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Instructional Guide for Entering Diagnoses in CYBER Using the International Classification of Disease (ICD-10)

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Instructional Guide to Entering Diagnoses in CYBER

Table of Contents

I. Introduction

Entering a diagnosis is a requirement for certain treatment plans and assessments in CYBER. Users of these documents must understand how to enter available diagnosis information in the correct format. CYBER users responsible for the plans and assessments that require a diagnosis will be entering them in the ICD-10 code format (ICD stands for International Classification of Disease). ICD is a coding system that was created in 1989 by the World Health Organization (WHO).

ICD-10 codes are updated annually. The ICD-10 code set incorporates the current DSM-5 / ICD-10 behavioral health classification codes as well providing a full listing of all medical and behavioral health diagnoses. The codes will be updated in CYBER to allow selection of the appropriate ICD-10 code for a youth's record.

Note: The system will not permit a user to copy a previously entered diagnosis code that has been inactivated (See Copying Previously Existing Diagnosis).

The Instructional Guide for Entering Claims in CYBER has been updated to reflect the changes to the diagnosis requirement; the guide can be found on the Training page of the PerformCare website in Billing and Claims (see References).

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II. Accessing CYBER

CYBER can be accessed via the PerformCare website – www.performcarenj.org . The link is available under the CYBER menu at the top of the home page or the button at the bottom of the page. Users must log into CYBER with their Username and Password.
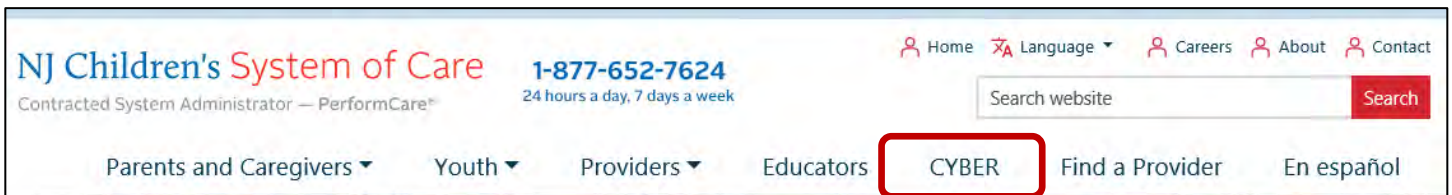
Each provider organization has at least two CYBER Security Administrators, and your agency's CYBER Security Administrators can set up a login and temporary password. Access will be based upon login type and security levels.
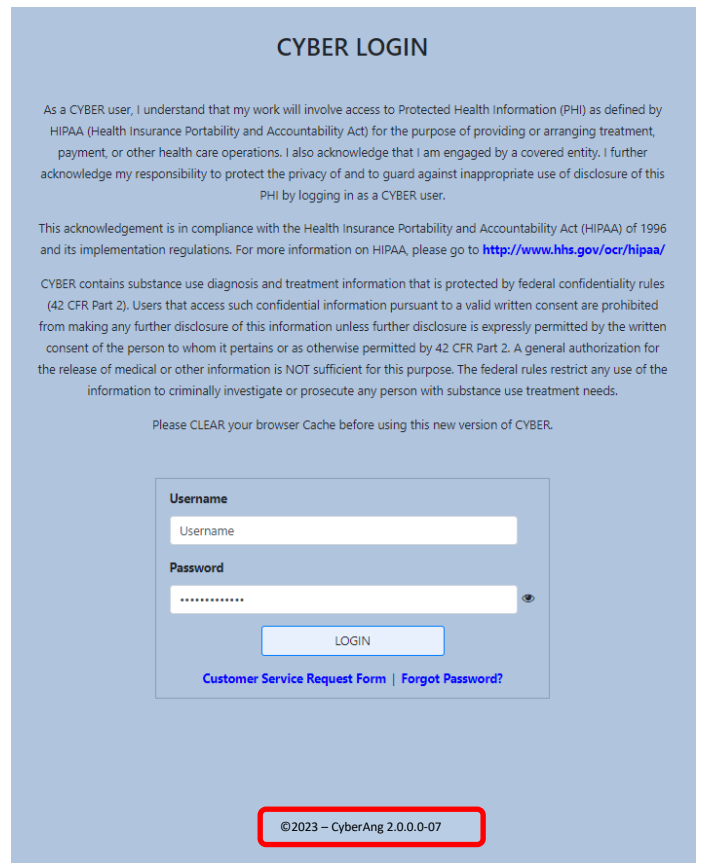
Before logging in, keep in mind…

