Provider Communication Bulletin #34
July 25, 2014

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DSM-5 Transition and State Benefit Plans (Target Pop) Implementation

The State of North Carolina has announced that conversion from the Fourth Edition of the Diagnostic and Statistical Manual of Mental Disorders and the text revision (DSM-IV and DSM-IV-TR) to the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) will be effective August 1, 2014. Partners is offering this communication to all providers to direct the DSM changes and to notify providers of available information and resources.

Please share this information with staff in your provider agency who have responsibility for:

- patient registration
- diagnostic assessment
- service authorizations and claims
- data systems and data entry of consumer demographic information.

Transition to DSM-5: As of August 1, 2014, DSM-5 diagnoses are required on all ***new assessments and authorization requests effective August 1, 2014***. For individuals who are new to service, Partners will require a DSM-5 diagnosis upon admission with supporting source documentation, effective August 1, 2014.

For individuals who request reauthorization of service on, or after August 1, 2014, where there is an equivalent diagnosis to which the DSM-IV can be clearly cross-walked to a DSM-5 diagnosis, the DSM-5 diagnosis needs to be used. An example is a **well-established** DSM-IV diagnosis of autistic disorder, Asperger's disorder, or Pervasive Developmental Disorder not otherwise specified should be given the diagnosis of Autism Spectrum Disorder (DSM-5 manual, page 51). In these cross-walked diagnoses, providers should include a clinical note to indicate this change.

For diagnoses that do not clearly crosswalk, new assessments are not required for existing clients. New coding will be needed (by a licensed clinician unless we get word from American Psychiatric Association that non-licensed individuals can perform the crosswalk) at the time of the first authorization request after August 1, 2014. However, ICD-9 codes reflective of DSM-IV-TR diagnoses, which are no longer valid under DSM-5, can continue to be used in billing claims through June 30, 2015.

For continuity of care, Partners will work with providers to ensure there is no gap in service due to this transition. The act of transforming a diagnosis from DSM-IV-TR to DSM-5 should not affect continuity of care.

Please note:

- AlphaCM will be adding an indicator field to the ICD-9 code table to be marked to indicate if it is a DSM-5 code.
- NC DMA will also be producing a list of IDD codes that are not currently a part of the DSM 5 but will be available in the State system. Those will also be marked on the ICD-9 table.
- ICD-9 codes will remain the code set in use for filing claims and billing, and are expected to do so, until such time as ICD-10 is adopted.
- Current ICD-9 codes will remain available for claims through June 30, 2015.
- The AlphaMCS system utilizes only ICD-9 codes for claims. Since the coding system will remain unchanged from DSM-IV-TR to DSM-5, the DSM-IV-TR codes will remain available through fiscal year 2014-15 allowing providers to bill DSM-IV-TR codes with dates of service prior to August 1, 2014.
    - EXAMPLE: Someone who has previously had a diagnosis of "catatonic schizophrenia" will get a new authorization of simply "schizophrenia" after August 1, 2014, but if they continue to bill the valid ICD-9 code that continues to exist for "catatonic schizophrenia" AlphaMCS will flag that to let the provider know that the billing code does not match the diagnosis. *Claims will need to be submitted with the DSM 5 diagnosis.*

Benefit Plans, formerly known as Target Pops: The NC Division of Mental Health, Developmental Disabilities and Substance Abuse Benefit Plans, formerly known as Target Population Categories (Target Pops), are being revised effective August 1, 2014.

Please note:

- Several benefit plans/categories are expiring and will be end-dated effective July 31, 2014.
- The number of Benefit Plans will be reduced from 35 to 10.
- The following Benefit Plans remain in effect August 1, 2014:
    - AMI
    - CMSED
    - ADSN
    - CDSN
    - ASTER
    - CSSAD
    - ASWOM
    - ASCDR
    - AMVET
    - GAP (Generic Assessment Payment) has been added and collapses the current six age/disability-specific Assessment Outreach target pops.

The reduction in the number of Benefit Plans reflects a simplification and consolidation. It is not intended to make any current consumers ineligible for services.

The Target Pops are being mapped to specific diagnosis found in DSM-5. Please see DMH Communication Bulletin #142 as referenced above for information on Benefit Plans, Diagnostic Array and Service Array.

