

Registration Enhancements Transition from DSM-IV/ICD-9 to DSM-5/ICD-10

Presenter: Amy Fricke

September 18, 2015

ProviderConnect Online Registration


- ▶ **Today we will review:**
 - The transition from DSM-IV/ICD-9 to DSM-5/ICD-10
 - How to report DSM-5/ICD-10 diagnoses on registration
 - Available resources

Provider Online Services page

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for providers



Provider Online Services

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- Provider Manual
- Provider Forms
- Achieve Solutions®
- Provider Information
- MIS Conversion Information
- Contacts

Provider Online Services

Welcome to Provider Online Services!

ProviderConnect

Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

[LOG IN](#)

[REGISTER](#)

[DEMO](#)

Here you will find a wealth of information developed specifically for you, which include ProviderConnect, the Provider Manual, and links to mental health resources.

[ProviderConnect Helpful Resources](#) links you to a ProviderConnect User guide, HIPAA information, software downloads, important forms and helpful phone numbers to assist with the use of this tool!

Review the Provider Manual to obtain information about our policies and procedures. The manual currently contains topics such as the Service Authorization Protocol with additional content to be added, such as claims administration and clinical criteria.

ProviderConnect Log In screen

- Home
- EDI Homepage
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- View Clinical Request Drafts
- Claim Listing and Submission
- My Online Profile
- View Practice Profile
- Provider Data Sheet
- Compliance
- Handbooks
- Forms
- Network Specific Information
- Education Center
- ValueSelect Designation
- Contact Us

Please Log In

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

*Password
 [Forgot Your Password?](#)

The information and resources provided through the ValueOptions site are provided for informational purposes only. Behavioral health providers utilizing the ValueOptions site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing ValueOptions information and resources in providing services to their patients. No information or resource provided through the ValueOptions site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through ValueOptions is consistent with their scope of licensure under applicable laws and ethical standards.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

New User?

Please register for access.

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-SupportServices@valueoptions.com

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Beginning the Registration Process: Search for a consumer

Home
Specific Consumer Search
Register Consumer
Authorization Listing
Enter an Authorization Request
View Clinical Request Drafts
Claim Listing and Submission
Enter a Special Program Application

EDI Homepage

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Education Center

ValueSelect Designation

Contact Us

Welcome ILL TEST PROVIDER . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

Your Recent Inquiries box is empty

WHAT DO YOU WANT TO DO TODAY?

- ▼ [Eligibility and Benefits](#)
 - [Find a Specific Consumer](#)
 - [Register a Consumer](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization Request](#)
 - [Enter a Special Program Application](#)
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- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
- ▶ [View My Recent Authorization Letters](#)

CLINICAL SUPPORT TOOLS

- ▶ [View My Outcomes with On Track](#)

YOUR NEWS & ALERTS

▶ [IMPORTANT! VERIFY YOUR CONTACT INFORMATION!](#)

▶ [NEW TO DIRECT CLAIM SUBMISSION? DOWNLOAD THE GUIDE](#)

▶ [AUTHORIZATION SUBMISSION GUIDE](#)

ValueOptions is continually striving to increase the ease in which you can interact with us by developing online communications solutions. Using ProviderConnect allows you to accomplish an array of daily transactions through a secure, password-protected portal. By using ProviderConnect, you agree to abide by all privacy, HIPAA, and other governing laws.

Enter the Consumer ID and Date of Birth Click Search

Home
Specific Consumer Search
Register Consumer
Authorization Listing
Enter an Authorization Request
View Clinical Request Drafts
Claim Listing and Submission
Enter a Special Program Application

EDI Homepage
On Track Outcomes
Reports

My Online Profile
My Practice Information
Provider Data Sheet

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Contact Us

Eligibility & Benefits Search

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Consumer ID	<input type="text" value="421326179"/>	<i>(No spaces or dashes)</i>
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="01011984"/>	<i>(MMDDYYYY)</i>
As of Date	<input type="text" value="01122010"/>	<i>(MMDDYYYY)</i>