- Every time CYBER is launched, the **Username and Password is required, then click the LOGIN button to continue**.
- Users are required to **change their password every 90 days.**

Above the login area is a statement that, CYBER users acknowledge their responsibility to protect the privacy of and to guard against the inappropriate use or disclosure the Protected Health Information (PHI) contained within the system.

This statement will appear during each log in.

Please also check the link: **CYBER Access Requirements** page on the PerformCare website for the most up-to-date technical requirements (such as browser compatibility and operating systems) needed to access CYBER.

At the bottom of the login page is the version of CYBER. The server number is the last 2 digits at the end (-XX). This is helpful to note when requesting assistance.

Providers

Launch CYBER

CYBER LOGIN

As a CYBER user, I understand that my work will involve access to Protected Health Information (PHI) as defined by HIPAA (Health Insurance Portability and Accountability Act) for the purpose of providing or arranging treatment, payment, or other health care operations. I also acknowledge that I am engaged by a covered entity. I further acknowledge my responsibility to protect the privacy of and to guard against inappropriate use of disclosure of this PHI by logging in as a CYBER user.

This acknowledgement is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementation regulations. For more information on HIPAA, please go to http://www.hhs.gov/ocr/hipaa/

CYBER contains substance use diagnosis and treatment information that is protected by federal confidentiality rules (42 CFR Part 2). Users that access such confidential information pursuant to a valid written consent are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any person with substance use treatment needs.

Please CLEAR your browser Cache before using this new version of CYBER.

Username

Username

Password

••••••••••••

LOGIN

Customer Service Request Form | Forgot Password?

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For technical support, please use the **Customer Service Request Form** link under the login.

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III. Diagnosis in CYBER

The following provider documents in CYBER have a Diagnosis section:

Care Management Organizations (CMO)

- CMO Treatment Plan
- OOH Assessment
- Nursing Assessment

Mobile Response Services (MRSS)
- Family Crisis Plan and Individual Crisis Plan
- Crisis Assessment Tool (CAT)

Intensive in Community / Behavior Analyst (IIC/BA)

- BioPsychoSocial Assessment
- IIC Treatment Plan
- BA Treatment Plan

Intensive in Home / Intensive Support Services (IIH/ISS)
- Behavior Support Plans (BSP)
- IIH/ISS Treatment Plan

Out of Home (OOH)

- Joint Care Reviews (JCR)
- Transitional Joint Care Review (TJCR)
- Discharge Joint Care Review (DJCR)

Substance Use

- Substance Use Treatment Plan (including Detox)

Partial Hospital Provider (PHP), Children's Crisis Intervention System (CCIS), Multi Systemic Treatment (MST), Functional Family Therapy (FFT)

- Needs Assessment

Billing

- CMS 1500 Health Insurance Claim Form also requires a diagnosis

Youth Face Sheet – CMO, MRSS may also add diagnosis on the Dx/Med tab of the Face Sheet if determined between treatment plans. Intermediate Unit providers (IU) may also enter the diagnosis on the Dx/Med tab of the Face Sheet. (See Entering Diagnosis from the Face Sheet)

IV. Entering Diagnosis in Treatment Plans and Assessments

From within a plan or assessment the user may click the Diagnosis tab and enter a diagnosis. If there is an existing diagnosis entry on file, then see Copying Previously Existing Diagnosis. If there is no previously entered diagnosis, then the user should scroll down to the Diagnosing Clinician section.

