Instructional Guide for the Use of ICD-10 in CYBER

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I. Introduction

Entering a diagnosis is a requirement for certain treatment plans and assessments in CYBER. Users of these plans must understand how to enter available diagnosis information in the correct format. CYBER users responsible for the plans and assessments that require a diagnosis will be entering them in the ICD-10 code format (ICD stands for International Classification of Disease). ICD is a coding system that was created in 1989 by the World Health Organization (WHO).

Effective October 1, 2015, the ability to enter former ICD-9 codes was removed and the diagnosis functionality in CYBER was updated to reflect the ICD-10 codes and DSM-5 descriptions; this update includes the Medications grid and 1500 Claim Form.

There has been an update to the ICD-10 codes for 2020 that were effective as of October 2019. The ICD-10 code set incorporates the DSM-5 behavioral health classification codes as well providing a full listing of all medical and behavioral health diagnoses. The code set will be updated in CYBER to allow selection of the appropriate ICD 10 code for a youth’s record.

The Instructional Guide for Entering Claims in CYBER has been updated to reflect the changes to the diagnosis requirement; the guide can be found on the Training page of the PerformCare website in Billing and Claims: http://www.performcarenj.org/provider/performcare-presentations.aspx#billing
II. Accessing CYBER

Users must first log into CYBER with their Username and Password. CYBER can be accessed via the PerformCare website – www.performcarenj.org. The link is available at the top and bottom of the main page.

Each provider organization has at least one CYBER Security Administrator, and your agency's CYBER Security Administrator can set up a login for you.

Your access will be based on your login type and security levels.

Before you log in, keep in mind...

- There is no ‘back button’ use in CYBER!
- Most areas/buttons are single-click – do not double-click on a button!
- Every time you launch CYBER, you will be required to enter your Username and Password and click the LOGIN button to continue.

Below the log in area is a statement that, as a CYBER user, you acknowledge your responsibility to protect the privacy of, and to guard against, the inappropriate use of the Protected Health Information (PHI) contained within the system.

This statement will appear each time you log in.

Please also check the Providers section on the PerformCare website for the most up-to-date technical requirements (such as browser compatibility and operating systems) that a user would need to access CYBER.
III. Diagnosis in CYBER

The following areas of CYBER have a Diagnosis sections:

Care Management Organizations (CMO)

- UCM Treatment Plans
- OOH Assessment
- Nursing Assessments

Mobile Response Services (MRSS)

- Family Crisis Plan and Individual Crisis Plans
- Crisis Assessment Tool (CAT)

Intensive in Community / Behavior Analyst (IIC/BA)

- BioPsychoSocial Assessment
- IIC Treatment Plan
- BA Treatment Plan

Intensive in Home / Intensive Support Services (IIH/ISS)

- Behavior Support Plan (BSP)
- IIH/ISS Treatment Plans

Out of Home (OOH)

- Joint Care Reviews (JCR)
- Transitional Joint Care Review (TJCR)
- Discharge Joint Care Review (DJCR)

Substance Use

- Substance Use Treatment Plan (including Detox)

Partial Hospital Provider (PHP), Children’s Crisis Intervention System (CCIS), Multi Systemic Treatment (MST), Functional Family Therapy (FFT)

- Needs Assessment

Billing

- CMS 1500 Health Insurance Claim Form also requires a diagnosis
IV. Entering Diagnosis in Treatment Plans and Assessments

All Diagnosis screens in CYBER have the ability to search for a specific diagnosis, select it, and enter it into the record for the youth. Diagnosis in treatment plans and assessments is described below:

- **Diagnosing Clinician** This is a required open text field for the diagnosing clinician’s name. Enter first and last name.
- **Date Diagnosis Rendered** This field is automatically pre-populated with the current date. User is required to enter the date the diagnosis was actually rendered.
- **Diagnosis Details** Displays the selected diagnoses. Click the ‘+’ button to enter to bring up the **Search Diagnosis** window.

