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What psychiatrists must know to make the mandated transition to ICD-10

The authors review salient changes to the 10th edition and how it integrates with DSM-5

Just as psychiatrists are adapting to DSM-5, they have to cope with implementation of the 10th edition of the *International Statistical Classification of Diseases and Related Health Problems* (ICD-10). This challenge raises questions: What is the importance of understanding ICD-10? How will it affect the practice of psychiatry?

Furthermore, how does ICD-10 relate to DSM-5 and Current Procedural Terminology (CPT)? How does it differ from ICD-9? What are the ICD-10-Clinical Modification (CM) and ICD-10-Procedures (PCS)?

Learning the essence of the changes, and understanding what impact they have on your clinical work, are necessary to ensure that your practice keeps pace with professional and legal standards of care. The effort involved is not onerous, however, and can improve the quality and efficiency of your care and how you document it.

In this article, we provide you with an overview of ICD-10; highlight major changes of the new classification; explain its relevance to clinical practice; and offer guidelines for implementing it effectively. We also emphasize that a good understanding of DSM-5 facilitates appreciation of ICD-10 and makes its implementation fairly easy and straightforward.

To begin, we provide a glossary of ICD-related terms and a review of additional definitions, distinctions, and dates (***Box, page 26***).[1-6]

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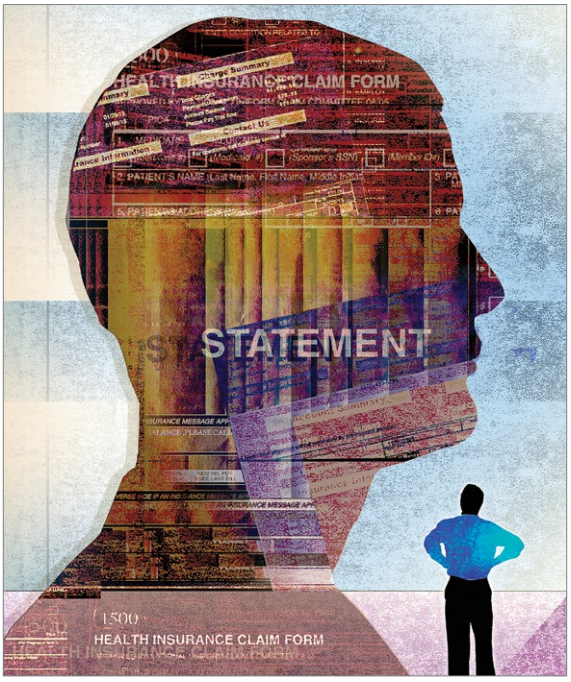

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ICD-10

Clinical Point

ICD-10 differs from ICD-9 in its organization, structure, code composition, and level of detail

Box

A glossary of ICD-related terms, and other insights

CPT[1]
Current Procedural Terminology. Compendium of medical nomenclature used to report all medical services and procedures. A diagnosis from the ICD-CM (see these entries below) is required to support the medical necessity of the CPT-coded treatment provided.

ICD-9
International Classification of Diseases, 9th revision. Published in 1978; promptly implemented worldwide, including in the United States.

ICD-9-CM (Clinical Modification)
This adaptation of ICD-9 was the required diagnostic classification system for coding and billing of all medical encounters in the United States until October 1, 2015. ICD-9-CM was created and maintained by the National Center for Health Statistics, and updated annually. ICD-9-CM comprised 3 volumes; volume 3 was devoted to hospital procedures.

ICD-10
International Classification of Diseases, 10th revision. Published in 1992; implemented worldwide soon after, except in the United States. ICD-10 became the required source of diagnostic nomenclature in the United States on October 1, 2015.

ICD-10-CM (Clinical Modification)[2,3]
An adaptation of ICD-10 that is the required diagnostic classification system for coding and billing of all medical encounters in the United States, in all clinical settings, beginning October 1, 2015. ICD-10-CM replaces volumes 1 and 2 of ICD-9.

ICD-10-PCS (Procedures)[4]
This adaptation of ICD-10 was the required diagnostic classification system for coding and billing of any medical encounter in the United States until October 1, 2015. ICD-10-PCS replaces volume 3 of ICD-9-CM; it should now be used only to report inpatient procedures. Whereas the CPT code (with supporting ICD-10-CM code[s]) drives physician payments for such hospital-based encounters, ICD-10-CM/PCS codes direct payment to hospitals for inpatient stays and procedures.