- **Diagnosing Clinician** This is a required open text field for the diagnosing clinician's name. Enter first and last name.
- **Date Diagnosis Rendered** This field is automatically pre-populated with the current date. User is required to enter the date the diagnosis was actually rendered.
- **Diagnosis Details** Displays the selected diagnoses.

The user should enter the Diagnosing Physician and Date Diganosis Rendered, then click the plus (+) button to bring up the **Search Diagnosis** window.

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Searching for a Diagnosis

The user may begin a search by entering a complete ICD-10 code or a partial code into the **Code** field <u>or</u> a partial description into the **Description** field and then click the Search button.

- Partial searches are allowed; for example, a user can enter "R41" into the Code field and a list of all Diagnosis Codes that contain "R41" will appear in the Diagnosis grid.

- Click the **Search** button and the Diagnosis grid will populate with results that match the search parameters.

In the Diagnosis grid:

- <u>Type</u> will display the code type:
  - ICD10 identifies medical codes
  - ICD10-BH identifies behavioral health codes
  - ICD10-BH+PH identifies substance use codes – behavioral health + physical health
- <u>Code</u> will display the complete ICD-10 code
- <u>Description</u> will be the DSM-5 description
- <u>Diagnosis Comment</u> field at the bottom of the window allows for additional user entry for each code.

The user may single-click to select one or more diagnoses from the grid. Then the user may add text into the Diagnosis Comment field for any specifying information that is not included in the ICD-10 and DSM-5 descriptor.

For example, F43.10 – Posttraumatic Stress Disorder (includes Post-traumatic Stress Disorder for Children 6 Years and Younger) allows the user to specify whether with dissociative symptoms and if with delayed expression. The specifiers are to be entered into the Diagnosis Comment field.

The user may click OK and the diagnosis selections will be added to the Diagnosis Details grid.

Diagnosis

Type	Code	Description
ICD10-BH	F43.10	Post-traumatic stress disorder, unspecified

Diagnosis Comments

OK   Cancel

Removing a Diagnosis

While working on a plan or assessment, if an incorrect diagnosis has been selected and entered into the Diagnosis Details grid, click the row with the incorrect diagnosis, the row will highlight in blue. Next, click the red 'X' button to the right of the grid. The diagnosis will be removed.

Diagnosis Details

Type	Code	Description	Diagnosis Comment	+
ICD10-BH	F43.10	Post-traumatic stress disorder, unspecified	Comment here	✕

Variations on Diagnosis Screens

There are three variations of the Diagnosis screen in CYBER depending on the plan, assessment, or document type. Only two versions will allow copying a previously entered diagnosis.

The Diagnosis screen version in most plans and assessments displays previously existing diagnoses (if available) and allows the provider to select and copy the existing diagnoses.   For Plans and Assessments that permit existing diagnosis to be copied, a separate section called **Existing Diagnosis Entries on File** will populate with any previously existing diagnoses that have been marked "Complete" in a plan or assessment.

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View of the Dx/Med <u>tab</u> from most Treatment Plans and Assessments