Partners' implementation of the State Benefit Plan changes will include a crossover of consumers from these retiring target pops into the 10 Benefit Plans that will remain in place as of August 1, 2014. This one-time transition will be handled on an automated systems basis and will be completed on or before August 1, 2014.

- Providers are not required to submit a new eligibility update for most consumers.
- Providers must verify that the transition has been processed to the appropriate Benefit Plan, and to enter any updates that may be required either to correct an incorrect assignment, or to update the consumer target population if there is a change in it.
- Providers must identify, for all new consumers enrolled into the State Benefit Plan, the correct target population based on the information in DMH Communication Bulletin # 142.
- Providers can expect any service authorization requests that continue to reference an expired Target Pop/State Benefit Plan on or after August 1, 2014 to be denied as Unable To Process and returned for correction.

Inclusion in DMH Benefit Plans after July 31, 2014 shall be based on the covered DSM-5 diagnoses and eligibility criteria found as an attachment in Communication Bulletin #142. ICD-9 diagnosis codes covered in FY2013-14 will continue to be allowed for claims adjudication in NCTRACKS through the end of FY 2014-15, Please see Communication Bulletin #142 for information on Benefit Plans, Diagnostic Array and Service Array.

The Partners AlphaMCS system has recently added the Target Population field into the Consumer File that is available to providers in the Download Queue. This file contains patients that have been connected to the provider by claims, SARs, authorizations, referrals, enrollment, client updates or clinical home assignment done over the previous 12 months. A provider can only see the target pops that were assigned by their agency. This file is updated on a weekly basis on Sundays, and the latest version is available in the Provider Download Queue.

Utilization Management has developed state benefit population checklists as a reference for providers to identify the correct Benefit Plan assignment. The checklists are available on the Partners website under For Providers > Information & Documents > Utilization Management > State Benefit Population Checklists.

Outpatient Rates

Partners BHM understands that some outpatient rates are currently insufficient. Additionally, Partners is in agreement that an in-home outpatient therapy option for particular populations would increase client engagement, yield better outcomes and reduce barriers such as transportation. Partners is excited to announce the following rate adjustments with an anticipated implementation date of September 1, 2014:

In Clinic Rate for Outpatient (90837/90837 SC): The new rate will be available for any credentialed and contracted provider or practitioner billing this service.

Service Code	Licensed Psychologist	Licensed Clinician – LMFT, LCSW, LPC	Certified Nurse Practitioner	Physician's Assistant	Licensed Psychological Associate	Physician
90837/90837 SC	$109.00	$84.00	$94.00	$94.00	$84.00	$110.00

In Home Outpatient (90837 +modifier): Partners will reimburse a flat rate of $112.00 regardless of the credential for services provided in the recipient's home. A modifier will be added to the 90837 code for this in-home location of service.

- The Clinical Parameters identified for the In-Home Outpatient Rates:
  - Non-compliance with therapy; 2 or more no shows
  - Lack of transportation
  - Hospital Discharge – complements HDPT – to be used with rapid readmissions
  - Step Up/Step Down to/from IIH
  - Step Up/Step Down to/from CST/ACTT
  - When traditional office based therapy hasn't worked and in home or other enhanced services are being considered
  - When individual is at risk for out-of-home placement, and it is determined this service reduces that risk
  - High Risk/Dual Diagnosis

Partners will be sending out a request to providers for interest in having the In Home Outpatient rate and modifier added to their contract.

CNDS Number for NC-TOPPS

Communication Bulletin #143 indicates some changes for NC-TOPPS. One of the changes is the Common Name Data Services (CNDS) number field implemented July 1, 2014, which will become a mandatory field for all update interviews starting January 1, 2015.

For Medicaid recipients the CNDS number will be the same as the Medicaid ID. For individuals not enrolled in Medicaid, Partners will need to provide the CNDS number when an individual is admitted to an NC-TOPPS required service.

If the individual is Medicaid-eligible, the CNDS number IS the Medicaid ID number. If he/she is IPRS only, NC Tracks creates a CNDS number, and the LME/MCO contact person will assist with the number. To obtain the number, please send a confidential email through the ZixMail portal to **Sandy Palfreeman**--spalfreeman@partnersbhm.org. In the email, include the individual's name, social security number and date of birth. You may also contact Sandy at 336-527-3211.

Should you have any questions about this or a need for other NCTOPPS information please feel free to contact Sheila Wall at swall@partnersbhm.org or call 704-224-2560.

