DSM-5 and ICD-10 update for practicing psychologists

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Objectives

1. Learn major new diagnoses introduced in DSM-5
2. Learn new criteria for common diagnoses carried over from DSM-IV
3. Understand the relationship between DSM and ICD codes
4. Have working knowledge of ICD-10 coding
5. Learn to crosswalk common diagnoses from DSM-5/ICD-9 to ICD-10

Timeline of DSM and ICD

- 1978 ICD-9 (ICD-9-CM in USA)
- 1980 DSM-III
- 1987 DSM-III-R
- 1992 ICD-10 (ICD-10-CM)
- 1994 DSM-IV
- 2000 DSM-IV-TR
- 2013 DSM-5
- 2015 switch from ICD-9-CM to ICD-10-CM

ICD-9 Anxiety states (300.x)

300 Neurasthenic disorders

Anxiety states

INSOMNIA (307.9)

ICD-9 hyperkinetic syndrome (314.x)

314 Hyperkinetic syndrome of childhood

ICD-9 hyperkinetic syndrome of childhood

ICD-9 childhood psychoses 299.x

299 Psychoses with onset specific to childhood

ICD-9 childhood psychoses 299.x

ICD-9 childhood psychoses 299.x
**DSM-III (1980) Innovations**
- Diagnoses linked to ICD-9 codes
- 5 axes
- Detailed inclusion/exclusion criteria
- Inter-rater reliability of major diagnoses
- Increased number of diagnoses
- Introduced GAD, MDD, etc.

**Outline**
- ADHD
- PTSD
- Somatic symptom disorder
- Autism spectrum disorder
- Neurocognitive disorders
- Additional diagnoses and criteria changes
- Dimensional rating scales
- Cultural formulation

**DSM-5 Attention-deficit hyperactivity disorder**

**Case example adult ADHD: Hx**
- 24 y/o male engineer
- PMH healthy
- Bachelor’s degree
- CC difficulty concentrating, distractibility, multi-tasking

**Case example adult ADHD: Hx**
- No difficulty during elementary school
- First noticed difficulty during middle school (grade 6) around age 11
- No academic setbacks

**ADHD DSM-IV vs. DSM-5**

<table>
<thead>
<tr>
<th>DSM-IV</th>
<th>DSM-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms w/ impairment before age 7</td>
<td>Several symptoms before age 12</td>
</tr>
<tr>
<td>6+ symptoms in either category</td>
<td>6+ symptoms if age &lt; 17, 5+ if older</td>
</tr>
<tr>
<td>Impairment in 2+ settings</td>
<td>Symptoms in 2+ settings</td>
</tr>
<tr>
<td>Hyperactive vs. inattentive subtypes</td>
<td>Hyperactive-impulsive vs. inattentive presentations</td>
</tr>
<tr>
<td>Clinically significant impairment of function</td>
<td>Interfere w/ or reduce quality of function</td>
</tr>
</tbody>
</table>
case example ADHD: diagnoses given
- Attention-deficit/hyperactivity disorder, predominantly inattentive presentation (314.00/F90.0)
- didn’t meet DSM-IV age of onset or impairment criteria

Key points of DSM-5 ADHD changes
- Older age of onset
- Requires only h/o symptoms, not h/o impairment
- Fewer symptoms required if age > 16
- Probably increased prevalence in adults and older teens

DSM-5 Posttraumatic stress disorder

case example PTSD: Hx
- 40 y/o male construction supervisor
- prior alcohol abuse
- struck by falling object

case example PTSD: psychiatric exam
- not immediately aware of injury events
- no immediate experience of threat to life or serious injury
- concludes PTSD not justified
- diagnosis = Adjustment disorder

case example PTSD: forensic psychology exam
- endorsed symptoms on interview, PTSD rating scale
- report notes change in DSM-5 requirement of acute emotional response
- concludes dx of PTSD is justified
### PTSD stressor criterion

**DSM-IV vs. DSM-5**

<table>
<thead>
<tr>
<th>DSM-IV</th>
<th>DSM-5</th>
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<tbody>
<tr>
<td>A. exposure to traumatic event w/ both</td>
<td>A. exposure to actual or threatened death, serious injury, or serious sexual violence</td>
</tr>
<tr>
<td>1. experienced, witnessed, or confronted with actual or threatened death, serious injury, or threat to physical integrity of self or others</td>
<td>1. victim</td>
</tr>
<tr>
<td>2. responded with intense fear, helplessness, or horror</td>
<td>2. witnessed</td>
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### DSM-IV re-experiencing vs. DSM-5 intrusion criteria

<table>
<thead>
<tr>
<th>DSM-IV</th>
<th>DSM-5</th>
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<tbody>
<tr>
<td>B. re-experiencing (1+)</td>
<td>B. intrusion symptoms (1+)</td>
</tr>
<tr>
<td>1. recurrent, intrusive recollections</td>
<td>1. recurrent, involuntary, intrusive memories</td>
</tr>
<tr>
<td>2. recurrent distressing dreams</td>
<td>2. recurrent distressing dreams</td>
</tr>
<tr>
<td>3. acting or feeling as if re-occurring</td>
<td>3. dissociative reactions, as if re-occurring</td>
</tr>
<tr>
<td>4. emotional distress evoked by exposure to related cues</td>
<td>4. similar</td>
</tr>
<tr>
<td>5. physiologic reaction evoked by exposure to related cues</td>
<td>5. similar</td>
</tr>
</tbody>
</table>

### DSM-IV avoidance-numbing vs. DSM-5 avoidance criteria

<table>
<thead>
<tr>
<th>DSM-IV</th>
<th>DSM-5</th>
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<tbody>
<tr>
<td>C. avoidance and numbing (3+)</td>
<td>C. Avoidance (1+)</td>
</tr>
<tr>
<td>1. avoids thoughts, feelings, conversations</td>
<td>1. avoids thoughts, memories, feelings</td>
</tr>
<tr>
<td>2. avoids activities, places, people</td>
<td>2. avoids external reminders that evoke thoughts, memories, feelings</td>
</tr>
<tr>
<td>3. amnesia</td>
<td></td>
</tr>
<tr>
<td>4. decreased interest</td>
<td></td>
</tr>
<tr>
<td>5. detachment</td>
<td></td>
</tr>
<tr>
<td>6. restricted affect</td>
<td></td>
</tr>
<tr>
<td>7. foreshortened future</td>
<td></td>
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</tbody>
</table>

### DSM-IV avoidance-numbing vs. DSM-5 cognition-mood criteria

<table>
<thead>
<tr>
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<th>DSM-5</th>
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<tbody>
<tr>
<td>C. avoidance and numbing (2+)</td>
<td>D. altered cognition, mood (2+)</td>
</tr>
<tr>
<td>1. avoidance of thoughts, feelings, conversations</td>
<td>1. amnesia</td>
</tr>
<tr>
<td>2. avoidance of activities, places, people</td>
<td>2. negative beliefs</td>
</tr>
<tr>
<td>3. amnesia</td>
<td>3. distorted blame</td>
</tr>
<tr>
<td>4. decreased interest</td>
<td>4. negative emotional state</td>
</tr>
<tr>
<td>5. detachment</td>
<td>5. decreased interest</td>
</tr>
<tr>
<td>6. restricted affect</td>
<td>6. detachment</td>
</tr>
<tr>
<td>7. foreshortened future</td>
<td>7. reduced positive emotions</td>
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### PTSD arousal criterion:

**DSM-IV vs. DSM-5**

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<thead>
<tr>
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<tbody>
<tr>
<td>D. increased arousal</td>
<td>E. altered arousal, reactivity</td>
</tr>
<tr>
<td>1. insomnia</td>
<td>1. Irritable behavior, outbursts</td>
</tr>
<tr>
<td>2. irritability, outbursts</td>
<td>2. reckless, self-destructive</td>
</tr>
<tr>
<td>3. concentration difficulty</td>
<td>3. hypervigilance</td>
</tr>
<tr>
<td>4. hypervigilance</td>
<td>4. exaggerated startle</td>
</tr>
<tr>
<td>5. exaggerated startle</td>
<td>5. concentration difficulty</td>
</tr>
<tr>
<td>6. insomnia</td>
<td></td>
</tr>
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### Key points for DSM-5 PTSD changes