Existing Diagnosis Entries on File
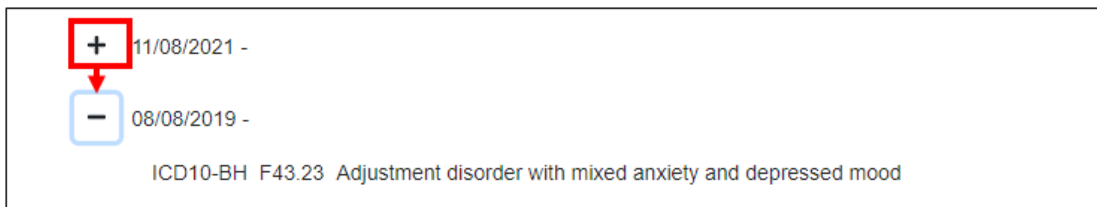
Diagnosis Details grid
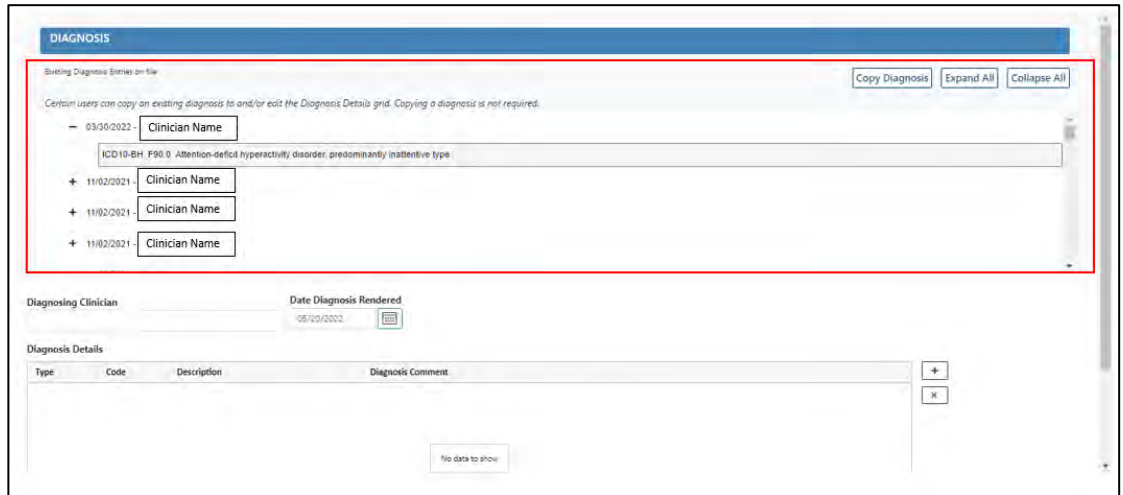
Only active diagnoses codes may be copied. Records with previously entered diagnosis codes that are now inactive will not be able to be copied.

NOTE: If an inactive diagnosis code is not in the system, search for an equivalent ICD-10 code. If there is no equivalent, contact the clinician who rendered the diagnosis to get the appropriate ICD-10 code.

Copying Previously Existing Diagnosis

When a plan or assessment is started and the Diagnosis tab opened, if there are previously existing active diagnoses, they are automatically displayed in a tree-structure.

Clicking on the plus (+) button next to each completed diagnosis will allow it to expand to display the details.

Former records of DSM-IV/ICD-9 codes will display with their Axis entries; they will be labeled with the Axis they were entered into. <u>Records with previously entered diagnosis codes that are now inactive will not be able to be copied into a new plan or assessment</u>.

- Users will see only *completed* diagnoses records meaning the diagnosis has no validation errors or missing information and is entered through a treatment plan, assessment, or Face Sheet Dx/Med tab (Diagnoses entered by Substance Use Treatment programs will not be viewable by any provider but the Substance Use provider who entered the diagnosis)
- Substance Use Treatment providers will have access to all completed diagnosis records.

Copy Diagnosis button

Where applicable, users can select any existing active diagnosis entry to copy into the current plan or assessment by single clicking on the entry in the Existing Diagnosis grid and then clicking "Copy Diagnosis".

- Once a user chooses to copy a previously existing diagnosis record, they will be alerted that copying the record into the plan or assessment will override any other diagnoses that may have already been entered into the document. Any information that has been recently entered will be automatically deleted.

Warning	×
Copying a Diagnosis will overwrite any previously entered information.	
	OK Cancel
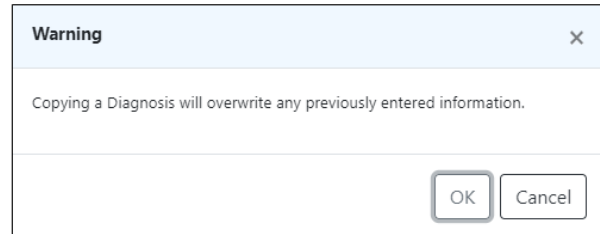
The user may click OK and the selected diagnosis will be copied and inserted into the Diagnosis Details. If the user needs to enter a Diagnosis Comment, double clicking the diagnosis in Diagnosis Details will open the Diagnosis Comments box.