Searching for a Diagnosis

Begin a search by entering an ICD-10 code or partial code into the **Code** field or a partial DSM-5 description into **Description** field.
Partial searches are allowed; for example, a user can enter “R41” into the Code field and a list of all Diagnosis Codes that contain “R41” will appear in the Diagnosis grid.

- Click the Search button and the Diagnosis grid will populate with results that match the search parameters.
  - Type will display the code type ICD10 (medical codes), ICD10-BH (behavioral health codes) or ICD10-BH+PH (substance use codes).
  - Code will display the actual ICD-10 code.
  - Description will be the DSM-5 description
  - Diagnosis Comment field at the bottom of the window allows for additional user entry for each code.

After single clicking to select a diagnosis from the grid above, users may add text into this field for any specifying information that is not included in the ICD-10 and DSM-5 descriptor.
  - For example, F43.10 – Posttraumatic Stress Disorder (includes Posttraumatic Stress Disorder for Children 6 Years and Younger) requires that the user specifies whether with dissociative symptoms and if with delayed expression. The specifiers are to be entered into the Diagnosis Comment field.

- Click OK and the diagnosis selections will be added to the Diagnosis Details grid.

Removing a Diagnosis
If an incorrect diagnosis is selected and entered into the Diagnosis Details grid, click the row with the incorrect diagnosis and then click the red ‘X’ button to the right of the grid. The diagnosis will be removed.
Variations on Diagnosis Screens

There are three variations of the Diagnosis screen in different places in CYBER depending on the plan, assessment, or document type. Only two versions will allow copying a previously entered diagnosis.

The Diagnosis screen version in most plans and assessments displays previously existing diagnoses (if available) and allows the provider to select and copy the existing diagnoses. For Plans and Assessment that permit existing diagnosis to be copied, a separate section called **Existing Diagnosis Entries on File** will populate with any previously existing diagnoses that have been marked “Complete” in a plan or assessment.

![Diagnosis Screen View](image)

**View of the Diagnosis accordion from most Treatment Plans and Assessments**

Only previously, existing diagnoses with ICD-10/DSM-5 codes may be copied. Records with ICD-9/DSM-IV codes that were entered in the past cannot be copied into plans or assessments.

**NOTE:** The prior DSM-IV/ICD-9 code can be entered into the Search function to locate an equivalent ICD-10 code, if one exists. If there is no equivalent, the user will need to contact the clinician who rendered the diagnosis to get the appropriate ICD-10 code.

Copying Previously Existing Diagnosis

When a plan or assessment is started and the Diagnosis accordion opened, if there are previously existing active diagnoses, they are automatically displayed in a tree-structure.

Clicking on the “+” button next to each completed diagnosis will expand it so that the details can be seen.
For records with DSM-IV/ICD-9 codes, users will see the different Axis entries; they will be labeled with the Axis they were entered into (see above example).

- Users will see only “Completed” diagnoses records (except those submitted by Substance Use programs)
- Substance Use users will have access to all diagnosis records marked “Complete”

**Copy Diagnosis button**

Users can select any part of the existing active diagnosis to copy into the current plan or assessment by single clicking on the record in the Existing Diagnosis grid and then click “Copy Diagnosis”.

- Once a user chooses to copy a previously existing diagnosis record, they will be alerted that copying the record into the plan or assessment will override any other diagnoses that may have already been entered into the document. Any information that has been recently entered will be automatically deleted.

Click OK and the selected diagnosis will be inserted Diagnosis Details. If a diagnosis comment is needed, double clicking the diagnosis in Diagnosis Details will open the Diagnosis Comments box.

*Double click the Diagnosis to open the Diagnosis Comments box.*

- The Diagnosing Clinician and Date Diagnosis Rendered will also copy into the new plan or assessment.

**Note:** If a user selects to copy a diagnosis and the diagnosis code is inactive, or no longer available in the ICD-10/DSM-V manual, only the Diagnosing Clinician and Date fields will copy and the message will display, “Inactive diagnoses cannot be copied. Only active diagnoses will copy.” If there is only one diagnosis and it is inactive, no diagnosis will be copied; if there are multiple diagnoses, the active diagnoses will be copied.
V. Assessments That Do Not Permit Copying Prior Diagnosis

Needs Assessors who use the BioPsychoSocial Assessment and CMONURS users who create the Nursing Assessments will not see the **Existing Diagnosis Entries on File** section. Users of these assessments will not be able to copy previously existing diagnosis records into new assessments. To review existing diagnosis information, these users will need to navigate to the Face Sheet Dx/Med tab and review any existing information.

