Industry Change
ICD-10 & DSM-5

Behavioral Health
Frequently Asked Questions

ICD-10 Implementation: October 1, 2015

Date	Event	Provider Action
May 2013	DSM-5™ Published by the American Psychiatric Association	Learn about diagnostic changes and impact on coding: obtain a copy of the DSM-5, attend workshop(s) on the topic.
October 1, 2014	Optum Implements the DSM-5	Begin using the DSM-5 in clinical interactions with Optum and bill using the ICD-9-CM codes associated with the DSM-5. Dual use of the DSM-IV-TR and the DSM-5 supports shared learning and communication between clinical and business teams within an organization. Identify whether, and to what extent, changes in the DSM-5 will affect your processes.
October 1, 2015	Healthcare industry implements ICD-10	This is a "flip of the switch" change for our industry. For Dates of Service on and after October 1, 2015 all billing must rely on ICD-10-CM codes. For behavioral health, the DSM-5 provides current diagnostic criteria and descriptors and maps those to both the ICD-9-CM and 10-CM code sets.

DSM-5: Supports Behavioral Health Transition to ICD-10-CM

In addition to defining diagnostic criteria and descriptive text for mental health conditions, the DSM-5 includes "mapping" to both ICD-9-CM and ICD-10-CM codes used for billing.

Behavioral health providers are able to use the DSM-5 to support documentation of clinical findings *and* the filing of claims for the treatment of mental health and substance use disorders. Once you have documented your clinical assessment based on the DSM-5, you will be prepared to apply the required ICD code set for billing both before and after October 1, 2015.

Dates of Service Determine which ICD Code Set to be used for Billing

DOS now through September 30, 2015 bill using ICD-9-CM codes mapped to the DSM-5.

DOS on and after October 1, 2015 bill using ICD-10-CM codes mapped to the DSM-5.

See this Quick Reference: Claim and Authorization Highlights for examples.

Applying the Changes to Practice

Q1. DSM-5 was released in May 2013, how long can I continue to use the DSM-IV-TR?

A1. Optum implemented DSM-5 for most books of business on October 1, 2014. Clinical interactions and billing for Dates of Service on and after that date should reflect DSM-5 based criteria and associated ICD-CM codes.

Effective October 1, 2015, use of ICD-10-CM codes for billing is mandated for immediate use by all healthcare providers, health plans and payers. The DSM-5 "maps" to both ICD-9 and ICD-10 codes.

Q2. The DSM-5 does not use a multiaxial documentation system; do I still need to document conditions previously listed under Axes II-V?

A2. Yes. Guidance from the DSM-5 (see *The Multiaxial System* section within the *Introduction*) indicates that diagnoses formerly recorded on Axis I, II or III are still to be documented along with a separate notation for "important psychosocial and contextual factors (formerly Axis IV) and disability (Axis V)." They are no longer separated onto different axes. The DSM-5 includes ICD-9 "V" codes and ICD-10 "Z" codes intended to be used to report psychosocial or contextual factors relevant to understanding or managing an individual's mental health condition.

The DSM-5 has discontinued use of the GAF (formerly Axis V) and offers the World Health Organization Disability Assessment Scale 2.0 (WHODAS 2.0) for further study. In the absence of an industry standard scale to replace this information, we are retaining the use of the GAF in our clinical platforms.

Q3. Does the DSM-5 include both ICD-9 and ICD-10 codes?

A3. Yes. The DSM-5 Task Force Chair, David Kupfer said "the classification of disorders is largely harmonized with the World Health Organization's International Classification of Diseases (ICD) so that the DSM criteria sets are more parallel with the proposed ICD-11. In DSM-5 both ICD-9-CM and the future standard ICD-10-CM codes are attached to the relevant disorders in the classification." (See October 22, 2014 Psychiatric News Continuity and Changes Mark New Text of DSM-5)

Q4. What codes do I use for billing?

A4. You should be using the DSM-5 diagnostic criteria for assessment and the ICD-9-CM billing codes associated with the DSM-5 diagnoses for Dates of Service through September 30, 2015.

Beginning with Dates of Service on and after October 1, 2015, you should bill using the ICD-10-CM billing codes associated with the DSM-5 diagnoses. For inpatient services, the date of discharge defines the Date of Service. Services spanning the transition will use ICD-10-CM codes as aligned to the DSM-5. (See Quick Reference: Claim and Authorization Highlights)

Q5. I use a paper claim form (1500 Form) for billing, can I keep billing with that form after the change on October 1, 2015?

A5. For paper claim submission of professional services, you should be using the 1500 claim form (v 02/12).

