ICD-10 Implementation Delayed

On April 1, 2014, H.R. 4302, was signed into law. Included in the law is a one sentence provision delaying implementation of ICD-10 by *at least* one year:

> **SEC. 212. DELAY IN TRANSITION FROM ICD–9 TO ICD–10 CODE SETS.**
>
> The Secretary of Health and Human Services may not, prior to October 1, 2015, adopt ICD–10 code sets as the standard for code sets under section 1173(c) of the Social Security Act (42 U.S.C. 1320d–2(c)) and section 162.1002 of title 45, Code of Federal Regulations.

The U.S. Department of Health and Human Services issued a rule on July 31, 2014 stating that ICD-10 implementation will occur October 1, 2015.

DSM-5: Next Steps in Light of ICD-10 Delay

The industry-wide ICD-10 implementation is delayed by one year. Optum will continue with plans to implement the DSM-5® on October 1, 2014, as previously announced. Advantages of implementing the DSM-5 in 2014 include the opportunity for providers to:

- Learn DSM-5 clinical categories and diagnostic criteria prior to the ICD-10 change
- Become familiar with the ICD-10 code sets
- Assess and improve technical readiness for the transition to ICD-10

Before and during the transition, refer to both the DSM-IV-TR and the DSM-5 within your practice to gain an understanding of the similarities and differences in diagnostic categories and criteria along with new documentation and recording procedures.

The Basics: Getting Ready

There are some basic steps all providers should be taking to prepare for the DSM-5 and, later, the ICD-10 transition:

- Obtain a copy of the DSM-5 – available in print or online versions
  - Be aware that there are coding updates, available online (see APA Coding Updates under “Resources” below)
- Clinicians should attend workshops that offer
  - An overview of the changes from DSM-IV-TR to DSM-5
  - Drill-down on any special diagnostic categories of professional interest/scope

- Exposure to DSM-5 workshops by at least some of the business/billing staff within an organization will improve communications and understanding between individuals handling different aspects of the billing process
- Exposure to ICD-10 (history, uses, categories) by both clinical and business/billing staff will also support learning of the new coding numbers and improve understanding of the reasons for this industry change (see resources for free online training modules through the World Health Organization)
- Submit as much of your claim inventory as possible prior to October 1, 2014
- Submit claims electronically (online at Provider Express or Electronic Data Interchange vendor)
- Enroll in Electronic Payments and Statements (reduces your revenue cycle time) as soon as possible

Key to the Relationship between the DSM and ICD Systems

DSM-5: Diagnosis

Obsessive-Compulsive Disorder

300.3 (F42)

Billing Codes: the ICD-9 code is bolded, the ICD-10 code is grey and offset by parentheses.

The International Classification of Disease (ICD) is maintained by the World Health Organization. It is used to track and trend morbidity and mortality world-wide. The DSM has historically mapped to the ICD codes used in the U.S. for billing.

The DSM-5 maps conditions to both the ICD-9 and ICD-10 codes.

Optum Timeline

As in previous editions, the American Psychiatric Association includes “mapping” from the DSM diagnostic criteria to the numeric ICD diagnostic code.

Through September 30, 2014:

- Use DSM-IV-TR Diagnostic Criteria
- *Use ICD-9 as aligned to the DSM-IV-TR*

Beginning October 1, 2014:

- Use DSM-5 Diagnostic Criteria
- *Use ICD-9 as aligned to the DSM-5*

Billing Codes

With Optum’s implementation of DSM-5 on October 1, 2014, there are changes to the list of ICD-9 codes based on new or revised mapping to DSM-5 conditions. The following table gives a *few examples of ICD-9 code impact for billing* using the code mapping provided in the DSM-IV-TR versus the DSM-5.