Double click the diagnosis row to open the Diagnosis Comments box.
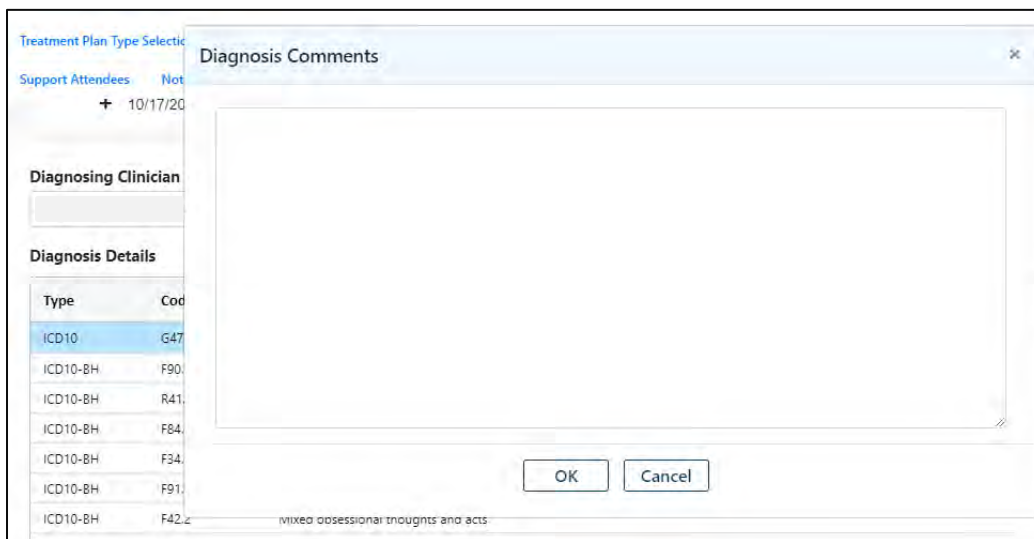
- The Diagnosing Clinician and Date Diagnosis Rendered will also copy into the new plan or assessment.

Note: If a user selects to copy a diagnosis and the diagnosis code is inactive, or no longer available in the ICD-10/DSM-5 manual, only the Diagnosing Clinician and Date fields will copy and the message will display, "Inactive diagnoses cannot be copied. Only active diagnoses will copy." If there is only one diagnosis and it is inactive, no diagnosis will be copied; if there are multiple diagnoses, the active diagnoses will be copied.

V. Assessments That Do Not Permit Copying Prior Diagnosis

IIC Needs Assessors who utilize the Biopsychosocial Assessment and BHH CMONURS users who create the Nursing Assessments **will not see the Existing Diagnosis Entries on File section**. Users of these assessments will not be able to copy previously existing diagnosis records into new assessments. To review previously existing diagnosis information, these users will need to navigate to the Face Sheet Dx/Med tab and review any existing information.

Views of the Social/Diagnosis section in the Biopsychosocial assessment

View of the Diagnosis tab in the Nursing Assessment

Special Note for Nursing Assessment

BHH Users with the designation of CMONURS, who utilize the Nursing Assessment, will be required to enter in a behavioral health diagnosis (ICD10-BH), as well as a medical diagnosis (ICD10). The users will utilize the functionality in the same manner as listed above, but will be unable to submit their own Assessment without a medical diagnosis.

