



## PROVIDER ALERT

### DSM-5 UPDATE

June 26, 2014

Back on May 1, 2014, ValueOptions Maryland announced that starting at 12:01 A.M., June 28, 2014, we would be converting to DSM-5 coding for our authorization requests in our ProviderConnect system (please note: billing is still done using ICD-9).

We have conducted four (4) webinars over the past two weeks for the provider community reviewing this change and showing the new screens providers will see come June 28<sup>th</sup> as well as answering provider's question. A copy of the screens can be found here: [http://maryland.valueoptions.com/provider/clin\\_ut/ProviderConnect-DSM-5-Powerpoint-Review-6-28-14.pdf](http://maryland.valueoptions.com/provider/clin_ut/ProviderConnect-DSM-5-Powerpoint-Review-6-28-14.pdf)

One of the main questions that providers have inquired about is what happens to the "deferred" diagnosis codes 799.9 or V71.09? These codes will not be valid for authorization requests. Providers may use 300.9—Other Specified Mental Disorder: "...The unspecified mental disorder category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific mental disorder, and includes presentations for which there is insufficient information to make a more specific diagnosis..." (Diagnostic and Statistical Manual of Mental Disorders/Fifth Edition/DSM-5, page708)

Providers do not need to change any of their current authorizations. New screens will be effective on June 28<sup>th</sup> at which time providers will enter the DSM-5 codes for new authorizations and concurrent authorizations.

As a final reminder:

**Please note:** Any authorization request in **draft form** on ProviderConnect will be **deleted** on Friday, June 27<sup>th</sup>.