- Elimination of A2 criterion
- Symptom criteria changes
- “Militarization” of PTSD
- May increase heterogeneity
- Minimal guidance for malingering
DSM-5 Somatic symptom disorder

Case example: Somatic symptom disorder: Hx
- 40 y/o male food service line supervisor
- PMH obesity
- struck by falling object

Case example: Somatic Symptom disorder: symptom onset
- returned to work on same day
- next day reported multiple, severe symptoms
- degenerative disc disease
- off-work status per chiropractor

Case example: Somatic Symptom disorder: diagnoses given
- Major depressive disorder
- Somatic symptom disorder (F45.1), with predominant pain*

*specifier

DSM-5 criteria for Somatic Symptom disorder (300.82)
A. Somatic symptoms that are distressing or disrupt daily life
B. Excessive preoccupation
   1. disproportionate thoughts about seriousness
   2. anxiety about health or symptoms
   3. devotes excessive time/energy
C. Duration at least 6 months
   (elimination of medically unexplained symptom criterion)

DSM-IV somatoform vs. DSM-5 somatic symptom disorders

<table>
<thead>
<tr>
<th>DSM-IV</th>
<th>DSM-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatization</td>
<td>Somatic symptom disorder</td>
</tr>
<tr>
<td>Undifferentiated somatoform</td>
<td>Illness anxiety disorder</td>
</tr>
<tr>
<td>Conversion</td>
<td>Conversion (Functional neurologic symptom disorder)</td>
</tr>
<tr>
<td>Pain disorder</td>
<td>Psychological factors affecting other medical conditions</td>
</tr>
<tr>
<td>Hypochondriasis</td>
<td>Factitious disorder</td>
</tr>
<tr>
<td>Body dysmorphic disorder</td>
<td>Unspecified somatic symptom &amp; related disorder</td>
</tr>
</tbody>
</table>
Key points for DSM-5 Somatic Symptom disorder
- Consolidates somatoform disorders
- Removes medically unexplained symptoms criterion
- DSM-IV Pain disorder replaced by specifier
- Includes patients with medically explained symptoms
- Clinicians may prefer ICD-10 diagnoses that correspond to DSM-IV

DSM-IV Asperger’s disorder
DSM-5 Autism spectrum disorder
DSM-5 Social (pragmatic) communication disorder

Case example PDD: Hx
- 16 y/o male
- physically healthy
- retained in school
- no misconduct, substance abuse
- dx ADHD, LD

Case example PDD: symptoms
- socially awkward, poor social skills
- poor comprehension of figurative speech
- anxious if routines not followed
- no repetitive

Case example PDD: DSM-IV vs. DSM-5 diagnoses given
- DSM-IV Asperger’s disorder (299.80)
- DSM-5 Social communication disorder?

Key points for DSM-5 Autism Spectrum Disorder
- Includes DSM-IV Autism disorder
- Excludes higher-functioning pts
- Creates new dx Social Communication Disorder
- Possible decreased prevalence of ASD
- Concern for access to services
- Grandfathering of existing Autism diagnoses
- Clinicians may prefer ICD-10 diagnoses
Case example mild TBI: Hx

- 20 y/o male college student
- Hx ADHD, ETOH and opiate abuse
- assault

Glasgow Coma Scale score=15

- CT head – L frontal hemorrhagic contusion
- no deterioration below GCS 15
- EEG normal 2 days later
- ENT Dx benign paroxysmal positional vertigo

Case example mild TBI: testing

- forensic neuropsychological evaluation 5 years after injury
- some test results identified as abnormal & as evidence of neurocognitive impairments due to TBI
- employed as supervisor, finishing college

DSM-IV diagnostic options for TBI

1. Amnestic disorder due to head trauma (294.0)
2. Dementia due to head trauma (294.1)
3. Cognitive disorder not otherwise specified (NOS) (294.9)
4. Personality change due to head trauma (310.1)

DSM-5 diagnostic options for TBI

1. Delirium
2. Major neurocognitive disorder d/t TBI (F02.8x)
3. Mild neurocognitive disorder d/t TBI (G31.94)
4. Unspecified neurocognitive disorder (R41.9)*
5. Other specified mental disorder d/t [another medical condition] (F06.8)*
6. Unspecified mental disorder d/t [another medical condition] (F09)*

* text description only

DSM-5 criteria for Major NCD due to TBI (F02.8x)

A. major neurocognitive disorder (syndrome)
B. TBI as evidenced by one or more of:
   - LOC, PTA, disorientation/confusion, neurologic signs or imaging (neurologic features, biomarkers)
DSM-5 criteria for Major NCD d/t TBI (F02.8x) cont’d

C. occurs immediately after injury and persists past the acute post-injury period (course)

Criteria for DSM-5 Major NCD (syndrome)

A. significant decline from baseline in at least one cognitive domain, demonstrated by:
   1. concern of the patient, informant, or clinician, and
   2. substantial impairment in cognitive test performance

Change from DSM-IV syndromes to DSM-5 domains

<table>
<thead>
<tr>
<th>DSM-IV syndromes + domains</th>
<th>DSM-5 domains</th>
</tr>
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<tbody>
<tr>
<td>memory*</td>
<td>complex attention</td>
</tr>
<tr>
<td>aphasia</td>
<td>executive function</td>
</tr>
<tr>
<td>apraxia</td>
<td>learning &amp; memory</td>
</tr>
<tr>
<td>agnosia</td>
<td>language</td>
</tr>
<tr>
<td>executive function</td>
<td>perceptual-motor</td>
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<tr>
<td>social cognition</td>
<td></td>
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DSM-5 Major NCD syndrome criteria cont’d

B. not independent in instrumental ADL, requires assistance
C. not only during delirium
D. not better explained by another mental disorder

DSM-5 criteria for Mild neurocognitive disorder due to TBI (G31.94)

A. mild neurocognitive disorder (syndrome)
B. TBI as evidenced by one or more of LOC, PTA, disorientation/confusion, neurologic signs (neurologic features, biomarkers)
C. occurs immediately after injury and persists past the acute post-injury period (course)

Criteria for DSM-5 Mild NCD (syndrome)

A. modest cognitive decline from baseline in at least one domain (complex attention, executive function, memory, language, perceptual-motor, social cognition), demonstrated by:
   1. concern of the patient, informant, or clinician, and
   2. modest impairment in cognitive test performance
Criteria for DSM-5 Mild NCD syndrome cont’d

B. functionally independent; may be suboptimal, need extra effort, strategies & accommodations
C. not only during delirium
D. not better explained by another mental disorder

Comparison of DSM-5 major vs. mild NCD syndromes

<table>
<thead>
<tr>
<th>Major NCD</th>
<th>Mild NCD</th>
</tr>
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<tbody>
<tr>
<td>A. significant cognitive decline</td>
<td></td>
</tr>
<tr>
<td>1. concern</td>
<td></td>
</tr>
<tr>
<td>2. substantial impairment in cognitive performance</td>
<td></td>
</tr>
<tr>
<td>B. not independent in everyday activities</td>
<td></td>
</tr>
<tr>
<td>C. not only during delirium</td>
<td></td>
</tr>
<tr>
<td>D. not better explained</td>
<td></td>
</tr>
</tbody>
</table>

A. modest cognitive decline
1. concern
2. modest impairment in cognitive performance
B. independent in everyday activities
C. not only during delirium
D. not better explained

Case example mild TBI: DSM-5 diagnoses given

- Major neurocognitive disorder due to TBI, mild, with mood disturbance (294.11)
- No description of functional decline
- Re-testing showed non-credible test performance