Consumer Demographics Page

- Home
- Specific Consumer Search
- Register Consumer
- Authorization Listing
- Enter an Authorization Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter a Special Program Application
- Enter Case Management Referral
- Complete Provider Forms
- Enter a Comprehensive Service Plan
- Manage Users
- Enter Bed Tracking Information
- Search Beds/Openings
- EDI Homepage
- Enter Consumer Reminders
- Reports
- Print Spectrum Release of Information Form
- My Online Profile
- My Practice Information

Demographics

Enrollment History

COB

Benefits

Additional Information

Consumer eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Consumer ?		Eligibility	
Consumer ID	ILLTEST48	Effective Date	07/01/2008
Alternate ID		Expiration Date	
Consumer Name	TEST48, ILL	COB Effective Date ?	
Date of Birth	07/01/1990	View Funding Source Enrollment Details	
Address	123 FAKE STREET ALDEN, IL 60001		
Alternate Address			
Marital Status	-	Subscriber	
Home Phone		Subscriber ID	ILLTEST48
Work Phone		Subscriber Name	TEST48, ILL
Relationship	1		
Gender	M - Male		
Consumer Participates in Message Center Communication with Providers? No			

Consumer Registration Diagnosis Page for Registrations, Dated Prior to 10/1/15

Axis I		Axis II	
*Diagnosis Code 1	Description	*Diagnosis Code 1	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Diagnosis Code 2	Description	*Diagnosis Code 2	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Diagnosis Code 3	Description	*Diagnosis Code 3	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Axis III	
*Diagnosis Code 1	*Principal Diagnosis Indicator
SELECT...	SELECT...
Diagnosis Code 2	
SELECT...	
Diagnosis Code 3	
SELECT...	

First Presentation Assessment

Please answer 'Yes' or 'No' to the following conditions.

- *The primary diagnosis is reported in the registration and was obtained by a psychiatrist Yes No
- *The Consumer does not have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma Yes No
- *The consumer has not had more than 16 weeks of antipsychotic medication treatment Yes No

Consumer Registration Diagnosis Page for Registrations Dated October 1, 2015 and Beyond

Consumer Registration

Registration Start Date (MMDDYYYY) 09/11/2015	Expiration Date (MMDDYYYY) 03/11/2016	Consumer Name TEST47, ILL	Date of Birth (MMDDYYYY) 07/01/1990	Consumer ID ILLTEST47
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Diagnosis and First Presentation Assessment

Functional Impairment and Assessment Scores

History of Illness

MH Cross Disabilities

Guardian Information

Diagnosis

*Documentation of **primary behavioral condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description including covered diagnoses.*

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1 SELECT...	* Diagnosis Code 1	* Description
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Additional Behavioral Diagnosis

Diagnostic Category 2 SELECT...	Diagnosis Code 2	Description
Diagnostic Category 3 SELECT...	Diagnosis Code 3	Description
Diagnostic Category 4 SELECT...	Diagnosis Code 4	Description
Diagnostic Category 5 SELECT...	Diagnosis Code 5	Description

DSM-5 / ICD-10 Medical Diagnosis & Social Elements Impacting Diagnosis Section

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

* Diagnostic Category 1
SELECT... [Diagnosis Code 1](#) [Description](#)

Diagnostic Category 2
SELECT... [Diagnosis Code 2](#) [Description](#)

Diagnostic Category 3
SELECT... [Diagnosis Code 3](#) [Description](#)

Social Elements Impacting Diagnosis

* Check all that apply

None

Educational problems

Financial problems

Medical disabilities that impact diagnosis or must be accommodated for in treatment

Problems with access to health care services

Problems related to interaction w/legal system/crime

Problems with primary support group

Housing problems (Not Homelessness)


Occupational problems

Other psychosocial and environmental problems

Problems related to the social environment

Homelessness

Unknown



Please note that we understand that social elements is not currently collected, but DMH is reviewing and has reserved the space to implement at a later point in time. ProviderConnect will pre-populate the 'None' checkbox as checked for on-line registration.

DSM-5 / ICD-10 Functional Assessment Section

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure Assessment Score

Secondary Assessment Measure Assessment Score

First Presentation Assessment

Please answer 'Yes' or 'No' to the following conditions.

*The primary diagnosis is reported in the registration and was obtained by a psychiatrist Yes No

*The Consumer does not have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma Yes No

*The consumer has not had more than 16 weeks of antipsychotic medication treatment Yes No

Registration Resource

The ProviderConnect Registration Guide on the Collaborative website is currently being updated to reflect the transition to DSM-5/ICD-10. It will be posted in the near future.

