| Surname Approval | AUTHOR | REVIEWER | ADDRESSEE | REVIEWER | REVIEWER | RETURN |
|---|---|---|---|---|---|---|
| Section: Information Technology Phone:4-2406 | K. McKinstry Info. Tech. MM Date: 1/26/95 | S. Johnson Co. Fiscal SJ Date: 1/26/95 | L. Tom Co. Fiscal Lee Tom / RCS Date: 1/27/95 | L. Powell Admin. Serv. W. A. Curtis Date: 1-27-95 | R. Khalsa Co. Santa Cruz Faxed 1/30/95 - 10:01 AM Date: | Date: |

Subject: SHORT-DOYLE / MEDI-CAL CLAIMING CHANGES

Requesting your review and approval to send county letter and crossover billing attachment.

1/30/95
spoke w/ Rama at 11:35 am.
↓
Letter should be sent out as is. Issue was discussed and approved at last CMHDA meeting.
LPoole

Kathy Sabel of DHS has also reviewed this. Kim

TO: Linda Dezarn — ROOM/STA. NO.

FROM: Claudia. — ROOM/STA. NO.

REPRESENTING

DATE 1/31 | TIME 8:30 | PHONE | ATSS ☐

☐ Telephoned ☐ Returned Call ☐ Please call ☐ Will Call Again ☐ Was In ☐ Wants To See You

☐ Information ☐ Comment ☐ Investigate ☐ Contact Me

NOTE and ☐ Re-route ☐ Return ☐ File

REPLY ☐ My Signature ☐ Copy Me ☐ Forwarded Per Request

MESSAGE/REMARKS

ok... ready to go out!

BY

STATE OF CALIFORNIA
MESSAGE
STD 7 (REV 1/90)

89 54047

PROTECT YOUR INFORMATION ASSETS

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, *Governor*

DEPARTMENT OF MENTAL HEALTH
1600 - 9TH STREET
SACRAMENTO, CA 95814

(916) 654-2309

February 8, 1995

DMH LETTER NO.: 95-02

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, MENTAL HEALTH ADVISORY BOARDS

SUBJECT: IMPLEMENTATION OF DSM-IV

The American Psychiatric Association recently published the Fourth Edition of its Diagnostic and Statistical Manual of Mental Disorders, known as DSM-IV. The Department of Mental Health (DMH) is proceeding with a phased-in change from the current DSM-III-R to DSM-IV. Local mental health programs may change to DSM-IV starting January 1, 1995, but all counties must be using DSM-IV by July 1, 1995. Each county is to select a specific month for implementation, with early implementation encouraged. To facilitate uniformity for data summarization and analysis, a transition date of March 1, 1995 is being suggested but is not mandatory. The November 17, 1994 DSM IV Training Conference was videotaped and the tape is available from the California Institute for Mental Health for systems needing assistance in training.

While this is a phased-in implementation statewide, each county must make the change from DSM-III-R to DSM-IV throughout all programs on the first day of a specific month selected by the county for implementation. Since there are a few technical differences in fourth and fifth-digit coding between DSM-III-R and DSM-IV, a consistent change date is needed for each county to ensure the appropriate interpretation of the diagnostic codes.

Please send a letter as soon as possible to Sara Gilb of the Performance Outcome and Reporting Section at the following address indicating the planned implementation date for your county. Instead of a letter, you may send a facsimile to (916) 654-2804, or call (916) 654-3586.

Sara Gilb
Performance Outcome and Reporting
Department of Mental Health
1600 Ninth Street, Room 120
Sacramento, California 95814

All the DMH reporting systems, including Client Data System (CDS) and Short-Doyle/Medi-Cal (SD/MC), will accept not only DSM-IV codes but also additional ICD-9-CM codes within the mental disorder category that are not included in DSM-IV. The situation occurred with both DSM-III and DSM-III-R where, in rare instances, the ICD-9-CM codes were more appropriate than the DSM codes. Thus, we will continue to allow codes from both systems to be accepted into the automated systems although it is expected that the use of the additional ICD-9-CM codes would be rare.

Preliminary comparisons of the coding systems indicate that the transition will not require a review and rediagnosis of each person. The actual numerical codes remain the same for the most part between DSM-III-R and DSM-IV. DSM-IV has eliminated the coding of the variable fifth digit for schizophrenia, has grouped substance use/abuse disorders and has updated the terminology and criteria for numerous other disorders. Comparisons of the coding systems and lists of valid codes are being developed. These comparisons will be sent to administrators as soon as they are available. We will also provide this information on diskette. If more detailed instructions on implementation are needed, they will be sent to administrators.

The DSM-IV maintains the multi-axial system which was introduced in DSM-III but there are some changes which impact the reporting. Axes I, II and III continue as previously defined. However, DSM-IV indicates a number of diagnoses for which Axis III should be used to specify any medical condition related to the mental organic disorder. Axis IV was previously defined as "psychosocial stressors" and was reported using a scale from 1-6. This has been revised and is now used to report psychosocial and environmental problems. The problems are grouped into nine categories, but a coding system is not provided. Axis IV is not reported to CDS or SD/MC, but this change may affect county systems. Axis V continues to be the Global Assessment of Functioning (GAF) Scale. A range of codes from 91-100 for superior functioning has been added. However, since Axis IV has been defined as a two-digit field, anyone at the top of the scale should be reported as 99.

Only the principal diagnosis is reported for SD/MC claiming, so the changes to the multi-axial system do not affect this system. The CDS includes reporting of principal and secondary diagnoses, regardless of axis, and Axis V. As noted above, anyone with a score of 100 on the Axis V GAF scale should be coded as 99 since this is a two-digit field. Recording of the full five-axis diagnosis would be done in the case record and may be automated depending upon county systems and policies.

Please address specific questions to the following people:

| | | |
|---|---|---|
| Copies of the Video Conference Training | - | Debra Thompson (916) 556-3480<br>California Institute for Mental Health |
| Client Data System | - | Sara Gilb (916) 654-3487<br>Performance Outcome and Reporting |
| Short-Doyle/Medi-Cal Claiming | - | Stan Johnson (916) 654-3060<br>County Financial Program Support |

STEPHEN W. MAYBERG, Ph.D.
Director

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training