Billing Implications: ICD-9 Code Examples		
ICD-9 Code, DSM-IV-TR Diagnostic Label	**ICD-9 Code, DSM-5 Diagnostic Label**	**Status**
296.xx, Major Depressive Disorder	296.xx, Major Depressive Disorder	No change in ICD-9 Code
296.xx, Bipolar I or II	296.xx, Bipolar I or II	No change in ICD-9 Code
309.xx, Adjustment Disorder	309.xx, Adjustment Disorder	No change in ICD-9 Code
314.xx, ADHD, specified type	314.xx, ADHD, specified presentation	No change in ICD-9 Code
314.9, ADHD NOS	314.01, Other Specified ADHD (F90.8)	New! 314.9 is no longer used; instead use ".01" extension or specifier when appropriate.
299.80, Asperger's Disorder	299.00, Autism Spectrum Disorder	New! Pervasive Developmental Disorders mostly encompassed under Autism Spectrum Disorder. See the DSM-5 for specific diagnostic criteria and differential diagnosis.
305.00, Alcohol Abuse 303.90, Alcohol Dependence	305.00, Alcohol Use Disorder, Mild 303.90, Alcohol Use Disorder, Moderate 303.90, Alcohol Use Disorder, Severe	New! Abuse and dependence have been replaced with a spectrum of use (e.g., 2-3 symptoms = Mild use).
313.89, Reactive Attachment Disorder of Infancy or Early Childhood	313.89, Reactive Attachment Disorder 313.89, Disinhibited Social Engagement Disorder	New! Reactive Attachment Disorder reclassified from Other Disorders of Infancy, Childhood, or Adolescence to a new category, Trauma- and Stressor-Related Disorders. Reactive Attachment Disorder shares an ICD-9 code with a new condition, Disinhibited Social Engagement Disorder.

*This table reflects ICD-9 impact only; it does not provide complete information regarding criteria changes used during assessment or documentation guidance in regard to specifiers used with some conditions.

For complete details regarding classifications of diagnoses and diagnostic criteria, refer to the DSM-5.

Outpatient Providers

There are three primary means for submission of outpatient (professional) claims to Optum:

- Provider Express: Free, easy, efficient and reduces entry errors
- Electronic Data Interchange (EDI): Vendor of choice, efficient
- Paper Claim Submission (1500 Claim Form): New version (1500 v 02/12) available for use since January 6, 2014 with full implementation effective April 1, 2014

Provider Express

The Claim Entry feature is secure, efficient and free. We offer an Express Form that is used for most submissions and a Long Form that supports submission of 5 or more dates of service and the ability to note that additional paperwork (e.g., COB details, claim notes, etc.,) is being sent via a particular method

(i.e., email, fax or mail). The online format is similar to the standard 1500 Claim Form fields. Required fields are highlighted.

Of note: the diagnosis "Lookup feature" will reflect ICD-9 Codes as they are aligned or mapped to the DSM-5 diagnostic labels. In many cases this will be the same as, or very similar to, DSM-IV-TR but there are exceptions. Again, it will be important that you refer both to the DSM-IV-TR and the DSM-5 during the transition to support learning the new nomenclature. The ICD-9 code number with which you are billing should correspond to the DSM diagnostic criteria and label that you document in the clinical record based upon your assessment. For the purpose of claim processing, the ICD-9 code number entered on the claim identifies the diagnosis for which an individual is receiving services.

For an overview of the claim entry feature, visit our Guided Tours > Claim Entry. You can also visit Claim Entry through Provider Express for more information.

