



MOTS Messenger, a Newsletter for those using the Measures & Outcomes Tracking System

October 16, 2015

ICD-10 FAQs

“I don’t always get bitten by my pet mallard Stanley, but when I do, I use the ICD-10 code W61.61”

It’s been a few weeks since the ICD-10 Diagnosis Codes were implemented in MOTS. Since then, we have received some questions. We wanted to share a few questions and answers with you here. As always, if you have additional questions, feel free to send them to MOTS.Support@state.or.us

Q. Why isn’t MOTS finding the diagnosis code that I’m entering in the diagnosis box?

A. For MOTS Client Entry, if you are working on a Behavioral Health Treatment Episode, only ICD-10 codes are allowed from this point forward. You may also start typing a description and results will appear. If you are entering Non-Medicaid Services for any service date prior to October 1st, you will need to choose an ICD-9 code. You may need to change the diagnosis search drop-down menu to search “Behavioral” codes or “All” codes instead of “In Use” codes *before* typing in the code or description.

Q. Why isn’t MOTS allowing an ICD-10 code in the Non-Medicaid Services section?

A. If you are entering services with a Service From Date earlier than October 1, you will need to choose an ICD-9 code.

Q. How do I terminate a client record in MOTS if he or she left treatment before October 1st, so they don't have an ICD-10 diagnosis code?

A. If you don't have an ICD-10 code to enter into the client's record in order to close it in MOTS, you may enter code R69 which is the equivalent of "Diagnosis Deferred" from the ICD-9 codes. Then, if the client returns for services at a later date, you can "Add a New Treatment Episode" from the Client Summary page and enter a new ICD-10 diagnosis at that time.

Reminder of recent changes in MOTS (effective October 1, 2015)

- For CE and EDI users: ICD-10 codes became effective on October 1, 2015. You will no longer be able to use ICD-9 diagnosis codes on a Behavioral Health Treatment episode. *(You will still be able to enter an ICD-9 diagnosis code for a non-Medicaid service IF the Service From Date is prior to October 1st.)*
- There are some new living arrangement codes that better define a client's living arrangement.
- There are additional choices for Veteran Status.
- The Global Assessment Functioning (GAF) score is now optional.

New changes effective October 15, 2015

- For CE and EDI users: You will no longer be able to re-use an admission date if it was previously submitted on an inactive episode.
- For CE: Once you have submitted a record, the agency and facility fields will become read only. This will help with the integrity of the MOTS data.
- For CE: When adding a new Treatment episode, you will only see choices of Active or Assessment Only in the Client Tx Status field.
- For CE: Clients with an inactive Client Treatment Status will only have inactive treatment status options on the dropdown menu. You will no longer be able to change a Client's treatment status from inactive back to active.

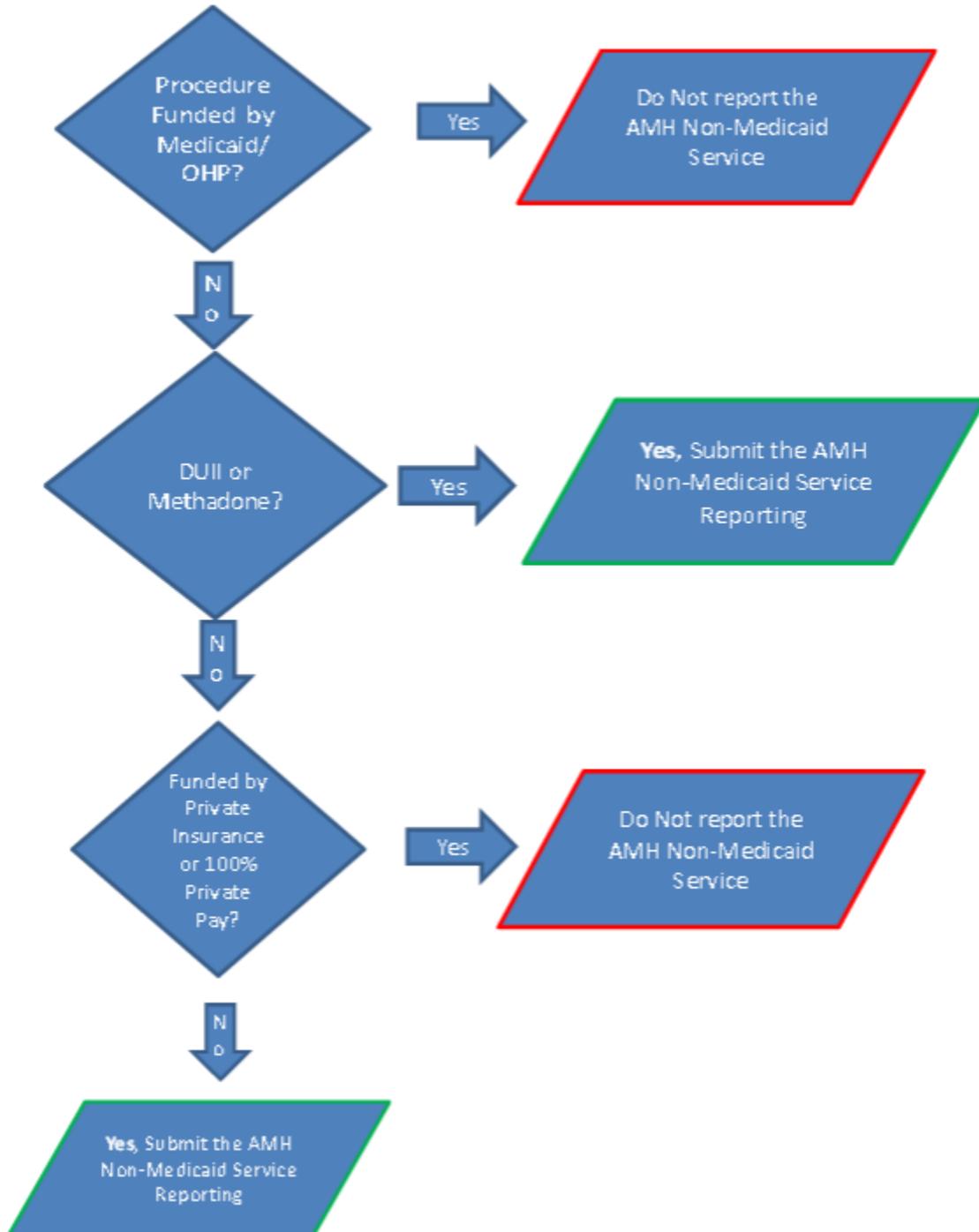
Client Entry Webinar

Please sign up for our next Client Entry Webinar on Wednesday, November 4th at 9 a.m. You will learn more about the October 15th changes in MOTS! To register, go to

<http://www.oregon.gov/oha/amh/mots/Pages/training.aspx>

Non-Medicaid Services

Some providers are reporting Non-Medicaid Services very well, others...not so much. As a reminder, below is a diagram of which services need to be recorded as a Non-Medicaid Service in MOTS. Start at the top left of the diagram and work your way down.



Thank you for reading this newsletter. If you have ideas or questions you want addressed in future newsletters, please let me know.

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