

PerformCARE[®]

Instructional Guide for the
Implementation of ICD-10 in
CYBER

October 1, 2015

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I. Introduction

Certain CYBER users are required to enter clinical diagnosis information into treatment plans and assessments; effective October 1, 2015, users will only have the option to enter in ICD-10 codes into the system. The ability to add ICD-9 codes will no longer be available.* All related functionality will be updated to reflect the ICD-10 codes and DSM-5 descriptions; this includes the Medications grids and 1500 Form.

*Note: The OOH Referral Request and 1500 Forms will continue to include ICD-9 codes. Because OOH Referrals may include diagnosis information that is up to 12 months old, we must allow for the entry of the older codes. 1500 Forms can include ICD-9 codes for any services rendered prior to October 1st (within the authorization time-frame); any services performed on or after October 1 must be coded with the appropriate ICD-10 codes.

The Instructional Guide for the 1500 Form in CYBER has been updated to reflect the changes to the ICD codes; the guide can be found on the Training page of the PerformCare

website: <https://apps.performcarenj.org/NJTraining/CourseList.aspx>

II. Accessing CYBER

Users must first log-into CYBER with their UserID and Password. The log-in screen can be found via the PerformCare website – www.performcarenj.org.

The screenshot shows the top portion of the NJ Children's System of Care website. The header includes the logo "NJ Children's System of Care" and navigation links: Home, Youth & Family Guide, Careers, Contact, and a search bar. A blue navigation bar contains links for Families, Youth, Providers, About, and CYBER. Below this, there are two promotional boxes. The first, on the left, states "We develop and manage Behavioral Health Solutions that are Member and Family Focused". The second, on the right, is titled "Launch Cyber" and provides contact information for technical assistance: "For technical assistance, with the Cyber System, call 1-877-736-9176 or email servicedesk@performcarenj.org." This box is circled in red. Below it is a "Help for Youth" box with contact information for daily life challenges. An arrow points from the "Launch Cyber" box to the login screen below.

CYBER LOGIN

Enter Login Name Here

Enter Password Here

Login

As a CYBER User I understand that my work will involve access to Protected Health Information (PHI) as defined by HIPAA (The Health Insurance Portability and Accountability Act) for the purpose of providing or arranging treatment, payment or other health care operations. I also acknowledge that I am engaged by a covered entity. I further acknowledge my responsibility to protect the privacy of and to guard against inappropriate use or disclosure this PHI by logging in as a CYBER User.

This is in compliance with "The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementation regulations. For more information on HIPAA please go to <http://www.hhs.gov/ocr/hipaa/> "

III. Changes to Treatment Plans & Assessments

The following Treatment Plans and Assessments will be immediately affected by the transition from ICD-9 to ICD-10 codes:

- Needs Assessment
- UCM Treatment Plans (used by CMO)
- Nursing Assessment
- Family Crisis Plans and Individual Crisis Plans (used by MRSS)
- BioPsychoSocial Assessment
- IIC Treatment Plans
- BA Treatment Plans
- Behavior Support Plans (BSP)
- IIH Treatment Plan
- Joint Care Reviews (JCRs)
- Substance Use Treatment Plans (including Detox)
- Crisis Assessment Tool (CAT)
- OOH Assessment

*The CMS 1500 Form is also affected; please see page 9 for an overview of the changes; specific details can be found in the Instructions for the CMS 1500 form.

Effective October 1, 2015, users of any of the above-mentioned documents will be required to enter the ICD-10 code (with DSM-5 description) into the treatment plan(s) and/or assessments that their service line utilizes. The ICD-9 codes that were entered into a youth's record prior to October 1st will still be available for reference from within the youth's record but new entries of those codes cannot be made.

All Diagnosis accordions in the plans and assessments above will have new functionality. When users open up the Diagnosis accordion, they will now see the following screen:

DIAGNOSIS

Existing Diagnosis Entries on file
Certain users can copy an existing diagnosis to and/or edit the Diagnosis Details grid. Copying a diagnosis is not required.