VI. Entering Diagnosis from the Face Sheet

*View of the Enter a New Diagnosis screen from the Face Sheet Dx/Med Tab*
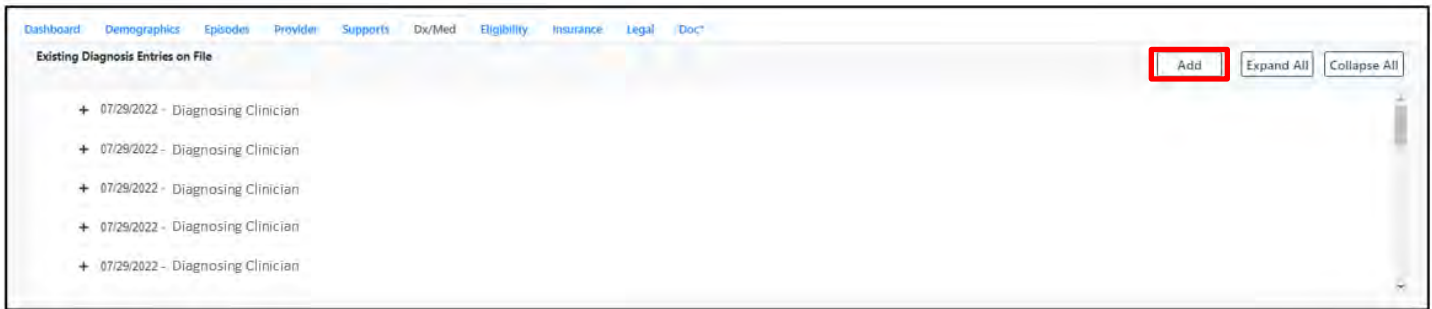
Specific providers who are open to youth records have access to enter a diagnosis from the Dx/Med tab of the Face Sheet. These providers are:

- CMO and MRSS users entering changes to a diagnosis that may occur between routine plans and assessments.
- Intensive in-Community (IIC) providers with IIC authorization for youth transitioning back to the community when CMO or MRSS have already transitioned.
- Intermediate Unit (IU) users

n user with access to editing the Face Sheet Dx/Med tab may click the **Add** button from the Diagnosis portion of the tab and enter a diagnosis.

All the diagnosis screen features function as described above, however there is an additional requirement. Users are required to select the **Clinician Credentials** drop down menu and choose the correct clinician credentials.

The Diagnosis section on the Face Sheet Dx/Med tab

The PerformCare logo
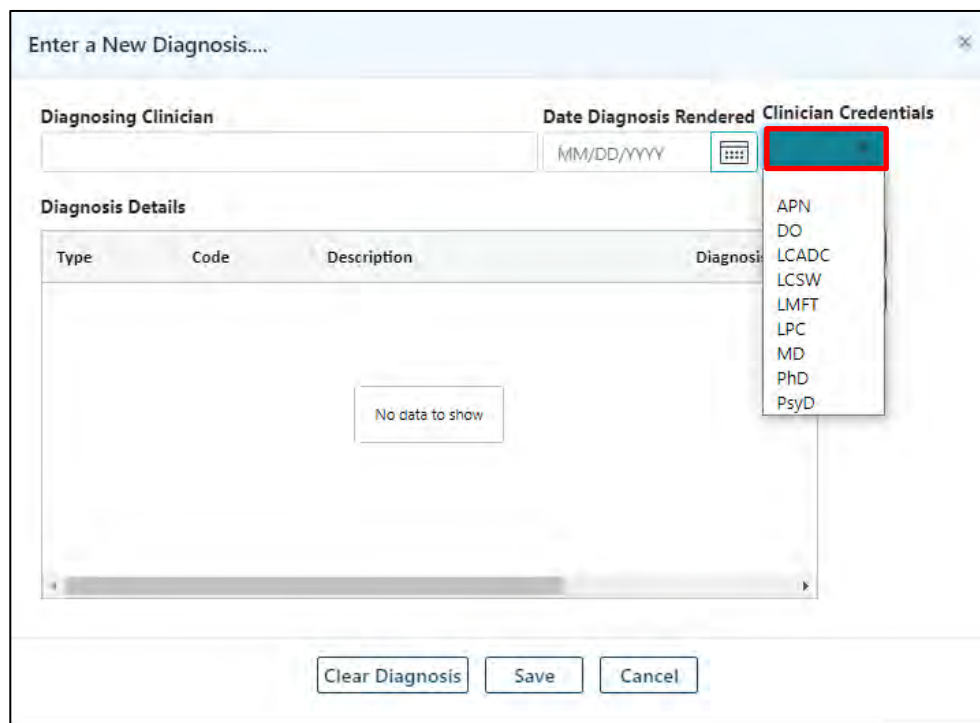
VII. Entering Medications from the Face Sheet

Medications may also be entered from the Dx/Med tab of a youth's Face Sheet. The user may document all of the medications that the youth is currently taking.