DSM-5 criteria for Major/mild NCD due to Alzheimer’s disease

A. major/mild neurocognitive disorder
B. insidious onset & gradual progression (course)
C. probable or possible AD (certainty level)
   ▪ AD genetic mutations (biomarker), neurocognitive profile, steady decline, absence of other pathology
B. not better explained by other disorder (exclusion)

DSM-5 Major NCD other etiologic subtypes

- substance/medication-induced
- Lewy body disease
- HIV
- Parkinson’s disease
- Huntington’s disease
- prion disease
- other medical condition
- multiple etiologies
- unspecified

DSM-5 endorsement of neuropsychological testing for NCD

- neuropsychological testing “is part of the standard evaluation of NCDs” (p. 607)
- neuropsychological testing “is particularly critical in the evaluation of mild NCD” (p. 607)
Key points for DSM-5 mild NCD

- Concept similar to MCI
- Cognitive impairment + independent in IADL
- ‘Concern’ criterion from MCI
- Coded as MCI in ICD-9-CM and ICD-10
- Poor reliability in field trials
- Reimbursement problems

Key points for DSM-5 major NCD

- Replaces DSM-IV Dementia
- Cognitive impairment + assistance needed with IADL
- Adequate reliability in field trials
- Problem of diagnosing a medical disease in terms of social consequences
- Data used to determine level of certainty may fall outside of traditional psychology scope of practice

DSM-5 substance use disorders

- Consolidates abuse/dependence
- Removes legal problem criterion
- Adds craving criterion
- Code based on current severity

DSM-5 Disruptive Mood Dysregulation disorder

- “Temper dysregulation disorder” initial term
- Aimed to reduce diagnostic epidemic of pediatric bipolar
- Minimal research

DSM-5 Intellectual Disability

- Adaptive functioning is key measure
- IQ unclear role
- Possible increased prevalence of mild ID and decreased reliability

DSM-5 Schizophrenia

- No more subtypes (paranoid, catatonic, etc.)
- Requires delusions, hallucinations, or disorganized thinking
- Optional severity ratings of: delusions, hallucinations, disorganized speech, psychomotor behavior, negative symptoms, impaired cognition, depression, mania
Borderline personality disorder alternative criteria

A. Level of functioning (moderate or greater impairment in at least 2):
   1. Identity: impoverished, unstable
   2. Self-direction: instability
   3. Empathy: impaired
   4. Intimacy: intense, unstable, conflicted

Borderline personality disorder alternative criteria cont’d

B. Pathological traits (at least 4 + at least 1 *):
   1. emotional lability
   2. anxiouslyness
   3. separation insecurity
   4. depressivity
   5. impulsivity*
   6. risk taking*
   7. hostility*

Borderline personality disorder alternative criteria cont’d

C. pervasive across situations (pervasiveness)
D. traceable back to early adulthood (stability)
E. not better explained by other mental disorder
F. not attributable to substance or general medical condition
G. not normal for developmental stage or environment

DSM-5 dimensional rating scales

- cross-cutting
- Level 1 and Level 2 scales
- Focused scales for anxiety, depression, PTSD, etc.
- different versions for children-adolescents vs. adults
DSM-5 Outline for Cultural Formulation (OCF)

- cultural identity
- cultural conceptualization of distress
- cultural features of vulnerability and resilience
- cultural features of relationship to clinician
## DSM-5 Cultural Formulation Interview (CFI)

- 16 items
- Use before diagnostic interview
- 4 domains:
  1. Definition of problem
  2. Perceptions of cause
  3. Context and support
  4. Factors affecting current help-seeking

## DSM-5 unexpected events

- Incomplete paradigm shift to dimensions
- Introduction of rating scales
- Delays 2/2 additional vetting
- Field trials incomplete
- Premature closure maybe caused by APA funding shortfall
- Participation by psychologists
- Split psychiatry leadership

## DSM-5 quotation by Fawcett

“So, OK, maybe the whole concept of DSM definitions of psychiatric disorders is obsolete—maybe it has served its purpose, and now it is time to move on. This is my personal opinion, but in the meantime, we need something—as much as I would have liked it to be more—knowing we are just barely on this side of the edge of history—until we can make the next advance. Until that knowledge is developed, we can debate how to make something that is very incomplete, serves us as best as possible.”

## DSM-5 participation by psychologists

![Task Force, Work Group Members](https://dsm.psychiatryonline.org/pb-assets/dsm/update/DSM5Update2015.pdf)

## Events since DSM-5 publication

- APA submits new diagnoses for ICD-10-CM
- Coding revisions issued
- APA recommends psychologists use ICD-10-CM

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<table>
<thead>
<tr>
<th>Top 10 changes in DSM-5 (2013) for psychologists</th>
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<tbody>
<tr>
<td>1. No more axes</td>
</tr>
<tr>
<td>2. Replacement of DSM-IV dementia with DSM-5 neurocognitive disorders</td>
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<tr>
<td>3. More inclusive ADHD criteria</td>
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<tr>
<td>4. Replacement of DSM-IV somatoform disorders with DSM-5 somatic symptom disorders</td>
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<tr>
<td>5. Consolidation of DSM-IV schizophrenia subtypes</td>
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<thead>
<tr>
<th>Top DSM-5 changes cont’d</th>
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<tr>
<td>6. Consolidation of DSM-IV pervasive developmental disorders into DSM-5 Autism spectrum</td>
</tr>
<tr>
<td>7. PTSD criteria changes</td>
</tr>
<tr>
<td>8. Intellectual disability criteria changes</td>
</tr>
<tr>
<td>9. Promotion of cross-cutting dimensional rating scales</td>
</tr>
<tr>
<td>10. Inclusion of cultural factors</td>
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World Health Organization’s
International Classification of Diseases
and Related Health Problems - 10th Edition
ICD-10
Antonio E. Puente, Ph.D.
University of North Carolina Wilmington
10.19.15
Texas Psychological Association

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• American Psychological Association, Practice
  Organization
• World Health Organization

Overview
• Introduction to ICD as an unified diagnostic
  system
• ICD coding history
• ICD in the US
• ICD-10 description
• ICD-10. Chapter V: Mental and Behavioral Disorders
• Cultural issues in ICD-10
• Coding
• ICD and DSM (ICD-9, ICD-10 and DSM 5)
• Preview of ICD-11

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ICD: Key Facts
• Global healthcare information standard (mortality & morbidity) > 100
countries
• ~ 70% of world’s health expenditure ($3.5 billion) is based ICD
  Endorsed by 43 member nations of World Health Assembly (1990).
• Used by WHO member states since 1994
• The standard of diagnostic nomenclature

(Goodheart, 2013; World Health Organization)
**Benefits of ICD-10**

- More diagnostic opportunities
- Greater level of clinical detail
- Revised descriptions of “diseases” focusing on symptoms and disorders
- Allows space for additional codes and greater specificity
- Better fit for health information technology systems aka electronic health records

(Goodheart, 2013)

**ICD-10 Limitations:**

*There are too many codes*

- ~ 50% of all ICD-10CM (Clinical Modification) codes are related to the musculoskeletal system
- ~ 25% of all ICD-10CM codes are related to fractures
- ~ 36% of all ICD-10CM codes are used to distinguish “right” vs. “left”
- ~ 70% of all charges are made for only 5% of codes

Only a very small percentage of the codes will be used by most providers

**ICD-10: Terminology: Basics**

- Paradoxically, ICD is called International Classification of DISEASES
- “Psychogenic” not used - different meanings in different languages and psychiatric traditions
- If a external problem exists but does not affect the person or others, it is not considered a disorder and is not included

**ICD-10: Terminology (Cont.)**

  - Impairment - “loss or abnormality … of structure or function”.
  - Disability - “restriction or lack… of ability to perform an activity in the manner or within the range considered normal for human being”.
  - Handicap - “disadvantage for an individual… that prevents or limits the performance of a role that is normal … for that individual”

