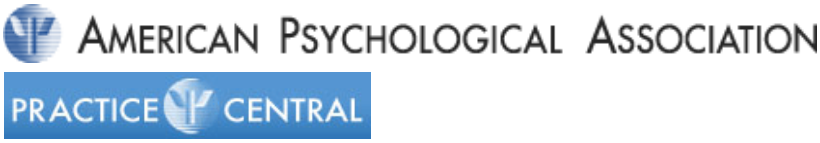
The Department of Vermont Health Access (DVHA) Provider Relations Unit is providing information that may be useful for you, our valued Mental Health Providers.



Transition to the ICD-10-CM: What does it mean for psychologists?

Beginning Oct. 1, 2014 all entities, including health care providers, covered by the Health Insurance Portability and Accountability Act (HIPAA) must convert to using the ICD-10-CM diagnosis code sets. The mandate represents a fundamental shift for many psychologists and other mental health professionals who are far more attuned to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM).

Most psychologists were trained using some version of DSM. For other health care providers, the World Health Organization's International Classification of Diseases and Related Health Problems (ICD) – which contains a chapter on mental disorders – is the classification standard.

Over the years, efforts to harmonize these two classifications have resulted in systems with similar (often identical) codes and diagnostic names. In fact, even if psychologists record DSM diagnostic codes for billing purposes, payers recognize the codes as ICD-9-CM – the official version of ICD currently used in the United States. Since 2003, the ICD-9-CM diagnostic codes have been mandated for third-party billing and reporting by HIPAA for all electronic transactions for billing and reimbursement.

Clarifying important terms

The ICD is the global standard in diagnostic classification for health reporting and clinical applications for all medical diagnoses, including mental health and behavioral disorders. The United States will be one of the last industrialized countries to adopt the ICD-10, even though it was published in 1990. Every member state of the World Health Assembly is expected to report morbidity and mortality statistics to the World Health Organization (WHO) using the ICD codes, but countries are allowed to modify the ICD for use within their own country. Although countries are also expected to adopt the latest version of the ICD once it is approved for use, WHO cannot mandate when this will occur.

The International Classification of Diseases, Clinical Modification (ICD-9-CM or ICD-10-CM) is a modified version of the ICD created by the U.S. National Center for Health Statistics (NCHS) and Centers for Medicare and Medicaid Services (CMS). The CM versions of the ICD provide additional morbidity detail and are specifically used for medical coding and reporting in the United States.

The use of the ICD-10-CM should facilitate international data comparisons to track diseases and treatment resources. Its use may also decrease the need to include supporting documentation with claims as the ICD-10-CM codes (just as the parent ICD-10 codes) have greater specificity, such as severity indicators, within each code. The changes embodied in ICD-10-CM should result in more efficient claims management, fewer requests for clinical information and fewer rejected claims due to non-specific diagnoses.

The structure and coding for the mental and behavioral disorders classification in ICD-10-CM are different from those of the ICD-9-CM and the DSM-IV. The broad categories of mental and behavioral disorders are much the same, but the new arrangement of categories and alphanumeric codes will be different from ICD-9 and the DSM-IV codes. For instance, major depressive disorder, single episode is coded as 296.2 in both DSM-IV and ICD-9-CM but is coded as F32 in the current version of ICD-10-CM.

What psychologists can do to prepare for the transition

APA is developing a CE course, as well as 2012 Convention programming, to assist psychologists and other mental health providers in preparing for the ICD transition. Additionally, the APA Practice Organization will continue to monitor the revision process for both DSM and ICD and will attempt to highlight important transition points and identify valuable resources for APA members in anticipation of the Oct. 1, 2014 transition date.

For now, ICD-10-CM implementation handbooks to assist with the transition to ICD-10-CM are located on the CMS website. The step-by-step guides (see links below) are specifically tailored for small and medium provider practices, large provider practices and small hospitals. The guides contain information on suggested business processes, communication avenues and training, as well as potential difficulties to expect when making the transition.

- ICD-10 Implementation Guide for Small and Medium Practices (PDF, 3.04MB)
- ICD-10 Implementation Guide for Large Practices (PDF, 2.71MB)
- ICD-10 Implementation Guide for Small Hospitals (PDF, 3.46MB)

What to keep in mind and expect in the future

CMS announced that there will be no grace period for the implementation of the ICD-10-CM. As of midnight on Oct. 1, 2014, any claims filed for dates of service (for providers) or discharge dates (for hospitals) on or after this date must contain ICD-10-CM codes. Because this is a HIPAA mandate, penalties for failure to comply will be enforced. Civil and criminal penalties may include heavy fines and imprisonment. For more information visit the HHS.gov HIPAA privacy rule site.