Copy Diagnosis

- [-] 01/23/2015- Fiorella Gutti (Treatment Plan ID# 903031)
 - [-] Axis I V71.09 NO DIAGNOSIS ON AXIS I OR AXIS
- [+] 11/25/2013- Marc Ritsema (Treatment Plan ID# 981744)
- [+] 11/25/2013- Marc Ritsema (Treatment Plan ID# 957535)
- [+] 11/25/2013- Marc Ritsema (Treatment Plan ID# 935349)

Expand All

Diagnosing Clinician:

Date Diagnosis Rendered:

Diagnosis Details

Type	Code	Description	Diagnosis Comments

+
X

***Note:** Users of the BPS and/or Nursing Assessment will not see the top area – Existing Diagnosis Entries on File; users of these documents are unable to copy existing diagnosis records into new assessments. To view existing diagnosis information, these users will need to navigate to the Diagnosis screen from within the youth’s record (via the Diagnosis button on the left-hand button bar).

The new accordion is broken into the following areas, with the following new functionality:

- Existing Diagnosis Entries on File
 - This area will populate with the diagnoses that have been entered into the youth’s record and have been marked “Complete” within the last year.
 - Please note that if a diagnosis is entered into a youth’s record more than one time, it will only appear once in this list.
 - Initially, this area will include the records with ICD-9/DSM-IV codes that were entered in the past; these records cannot be copied into the plan or assessment. Records with ICD-10/DSM-5 codes will begin to appear here once they are marked as “Complete” (by an approved plan or assessment) and users will have the ability to copy them.
 - 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.
 - Users will see (as in the example above) that diagnosis records are in a tree-structure.
 - Clicking on the “+” button on each main record will expand it so that the user can view all diagnosis entries.
 - 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 each “Completed” diagnosis record from the past year except those submitted by Substance Use programs.
 - **Substance Use users** will have access to all diagnosis records marked “Complete”.
 - A Copy Diagnosis button
 - Previously, when a user copied a prior Treatment Plan or Assessment, the diagnosis information would copy over (except for the Diagnosing Clinician and Date Diagnosis Rendered); this functionality has been replaced by the new Copy Diagnosis function.
 - Users can select the diagnosis record that they want to copy into their plan or assessment by single clicking on the record in the grid; users can only select the main or parent record of the diagnosis – meaning the user must click on the line that contains the date of the diagnosis, the diagnosing clinician and source document. Clicking “Copy Diagnosis” will then copy it into the current plan or assessment.
 - The Diagnosing Clinician and Date Diagnosis Rendered will also copy into the new plan or assessment.
 - As previously noted, ICD-9/DSM-IV diagnosis from plans and assessments prior to October 1 cannot be copied over.
 - Once a user chooses to copy an 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 previously entered information will be automatically deleted.

- Diagnosing Clinician – Required Field
 - No longer a menu-driven field; users can type any name into this field without having to add new to the database if the clinician does not exist in the system.
- Date Diagnosis Rendered – Required Field
 - Operates the same as prior versions; will default to current date and user is required to update it appropriately.
- Diagnosis Details
 - Houses the diagnoses that are entered for this plan or assessment.
 - The Axis grids have been removed; the Axis structure is no longer used with ICD-10 coding.
 - New diagnosis records can be entered using the “+” button, found to the right of the grid.
 - Clicking the “+” button will bring up the new Search window

The screenshot shows a software window titled "Search Diagnosis". At the top, there is a "Code" input field, a "Description" input field, and a "Search" button. To the right of the "Code" field is a checked checkbox labeled "Crosswalk DSM-IV". Below these fields is a table with the following columns: "Type", "Diagnosis Code", and "Description". The table area is currently empty. Below the table is a "Diagnosis Comments" text area. At the bottom of the window are "OK" and "Cancel" buttons.