The National Uniform Claim Committee (NUCC) revised the previous 1500 (08/05) Claim Form. Reflecting the date of NUCC's revision work, the revised Health Insurance Claim Form is referred to as the 1500 (02/12) Claim Form. The 1500 (02/12) form was approved for use beginning January 6, 2014 with both NUCC and Centers for Medicare and Medicaid Services announcing full adoption effective April 1, 2014.

The revised 1500 (02/12) form supports use of either ICD-9 or ICD-10 codes for billing. Field 21includes a space for an ICD Indicator and use of an indicator is required. For more information about the new form, visit NUCC website.

Continue to bill ICD-9-CM codes as they are aligned to the DSM-5 for Dates of Service through September 30, 2015. Begin billing with ICD-10-CM codes as aligned to the DSM-5 for Dates of Service on and after October 1, 2015.

Note: Professional (outpatient) claim submissions for MH/SUD and Employee Assistance Program services for most memberships may be filed online at no cost to registered users of Provider Express.

Provider Express > Log In > Claim Entry

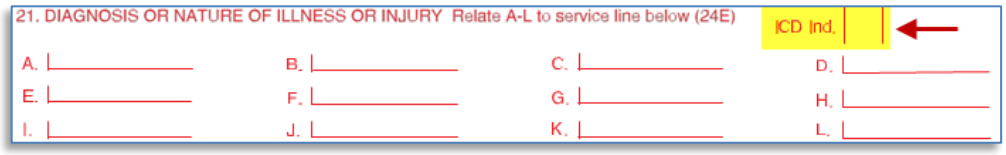
Q6. Am I required to report an ICD Indicator on my claims submitted on and after October 1, 2015?

A6. Yes. The ICD indicator supports billing of services that occurred prior to the ICD-10 transition.

Paper Claim Submissions

- 9 for ICD-9 (Dates of Service through September 30, 2015)
- 0 for ICD-10 (Dates of Service on and after October 1, 2015)

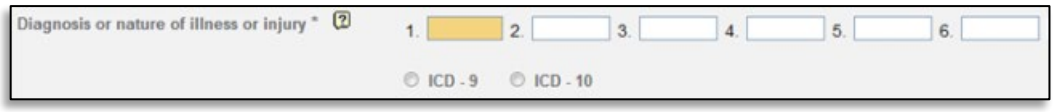
For professional services, you should be using the **1500 (v 02/12) claim form**. The ICD Indicator is part of Field 21.



For institutional claims, you should be using the current **UB-04 claim form**. The ICD indicator is part of Field 66.

Provider Express

Professional claims may be filed on Provider Express for most memberships. The ICD Indicator will appear as radio buttons. The system will prompt you to correct the ICD indicator if the Date of Service does not match the ICD Code set selected. A quick Guided Tour is available on the DSM and ICD Resources page.



Electronic Data Interchange

Your practice management system, updated for HIPAA 5010, should be ICD-10 ready and include a place to note the ICD Indicator.

Q7. Will diagnosis code XXX.XX or FXX.X be covered under DSM-5?

A.7. 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 FXX.X 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.

Preparing for the Change

Q8. Why is our industry making changes to codes used for billing?

A8. The Health Insurance Portability and Accountability Act (HIPAA) mandates implementation of ICD-10 codes for billing. The implementation date has been pushed back and is now mandated for October 1, 2015.

The DSM-5 task force has provided additional information about the planning and development of DSM-5 and their coordination with WHO to support compatibility with the shift to the ICD-10. For more information, visit the APA website DSM and DSM-5 pages. In addition, the APA has a dedicated site related to the DSM-5 Development.

Q9. What is Optum doing to prepare for DSM-5 and ICD-10 changes?

A9. We have assessed impacted systems, applications and reporting requirements to ensure readiness for the implementation of ICD-10 and DSM-5. We completed our DSM-5 impact assessment and identified necessary changes. With the delay from 2014 to 2015, teams from across the enterprise engaged in a coordinated effort to effectively transition to the use of DSM-5diagnostic criteria and its ICD-9-CM coding on October 1, 2014. Optum worked with providers to conduct testing of claims from submission through adjudication to ensure the claims were processed the same under ICD-10 coding as they did under ICD-9 coding. We are continuing to prepare for the transition to ICD-10. Staff training and provider information will continue to be provided during this time of transition.

Q10. What steps can my practice take to prepare for the implementation of DSM-5 and ICD-10?

A10. There are a number of things you can do to prepare. Both clinical and business teams should attend trainings on ICD-10 and on DSM-5. All processes and systems should be reviewed to identify and implement any necessary changes. Below provides items for you to consider.