**Diagnostic Coding**

- DSM-IV-TR/5 used by behavioral health providers for diagnostic coding
- DSM-IV-TR/5 (& ICD-9) and ICD-10 codes closely coordinated: frequent but not always direct match
- ICD-10 will be the only code permitted for billing on and after October 1, 2015

Meaning…

No ICD-10 = No reimbursement = No practice or profession

National Council for Behavioral Health.
Preparing your organization for ICD-10 implementation

**ICD-10: Terminology: Basics**

- “Disorder” vs. “disease”/“illness”

- Disease/illness – particular abnormal condition of structure/function that affects part or all organism
- Disorder - set of symptoms or behaviors associated with distress and interference with personal functions

**FOCUS IS ON DISORDERS**

DISORDERS ARE FOCUSED ON SYMPTOMS
ICD-10: Multiple Diagnoses
- Record as many diagnoses as necessary to cover the clinical picture
- One main or primary diagnosis and others as subsidiary/additional/secondary....
- Most relevant diagnosis goes first (often the cause of consultation/contact of health services or “life-time” diagnosis)
- If in doubt, list diagnoses in the order in which they appear in ICD
- Recording diagnoses from other than chapter V is strongly recommended

Defining Primary & Parent Codes
- Primary = Core
- Parent = Etiology of pursued code
- Suggested Order = 1. Primary code
  2. Parent code

Overview
- ICD as an unified diagnostic system
- ICD coding history and significance
  - ICD in the US
  - ICD-10 description
  - ICD-10. Chapter V: Mental and Behavioral Disorders
  - Cultural issues in ICD-10
- Coding
  - ICD and DSM (ICD-9, ICD-10 and DSM 5)
  - Preview of ICD-11

120+ years of ICD History
1893
ICD-1 International List of Causes of Death
1909
ICD-2 International List of Causes of Sickness and Death
1929
ICD-4 Categories based on etiology
1948
ICD-6 International Classification of Diseases, Injuries and Causes of Death
Mental, Psychoneurotic and Personality Disorders
1975
ICD-9 Narrative descriptions of Mental & Behavioral disorders
1990
ICD-10
2017
ICD-11

ICD Implementation in the US
- 1979 - ICD-9-CM research and health statistics in the US
- 1983 - Reporting healthcare services for reimbursement in the US
- 2013 - US begins using ICD-9-CM
- ICD-9-CM - can not support current needs for health information
- ICD-10-CM implementation October 1, 2015

(Goodheart, 2013)
ICD-10-CM: General Changes and Overall Improvements (cont.)

<table>
<thead>
<tr>
<th>Category</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD without mention of hyperactivity</td>
<td>314.0</td>
<td>F90.0</td>
</tr>
<tr>
<td>ADHD with hyperactivity</td>
<td>314.9</td>
<td>F90.1</td>
</tr>
<tr>
<td>ADHD unspecified type</td>
<td>645.9</td>
<td>645.9</td>
</tr>
<tr>
<td>ADHD, other type</td>
<td>646.9</td>
<td>646.9</td>
</tr>
<tr>
<td>ADHD, unspecified type</td>
<td>648.9</td>
<td>648.9</td>
</tr>
</tbody>
</table>

Important to note that there is NOT a point to point correspondence between ICD-9 and ICD-10

Overview

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ICD-10: Brief Overview

- ICD-10 International version
  - ~12,500 diagnostic codes
  - Used for mortality reporting in the US – 1999
- ICD-10 – CM (Clinical Modification) - US version
  - ~69,000 diagnostic codes
  - 22 Chapters
  - Chapter 5 – Mental/Behavioral (F01-F99)

WHO Family of International Classifications

ICD-10 Interactive Self Learning Tool
(http://apps.who.int/classifications/apps/icd/icd10training/)
ICD-10 at a Glance: 22 Chapters (Cont.)

<table>
<thead>
<tr>
<th>Chapter #</th>
<th>Chapter Title</th>
<th>Alphab. code</th>
</tr>
</thead>
<tbody>
<tr>
<td>XII</td>
<td>Diseases of the skin and subcutaneous tissue</td>
<td>L</td>
</tr>
<tr>
<td>XIV</td>
<td>Diseases of the musculoskeletal system</td>
<td>M</td>
</tr>
<tr>
<td>XV</td>
<td>Diseases of the genitourinary system</td>
<td>N</td>
</tr>
<tr>
<td>XVI</td>
<td>Pregnancy, childbirth and the puerperium</td>
<td>O</td>
</tr>
<tr>
<td>XVII</td>
<td>Certain conditions originating in the perinatal period</td>
<td>P</td>
</tr>
<tr>
<td>XVIII</td>
<td>Congenital malformations, deformations and chromosomal abnormalities</td>
<td>Q</td>
</tr>
<tr>
<td>XIX</td>
<td>Injuries, poisonings and certain other consequences of external causes</td>
<td>S,T</td>
</tr>
<tr>
<td>XX</td>
<td>External causes of morbidity and mortality</td>
<td>V,X,Y</td>
</tr>
<tr>
<td>XXI</td>
<td>Factors influencing health status and contact with health services</td>
<td>Z</td>
</tr>
<tr>
<td>XXII</td>
<td>Codes for special purposes</td>
<td>U</td>
</tr>
</tbody>
</table>

Overview

- ICD as an unified diagnostic system
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Introduction to Chapter V

“Mental and neurological disorders put greater disease burden than any other category, except communicable diseases.”

(www.who.org)

Cultural Issues in ICD-10

- Psychiatric diagnosis is based on cultural, social, biological and psychological factors
- Increased interest in cultural framework of prospective diagnostic systems
- In contrast, the presence of culture in ICD-10 is limited (vs. the DSM 5)
- List of culture-specific disorders in Diagnostic Criteria for Research but not in the CM version

Mezzich et al., 2001
### Culture-Specific Disorders in ICD-10

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amok</td>
<td>Malaysian</td>
</tr>
<tr>
<td>Dhat</td>
<td>Indian</td>
</tr>
<tr>
<td>Aja</td>
<td>Indonesian, Thailand</td>
</tr>
<tr>
<td>Latah</td>
<td>Southeast Asia</td>
</tr>
<tr>
<td>Ataque de Fiebre</td>
<td>Latin American Caribbean</td>
</tr>
<tr>
<td>Paleng (Frigophobia)</td>
<td>China, Southeast Asia</td>
</tr>
<tr>
<td>Patektu</td>
<td>Inughuit societies living in Arctic Circles</td>
</tr>
<tr>
<td>Suico, Espeito</td>
<td>Latin American</td>
</tr>
<tr>
<td>Tasu</td>
<td>Japanese</td>
</tr>
<tr>
<td>Mutgene, Samu</td>
<td>Kenya, Southern Africa</td>
</tr>
<tr>
<td>Uqamairineq</td>
<td>Inuit</td>
</tr>
<tr>
<td>Windigo</td>
<td>Algonquin peoples in Atlantic coast and Great Lakes region in US and Canada</td>
</tr>
</tbody>
</table>

### Culture in Regional and National Adaptations of ICD-10

Examples of attempts to articulate the international reference with local realities and needs:

- Chinese Classification of Mental Disorders
- Japanese Clinical Modification of ICD-10
- Latin American Guide for Psychiatric Disorders
- Cuban Glossary of Psychiatry

### Overview

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### ICD-10 Coding

**Golden Coding Rule Number 1**
Volumes 1 and 3 must be used together to correctly find codes for each case (e.g. cause of death or diagnosis)

### Coding steps:

1. Determine the conditions that need to be coded
2. Use the [Alphabetical Index (Vol 3)](http://apps.who.int/classifications/apps/icd/icd10training) to locate the condition and allocate the code
3. Use the [Tabular List (Vol 1)](http://apps.who.int/classifications/apps/icd/icd10training) to check correct code assignment (e.g. inclusion note, exclusion note)
4. Use the [Instruction Manual (Vol 2)](http://apps.who.int/classifications/apps/icd/icd10training) for any rules regarding the selection of a particular code for reporting mortality or morbidity data

### ICD-10 Golden Coding Rules
Golden Coding Rule Number 2
The special disease categories take priority over the body system categories.