You can access the guide by clicking on “For Providers” tab, then click on the “Provider Information” link to the left. The Guide can be found under the “Registration” header.

or:

http://www.illinoismentalhealthcollaborative.com/provider/prv_information.htm

As a reminder, you can find the guide on the Collaborative Website at:

http://www.illinoismentalhealthcollaborative.com/provider/prv_information.htm

The screenshot shows the website interface for the Illinois Mental Health Collaborative. At the top left, the logo reads "ILLINOIS MENTAL HEALTH COLLABORATIVE FOR ACCESS AND CHOICE". Below this is a navigation menu with "About", "Services", "Feedback", and "Contact". A banner image shows two people talking, with the text "for providers" and "Provider Online Services". A sidebar on the left lists navigation options: Home, Provider Home, Provider Manual, Provider Forms, ReferralConnect, **Provider Information**, MIS Conversion Information, ASO Roles & Responsibilities, Contacts, and Achieve Solutions. The main content area is titled "Provider Information" and includes a sub-section for "Training" with a list of documents such as "Technical Assistance for Clinical Documentation Training (08/03/15) (PDF)" and "Provider Enrollment (04/20/15) (PDF)". A separate section at the bottom, titled "Registration", lists "Batch Registration Submission Guide (August 2015)" and "ProviderConnect Registration Guide (June 2013)". A large blue arrow points to the "ProviderConnect Registration Guide" link.

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for providers

Provider Online Services

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- ReferralConnect
- Provider Information**
- MIS Conversion Information
- ASO Roles & Responsibilities
- Contacts
- Achieve Solutions

About Services Feedback Contact

Provider Information

[Provider Orientation Questions](#)

Training

- Technical Assistance for Clinical Documentation Training (08/03/15) (PDF)
- Provider Enrollment (04/20/15) (PDF)
- ProviderConnect and Batch Registration (04/20/15) (PDF)
- Utilization Management Request for Services Process (04/20/15) (PDF)
- Submission for Claims (04/20/15) (PDF)
- Williams Class PSH/ACT Presentation (09/29/14) (PPT)
- DMH Rule 132 Training Agenda Day 1 (08/13/14) (PDF)
- DHS Division of Mental Health Mission (08/13/14) (PDF)
- The Expectation is Recovery (08/13/14) (PDF)
- Child and Adolescent Services (08/13/14) (PDF)
- Forensic Services (08/13/14) (PDF)
- Role and Function of Regional Network (08/13/14) (PDF)
- Provider Enrollment (08/13/14) (PDF)
- Centralized Repository Vault (08/13/14) (PDF)
- Rule 132 Overview (08/13/14) (PDF)
- Rule 132 Services (08/13/14) (PDF)
- DMH Rule 132 Training Agenda Day 2 (08/14/14) (PDF)
- ProviderConnect Overview & Batch Registration (08/14/14) (PDF)
- Community Services Eligibility (08/14/14) (PDF)
- Authorization Requirements/UM Training (08/14/14) (PDF)
- Utilization Management & Threshold Services (08/14/14) (PDF)
- Conversion of Paper PDV to Online PDV (04/21/14) (PDF)

Registration

- Batch Registration Submission Guide (August 2015)
- ProviderConnect Registration Guide (June 2013)

Live Demonstration and Questions

Batch Registration Transition to DSM-5 / ICD-10

Presenter: Trish Gorda

September 18, 2015

Batch Registration Submission Guide

Version 5.1

- ▶ **Updates to the Batch Registration Submission Guide Include:**
 - Notations Added to Existing DSM-IV / ICD-9 Diagnosis Fields
 - New Mental Health Diagnosis, Medical Diagnosis, and Social Elements Fields Added for DSM-5 / ICD-10
 - Appendices A and B – Mental Health and Medical Diagnosis Data Listings

As a reminder, you can find the guide on the Collaborative Website at:

http://www.illinoismentalhealthcollaborative.com/provider/prv_information.htm

The screenshot shows the website interface for providers. At the top left, it says "ILLINOIS MENTAL HEALTH COLLABORATIVE FOR ACCESS AND CHOICE". A navigation menu includes "About", "Services", "Feedback", and "Contact". A banner image shows two people talking, with the text "for providers" and "Provider Online Services". A sidebar menu lists: Home, Provider Home, Provider Manual, Provider Forms, ReferralConnect, **Provider Information**, and "Mental Health Services Information". The main content area is titled "Provider Information" and includes a link for "Provider Orientation Questions". Under a "Training" section, there is a list of 15 items, including "Batch Registration Submission Guide (August 2015)", which is highlighted with a red arrow. A "Registration" section at the bottom lists "Batch Registration Submission Guide (August 2015)" and "ProviderConnect Registration Guide (June 2013)".

