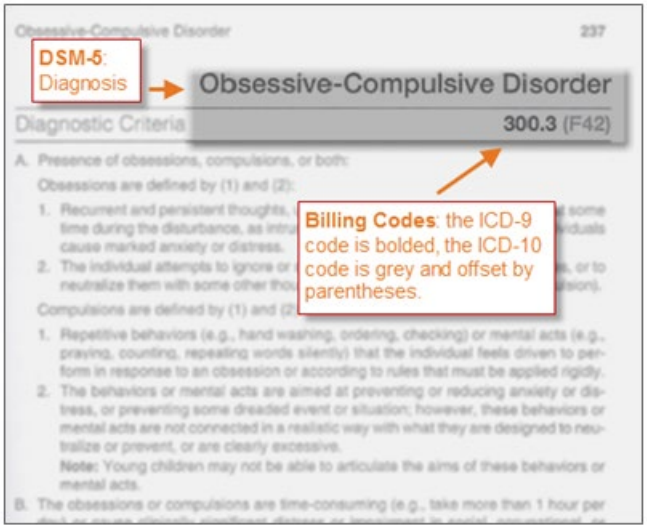
DSM-5 Transition: Quick Reference Guide
Most Frequently Asked Questions

DSM-5 and ICD: Pairing the Billing Code with your Assessment

Question: How are diagnostic labels and criteria sets different from diagnostic codes used for billing?
Question: Can I use DSM-5 even though the ICD-10 implementation was delayed?



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

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

Optum Timeline

As in previous editions, the American Psychiatric Association includes "mapping" from the DSM diagnostic criteria to the numeric ICD diagnostic code used for billing.

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*

Beginning October 1, 2015
- Use DSM-5 Diagnostic Criteria
- *Use ICD-10 as aligned to the DSM-5*

The DSM-5 includes diagnostic labels and associated criteria sets that support assessment and shared understanding of conditions. These diagnostic conditions are then mapped to ICD codes established by WHO which are used in the U.S. in a modified form ("CM" or Clinical Modification). You may use DSM-5 now because it "maps" to both ICD-9 and ICD-10 codes. For Dates of Service October 1, 2014 and later, use the DSM-5 for assesment criteria and diagnostic labels. Then, for billing apply the ICD-9 code for Dates of Service through September 30, 2015.

Covered Benefit / Diagnosis Code

Question: Will diagnosis code XXX.XX be covered under DSM-5?

This question comes up primarily in regard to codes that are new to DSM-5 or that have changes in either diagnostic criteria or billing codes. This question is really more about benefits than about the DSM-5 itself (i.e., Will dx code XXX.XX be covered under Benefit Plans administered by Optum?)

Optum administers a wide range of Benefit Plans. It is always important that you inquire about eligibility and benefits including:

- During the time of the transition from DSM-IV-TR to DSM-5 (continued use of ICD-9 codes)
- At the beginning of a benefit year (typically January 1 but some plans operate on a different cycle)
- During the transition from ICD-9 to ICD-10 (mandated for October 1, 2015)

The benefit coverage and limitations for individuals you see is defined by their particular Certificate of Coverage (COC) or Benefit Plan. As in the past, the presence of a condition, diagnosis or diagnostic category in the DSM does not in itself indicate whether that condition, diagnosis or diagnostic category is covered under a particular Benefit Plan. A determination about coverage of a particular diagnosis is reliant, in part, on a review of the particular individual's Benefit Plan.

Document diagnosis and factors that may affect treatment or prognosis

Question: Can I still use the 5 axes that are listed in the DSM-IV-TR to document those elements?
Question: What is the documentation of diagnosis and factors influencing prognosis and treatment supposed to look like now that the multi-axial system has been removed?

The DSM-5 recommends, and various quality review entities will continue to expect, that clinicians will document all the information previously captured under the multi-axial system. Particularly during the transition, clinicians will not be "wrong" to continue to rely on the Axis I-V prompts on clinical documentation forms. The goal is to move clinical records (assessment, treatment plan, progress notes, etc.) to the non-axial method of documentation.

Examples of Summary Case Formulation using DSM-based nomenclature

<table>
<tr><th>DSM-IV-TR – example 1</th><th>DSM-5 – example 1*</th><th>DSM-IV-TR – example 2</th><th>DSM-5 – example 2*</th></tr>
<tr><td>Axis I: 296.32 Major Depression, Recurrent Moderate</td><td rowspan="2">Primary Dx: 296.32 (F33.1) Major Depression, Recurrent Moderate
Secondary Dx: No further findings
Medical: HTN, by patient report</td><td>Axis I: 300.02 Generalized Anxiety D/O</td><td rowspan="2">Primary Dx: 300.02 (F41.1) Generalized Anxiety D/O
Secondary Dx: 301.83 (F60.3) Borderline Personality D/O
Medical: None Identified/Reported</td></tr>
<tr><td>Axis II: V71.09 No Dx</td><td>Axis II: 301.83 Borderline Personality D/O</td></tr>
<tr><td>Axis III: HTN, by patient report</td><td></td><td>Axis III: None Identified/Reported</td></tr>
<tr><td>Axis IV:
V62.2 Occupational Problem</td><td>Psychosocial stressors:
V62.29 (Z63.0) Other problem related to employment</td><td>Axis IV:
V61.10 Partner Relational Problem

Hx of self-injurious behavior</td><td>Psychosocial stressors:
V61.10 (Z63.0) Relationship distress with spouse or intimate partner
V15.59 (Z91.5) Personal hx of self-harm</td></tr>
<tr><td>Axis V:
GAF=57 (current)</td><td>**Functional impairments
GAF=57 (current)</td><td>Axis V:
GAF=50 (current)</td><td>**Functional impairments
GAF=50 (current)</td></tr>
</table>

*Note: DSM-5 examples represent a transitional view in which both the ICD-9 (bolded) and ICD-10 codes (not bolded, entered in parentheses) are listed for the primary diagnosis & psychosocial stressors in anticipation of the shift to ICD-10 in 2015. This supports learning the new codes and readiness of documentation associated with billing ICD-9 through September 30, 2015 and with ICD-10 beginning October 1, 2015. Information and format provided as sample only. For example, documentation may or may not include V- or Z-code numbers in your own record-keeping.

**Optum is retaining the ability to capture GAF scores in clinical systems pending an industry-standard alternative. You may use the GAF or other tools (e.g., WHODAS-II, etc., as appropriate to your clinical practice). See DSM-5 Section III "Emerging Measures and Models" for more information.

Resources on Provider Express: providerexpress.com > Working Together > DSM-5 Transition Special Topics