Golden Coding Rule Number 3
The dagger code (†) is used as the underlying cause of death. Never use the asterisk code (*) alone if the diagnosis being coded uses the dagger and asterisk convention.

Example:
G22† = Parkinsonism in diseases classified elsewhere
G22*, A52.1† = Syphilitic Parkinsonism

Golden Coding Rule Number 4
Be cautious of the spelling of the diseases you are coding since the Tabular List uses British spelling and the Alphabetic Index uses American spelling. There are cross-references in the Index to guide you to the American spelling.

Chapter V: Mental and Behavioral Disorders

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F00-F09</td>
<td>Mental disorders due to known physiological conditions</td>
</tr>
<tr>
<td>F10-F19</td>
<td>Mental and behavioral disorders due to psychosocial stress reaction</td>
</tr>
<tr>
<td>F20-F29</td>
<td>Schizophrenia, schizotypal, delusional, and other non-affective mental disorders</td>
</tr>
<tr>
<td>F30-F39</td>
<td>Affective (mood) disorders</td>
</tr>
<tr>
<td>F40-F59</td>
<td>Neurotic, stress-related, and somatoform disorders</td>
</tr>
<tr>
<td>F60-F79</td>
<td>Behavioral syndromes associated with physical factors and conditions of the health service</td>
</tr>
<tr>
<td>F80-F90</td>
<td>Disorders of adult personality and behavior</td>
</tr>
<tr>
<td>F98-F99</td>
<td>Other mental disorders</td>
</tr>
</tbody>
</table>

Organic, including symptomatic mental disorders (F00-F09)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F00</td>
<td>Dementia in Alzheimer disease</td>
</tr>
<tr>
<td>F01</td>
<td>Vascular dementia</td>
</tr>
<tr>
<td>F02</td>
<td>Dementia in other diseases classified elsewhere</td>
</tr>
<tr>
<td>F03</td>
<td>Unspecified dementia</td>
</tr>
<tr>
<td>F04</td>
<td>Organic amnestic syndrome, not induced by alcohol and other psychoactive substances</td>
</tr>
<tr>
<td>F05</td>
<td>Delirium, not induced by alcohol and other psychoactive substances</td>
</tr>
<tr>
<td>F06</td>
<td>Other mental disorders due to brain damage and dysfunction and to physical disease</td>
</tr>
<tr>
<td>F07</td>
<td>Personality and behavioral disorders due to brain disease, damage and dysfunction</td>
</tr>
<tr>
<td>F09</td>
<td>Unspecified organic or symptomatic mental disorder</td>
</tr>
</tbody>
</table>

4th Characters for use with categories F00-F09:

.0 Delirium, not superimposed on dementia
.1 Delirium, superimposed on dementia
.2 Other delirium
.9 Delirium, unspecified
DSM-5 Classification

Major and Mild Neurocognitive Disorders (602)

1 step

- Probable major neurocognitive disorder due to Alzheimer’s disease
- Probable major neurocognitive disorder due to Parkinson’s disease
- Probable major neurocognitive disorder with Lewy bodies
- Probable major neurocognitive disorder due to other medical condition
- Major neurocognitive disorder due to HIV infection

2 step

- No additional medical code for vascular disease
- Major neurocognitive disorder due to another medical condition
- Major neurocognitive disorder due to intracranial injury without skull fracture
- Late effect of intracranial injury without skull fracture

Mental and behavioral disorders due to psychoactive substance use (F10-F19)

F10 due to use of alcohol
F11 due to use of opioids
F12 due to use of cannabinoids
F13 due to use of sedatives or hypnotics
F14 due to use of cocaine
F15 due to use of other stimulants, including caffeine
F16 due to use of hallucinogens
F17 due to use of tobacco
F18 due to use of volatile solvents
F19 due to multiple drug use and use of other psychoactive substances

Schizophrenia, schizotypal and delusional disorders (F20-F29)

F20 Schizophrenia
F21 Schizotypal disorder
F22 Persistent delusional disorders
F23 Acute and transient psychotic disorders
F24 Induced delusional disorder
F25 Schizoaffective disorders
F28 Other nonorganic psychotic disorders
F29 Unspecified nonorganic psychosis
### DSM-5 Classification

#### Schizophrenia spectrum and other psychotic disorders (F20–F29)

<table>
<thead>
<tr>
<th>Code</th>
<th>Disorder, condition or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>F20-29</td>
<td>Schizophrenia, paranoid type</td>
</tr>
<tr>
<td>F21-29</td>
<td>Schizophrenia, catatonic type</td>
</tr>
<tr>
<td>F22-29</td>
<td>Schizophrenia, undifferentiated type</td>
</tr>
<tr>
<td>F23-29</td>
<td>Brief psychotic disorder</td>
</tr>
<tr>
<td>F24-29</td>
<td>Delusional disorder</td>
</tr>
<tr>
<td>F25-29</td>
<td>Schizoaffective disorder, bipolar type</td>
</tr>
<tr>
<td>F26-29</td>
<td>Schizoaffective disorder, unspecified type</td>
</tr>
<tr>
<td>F27-29</td>
<td>Schizophreniform disorder</td>
</tr>
<tr>
<td>F28-29</td>
<td>Other specified schizophrenia spectrum and other psychotic disorder</td>
</tr>
<tr>
<td>F29-29</td>
<td>Unspecified schizophrenia spectrum and other psychotic disorder</td>
</tr>
</tbody>
</table>

#### Mood (affective) disorders (F30–F39)

<table>
<thead>
<tr>
<th>Code</th>
<th>Disorder, condition or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>F30</td>
<td>Manic episode</td>
</tr>
<tr>
<td>F31</td>
<td>Bipolar affective disorder</td>
</tr>
<tr>
<td>F32</td>
<td>Depressive episode</td>
</tr>
<tr>
<td>F33</td>
<td>Recurrent depressive disorder</td>
</tr>
<tr>
<td>F34</td>
<td>Persistent mood (affective) disorder</td>
</tr>
<tr>
<td>F35</td>
<td>Other mood (affective) disorder</td>
</tr>
<tr>
<td>F39</td>
<td>Unspecified mood (affective) disorder</td>
</tr>
</tbody>
</table>

#### Neurotic, stress-related and somatoform disorders (F40–F48)

<table>
<thead>
<tr>
<th>Code</th>
<th>Disorder, condition or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>F40</td>
<td>Phobic anxiety disorders</td>
</tr>
<tr>
<td>F41</td>
<td>Other anxiety disorders</td>
</tr>
<tr>
<td>F42</td>
<td>Obsessive-compulsive disorder</td>
</tr>
<tr>
<td>F43</td>
<td>Reaction to severe stress and adjustment disorders</td>
</tr>
<tr>
<td>F44</td>
<td>Dissociative (conversion) disorders</td>
</tr>
<tr>
<td>F45</td>
<td>Somatoform disorders</td>
</tr>
<tr>
<td>F48</td>
<td>Other neurotic disorders</td>
</tr>
</tbody>
</table>

#### Anxiety disorders

<table>
<thead>
<tr>
<th>Code</th>
<th>Disorder, condition or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>F40-49</td>
<td>Anxiety disorders</td>
</tr>
</tbody>
</table>