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About Services Feedback Contact

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- ReferralConnect
- Provider Information**
- Mental Health Services Information

Provider Information

[Provider Orientation Questions](#)

Training

- Technical Assistance for Clinical Documentation Training (08/03/15) (PDF)
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- Provider Enrollment (08/13/14) (PDF)
- Centralized Repository Vault (08/13/14) (PDF)

Registration

- Batch Registration Submission Guide (August 2015) ←
- ProviderConnect Registration Guide (June 2013)

Updates to the Batch Registration Submission Guide

- ▶ Batch Submission File Layout – Existing Diagnosis Data Fields
 - File Positions 382 through 428
 - MH Diagnosis Code Type
 - Axis 1 through 3 Diagnosis Codes
 - MH Principal Diagnosis Indicator
 - Fields should be populated only for registrations dated prior to October 1, 2015
 - If these fields are populated for registrations dated October 1, 2015 and beyond, the registration will reject

Updates to the Batch Registration Submission Guide

- ▶ Batch Submission File Layout – Existing Diagnosis Data Fields
 - File Positions 382 through 428 – Example

Position		Length	Usage	Field name	Error Processing
From	To				
382	382	1	R	MH Diagnosis Code Type	<p>**Valid Field When Registration Start Date is Prior to 10/1/2015. Field should not be used for Registration Start Dates 10/1/2015 and beyond.</p> <p>The manual used for reporting diagnosis codes for Axis I and II.</p> <p>Valid Values: D –DSM-IV I –ICD-9-CM</p> <p>When field is required and is spaces or is not a valid value – assign error code 076 with message ‘MH Diagnosis Code Type is missing/invalid’</p> <p>When Registration Start Date is 10/1/2015 or greater and field is not equal to spaces, assign error code 256 ‘For Registration Start Dates 10/1/2015 and greater, all DSM4/ICD9 fields should be blank’</p>

Updates to the Batch Registration Submission Guide

- ▶ Batch Submission File Layout – New Diagnosis Data Fields
 - File Positions 918 through 1109 – MH and Medical Diagnostic Data
 - MH Diagnostic Category, MH ICD Code, and Description for MH ICD Code – 5 Iterations with the 1st iteration being the principal diagnosis
 - Medical Diagnostic Category, Medical ICD Code, and Description for Medical ICD Code – 3 Iterations
 - Fields should be populated only for registrations dated October 1, 2015 and beyond
 - If these fields are populated for registrations dated prior to October 1, 2015, the registration will reject

Updates to the Batch Registration Submission Guide

- ▶ Batch Submission File Layout – New Diagnosis Data Fields
 - File Positions 918 through 1109 – MH and Medical Diagnostic Data – Example

Position		Length	Usage	Field name	Error Processing
From	To				
918	925	8	R	MH Diagnostic Category 1	<p>**Required Field When Registration Start Date is 10/1/2015 or greater. Field should not be used for Registration Start Dates prior to 10/1/2015.</p> <p>See Appendix A for valid MH Diagnosis Categories</p> <p>If this field is required and is spaces or not a valid value – assign error code 258 “MH Diagnostic Category 1 is missing/invalid”</p> <p>If MH ICD Code 1, Description for MH ICD Code 1 and MH Diagnostic Category 1 are not a valid combination, assign error code 288 ‘MH ICD Code 1 is invalid for category/description indicated’</p> <p>When Registration Start Date is prior to 10/1/2015 and field is not equal to spaces, assign error code 257 ‘For Registration Start Dates prior to 10/1/2015, all DSM-5 / ICD-10 fields should be blank’</p>

