



# QRTIPS

Health Care Agency • Behavioral Health Services • CYS Quality, Review & Training

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## 296.90 DMS Code

This section provides monthly critical reminders in relation to documentation standards.

### 1) Using 296.90 diagnosis and entering it into IRIS. Information provided by Dave Horner, Ph.D. from QIPC.

When our clinicians select a numeric code, they are selecting based on DSM IV TR. As required by HIPAA, however, all codes must be billed and reported using ICD 9. In most cases, the DSM IV TR diagnosis number is identical to the appropriate ICD 9 diagnosis number, but the ICD verbal description that goes with that number is a little different.

Usually the verbal difference is minor and still provides an accurate picture of the client. In this case, however, the verbal description is significantly different in that it includes the word "psychosis" which is, in a case where there are no psychotic symptoms, not part of the clinical picture for this client. This, understandably, makes the clinician uncomfortable.

When the OT enters the 296.90 code, IRIS is correctly selecting the ICD code and verbal description of 296.90 Unspecified Affective Psychosis. This is not a mistake. The reference cited by the Department of Mental Health ([DSM IV Crosswalk: Guidelines for Coding Mental Health Information, published by the American Health Information Management Association - AHIMA](#)) indicates that this is the correct code to be used for coding a DSM IV diagnosis of 296.90 Mood Disorder NOS.

This question was discussed in the Corrective Action Committee meeting of 3/15/04. The Committee believes that the best way to handle this is for clinicians to not use this diagnosis if they are uncomfortable and to select a somewhat more definitive diagnosis than Mood Disorder NOS. This is a very non-specific code. While it is understandable that we often don't have sufficient information to be specific, clinicians do have the option of selecting one of several other NOS codes that are a bit more specific. It is hoped that if we are treating (especially giving meds) that there would be at least some idea of the general category of mood disorder. Other options include:

DSM IV TR 296.7 Bipolar 1 Disorder, Most recent episode unspecified  
= ICD 9 296.7 Bipolar Affective disorder, Unspecified

DSM IV TR 311 Depressive Disorder NOS = ICD 9 311 Depressive Disorder, Not Elsewhere Classified

2) (CYS) A Client Service Plan is a document that is developed between the provider/clinician AND the consumer/guardian. Once the CSP requires updates or changes in between reviews only the provider/clinician and the consumer/guardian can make these changes/corrections. Any changes or corrections in this document require the initials of the person who made the

changes as well as the date of when the corrections or updates were made. In addition to the initials and dates a progress note must be written explaining why the changes, corrections and updates were made.

**3) (AMHS) MTP** - An update to revise the MTP must be made to the Periodic Re-evaluation/Diagnoses when the identified goals: have been reached; require revision, or when the clinician receives new clinical information, between the required review dates. Sections of the Periodic Re-evaluation that are not updated must have lines placed through them with the date and initials of the clinician updating the form. The appropriate signatures must be obtained on the new Periodic Re-evaluation Form. The time of the revision does not change the review cycle due dates.

Review cycles are: ITP whenever a service other than assessment is provided during the assessment period (60 days); Intake Assessment with a completed MTP due at the end of the 60 day assessment period; 1<sup>st</sup> Periodic Re-Evaluation completed 6 months from the date of entry into treatment and subsequent review periods require completed Periodic Re-Evaluations according to the review cycles; and the Intake Assessment updated every 5 years at a minimum.