SNOMED CT
Systematized Nomenclature of Medicine—Clinical Terms. This comprehensive listing of codes, terms, and definitions of medical terminology is designated as standard for use in clinical documentation and reporting, and for electronic exchange of clinical information, in federal systems in the United States. Whereas ICD-9 does not easily map onto ICD-10 (that is, ICD-9 codes cannot be converted directly to ICD-10 codes), SNOMED maps onto both ICD-9 and ICD-10; ICD-9 codes therefore can be translated into SNOMED CT codes and then into ICD-10 codes.

DSM-ICD linkage
DSM is, of course, employed for making mental and behavioral health diagnoses. An adaptation of ICD (the ICD-CM) is used to code and bill all medical encounters—a mandate of the Health Insurance Portability and Accountability Act. DSM-5,[5] ICD-10,[6] and ICD-10-CM[2] are the current versions of these manuals. DSM diagnoses are the guide to selecting correct ICD-CM codes; all DSM-5 diagnoses map onto corresponding ICD-10-CM codes.

Summing up: Waves of change
New CPT codes came into effect in 2013
The transition from DSM-IV to DSM-5 should have been completed in 2014. The change from ICD-9-CM to ICD-10-CM/PCS came into effect on October 1, 2015.

Major changes from ICD-9

No question: ICD-10 is going to significantly influence your practice and your reimbursement. Furthermore, a number of revisions in ICD-10 have the potential to meaningfully improve clinical documentation and communication and to enhance your ability to precisely describe the complexity of your patients—with implications for billing.

ICD-10 differs from ICD-9 in organization, structure, code composition, and level of detail. In addition, ICD-10 makes some changes in terminology and definitions, with the goal of improving precision.

ICD-10 also is much larger than ICD-9. The total number of medical diagnostic codes has increased more than 5-fold—from approximately 13,000 to 69,000. This expansion allows for greater specificity in diagnosis and enables differentiation of an initial clinical encounter from a subsequent encounter.

To accommodate the expansion in the number of codes, the 5-digit numeric codes used in ICD-9 have been replaced in ICD-10 by 7-digit alphanumeric codes:

- the first digit always is a letter
- the second and third digits are numbers followed by a decimal point
- the fourth though seventh digits can be letters or numbers
- the first 3 digits denote the diagnostic category

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ICD-10

Table

ICD-10 coding structure and rules for psychiatric disorders

F00-F09 *Neurocognitive Disorders and Mental Disorders Associated with a General Medical Condition* • **F00** Alzheimer dementia • **F01** Vascular dementia • **F05** Delirium, etc.
F10-F19 *Substance Use Related Disorders* A third digit denotes the substance
F20-F29 *Schizophrenia and Related Psychotic Disorders* • **F20** Schizophrenia • **F22** Delusional disorder • **F25** Schizoaffective disorder
F30-39 *Major Mood Disorders* • **F30** Initial manic episode • **F31** Bipolar disorder • **F32** Initial depressive episode • **F33** Recurrent depressive disorder
F40-F49 *Anxiety, Stress-Related, Dissociative, and Somatoform Disorders* • **F40** Phobic anxiety • **F41** Other anxiety disorders • **F42** Obsessive-compulsive disorder • **F43** PTSD and adjustment disorders • **F44** Dissociative disorders • **F45** Somatoform disorders
F50-F59 *Eating and Sleep Disorders, and Sexual Dysfunction* • **F50** Eating disorders • **F51** Sleep disorders • **F52** Sexual dysfunction
F60-F69 *Personality Disorders; Impulse-Control and "Habit" Disorders; Gender Identity and Sexual Preference Disorders* • **F60.x** Specific personality disorders with "x" denoting the type
F70-F79 *Intellectual Disability ("mental retardation")* • **F70-F73** Mild, moderate, severe, and profound (respectively)
F80-F89 *Specific Learning Disabilities and Autism Spectrum Disorders* • **F84** Autism spectrum disorder
F90-F99 *ADHD, Conduct Disorders, Childhood Anxiety Disorders, and Tic Disorders*

ADHD: attention-deficit/hyperactivity disorder; ICD-10: International Classification of Diseases, 10th revision; PTSD: posttraumatic stress disorder

Clinical Point

The number of 3-digit categories for psychiatric disorders has increased from 30 in ICD-9 (290-319) to 100 in ICD-10 (F00-F99)

• the fourth through sixth digits provide diagnostic detail

• the seventh digit provides information about the nature of the encounter (eg, initial, subsequent, or sequel, denoted respectively by "A," "D," and "S" in the seventh digit).

The number of 3-digit categories for psychiatric disorders has increased from 30 in ICD-9 (290-319) to 100 in ICD-10 (F00-F99). Only the first 5 digits are used for the section on mental disorders in ICD-10, with the first digit always "F" and the second digit a number denoting the broad type of disorders. The second and third digits in conjunction define the major category of the disorder; the fourth and fifth digits provide additional descriptive detail about the disorder (***Table***).