Updates to the Batch Registration Submission Guide

- ▶ Batch Submission File Layout – New Diagnosis Data Fields
 - File Positions 1110 through 1372 – Social Elements Impacting Diagnosis
 - For registrations dated October 1, 2015 and beyond – Entry of these fields is required. However, since these fields are reserved for future use, they should be populated as noted in the batch guide and below:
 - Social Elements: None = Y
 - Other Social Element Impacting Diagnosis = Space
 - All remaining Social Elements = N
 - For registrations dated prior to October 1, 2015 – Spaces are required. If these fields are populated on registrations dated prior to October 1, 2015, the registration will reject

Updates to the Batch Registration Submission Guide

- ▶ Batch Submission File Layout – New Diagnosis Data Fields
 - File Positions 1110 through 1372 – Social Elements Impacting Diagnosis – Example

Position		Length	Usage	Field name	Error Processing
From	To				
1110	1110	1	R	Social Elements: Educational Problems	<p>**Required Field When Registration Start Date is 10/1/2015 or greater. Field should not be used for Registration Start Dates prior to 10/1/2015.</p> <p>For future use. Until further notice, value of N is required.</p> <p>If this field is required and is spaces or not a valid value – assign error code 274 “Social Elements: Educational Problems is missing/invalid”</p> <p>When Registration Start Date is prior to 10/1/2015 and field is not equal to spaces, assign error code 257 “For Registration Start Dates prior to 10/1/2015, all DSM-5 / ICD-10 fields should be blank”</p>

Updates to the Batch Registration Submission Guide

- ▶ Appendix A – DSM–5 / ICD–10 MH Diagnostic Categories, Codes, and Descriptions
 - Columns marked with * indicate the values that will be entered on the Batch Registration Submission File for registrations dated October 1, 2015 and beyond

APPENDIX A – DSM-5 / ICD-10 MH Diagnostic Categories, Codes, and Descriptions

* These are the values that will be entered on the Batch Registration Submission File.

MH Diagnostic Category *	Long Description for MH Diagnostic Category	MH ICD Code *	Description for MH ICD Code *	Long Description for MH ICD Code
AXDO	Anxiety Disorders	F06.4	AXDOAMC	Anxiety Disorder Due to Another Medical Condition
AXDO	Anxiety Disorders	F11.188	OPIADWDM	Opioid - Induced Anxiety Disorder, With mild use disorder
AXDO	Anxiety Disorders	F11.288	OPIADWMS	Opioid - Induced Anxiety Disorder, With moderate or severe use disorder
AXDO	Anxiety Disorders	F11.988	OPIADWOD	Opioid - Induced Anxiety Disorder, Without use disorder
AXDO	Anxiety Disorders	F12.180	CAIADWUM	Cannabis - Induced Anxiety Disorder, With mild use disorder
AXDO	Anxiety Disorders	F12.280	CAIADWMS	Cannabis - Induced Anxiety Disorder, With moderate or severe use disorder

Updates to the Batch Registration Submission Guide

- ▶ Appendix B – DSM–5 / ICD–10 Medical Diagnostic Categories, Codes, and Descriptions
 - Columns marked with * indicate the values that will be entered on the Batch Registration Submission File for registrations dated October 1, 2015 and beyond

APPENDIX B – DSM-5 / ICD-10 Medical Diagnostic Categories, Codes, and Descriptions

* These are the values that will be entered on the Batch Registration Submission File.

Medical Diagnostic Category *	Long Description for Medical Diagnostic Category	Medical ICD Code *	Description for Medical ICD Code *	Long Description for Medical ICD Code
BBFOIM	Blood, blood-forming organs, & immunological	D50	IRNDFANM	Iron deficiency anemia
BBFOIM	Blood, blood-forming organs, & immunological	D51	VB12DANM	Vitamin B12 deficiency anemia
BBFOIM	Blood, blood-forming organs, & immunological	D52	FOLDFANM	Folate deficiency anemia
BBFOIM	Blood, blood-forming organs, & immunological	D53	OTNUTANM	Other nutritional anemias
BBFOIM	Blood, blood-forming organs, & immunological	D55	ANMENZDO	Anemia due to enzyme disorders

Need Help?

- ▶ If you need additional assistance submitting your batch registration file, contact the EDI Help Desk at (888) 247-9311.