WHO will be completing the preparation of ICD-11 at about the same time that NCHS will be implementing ICD-10-CM. However, it is highly unlikely that there will be a similar delay in ICD-11 implementation in the United States.

Through a series of annual updates over the first few years following ICD-10-CM implementation, the U.S. is expected to bring ICD-10-CM in line with ICD-11, so that the latest version of the ICD can be adopted smoothly and gradually without requiring a sudden and major change in the classification or how diagnoses are reported.

Resources

American Psychiatric Association. (2009). DSM-5 Publication Date Moved to May 2013 (PDF, 54KB). New Release No. 09-65. Arlington, VA: Author.

Reed, G. M. (2010). Toward ICD-11: Improving the clinical utility of WHO's International Classification of mental disorders. *Professional Psychology: Research and Practice, 41*(6), 457-464.

United Health Care. (2011). Overview of HIPAA 5010 ICD-10 (PDF, 161KB).

Nine frequently asked questions about DSM-5 and ICD-10-CM

A new edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, is expected to be released late in May 2013. Transition to using the ICD-10-CM, published by the World Health Organization in the U.S., is currently set for Oct. 1, 2014. This article answers some of the most frequently asked questions received by APA Practice Directorate staff about use of these two diagnostic classification systems.

1. What code set should be used for billing?

The Feb. 28 *PracticeUpdate* article on ICD-10-CM describes the current coding system used for billing and the change that will occur Oct. 1, 2014. As noted, the Health Insurance Portability and Accountability Act (HIPAA) requires ICD diagnostic codes, not DSM. Since the current ICD in use in this country is "harmonized" with DSM-IV-TR, the codes are essentially the same.

This will change with DSM-5 (although we can't tell you how precisely as we do not have a final version of DSM-5) and we do not know how similar DSM-5 will be to either ICD-9-CM or ICD-10-CM. The American Psychiatric Association will likely develop "crosswalks" between DSM-5 and ICD for those who continue to use DSM-5. Instacode Institute offers an FAQ about DSM and coding online.

In the meantime, however, for coding purposes required for billing, psychologists should continue to use the ICD code set they are currently using (ICD-9-CM which is essentially the same as DSM-IV-TR). We can find no evidence that federal requirements for diagnostic codes for billing will be anything other than ICD.

2. Are you sure DSM-5 won't be required?

As we understand it, insurance companies must follow HIPAA, and ICD is the HIPAA-compliant code set. We are reaching out to contacts both at insurance companies and practice management software vendors to find out whether their systems will crosswalk codes, contain both code sets or otherwise facilitate practitioners' use of one or the other system.

3. How should psychologists determine diagnoses going forward?

Psychologists are licensed to independently assess and diagnose the individuals who seek care from them. Most psychologists have been trained using the DSM for that purpose and, upon the publication of new editions, have simply bought the most recent edition of the DSM in order to be certain they are using the current criteria for diagnosis.

Because these diagnoses must be conveyed in terms of ICD codes, psychologists must have some familiarity with ICD or use a crosswalk from some other system (such as DSM) to ICD in order to identify the appropriate codes and be paid for their services.

The World Health Organization, publishers of the ICD, have created the "blue book" — the ICD-10 Classification of Mental and Behavioural Disorders Clinical Descriptions and Diagnostic Guidelines (PDF, 1.3MB) — which psychologists can use to determine diagnoses. Be aware, however, that many users find that this document does not have the same level of detail that the DSM contains.

Other clinical descriptions and diagnostic guidelines could also be used to arrive at a diagnosis. As noted, the ICD is the code set used for classification and billing purposes, but the ICD itself does not contain extensive criteria for the purposes of diagnosis. It is presumed that the health care professional has that knowledge, or access to that knowledge, and the expertise to use that knowledge appropriately.

State psychological associations may also offer workshops on diagnoses for their members. Additionally, training programs will need to think through these issues very carefully. Students/ interns/post docs will need to be prepared to diagnose and develop case conceptualizations and they will also need to be able to use the appropriate HIPAA code set (ICD) for billing purposes.