ICD-9 'V' codes are out

What were called "V" codes in ICD-9—factors that influence health status and contact with health services—have been replaced by "Z" codes in ICD-10. These "Z" codes provide greater detail and precision than "V" codes provided.

Examples of "Z" codes relevant to psychiatry are:

Z00 General psychiatric examination (eg, of a person who does not have a complaint or diagnosis)

Z03 Examination for suspected mental and behavioral disorder

Z04 Examination for medicolegal or other purposes; Z04.8 is relevant laboratory testing, such as drug testing of urine or blood

Z50 Care involving rehabilitation (substance use disorder, etc.)

Z60 Problem related to social environment

Z61 Problem related to negative life events in childhood

Z63 Problem related to primary support group, including family circumstances

Z64-Z65 Problem related to other psychosocial circumstances

Z70-Z71 Condition requiring counseling, not elsewhere classified

Z73 Problem related to difficulty with life management (burnout, stress, role conflict, etc.)

Z75 Problem related to medical facilities and other aspects of health care (eg, awaiting admission)

Z81 Family history of mental or behavioral disorders

Z85-Z91 Personal history of various disorders (must be absent or in full remission at the moment); Z86.51, for example, refers to a history of combat and operational stress reaction.

Greater precision is now possible when coding for treatment-related adverse effects. A particular adverse effect now is coded under the relevant system, along with its attribution to the specific substance. Obesity attributable to antipsychotic treatment,[7,8] for example, is coded as E66.1.

Integrating DSM-5 and ICD-10

Because DSM-5 lists corresponding ICD-10-CM codes for all disorders, you will find it much easier than other physicians to implement ICD-10. DSM-5 includes ICD-9-CM and ICD-10-CM codes for each DSM-5 disorder (for example, the ICD-9-CM code for schizophrenia is 295.x; the ICD-10-CM code is F20.9).[9]

Furthermore, a number of changes from ICD-9-CM to ICD-10-CM enable documen-

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Clinical Point

Greater precision is now possible when coding for treatment-related adverse effects

ICD-10

tation of greater diagnostic specificity; for example, DSM-5 schizoaffective disorder, bipolar type, and schizoaffective disorder, depressive type, are distinctly coded as F25.0 and F25.1, respectively, in ICD-10-CM, whereas both were coded as 295.7 in ICD-9-CM.[10]

You will continue to use DSM-5 criteria to guide your diagnostic process, translating the DSM-5 diagnosis (diagnoses) into corresponding ICD-10-CM codes. Experience with DSM-5 substantially simplifies the transition to ICD-10.

Key differences between DSM-5 and ICD-10

There are notable differences in organization and content between DSM-5 and ICD-10.

The 20 chapters in DSM-5 begin with neurodevelopmental disorders; neurocognitive disorders are toward the end (ie, childhood to late life). In contrast, neurocognitive disorders (ie, "dementia") appear at the beginning of ICD-10; neurodevelopmental disorders are at the end.

Elimination of schizophrenia subtypes in DSM-5 necessitates coding of all schizophrenia as F20.9 in ICD-10-CM because F20.0-F20.8 are specific subtypes. DSM-5 schizophreniform disorder is coded F20.81.

Substance abuse and substance dependence continue to be separate in ICD-10-CM, but they are combined in a single category of substance use disorders in DSM-5. The correct ICD-10-CM code (ie, abuse vs dependence) is determined by the severity of the substance use disorder: "Mild" coding as abuse (F1*x*.1) and "moderate" and "severe" coding as dependence (F2*x*.2), with *x* denoting the substance abused.

There can be multiple applicable diagnoses associated with a clinical encounter, as there was with ICD-9-CM. Give precedence to the diagnosis that best represents the nature of the presenting problem; list other diagnoses in the order of their relevance. DSM-5 and ICD-10-CM are similar in this regard.

ICD-10-CM uses only subtypes, in contrast to the use of subtypes *and* specifiers in DSM-5 to describe variability in disorders across patients. It is possible, however, to code certain DSM-5 specifiers in ICD-10-CM. (This is discussed in the "Recording Procedures" section of the DSM-5 text and summarized at the beginning of the manual, and appears in the "Appendix.") To code the catatonia specifier in the context of schizoaffective disorder, depressive type, for example, use ICD-10-CM code F25.1 for the disorder and add code F06.1 for the catatonia specifier.[11]

How will ICD-10 affect your practice?

As of October 1, 2015, all health care facilities were to have become ICD-10 compliant. Furthermore, any Health Insurance Portability and Accountability Act-covered entity must use ICD-10-CM codes if it expects to be reimbursed for health care services.