- This new window continues to allow users to search using the diagnosis code and/or description, but users can search using the ICD-10 code, DSM-5 description or the ICD-9/DSM-IV code and/or description. (The “Crosswalk DSM-IV” box will be checked by default and will allow users to search for ICD-10 codes using DSM-IV search criteria.)
 - Partial searches are allowed; for example, a user can enter “F5” into the Code field and a list of all Diagnosis Codes that contain “F5” will appear in the Diagnosis grid.
 - If the user de-selects the “Crosswalk DSM-IV” check box, only codes that match the search criteria will appear in the search results.
- Once the user has run the search clicking the Search button, the Diagnosis grid will populate with results that match the search parameters.

Search Diagnosis

Code: Crosswalk DSM-IV

Description:

Diagnosis

Type	Code	Description
ICD10	R09.01	Asphyxia ~ (799.00)
ICD10	R09.02	Hypoxemia ~ (799.00)

Diagnosis Comments

- The Type column will display ICD-10.
- The Diagnosis Code column will display the ICD-10 code.
- The Description will be the DSM-5 description; there will also be, when applicable, the ICD-9/DSM-IV code in parentheses at the end of the description for the user to cross-reference if necessary.
 - This will be useful in the cases when a user enters a DSM-IV/ICD-9 code as a search parameter.
- There is a new Diagnosis Comment field at the bottom of the window.
 - Once the user single-clicks on a diagnosis record from the grid to add to the plan or assessment, they have the option of adding text into this field.
 - This field should be used 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 Comment field.
 - Once the user clicks OK, the diagnosis record will be added to the Diagnosis accordion.

Diagnosis Details

Type	Code	Description	Diagnosis Comment
ICD10	F51	Sleep disorders not due to a substance or known ph	
▶ ICD10	F43.10	Post-traumatic stress disorder, unspecified	With delayed expression

III. a. Special Note for Medical Diagnosis

Users with the designation of CMONURS, who utilize the Nursing Assessment, will be required to enter in a behavioral health, as well as a medical diagnosis. The users will utilize the functionality in the same manner as listed above, but will be unable to submit the Assessment without a medical diagnosis entered.

III. b. Special Note for OOH Referral Requests

For users of the OOH Referral Request, DSM-IV/ICD-9 will still be available for use if the Date Diagnosis Rendered field is completed with a date prior to October 1, 2015;

Diagnosing Clinician

Date Diagnosis Rendered

Diagnosis Details

Type	Code	Description	Diagnosis Comment
AxisI	299.00	AUTISTIC DISORDER	



IV. Changes to Medications

The change to the Diagnosis functionality will also change how the diagnosis information appears in all of the Medications grids and/or accordions.

Below is an example of the newly designed Medications accordion of an ISP.

Medication	Diagnosis	Prescriber	Frequency
Lunesta ESZOPICLONE 1 mg/1 ORAL TABLET	ICD10 - F51 : Sleep disorders not c	Iain Doctor	Before m

Add Medications

V. Changes to the 1500 Form in CYBER

For those users that utilize the 1500 Form within CYBER to bill for authorized services, they will see that the area on the claim that allows diagnosis codes to be added has been updated.

The screenshot shows the 'Add Claim' form with several fields highlighted by red boxes. The highlighted fields are: Start Date, End Date, Procedure Code, Total Charge, and # of Units. Below these fields is a table with columns: Delete, Type, Diagnosis Code, and Description. An 'Add Diagnosis' button is located to the left of the table.

The dates of service entered on the claim will dictate which diagnosis code set the user will have the ability to select (via the Add Diagnosis button).

If the Start and End Date for the services occur prior to October 1, 2015, the user will have the ability to select a DSM-IV/ICD-9 code from the search results. If the dates of service are after October 1, the user will only be able to select ICD-10 codes and DSM-5 descriptions from the search results. The search function will work the same way as explained previously in this document for treatment plans and assessments.