

BENEFIT PLAN STREAMLINING Q&A

6/11/14

Benefit Plan Diagnosis Array

QUESTION	ANSWER
<p>Diagnosis 315.8 (Global developmental delay) and 315.9 (Unspecified neurodevelopmental disorder) are indicated as DD diagnoses, but mapped to CMSED and AMVET. These are the only 2 DD diagnoses mapped on the sheet since the IDD Target Pops cover and diagnosis.</p>	<p>These two diagnoses are covered for young children who qualify as family members of Veterans (AMVET) and 3-5 year olds under CMSED.</p>
<p>Autism Spectrum is indicated as DD Only (not mapped to any other TP). This will be a possible concern as there have been individuals who fall on this spectrum who were receiving certain "MH" services in the past.</p>	<p>The column on the spreadsheet labeled "Disability" is for categorizing diagnoses for ease of reference and formatting pivot tables. Persons with Autism Spectrum can qualify for MH services with other diagnoses (not Autism Spectrum alone).</p>
<p>There are several disorders that were previously mapped to both AMI and CMSED that are now child only (ex. Tourette's and other tic disorders 307.0-307.23 and 307.4X and 307.5X)</p>	<p>These disorders have now been added for adults.</p>
<p>Diagnosis 307.52 (F50.8) is Pica, in Adults, but it is mapped to CMSED (Child TP)</p>	<p>This has now been corrected (the adult code has been deleted from CMSED).</p>
<p>312.9 (Unspecified disruptive, impulse-control, and conduct disorder) is mapped to AMI, but all other conduct disorders and ODD are only mapped to Child.</p>	<p>This has now been corrected (added to adults).</p>
<p>780.09 (R41.0 Unspecified Delirium) is not mapped to anything, but all other forms of Delirium are.</p>	<p>Unspecified Delirium is not covered; the delirium would need to be specified to be covered.</p>
<p>787.60, 788.30, and 788.39 (elimination disorders with urinary or fecal symptoms) are not mapped, but enuresis and encopresis are.</p>	<p>The non-covered diagnoses listed here are not covered as they may be the result of a physical disorder.</p>
<p>799.59 (Unspecified neurocognitive disorder) is not mapped, but all other neurocognitive disorders are.</p>	<p>This diagnosis alone is not covered; the specific disorders are covered.</p>
<p>On Page 715 of the DSM5 Manual (section titled "Other Conditions that may be a Focus of Clinical Attention") it states "The conditions and problems in this chapter are not mental disorders". If all the 995 and V codes fall in this section why are the majority mapped to MH?</p>	<p>The column on the spreadsheet labeled "Disability" is for categorizing diagnoses for ease of reference and formatting pivot tables. The Division utilizes the MH category when there is any ambiguity.</p>
<p>For Target Pop AMVET there are no SUD identified diagnoses mapped to that population, but on the NC DMHDDSAS Benefit Plan Eligibility Criteria provided (AMVET criteria 3.b – "the individual is eligible but has exhausted or has inadequate services coverage for medically necessary mental health or substance use disorders services."</p>	<p>AMVET does not include SUD diagnoses because individuals with SUD diagnoses will qualify for ASTER or CSSAD, and so would not qualify for AMVET (as concurrency is not allowed). The reference to substance use disorder services has been deleted from the AMVET eligibility criteria.</p>

<p>In the original email below there is the following statement: LME-MCOs would need to ensure services are not authorized for non-covered diagnoses and providers would need to be trained not to submit claims for persons with non-covered diagnoses. For example, ICD-9 code 291.0 includes "Alcohol intoxication delirium, without use disorder", as well as several covered diagnoses. This refers to the ICD 10 diagnosis F10.921. In the 2014 ICD 10 manual this code is labeled Alcohol use, unspecified, with intoxication delirium. There are quite a few codes on the spreadsheet that are indicated as "noncovered" because the description they have is "without use disorder". In the ICD 10 manual I cannot find this specifier on these codes. Unless a revision has come out that I haven't heard about yet the decision whether or not to cover these diagnoses is based on descriptions inconsistent with the ICD 10 code set.</p>	<p>The ICD-10 codes are included in the Diagnosis Array for future reference purposes only. The key to this Array is the DSM-5 Diagnosis description, as it relates to the diagnostic criteria in the DSM-5. If a provider requests authorization for a consumer whose diagnosis includes the phrase "without use disorder", then the individual does not meet criteria for any of the SUD Benefit Plans (ASTER, ASCDR, ASWOM or CSSAD). Unfortunately, these do not match up exactly with either the ICD-9 or ICD-10 coding systems, and so the decision to authorize will have to be based on the DSM-5 diagnosis description.</p>
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Array of Services

QUESTION	ANSWER
90791 GT is mapped to every TP except CDSN	This has now been added.
99201 is not in the service array at all	This has now been added.
Concerns with the GAP mapping. 99221-99223 (Initial Hospital) & 99251-99255 (Initial Inpatient Consultation) are not mapped, but all other "initial" E&M codes are. Also there are numerous "Subsequent" codes (99307-99310, 99334-99337, and 99348-99350) are mapped. This seems inconsistent, but there may be an explanation.	A number of services were marked as covered in error. These have now been corrected.
H0013 (SA Medically Monitored Community Residential Treatment), H0014 (Ambulatory Detox), & H0015 (SA Intensive Outpatient Program) are all mapped to AMI. (H0015 is also mapped to CMSED). H2035 (SA Comprehensive Outpatient Treatment Program) is mapped to AMI. YP790 (Detox – Social Setting) is mapped to AMI	The SUD services are now no longer mapped to AMI and CMSED. These services are covered under ASTER, ASWOM, ASCDR, and CSSAD. If a consumer has co-occurring mental health and SUD, then they should be enrolled in both the MI and SUD benefit plans, as concurrency is allowed.
H0035 (Mental Health - Partial Hospitalization) is mapped to CSSAD	This has been corrected (deleted).
H2011 (Mobile Crisis) is not mapped to GAP. I understand the request for this service may appear to be a crisis and therefore the person would meet another population, but I recommend reaching out to the MCM teams. I can think of occasions when I saw someone in the ED for a crisis assessment, that turned out to be situational and the individuals	This has now been added to GAP.

would not have met criteria for any services.	
H2034 (SA Halfway House) mapped to CSSAD. Is this correct? Are there halfway houses in NC for children?	Yes, and yes.
H0032 & T1017-HI & HE (Targeted Case Management) is mapped to GAP. Even though we do not cover this service as an MCO, I wanted to point this out. Most of the time an assessment is completed before a referral to TCM.	There were several errors with the covered Case Management codes, which have now been corrected. (H0032 and T1017 HI have not been covered for some time and so have now been deleted altogether.)
YP640 (Supported Employment – Group) is only mapped to the IDD populations, but YP630 (Individual) is mapped to all.	There were errors on the employment codes that have now been corrected, and we revised the names to clarify which are DD vs. MH/SUD: YM645 Long Term Vocational Services MH/SUD YP630 Supported Employment – Individual MH/SUD YP640 Supported Employment – Group IDD YA389 Long Term Vocational Support IDD YA390 Supported Employment Individual IDD
YP820 (Inpatient Hospital) is mapped to everything except the IDD Target Pops?	This is correct; if DD populations are served in inpatient settings it should be for a mental health or SUD diagnosis.