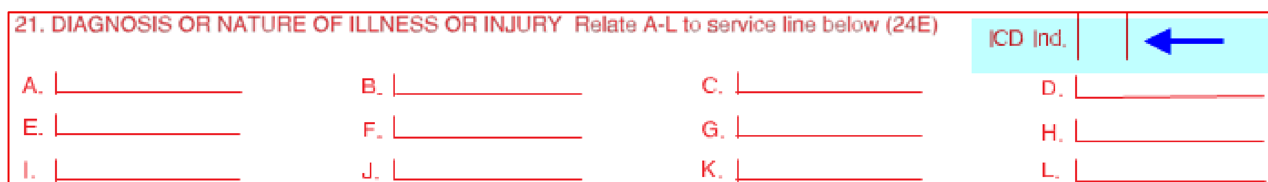
1500 Claim Form Changes (Paper Submissions)

Professional Claims (outpatient services including Employee Assistance Program visits), should be submitted using the industry standard *1500 Health Insurance Claim Form*. The National Uniform Code Committee (NUCC, website: nucc.org) has published and Centers for Medicare & Medicaid Services (CMS) has approved a new version to accommodate recent and forthcoming industry-wide changes. The new form supports ICD-10 reporting requirements and aligns with data sets used in electronic transactions.

According to the NUCC, the new 1500 (version 02/12) form became eligible for use January 6, 2014 with transition to exclusive use of the 1500 Claim Form (v 02/12) effective April 1, 2014. This timeline is aligned to the Medicare timeline established by CMS. Even though the ICD-10 implementation mandate is delayed, providers submitting paper forms should already have transitioned to use of the current 1500 (v 02/12).

A number of fields were eliminated (now labeled "Reserved for NUCC Use") because the data captured is not reported in the 837P or electronic claim submission format.

There are two key changes to be aware of for Field 21 (Diagnosis or Nature of Illness or Injury):


21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.
E. F. G. H.
I. J. K. L.

1. Field 21 now supports up to 12 diagnostic codes (Lines A-L).

   The NUCC 02/12 1500 Instructions (refer to "Version 3.0 7/15 1500 Instruction Manual") includes the following update for Field 21.

   Enter the codes left justified on each line to identify the patient's diagnosis and/or condition. **Do not include the decimal point in the diagnosis code because it is**

implied . . . Relate lines A-L to the lines of service in 24E by the letter of the line. Use the **greatest** level of specificity. Do not provide narrative description in this field.

2. Field 21 also includes and ICD indicator: "ICD Ind."

   9 = ICD-9
   0 = ICD-10

Enter the appropriate number between the dotted vertical lines to indicate whether the claim submission relies on ICD-9 or ICD-10 codes.

Indicator Field

Now through September 30, 2015 you must use the ICD-9 indicator.

Starting October 1, 2015 you must use the ICD-10 indicator unless the Date of Service for which you are billing occurred prior to October 1, 2015.

See "Resources" below for links to the NUCC website.

Outpatient and Inpatient Providers

Electronic Data Interchange (EDI) Clearinghouse

You many continue to submit claims using ICD-9 codes through your EDI Clearinghouse. We are implementing DSM-5 clinical criteria and associated ICD-9 codes on October 1, 2014.

Clearinghouses are already ICD-9 ready and do not require remediation or prior testing to support the changes in DSM-5.

Resources

Provider Express

DSM-5 and ICD-10 Resource Page

Professional Claim Submission: For an overview of the claim entry feature for professional claims, including EAP services, visit our Guided Tours > Claim Entry; you can also visit Claim Entry through Provider Express for more information

Electronic Data Interchange (EDI): visit our EDI information page

Electronic Payments and Statements (EPS): see our EPS information page

American Psychiatric Association

DSM-5 Development (dsm5.org) home page

APA Coding Updates

The most current supplement will be linked to the APA's PsychiatryOnline site (psychiatryonline.org) > DSM-5 Library > DSM Coding Update

APA DSM-5 resource page including "DSM-5 Fact Sheets" and links to other resources

APA home page (psychiatry.org) > Practice > DSM-5

World Health Organization

Implementation of ICD-10 > ICD-10 Training Tool

The full path from the home page to the ICD-10 Implementation page is:

who.int/en/ > Programmes > Classifications > International Classification of Disease (ICD)

NUCC: 1500 Claim Form

Visit the NUCC 02/12 1500 Claim Form page for additional information.

Resources for Implementing the 02/12 1500 Claim Form