	Cannabis dependence, unspecified	F12.20	Cannabis dependence, uncomplicated	Cannabis use disorder, Moderate Cannabis use disorder, Severe
304.10	Sedative, hypnotic or anxiolytic dependence, unspecified	F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated	Sedative, hypnotic, or anxiolytic use disorder, Moderate Sedative, hypnotic, or anxiolytic use disorder, Severe
304.20	Cocaine dependence, unspecified	F14.20	Cocaine dependence, uncomplicated	Cocaine use disorder, Moderate Cocaine use disorder, Severe
304.40	Amphetamine and other psychostimulant dependence, unspecified	F15.20	Other stimulant dependence, uncomplicated	Amphetamine-type substance use disorder, Moderate Amphetamine-type substance use disorder, Severe
304.50	Hallucinogen dependence, unspecified	F16.20	Hallucinogen dependence, uncomplicated	Other hallucinogen use disorder, Moderate Other hallucinogen use disorder, Severe
304.60	Inhalant dependence, unspecified	F18.20	Inhalant Dependence, uncomplicated	Inhalant-use disorder, Moderate Inhalant-use disorder, Severe

Transitioning to ICD10 Codes Webinar Question and Answers

10. There is "unspecified" and "uncomplicated" for both the mild and moderate/severe. Which is correct?

- Unspecified is similar to old NOS.
  Uncomplicated means there are no other diagnosed complicating factors.

For services provide between October 1, 2015 and April 1, 2016 all ICD 10 codes will be noted as "uncomplicated". The difference will be the identification of abuse or dependence.

11. Just to clarify, for September services that we will be billing in ProviderOne in October, we use the old codes. We only start using the ICD10 codes for services on or after Oct. 1?

You are correct.

12. I still do not understand how to get DSM V diagnoses in ICD10 format? Is that just something hospitals and providers will know how to use? Will we have to use the crosswalk every single time? That seems like a lot of time and energy.

DSM 5 includes both ICD 9 and ICD 10 codes for every diagnosis. The crosswalk is meant to be a useful tool to transition to ICD10. Once there is familiarity with the ICD10 codes use of the crosswalk will less.

13. Since we enter/submit TARGET weekly, and billing gets done monthly, moving forward do we need to submit the coding for each client weekly as well?

A: No need to submit coding for each client weekly. Continue business as usual.

Diagnosis

14. As a CDP, we cannot diagnose mental health disorders, like anxiety disorder. Will it be okay to use the "uncomplicated" for all diagnosis codes?

We do not want you to diagnose outside the scope of your practice. Diagnosing a mental illness is outside of the scope of practice for a CDP, unless the CDP is also a mental health professional (MHP).

15. What about codes for depression, anxiety disorders, mood disorders, etc. ?

See above answer. Mental health ICD 9/10 crosswalk is on our website.

16. Do current clients need to be re-diagnosed?

Not necessarily. Each time you bill in Provider One you will need to include the diagnosis

17. What will the code be if there is "no diagnosis"?

Currently providers cannot bill an Assessment through P-1 that resulted in "no diagnosis" as per HCA. The can bill the county low-income for reimbursement for the assessment. Beginning April 1, 2016, BHO's will be able to enter an encounter in P-1 for an assessment that will include an ICD 10 code for "no specific problem".

18. Is ICD-9 code 304.90 = Unspecified drug dependence, unspecified?

Yes, that is correct. This code was **NOT** cross walked into the early transition because it didn't specify a particular substance; however beginning October 1, 2015 it will be included in the more detailed list.

19. What F code is equal to 303.90?

F10.20 Alcohol dependence, uncomplicated. A good resource to use for conversions from ICD-9 to ICD-10 is
http://www.icd10data.com/Convert/.

Transitioning to ICD10 Codes Webinar Question and Answers

20. ICD-9 code 292.9 =ICD10 code F10.99 unspecified alcohol use- disorder, this would be a patient that has some issues with alcohol but doesn't meet the criteria for 305.0 =F10.10, is this correct?
The only ICD-10 codes that will be used for substance use disorder are the 16 mentioned during the webinar and listed in the ProviderOne Substance Use Disorder Billing Instructions.

21. The F19.20 code given for 'no significant problem' is actually Other Psychoactive substance dependence, uncomplicated. This does not seem correct. Can you please confirm?
Correct, F19.20 - Other psychoactive substance dependence, uncomplicated and is **NOT** used at this time.

22. Please let us know when and how we can get the code for no significant problem for an assessment.
See response provide for number 17.

23. The DSM5 has the same # for moderate & severe--Is there another code to support the diagnosis?
Not at this time.

Assessment
24. Who is responsible for updating the 12 page DBHR ADULT assessment packet we use to diagnose? And when will it be provided?
DBHR no longer maintains this document. Providers are welcome to use it as a template and are free to edit as needed to meet your agency needs.

25. If you do an assessment and it is NSP can we use V79.1?
V codes are not covered under ICD 10. V71.09 maps approximately to Z03.89 =no diagnosis

TARGET
26. TARGET asks for Dependence, abuse, etc. Should we answer abuse for all now? Or should we use old classifications for that?
Submit TARGET information the same way you have always done it.

27 What is the reasoning behind not implementing all SUD ICD10 codes? For anybody billing private insurance, it then requires our clinicians to have different means of assigning diagnosis dependent upon the clients funding.
The current list of ICD 10 codes is for Medicaid services billed through the ProviderOne Billing system.

28. Is it correct that we use the old codes in TARGET and ICD-10 codes in provider one?
TARGET doesn't use ICD codes, you would still check chemically dependent if the diagnosis is substance use disorder moderate or severe.

29. Will target continue to be used after October of 2015?
Yes, there will be no change to TARGET.

General Comments
30. I bill Medicaid for substance use disorder electronically through our Clearinghouse, Office Ally, so they can accept claims that don't come through Provider One.
Not a question, just an FYI

Transitioning to ICD10 Codes Webinar Question and Answers

31. Will these codes be implemented in the GAIN system by October 1st?
A: Chestnut is updating the GAIN to change diagnoses to Substance Use Disorder. It should be available on the 1st.

Private Insurance
32. Will private insurance companies be using DSM 5 as of October 1st 2015?
This webinar is intended only for those providers billing through the Medicaid ProviderOne system. Nonetheless, private insurance companies will also be using the DSM-5 beginning October 1, 2015.

33. Does your comment "Each healthcare encounter should be coded to level of certainty" mean the clinician needs to use an ICD-10 code each time they provide a service?
For services provided after October 1, 2015 a corresponding ICD10 must be used for each diagnosis. .

34. When a patient is in treatment services and in remission, will the codes still apply?
If you are providing a Medicaid service, every service delivery must be medically necessary. For there to be medical necessity, you must be treating a diagnosed disorder. For the diagnosed disorder, you will need an ICD 10 code. At this time, in remission, is not being used.

Behavioral Health Organizations (BHO)
35. Upon the BHO transitions will CDP's still use the "uncomplicated" codes or will the diagnosis become more complex in order to gain reimbursement?
Under the BHOs, greater diagnostic specificity will be expected, but not to the point of exceeding the capacity/skills of the CDP.

Resource Links
36. The link for ICD-10 codes on page 19 is not working. Can you send out the correct link?
http://www.hca.wa.gov/medicaid/billing/Documents/guides/substance_abuse_disorder_bi.pdf

37. Can you provide the recording for Mental Health codes?
www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/access-care-standards-acs-and-icd-information