Comprehensive Crisis Plan Criteria

Per DMH Communication Bulletin #139, effective January 1, 2014, the revised Comprehensive Crisis Plan is required for individuals who meet criteria defined as being at higher risk for a crisis incident. All existing consumers who meet criteria must be transitioned to the enhanced crisis plan by January 1, 2015.

This applies only to consumers receiving behavioral health services that require a Person Centered Plan. A revised Comprehensive Crisis Plan is not required for:

- consumers receiving basic benefit services;
- consumers who only receive a brief crisis service;

- consumers who do not engage long enough for PCP development

Criteria for the revised Comprehensive Crisis Plan is:

- Child Mental Health: Children with a mental health (MH) or substance use diagnosis (SUD) who are currently or have been within the past 30 days, in a facility (including a Youth Development Center and Youth Detention Center) operated by the Department of Juvenile Justice (DJJ) or Department of Corrections (DOC) for whom there has been notification of discharge OR children with a diagnosis within the following diagnostic ranges **and** combined with a current CALOCUS Level of VI:
  - 293-297.99
  - 298.8-298.9
  - 300-300.99
  - 302-302.6
  - 302.8-302.9
  - 307-307.99
  - 308.3
  - 309.81
  - 311-312.99
  - 313.81- 313.89
  - 995.5-995.59
  - V61.21;
- Adult Mental Health: Adults who have a current LOCUS level of VI and a diagnosis within the diagnostic ranges of:
  - 295-295.99
  - 296-296.99
  - 298.9 309.81
- Substance (non-opioid) Use Moderate to Severe: Individuals with a substance use diagnosis of moderate to severe AND current ASAM PPC Level of III.7 or II.2 W1 or higher
- Opioid Use Moderate to Severe: Individuals with an Opioid dependence diagnosis AND who have reported to have used drugs by injection within the past 30 days
- Co-occurring Diagnosis: Individuals with both a mental illness diagnosis and a substance use diagnosis AND current LOCUS/CALOCUS of V or higher OR current ASAM PPC Level of III.5 or higher
- Intellectual Developmental Disabilities Diagnosis (Not on Innovations Waiver): Individuals who:
  - Have been referred to or discharged from NCSTART;
  - Have been referred to or discharged from a Developmental Center;
  - Have received two unplanned restraints in one quarter
- Enrollees who do not appear for scheduled appointments and are at risk for impatient or emergency treatment; or
- Enrollees for whom a crisis service has been provided as the first service in order to facilitate engagement with ongoing care; or
- Enrollees discharged from an inpatient psychiatric unit or hospital, a Psychiatric Residential Treatment Facility, or Facility-Based Crisis.

The new format is also available at
http://www.ncdhhs.gov/mhddsas/providers/personcenteredthinking/forms/pcp-comprehensivecrisisplan9-13.xlsx

AlphaMCS Information

AlphaCM Newsletter: AlphaCM, the developer of Alpha MCS, recently published the June/July 2014 issue of its newsletter, *AlphaCM InSight*. Check it out by visiting http://www.alphacm.com/news/.

Provider Reminders

Register for the August IDD-Focused Provider Forum: The August Provider Forum will be held via videoconference on Tuesday, August 12, 2014, in Partners' Elkin, Hickory and Gastonia offices. This forum will *focus on topics pertaining to providers delivering intellectual/developmental disability services*. The forum begins at 1 p.m. If you plan to attend the meeting, please RSVP online.

Handouts from the July 8th Provider Forum are available on the Partners website (For Providers > Information & Documents > Provider Forum Information)

Provider Alerts are emailed to all providers subscribed through Constant Contact for "Information for Providers" and "All Partners BHM Communications", and are posted at the bottom of the "For Providers" page at www.partnersbhm.org.

The **Partners Training Academy** offers training on a variety of provider-focused topics. All Partners Training Academy-sponsored opportunities are posted on the Calendar at http://www.partnersbhm.org/calendar/ and in the monthly PTAU, posted on the For Providers > Resource and Training page.

State-Funded Enhanced MH/SA Service Definitions*:* A revised *State-Funded Enhanced MH/SA Services* document is now available on the DMH website at http://www.ncdhhs.gov/mhddsas/providers/servicedefs/index.htm. The document contains technical revisions based on DSM-5, ASAM, NC TRACKS and Benefit Plan language changes and is effective August 1, 2014.