

Understanding the Transition ICD-10-CM and the Relationship to DSM-5

On October 1st, 2015, the entire healthcare system in the United States will change its diagnostic codes from ICD-9-CM to ICD-10-CM. Everyone is now using ICD-9-CM codes. Mental health practitioners obtain these codes from the DSM. **DSM-5 contains all of the information needed to assign ICD-10-CM codes to the diagnoses you make for your patients.**

What is ICD and how is it used?

The International Classification of Diseases (ICD), produced by the World Health Organization (WHO), is a medical classification system that is used by clinicians and administrators throughout the globe to diagnose and code any condition (including psychiatric) for which a patient might come to clinical attention. All countries that are members of the WHO Assembly (including the United States) are required by treaty to use ICD codes for collecting health statistics to monitor epidemics and threats to public health and to determine disease burden, among other uses. Because of concerns that the WHO's ICD classification was not sufficiently detailed for clinical use in the United States, since 1978 the United States has developed and maintained its own clinical modification of the ICD, called ICD-9-CM, which is updated annually by the Centers for Medicare and Medicaid Services (CMS) and the National Center for Healthcare Statistics (NCHS) to reflect the evolving needs of the medical community. The government and private insurers require that valid ICD-9-CM codes be used when submitting insurance claims as a condition of payment. From DSM-III onward, ICD-9-CM codes have been assigned to all of the DSM diagnoses, enabling clinicians using the DSM to meet ICD-9-CM coding requirements.

The ICD undergoes major revisions every 10-15 years, and is currently in its 10th revision (called ICD-10), which was finalized in 1992. The United States, however, has continued to use ICD-9-CM for diagnostic coding because of concerns about the costs of converting from ICD-9-CM to ICD-10-CM. However, after many years of delay, starting October 1, 2015 the government and insurers will require that practitioners use ICD-10-CM codes instead of ICD-9-CM codes when submitting claims for payment.

What's the difference between ICD-9-CM and ICD-10-CM?

One of the reasons for the switchover from ICD-9-CM to ICD-10-CM is that ICD-9-CM was running out of diagnostic codes. The ICD-9-CM coding system, which consists of 5 numerical digits, contains about 17,000 diagnostic codes. The ICD-10-CM coding system, which includes both letters and numbers, contains over 141,000 diagnostic codes. This expansion facilitates the inclusion of new diagnoses as well as accommodating increased diagnostic specificity as compared to ICD-9-CM. For example, using ICD-9-CM, one can diagnose influenza as "Influenza 487.1"; to diagnose "influenza with bronchitis," one would still need to use the same code (487.1). In ICD-10-CM, one can diagnose influenza at a much greater level of specificity regarding the type of virus and complications, such as "Influenza due to identified novel influenza A virus with pneumonia- J09.X1, OR "Influenza due to

identified novel influenza A virus with gastrointestinal manifestations- J09.X3". These more specific codes permit practitioners to communicate more specific and clinically valuable information.

What is the relationship between the ICD codes and DSM codes?

All of the codes in DSM are derived from the ICD. The DSM has *never* had a unique coding system—as described above, all of the diagnostic codes included in the DSM are valid ICD-9-CM codes. In short, there are no DSM codes—only ICD codes. When DSM-5 was in development, anticipating the eventual adoption of ICD-10-CM in the United States, both ICD-9-CM and ICD-10-CM codes were provided for each DSM-5 diagnosis. Having both sets of codes has allowed practitioners to use DSM-5 the moment it was released (using the ICD-9-CM codes) and receive payment for their diagnoses, and to have all the codes needed to diagnose and be reimbursed once ICD-10-CM is adopted. An excerpt from DSM-5 below shows how these codes are listed. The ICD-9-CM code is listed in black (295.90 in this case) and the corresponding ICD-10-CM code is listed alongside it in gray (F20.9 in this case). **Starting October 1, 2015, to be ICD-10-CM compliant the practitioner need only switch from the left-hand code to the right-hand code.** This puts mental health practitioners in much better shape than their non-psychiatric colleagues who need to undergo complicated training to make this transition.

Until October 1, 2015, the codes listed in DSM-IV (all of which are ICD-9-CM codes) and the ICD-9-CM codes in DSM-5 can be used to diagnose mental disorders. **Once ICD-10-CM is adopted in the US, however, the ICD-9-CM codes listed in the DSM-IV will no longer be valid and the corresponding ICD-10-CM codes must be used. All of the necessary ICD-10-CM codes are listed in the DSM-5.** There are more coding options with greater specificity in DSM-5 using the ICD-10-CM system, just like the influenza example above, so mental health practitioners will have an enhanced capacity for communicating more specific diagnoses using the updated ICD-10 system.



Where can I learn more?

There is a free webinar posted on the American Psychiatric Association's education website that can be downloaded for in depth information about the transition. Please visit: <http://www.apaeducation.org/ihtml/application/student/interface.apa/index.htm>

There are also several resources available via the DSM-5 website at www.dsm5.org. You are encouraged to visit this site periodically as updates in coding and other resources are often added, based on the feedback received from readers like you.