A user with access to editing the Face Sheet Dx/Med tab may click the **Add** button from the Medications portion of the tab and enter a Medication, associating it with a Diagnosis.

Clicking the Add button opens the **Add/Edit Medication Comment for a Treatment** window.

The Medications section on the Face Sheet Dx/Med tab
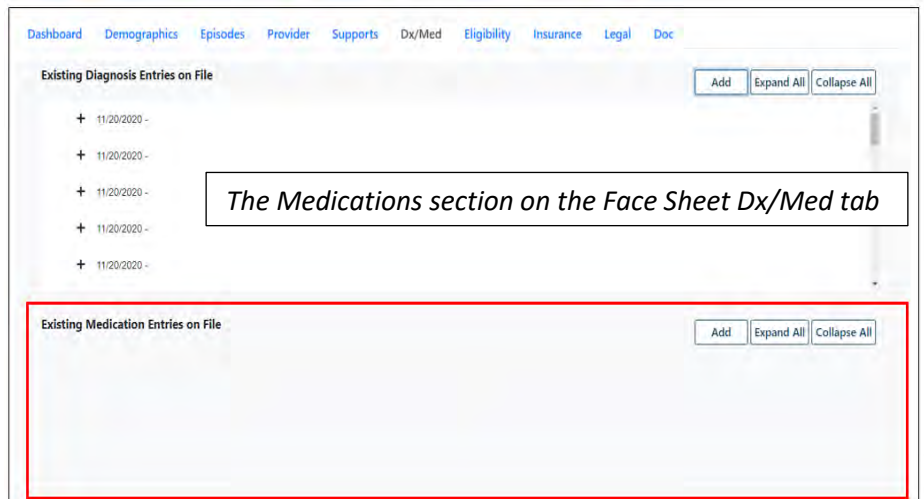
Enter the first few letters of a medication and a list of available medications will appear allowing for a selection.

Medication Name, Prescriber, Frequency, and reported date are required.

Actual dosage and the Diagnoses are not required, but may be included if a different dosage is needed and not displayed.

Click Accept to enter the medication.

Once entered into the record, the user may not remove the Diagnosis or Medication from the Face Sheet.

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VIII. Entering Diagnosis in the 1500 Health Insurance Claim Form

Diagnosis entry is a requirement for providers using the CYBER 1500 Health Insurance Claim Form to bill PerformCare. Instructions for completing the 1500 Health Insurance Claim form is detailed in the guide on Entering Claims (see References). Here we will review the Diagnosis requirement.

Once a new claim has been started and saved, a diagnosis is required to be entered in the Service Details.

In the Service Details, click **Add Claim**. The Add Claim window has an **Add Diagnosis** button.

Clicking the **Add Diagnosis** button will bring up the **Search Diagnosis** window.

The Search Diagnosis screen is the same as the screen in most treatment plans and assessments described earlier, allowing the user to perform a partial search for an ICD-10 code with DSM-5 description. Once the user enters a code or description and clicks the **Search** button, the results will populate the grid below.

Double click the row with the correct diagnosis and the diagnosis selection will be placed onto the claim. Users can add up to 12 diagnosis records onto each claim. If changes need to be made, a user can click on the trash can delete icon next to the diagnosis record to delete it from the claim.

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IX. References

PerformCare website:

Providers – Training Section: http://www.performcarenj.org/provider/training.aspx
- General Trainings for all CSOC Providers Section - Instructional Guide to the CYBER Face Sheet
  https://www.performcarenj.org/pdf/provider/training/cyber-face-sheet.pdf

Providers – Security Section
- Instructional Guide for CYBER Security Administrators
  https://www.performcarenj.org/pdf/provider/training/security/role-based-security-system-admin.pdf

Providers - Billing and Claims
- Instructional Guide for Entering Claims in CYBER
  https://www.performcarenj.org/pdf/provider/training/billing-claims/instructional-guide-entering-claims-01722.pdf

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