Mental health practitioners might think that the transition from ICD-9-CM to ICD-10-CM involves only billers and coders, not them. *They are wrong*. All clinicians are responsible for documenting their diagnostic and treatment services properly. Medical records must contain adequate information to support any diagnostic (ICD-10-CM) and treatment (CPT) codes that are applied to a given clinical encounter.

The greater detail and specificity that are provided by ICD-10-CM allow more accurate recording of clinical complexity, which, in turn, influences reimbursement. However, good documentation is necessary for proper coding. Because clinicians are ultimately responsible for proper diagnostic coding, good understanding of ICD-10-CM is essential to be able to code properly.

Similar to the expansion of ICD-10-CM (from volumes 1 and 2 of ICD-9-CM), ICD-10-PCS has undergone similar expansion (from volume 3 of ICD-9-CM), with a corresponding increase in specificity. For example, there are now 5 distinct codes for electroconvulsive therapy (GZB0ZZZ-GZB4ZZZ) that distinguish unilateral from bilateral electrode placement and single from multiple stimulations.

Clinical Point

There can be multiple applicable diagnoses associated with a clinical encounter, as there was with ICD-9-CM

DSM-5 will continue to be the framework for psychiatric assessment and diagnosis. ICD-10-CM will be the coding system to accurately denote DSM-5 diagnoses. The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics recognize DSM-5 as the means to identify proper ICD-10-CM codes for mental disorders. CMS also has announced that, although ICD-10-CM codes are necessary for reimbursement, use of an incorrect code will not be the basis for denying a Medicare claim *for 1 year*.

Making ICD-10 part of practice

Here are several keys to implementing ICD-10 with minimum pain and maximum benefit.

Multiple diagnosis codes should be listed in the order of their relevance to the clinical encounter.

Visit type. The seventh character of the ICD-10-CM code denotes the type of visit (initial, subsequent, or sequela) and must be provided:

- An initial encounter is one in which the patient first receives active treatment.
- A subsequent encounter refers to a follow-up visit in which the patient receives routine care during the healing or recovery phase.
- A sequel encounter is one in which a patient receives treatment for complications or conditions that arise as a direct result of the initial condition.

The transition to ICD-10 should be facilitated by adoption of DSM-5. Continue using DSM-5 to determine the correct diagnosis or diagnoses of the mental disorder, then apply the corresponding ICD-10-CM code(s). The better you understand and apply DSM-5, the more precise you can be in utilizing the greater specific-

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Clinical Point

Use of an incorrect code will not be the basis for denying a Medicare claim for 1 year

ICD-10

Related Resources

- Blue Cross Blue Shield of Michigan ICD-10 update: mental and behavioral health ICD-10-CM codes. http://www.bcbsm.com/content/dam/public/Providers/Documents/help/faqs/icd10-update-mentalhealth.pdf.
- American Psychiatric Association ICD-10 tutorial. http://www.psychiatry.org/psychiatrists/practice/dsm/icd-10.

ity and accuracy afforded by ICD-10-CM coding.

Document well. Good understanding of the structure and organization of ICD-10-CM facilitates efficient, comprehensive documentation. This, in turn, will foster better clinical communication and appropriate reimbursement.

Know your payers—in particular, their policies regarding differential reimbursement for clinical complexity (based on ICD-10-CM/PCS). Medical practices that are part of an accountable care organization, and those that have risk-adjusted contracts must pay special attention to documenting clinical complexity when coding.

Know your electronic health care record, understand what tools it offers to efficiently translate DSM-5 diagnoses into appropriate ICD-10-CM codes, and use those tools efficiently.

Review your medical record documentation for the top 20 conditions in your practice, in the context of their definition in ICD-10-CM.

If you have coders who do ICD-10-CM coding for you, review a few patient charts with them to compare your sense of the patient's clinical complexity and their coding based on your documentation.

Changes in DSM-5 have encouraged clinicians to improve their assessment of patients and provide measurement-based care. The significant changes in ICD-10-CM should provide the impetus for you to hone your ability to provide documentation. Sufficient flexibility exists within guidelines to permit individualization of the style of documentation.

Because all DSM-5 diagnoses map to appropriate ICD-10-CM codes, effective use of DSM-5 should make the transition to ICD-10 easy.

Clinical Point

The significant changes in ICD-10 should provide the impetus for you to hone your ability to provide documentation

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Bottom Line

Compared with ICD-9, definitions of mental health diagnoses have been improved in ICD-10, and more elaborate code descriptions in ICD-10-CM provide for greater precision when you report a diagnosis. The result? More accurate and efficient documentation of the care you provide and better reimbursement. Understanding what impact the changes in ICD-10 will have on your clinical work will ensure that your practice keeps pace with professional and legal standards of care.