*Views of the Diagnosis section in the BioPsychoSocial assessment*

![Image](image1)

View of the Diagnosis tab in the Nursing Assessment

![Image](image2)

*Special Note for Nursing Assessment*

Users with the designation of CMONURS, who utilize the Nursing Assessment, will be required to enter in a behavioral health diagnosis (ICD10-BH), as well as a medical diagnosis (ICD10). The users will utilize the functionality in the same manner as listed above, but will be unable to submit their own Assessment without a medical diagnosis.
VI. Entering Diagnosis from the Face Sheet

Changes to a diagnosis may occur in between scheduled plans and assessments. Based on the Face Sheet functionality, CMO and MRSS users who are open to youth records have access to enter a diagnosis from the Dx/Med tab of the Face Sheet.

A user with access to editing the Face Sheet Dx/Med tab may click the Add button from the Diagnosis portion of the tab and enter a diagnosis.

All the diagnosis screen features function as described above, however there is an additional requirement to identify Clinician Credentials when entering a diagnosis from the Face Sheet. Users are required to select the Clinician Credentials drop down menu and choose the correct clinician credentials.

The Diagnosis section on the Face Sheet Dx/Med tab

![Image of the Diagnosis section on the Face Sheet Dx/Med tab]

View of the Enter a New Diagnosis screen from the Face Sheet Dx/Med Tab

![Image of the Enter a New Diagnosis screen from the Face Sheet Dx/Med Tab]
VII. Entering Medications from the Face Sheet
Medications may also be entered from the Dx/Med tab of a youth’s Face Sheet. The user may document all of the medications that the youth is currently taking.

The Medications section on the Face Sheet Dx/Med tab

A user with access to editing the Face Sheet Dx/Med tab may click the Add button from the Medications portion of the tab and enter a Medication, associating it with a Diagnosis.

Clicking the Add button opens the Add/Edit Medication Comment for a Treatment window.

Enter the first few letters of a medication and a list of available medications will appear allowing for a selection.
Medication Name, Prescriber, Frequency, and reported date are required.

Actual dosage and the Diagnoses are not required, but may be included if a different dosage is needed and not displayed.

Click Accept to enter the medication.

Once entered into the record, the user may not remove the Diagnoses or Medications.

VIII. Entering Diagnosis in the 1500 Health Insurance Claim Form
Diagnosis is a requirement for providers using the CYBER 1500 Health Insurance Claim Form to bill PerformCare. Instructions for completing the 1500 Health Insurance Claim form is detailed in the guide on Entering Claims. Here we will review the Diagnosis requirement.

Once a new claim has been started and saved, a diagnosis is required to be entered in the Service Details.
In the Service Details, click **Add Claim**. The Add Claim window has an **Add Diagnosis** button. Clicking the button will bring up the **Search Diagnosis** window.

The Search Diagnosis screen is exactly the same as in the treatment plans and assessments described earlier, allowing the user to perform a partial search for an ICD-10 code with DSM-5 description. Once the user enters a code or description and clicks the **Search** button, the results will populate the grid below.
Double click the row with the correct diagnosis and the diagnosis selection will be placed onto the claim. Users can add up to 12 diagnosis records onto each claim. If changes need to be made, a user can click on the trash can delete icon next to the diagnosis record to delete it from the claim.
IX. References

PerformCare website:

Providers – Training Section: [http://www.performcarenj.org/provider/training.aspx](http://www.performcarenj.org/provider/training.aspx)

- General Trainings for all CSOC Providers Section - Instructional Guide to the CYBER Face Sheet

- Providers – Security Section
  - Instructional Guide for CYBER Security Administrators

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[www.performcarenj.org/ServiceDesk](http://www.performcarenj.org/ServiceDesk)

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