#### Behavioural syndromes associated with physiological disturbances and physical factors (F50–F59)

<table>
<thead>
<tr>
<th>Code</th>
<th>Disorder, condition or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>F50</td>
<td>Eating disorders</td>
</tr>
<tr>
<td>F51</td>
<td>Nonorganic sleep disorders</td>
</tr>
<tr>
<td>F52</td>
<td>Sexual dysfunction, not caused by organic disorder or disease</td>
</tr>
<tr>
<td>F53</td>
<td>Mental and behavioral disorders associated with the puerperium, not</td>
</tr>
<tr>
<td></td>
<td>elsewhere classified</td>
</tr>
<tr>
<td>F54</td>
<td>Psychological and behavioral factors associated with disorders or</td>
</tr>
<tr>
<td></td>
<td>diseases classified elsewhere</td>
</tr>
<tr>
<td>F55</td>
<td>Abuse of non-dependence-producing substances</td>
</tr>
<tr>
<td>F59</td>
<td>Unspecified behavioral syndromes associated with physiological</td>
</tr>
<tr>
<td></td>
<td>disturbances and physical factors</td>
</tr>
</tbody>
</table>

**CAUTION:** DSM-5 does not include F53. In mood disorders, document F53 as part of the puerperium onset.

---

**ICD-10 Online Browser**

([http://apps.who.int/classifications/icd10/browse/2015/en](http://apps.who.int/classifications/icd10/browse/2015/en))
### DSM-5 Classification

#### Personality disorders

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>F90</th>
</tr>
</thead>
<tbody>
<tr>
<td>F60</td>
<td>Specific personality disorders</td>
<td>2</td>
</tr>
<tr>
<td>F61</td>
<td>Mixed and other personality disorders</td>
<td>3</td>
</tr>
<tr>
<td>F62</td>
<td>Enduring personality changes, not attributable to brain damage and disease</td>
<td>4</td>
</tr>
<tr>
<td>F63</td>
<td>Habit and impulse disorders</td>
<td>5</td>
</tr>
<tr>
<td>F64</td>
<td>Gender identity disorders</td>
<td>6</td>
</tr>
<tr>
<td>F65</td>
<td>Disorders of sexual preference</td>
<td>7</td>
</tr>
<tr>
<td>F66</td>
<td>Psychological and behavioural disorders associated with sexual development and orientation</td>
<td>8</td>
</tr>
<tr>
<td>F67</td>
<td>Other disorders of adult personality and behaviour</td>
<td>9</td>
</tr>
<tr>
<td>F69</td>
<td>Unspecified disorder of adult personality and behaviour</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Mental retardation (F70–F79)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F70</td>
<td>Mild mental retardation</td>
</tr>
<tr>
<td>F71</td>
<td>Moderate mental retardation</td>
</tr>
<tr>
<td>F72</td>
<td>Severe mental retardation</td>
</tr>
<tr>
<td>F73</td>
<td>Profound mental retardation</td>
</tr>
<tr>
<td>F74</td>
<td>Other mental retardation</td>
</tr>
<tr>
<td>F75</td>
<td>Unspecified mental retardation</td>
</tr>
</tbody>
</table>

#### Disorders of psychological development (F80–F89)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F80</td>
<td>Specific developmental disorders of speech and language</td>
</tr>
<tr>
<td>F81</td>
<td>Specific developmental disorders of scholastic skills</td>
</tr>
<tr>
<td>F82</td>
<td>Specific developmental disorder of motor function</td>
</tr>
<tr>
<td>F83</td>
<td>Mixed specific developmental disorders</td>
</tr>
<tr>
<td>F84</td>
<td>Pervasive developmental disorders</td>
</tr>
<tr>
<td>F86</td>
<td>Other disorders of psychological development</td>
</tr>
<tr>
<td>F89</td>
<td>Unspecified disorder of psychological development</td>
</tr>
</tbody>
</table>

---

CAUTION: DSM-5 does not include Asperger’s as independent diagnosis under Autism Spectrum Disorders.
Neurodevelopmental disorders

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
<th>ICD-9-CM</th>
<th>Disorder</th>
<th>Condition or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>F70.1</td>
<td>319.0</td>
<td>Intellectual disability</td>
<td>mild</td>
</tr>
<tr>
<td>F70.2</td>
<td>319.1</td>
<td>Intellectual disability</td>
<td>moderate</td>
</tr>
<tr>
<td>F70.3</td>
<td>319.2</td>
<td>Intellectual disability</td>
<td>severe</td>
</tr>
<tr>
<td>F71.8</td>
<td>319.5</td>
<td>Intellectual development delay (child)</td>
<td></td>
</tr>
<tr>
<td>F71.9</td>
<td>319.9</td>
<td>Intellectual development delay (adult)</td>
<td></td>
</tr>
<tr>
<td>F84.0</td>
<td></td>
<td>Emotional disorder (child)</td>
<td></td>
</tr>
<tr>
<td>F84.2</td>
<td></td>
<td>Emotional disorder (adult)</td>
<td></td>
</tr>
</tbody>
</table>

Anxiety disorder, unspecified (F41.9)

- Major depressive disorder, recurrent, in remission, unspecified (F33.40)
- Schizophrenia (F20)
- Bipolar affective disorder (F31)
- ADHD (F90.9)
- Specific personality disorders (F60)
- Reaction to severe stress and adjustment disorders/PTSD (F43/F43.1)

ICD-10 Online Browser: [http://apps.who.int/classifications/icd10/browse/2015/en](http://apps.who.int/classifications/icd10/browse/2015/en)

Frequent Mental Health Diagnoses: General

- Anxiety disorders
- Autism spectrum disorders
- Mood related disorders
- Schizophrenia
  - Number and type of new concepts not foreign to clinicians

Most Frequent Diagnoses: Medicare-Medicaid

<table>
<thead>
<tr>
<th>Disorder</th>
<th>ICD-10 category/code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive episode</td>
<td>F32</td>
</tr>
<tr>
<td>Severe depressive episode without psychotic symptoms</td>
<td>F32.2</td>
</tr>
<tr>
<td>Dementia in Alzheimer disease</td>
<td>F00*</td>
</tr>
<tr>
<td>Phobic anxiety disorders/other anxiety disorders</td>
<td>F40/F41</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>F20</td>
</tr>
<tr>
<td>Bipolar affective disorder</td>
<td>F31</td>
</tr>
<tr>
<td>ADHD</td>
<td>F90.9</td>
</tr>
<tr>
<td>Specific personality disorders</td>
<td>F60</td>
</tr>
<tr>
<td>Reaction to severe stress and adjustment disorders/PTSD</td>
<td>F43/F43.1</td>
</tr>
</tbody>
</table>

CAUTION: Core codes not billable. Amalgam codes are billable.

Top 10 Most Frequently Reported Diagnosis Codes: BC/BS

<table>
<thead>
<tr>
<th>Disorders</th>
<th>ICD-10-CM codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysthmic disorder</td>
<td>F34.1</td>
</tr>
<tr>
<td>Major depressive disorder, recurrent, moderate</td>
<td>F33.1</td>
</tr>
<tr>
<td>Major depressive disorder, recurrent severe without psychotic features</td>
<td>F33.2</td>
</tr>
<tr>
<td>Major depressive disorder, recurrent, in remission, unspecified</td>
<td>F33.40</td>
</tr>
<tr>
<td>Major depressive disorder, recurrent, unspecified</td>
<td>F33.9</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>F41.1</td>
</tr>
<tr>
<td>Anxiety disorder, unspecified</td>
<td>F41.9</td>
</tr>
<tr>
<td>ADHD predominantly inattentive type</td>
<td>F90.0</td>
</tr>
<tr>
<td>Adjustment disorder with depressed mood</td>
<td>F43.21</td>
</tr>
<tr>
<td>Major depressive disorder single episode, unspecified</td>
<td>F32.9</td>
</tr>
</tbody>
</table>

Overview

- ICD as an unified diagnostic system
- ICD coding history and significance
- ICD in the US
- ICD-10 description
- ICD-10. Chapter V: Mental and Behavioral Disorders
- Cultural issues in ICD-10
- Coding
- ICD and DSM (ICD-9, ICD-10 and DSM 5)
- Preview of ICD-11
ICD and DSM