4. What about diagnostic classification and coding outside of health care billing, reimbursement and HIPAA?

Federal education laws, such as No Child Left Behind, have requirements for Individualized Education Programs (IEPs) and special education, but the text of those bills does not mandate DSM, or any other diagnostic manual. The laws leave it to states to define the criteria for admission.

While many states do not specify criteria and indicate professional expertise as the determinant, some state laws and regulations do specify DSM. From our understanding of the implementation of these federal laws, DSM may be utilized to arrive at a diagnosis but it appears a professional could also use other methods to arrive at a diagnosis.

However, any other method used should be recognized as legitimate, such as the ICD. One could argue that ICD and DSM have a similarity of function and therefore ICD could be used, even if DSM might be the classification written in to the state law. If the DSM is written into either state law or regulation, psychologists will want to know what the law states are and be certain they are following them accordingly.

We are looking into the question regarding the change in autism spectrum diagnoses (for example, the elimination of Aspergers from DSM-5) and the implication for this change for IEPs and other educational purposes.

5. What will psychologists need to do when DSM-5 comes out?

At this point, it appears that members do not need to do anything when DSM-5 is published. APA Practice staff will review the DSM -5, along with ICD-9-CM and ICD-10-CM (already available online) to identify differences. Practically speaking, for billing, psychologists should continue to use the code set they are currently using. There is no immediate need to learn a new code set.

6. What does the CM and the number mean in ICD?

Every country is allowed to modify the ICD to suit its own particular circumstances. The Centers for Disease Control has that responsibility for the U.S. and the modification that is produced is tagged with "CM" — meaning clinical modification. The number indicates which version the U.S. is using.

It is important to note that WHO published ICD-10 in 1992 and most countries in the world have converted to ICD-10 since that time; the U.S. has not. The U.S. is not scheduled to convert until Oct. 1, 2014, though WHO anticipates publishing ICD-11 in 2015. The CDC hopes to use an annual updating process to bring ICD-10-CM closer in alignment to ICD-11 so that the conversion from version 10 to 11 will not take as long nor be as abrupt with the next transition process. However, for now, psychologists should focus solely on the transition to the ICD-10-CM.

7. Why do these two systems exist?

The American Psychiatric Association publishes a diagnostic manual on mental disorders that has been widely used for training and diagnostic purposes across mental health professions. The rest of the health care industry has used the ICD for diagnostic codes.

The U.S., as a member of the World Health Assembly, is expected to report morbidity and mortality data using the World Health Organization's international standard, the ICD. To the extent that DSM and ICD have been harmonized, that has not been a problem in years past. To the extent that these systems diverge in the future, health statistics such as morbidity and mortality data will be required to be reported to WHO via ICD.

8. What resources is APA developing?

APA's continuing education (CE) office has a presenter under contract who is willing to travel to sponsoring agencies, organizations, or associations who are interested in more intensive training in relation to either the DSM-5 or the ICD. The APA Office of CE in Psychology is co-sponsoring these workshops for CE credit. Interested individuals should contact Marcia Segura.

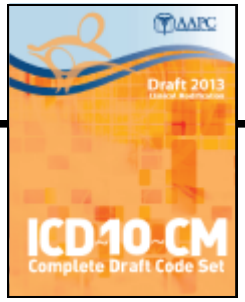
9. What other information have APA and the APA Practice Organization (APAPO) developed on DSM or ICD?

The APA Board of Directors has released a statement on the revision of DSM.
ICD change on the horizon, but not so soon, *PracticeUpdate*, Feb. 28, 2013

Revising the DSM, *Monitor on Psychology*, January 2011

ICD vs. DSM, *Monitor on Psychology*, October 2009

Covered Diagnoses & Crosswalk of DSM-IV Codes to ICD-9-CM Codes



Chapter 5. Mental, Behavioral, and Neurodevelopmental Disorders

F01-F09	Mental disorders due to known physiological conditions
F10-F19	Mental and behavioral disorders due to psychoactive substance use
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F30-F39	Mood [affective] disorders
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors
F60-F69	Disorders of adult personality and behavior
F70-F79	Intellectual disabilities
F80-F89	Pervasive and specific developmental disorders
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder

From the ICD-10-CM Draft (2013)

ICD-10

Visit DVHA's ICD-10 website:

http://dvha.vermont.gov/for-providers/icd-10

Send your questions to the ICD-10 mailbox:
VT-ICD-10@hp.com

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