<table>
<thead>
<tr>
<th>ICD</th>
<th>DSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed by global UN agency</td>
<td>Developed by a single national association</td>
</tr>
<tr>
<td>Free open resource for public health benefit</td>
<td>Provides large portion of APA revenue</td>
</tr>
<tr>
<td>For countries/service providers</td>
<td>For (U.S.) behavioral health providers</td>
</tr>
<tr>
<td>Global, multidisciplinary, multilingual</td>
<td>U.S. Anglophone perspective</td>
</tr>
<tr>
<td>Approved by World Health Assembly</td>
<td>Approved by APA board of trustees</td>
</tr>
<tr>
<td>Covers all health conditions</td>
<td>Covers only mental disorders</td>
</tr>
</tbody>
</table>

Interfacing of DSM & ICD

- Recall that the DSM is essentially the "borrowed" codes from ICD; DSM = descriptors of code #
- Use parallel diagnostic system to the ICD in U.S. possible due to harmonization efforts
- Few differences between ICD-9-CM and DSM-IV due to efforts to make them consistent
- DSM-5 attempts to closely parallel ICD-10-CM
- DSM has to bridge ICD-9-CM, ICD-10-CM, ICD-11

DSM-5, ICD-9-CM and ICD-10-CM

- DSM-V contains ICD-9-CM and ICD-10-CM codes
- If one diagnostic code is assigned:
  
  E.g. Schizophrenia 295.90 (F20.9)

- If two diagnostic codes are assigned:
  
  E.g. 295.70 (F25.0) Bipolar type
  295.70 (F25.1) Depressive type

Sample Cross-Walk:
DSM-5 - ICD-9 - ICD-10

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression anxiety disorder (unspecified)</td>
<td>300.42</td>
<td>Major depressive disorder</td>
<td>295.33</td>
<td>F32.81</td>
</tr>
<tr>
<td>Major depression without psychotic symptoms</td>
<td>300.31</td>
<td>Major depression</td>
<td>295.31</td>
<td>F32.81</td>
</tr>
<tr>
<td>Major depression with psychotic symptoms</td>
<td>296.21 + 296.22</td>
<td>Major depression with psychotic features</td>
<td>295.31</td>
<td>F32.81</td>
</tr>
<tr>
<td>Persistent depressive disorder (unspecified)</td>
<td>300.4</td>
<td>Depressive disorder</td>
<td>295.33</td>
<td>F32.81</td>
</tr>
<tr>
<td>Major depression, recurrent major depressive</td>
<td>296.3</td>
<td>Major depressive disorder, recurrent major depressive</td>
<td>296.3</td>
<td>F32.81</td>
</tr>
<tr>
<td>Major depression, major depressive disorder</td>
<td>296.30</td>
<td>Major depression single episode major depressive</td>
<td>296.3</td>
<td>F32.81</td>
</tr>
<tr>
<td>Specific learning disorder not otherwise specified</td>
<td>314.84</td>
<td>Specific learning disorder</td>
<td>299.82</td>
<td>F81.04</td>
</tr>
<tr>
<td>Specific learning disorder unspecified</td>
<td>299.8</td>
<td>Specific learning disorder unspecified</td>
<td>299.82</td>
<td>F81.04</td>
</tr>
</tbody>
</table>

ICD-10, ICD-9, DSM Coding Structure

Sample 1: Depression

F33.2
F=Mental and Behavioral Disorders
F30-39=Mood (affective) disorders
F33=Recurrent Depressive Disorder
F33.2a=Recurrent Depressive Disorder, current episode severe, without psychotic symptoms
ICD-9-CM: 296.3 Major depressive disorder, recurrent episode
ICD-10-CM: 296.3.3 Major depressive disorder, recurrent, severe without psychotic features

Sample 2: Anxiety

F40.01
F=Mental and Behavioral Disorders
F40-F48=Anxiety, dissociative, stress-related, somatoform
F40=Phobic Anxiety Disorders
F40.0=Agoraphobia
F40.01=Agoraphobia with panic disorder
ICD-9-CM/DSM-IV code: 300.21 Agoraphobia with panic disorder
ICD-10-CM: 295.33 Agoraphobia with panic disorder

CAUTION: no single code in DSM-5 combines Agoraphobia and Panic

Document both when present

(Goodheart, 2013)
DSM Vs. ICD

- ICD is a Diagnostic System
- DSM is a Descriptive System

Overview
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ICD-11 Changes Overview
- Priorities: clinical utility & global applicability
- 2017 World Health Assembly (WHA) adoption
- Public revision of ICD-11 contents in May 2016
- Regular (maybe yearly) updates
- Greater number of diagnostic categories, less hierarchical structure, more clinically intuitive
- New chapters on sleep disorders and sexual health
- “Mental retardation” -> Intellectual developmental disorders
- Personality disorders: severity, codification of prominent features instead of diagnostic entities.

(Adapted from Goodheart, 2013)

ICD-11: Involvement of Psychology
- Psychologists are more involved in ICD-11 than in other ICD revisions; Geoffrey Reed, Ph.D. (chair) & Pierre Ritchie, Ph.D. (board), Ann Watts, Ph.D (board)
- Mental and Behavioral Disorders (MBD) chapter revised with significant contribution from APA and International Union of Psychological Science
- APA will recommend the use of ICD-11 instead of DSM-5 (Suzanne Bennet-Johnson said)

(Adapted from Goodheart, 2013)

ICD-11 or DSM-5
- DSM-5 = High cost; ICD-11 = free of charge.
- ICD-11 covers all health areas. Useful, Psychology is a Health Profession.
- ICD-11 culturally adapted: Spanish and English versions developed initially. Many others will follow.
- DSM-5/ ICD-11 Compatibility desirable but not going to happen (against ApA’s economic interests)

ICD-11 Beta Draft

http://apps.who.int/classifications/icd11/browse/f/en
Practical Steps: #1

- Download the PDF version of ICD-10-CM codes free of charge from here: [http://www.cdc.gov/nchs/icd/icd10cm.htm](http://www.cdc.gov/nchs/icd/icd10cm.htm)
- Identify the ICD-9-CM/DSM 5 most commonly used diagnostic codes.
- Find Cross-walked ICD-10 codes
- Note that this link is NOT a browser and therefore the search will be manual

Adapted from American Psychological Association Practice Organization, Good Practice, Spring/Summer 2015

Practical Steps: #2

- **< 09.30.15:** Submit all claims for services provided before Sept. 30, 2015 using ICD-9-CM or DSM 5 codes
- **> 09.30.15:** On and after October 1, 2015 use only ICD-10-CM codes

Practical Steps: #3

- Submit few quick return claims at the beginning of October and follow the EOBs closely
- Do not expect that the DXs that have been reimbursed for will be reimbursed again
- Non-F codes may not be reimbursed though some LCD have listed other codes
- Consider contacting major carrier about the preceding
- Share the information as to patterns of reimbursement

Practical Steps: #4

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>Descript.</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>290.10</td>
<td>Unspecified Dementia</td>
<td>F03.90</td>
</tr>
<tr>
<td>780.83</td>
<td>Retrograde amnesia</td>
<td>R41.2</td>
</tr>
<tr>
<td></td>
<td>Other amnesia</td>
<td>R41.2</td>
</tr>
</tbody>
</table>

 examples for neuropsych - note some are F and others are R codes

ICD X CPT Formulary

- Formulary - Third party payors (e.g., Medicare) will have a **CPT (procedural code) X ICD (diagnostic code)** that will be the basis of:
  - Medical Necessity
  - Reimbursement
- Medicare - Each Medicare carrier will establish and publish on their website
- Private Payors - Each carrier will establish and NOT publish in their website (trial and error)
Billing Vs. Working Diagnosis

- Bill for the Dx being pursued
- The initial or working diagnosis then establishes the medical necessity for subsequent assessments and interventions
- It is a new diagnosis that is used (e.g., Patient is referred for depression but evaluation discovered for dementia), bill for depression for the first visit, but use dementia from that point forward

Diagnosing: Order & Number

- First Diagnosis: Primary
- Second Diagnosis: Next most important, and so on...
- Total # of Diagnoses: All conditions present, including those diagnosed by you and those diagnosed by other qualified health providers

Diagnosing: Assessment Vs. Treatment

- Assessment: Per previous slide, primary as discovered, then secondary and all other diagnoses
- Treatment: Per previous slide and as above but the diagnosis must match the treatment

NOTE: Primary DX in each case will determine whether the claim is “medical” or “behavioral”.

HCFA 1500

- Number of places for DX has gone from 6 to 12.
- Primary code and, if appropriate or necessary, the parent code following
- Current version is v02/12
- Includes an ICD Indicator in Field 21
- Use “9” for filing a claim with ICD-9 Codes (before 9/30/15)
- Use “0” for filing a claim with ICD-10 Codes (on and after 10/1/15)

To be Determined

- Core codes, more than three, or full seven digits? How deep do you for billing and for reports?
- Besides Chapter 5 (F), what other chapters can and should be used?
- What about the use of non-F codes for neuropsychological and health psychology situations?
- What about parent codes?
- Some traditional DXs may not be present or covered (G31.84 or MCI)

BOTTOM LINE: FORMULARY OF CPT X ICD

Local Coverage Determinations (LCDs)

- Contractor Index
- State Index
- Alphabetical Index
Carrier Examples

• NOVITAS:

• CIGNA:
  https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0258_coveragepositioncriteria_neuropsychological_testing.pdf

• AETNA:
  http://www.aetna.com/cpb/medical/data/100_199/0158.html

(NOTE: Neuropsychological testing is covered for the following types of diagnosis: F; NP testing is covered for F, G as well as some I, Q, R and S codes.)

Useful Resources

WHO ICD-10 Description:
http://www.who.int/classifications/icd/en/

WHO “Bluebook”:

ICD-10 Browser:
http://apps.who.int/classifications/icd10/browse/2015/en

ICD-10 Interactive Self Learning Tool:
http://apps.who.int/classifications/apps/icd10training/

ICD-10 Online Support:
https://sites.google.com/site/icd10onlinetraining/

Transition to the ICD-10-CM, APA Practice Central:
http://www.apapracticecentral.org/update/2012/02-09/transition.aspx

ICD-10 Code Transition, Magellan Healthcare:

National Council for Behavioral Health:
http://www.thenationalcouncil.org/topics/coding-behavioral-health-services/

Centers for Medicare and Medicaid Services:
http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html

Useful Resources (Cont.)

CMS Road to 10:
http://www.cms.gov/10/0303-0310

AAPC ICD-10-Training:

ICD-10-CMPCS Basics for Clinical Documentation Improvement, American Health Information Management Association Library:
http://library.ahima.org/aepublic/docs/publicDocuments/ahima/tool1_00410.pdf

ICD-10 and DSM-5 Frequently Asked Questions, Minnesota Department of Human Services:

Understanding the ICD-10: The Clinician’s Toolbox:

DSM-5 to ICD-9 Crosswalk, Alliance Behavioral Healthcare:

DSM-5 and ICD-10 Resources, Optum:
https://www.providenetworks.com/content/topic-resource/psoriasis/admin-resources/dsm5_icd10.html

Useful Links

American Psychological Association
(Admission only through my.apa.org login)

MTBC ICD-10
MTBC 9-10 Codes by Specialty

ICD10 Consult
iOS Only

Useful Apps

iOS & Android

MTBC ICD10

ICD10 Consult
Ideal for Physicians

(iOS Only)
ICD 10 Primer: Carol Goodheart

- A Primer for ICD-10-CM Users: Psychological and Behavioral Conditions Cover of A Primer for ICD-10-CM Users
- List Price: $19.95
- American Psychological Association
- Member/Affiliate Price: $14.95
- Pages: 171
- Item #: 4317336
- ISBN: 978-1-4338-1709-0
- Copyright: 2014

Chapter VI: Diseases of the Nervous System

<table>
<thead>
<tr>
<th>ICD 10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G00-G09</td>
<td>Inflammatory diseases of the central nervous system</td>
</tr>
<tr>
<td>G10-G14</td>
<td>Systemic atrophies primarily affecting the central nervous system</td>
</tr>
</tbody>
</table>

Inflammatory diseases of the central nervous system (G00-G09)

- **G00** Bacterial meningitis, not elsewhere classified
- **G01** Meningitis in bacterial diseases classified elsewhere
- **G02** Meningitis in other infectious and parasitic diseases classified elsewhere
- **G03** Meningitis due to other and unspecified causes
- **G04** Encephalitis, myelitis and encephalomyelitis
- **G05** Encephalitis, myelitis and encephalomyelitis in diseases classified elsewhere
- **G06** Intracranial and intraspinal abscess and granuloma
- **G07** Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere
- **G08** Intracranial and intraspinal phlebitis and thrombophlebitis
- **G09** Sequelae of inflammatory diseases of central nervous system
### Extrapyramidal and movement disorders (G20-G26)

- **G20** Parkinson disease
- **G21** Secondary parkinsonism
- **G22** Parkinsonism in diseases classified elsewhere
- **G23** Other degenerative diseases of basal ganglia
- **G24** Dystonia
- **G25** Other extrapyramidal and movement disorders
- **G26** Extrapyramidal and movement disorders in diseases classified elsewhere

### Demyelinating diseases of the central nervous system (G35-G37)

- **G35** Multiple sclerosis
- **G36** Other acute disseminated demyelination
- **G37** Other demyelinating diseases of central nervous system

### Episodic and paroxysmal disorders (G40-G47)

- **G40** Epilepsy
- **G41** Status epilepticus
- **G43** Migraine
- **G44** Other headache syndromes
- **G45** Transient cerebral ischaemic attacks and related syndromes
- **G46** Vascular syndromes of brain in cerebrovascular diseases
- **G47** Sleep disorders

### Nerve, nerve root and plexus disorders (G50-G59)

- **G50** Disorders of trigeminal nerve
- **G51** Facial nerve disorders
- **G52** Disorders of other cranial nerves
- **G53** Cranial nerve disorders in diseases classified elsewhere
- **G54** Nerve root and plexus disorders
- **G55** Nerve root and plexus compressions in diseases classified elsewhere
- **G56** Mononeuropathies of upper limb
- **G57** Mononeuropathies of lower limb
- **G58** Other Mononeuropathies
- **G59** Mononeuropathies in diseases classified elsewhere

### Polyneuropathies and other disorders of the peripheral nervous system (G60-G64)

- **G60** Hereditary and idiopathic neuropathy
- **G61** Inflammatory polyneuropathy
- **G62** Other polyneuropathies
- **G63** Polyneuropathy in diseases classified elsewhere
- **G64** Other disorders of peripheral nervous system

### Diseases of myoneural junction and muscle (G70-G73)

- **G70** Myasthenia gravis and other myoneural disorders
- **G71** Primary disorders of muscles
- **G72** Other myopathies
- **G73** Disorders of myoneural junction and muscle in diseases classified elsewhere
Cerebral palsy and other paralytic syndromes (G80-G83)

- G80 Cerebral palsy
- G81 Hemiplegia
- G82 Paraplegia and tetraplegia
- G83 Other paralytic syndromes

Other disorders of the nervous system (G90-G99)

- G90 Disorders of autonomic nervous system
- G91 Hydrocephalus
- G92 Toxic encephalopathy
- G93 Other disorders of brain
- G94 Other disorders of brain in diseases classified elsewhere
- G95 Other diseases of spinal cord
- G96 Other disorders of central nervous system
- G97 Postprocedural disorders of nervous system, not elsewhere classified
- G98 Other disorders of nervous system, not elsewhere classified
- G99 Other disorders of nervous system in diseases classified elsewhere