Optum Timeline:
DSM-5 for assessment with associated ICD-9-CM codes for billing – Began October 1, 2014
DSM-5 for assessment with associated ICD-10-CM codes for billing – Beginning October 1, 2015

- Define roles and responsibilities, who will own
  - Impact Analysis
  - System or software changes (talk with your practice management vendor to be sure you are "ICD-10 ready", HIPAA 5010 changes support ICD-10 transition)
  - Training
  - Policy & Procedure updates
  - Form updates
- Making the transition from DSM-IV to DSM-5
  - Obtain print copy or online subscription to the DSM-5
  - Attend DSM-5 workshop to learn about changes from DSM-IV to DSM-5
  - Identify your highest volume diagnostic categories & focus on learning these first
  - Assess whether there are any changes in criteria or categorization (see DSM-5 pp 809-816, "Highlights of Changes from DSM-IV to DSM-5")
  - Initiate a brief period of concurrent use of DSM-IV and DSM-5 criteria and associated ICD-9 codes within your organization to support:
    - Understanding of changes
    - Familiarity with any new or different ICD-9 codes
    - Implementation of documentation changes that will support billing both before and after the transition to ICD-10
  - Documentation
    - As always, note presence or absence of signs and symptoms upon which the diagnosis is made
    - Continue to list medical conditions, psychosocial and environmental factors, and functional impairments that support understanding of the mental health condition
- Processes that may be helpful for the transition from ICD-9 to ICD-10
  - Electronic claim submissions
  - Electronic Payments and Statements (for more information see our EPS page)
  - ICD-10 training
  - DSM-5 training
  - Routinely verify benefits and eligibility
  - Concurrent use of DSM-IV-TR and DSM-5 within your organization
    - Clinical teams understanding/learning new codes, criteria, etc.
    - Business teams ability to use/input new codes into current systems
    - Learning about benefit and eligibility coverage information for new or modified diagnoses
    - Understanding of any impact on, or changes to, high volume diagnoses

Once your practice has made the transition to DSM-5, begin concurrent notation of both ICD-9 and ICD-10 to support both clinical and business staff to be ready for billing both before and after the transition to ICD-10.

Q11. How can I find out more about what is new in the DSM-5?

A11. On the DSM-5 page, the APA has posted Highlights of Changes from DSM-IV-TR to DSM-5.

Q12. What is ICD?

A12. The *International Classification of Disease* (ICD) is a publication of the World Health Organization (WHO) of which the United States is a Member State. The purpose is to provide a standardized system of reporting data which supports WHO in the collection and analysis of health related data including morbidity and mortality.

Q13. How are ICD and DSM related?

A13. The *International Classification of Disease* (ICD) is intended to provide a standardized means of documenting, tracking and trending both morbidity and mortality data world-wide. The ICD-CM codes are used and always have been used for claim submissions, including behavioral health and substance use claims. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM), used in the United States, has clinical and research application with its definition of diagnostic criteria.

These tools are historically related as DSM uses the ICD code set to pair with behavioral health diagnostic descriptions. The DSM-5is aligned to both ICD-9-CM and ICD-10-CM which are the U.S. adaptation of the *International Classification of Diseases.* The "CM" stands for "Clinical Modification."

Q14. I have never used ICD, why do have to use it now?

A14. Many behavioral health clinicians may not be aware that the codes listed in the DSM are actually ICD codes that have been "mapped" to the DSM in order to support standardized code set for billing.

The code you enter on a claim today to represent a DSM defined diagnosis is an ICD-9-CM code. Optum implemented DSM-5 on October 1, 2014 and you should be using ICD-9-CM as it is applied within the DSM-5, to represent the diagnosis on claim submissions. ICD-10-CM, also mapped to DSM-5 defined conditions, is mandated for billing of dates of service on and after October 1, 2015.

Q15. When did the DSM-5 become available?

A15. The DSM-5 was released by the American Psychiatric Associations in May 2013. The DSM-5, including updates, is available through the APA as well as through online retail outlets.

Background

History

The *International Classification of Diseases* (ICD) grew out of early efforts to document, track and trend mortality rates. The World Health Organization (WHO) began to oversee the review and revision of the ICD classification system in 1948. The first publication under WHO was the ICD-6 in 1949, which added the ability to track morbidity and to classify mental health conditions for the first time. The primary purpose of ICD has been to support world health information and analysis related to disease, mortality and morbidity.

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM), a publication of the American Psychiatric Association (APA) first appeared in 1952. The DSM-III published in 1980, included "explicit diagnostic criteria, a multiaxial system, and a descriptive approach." (See the APA's DSM: History of the Manual). These features added to the clinical value of the DSM.

The ICD-9 was published and implemented in the late 1970s. While the ICD-10 was endorsed in 1990 during the Forty-third World Health Assembly, the U.S. was not prepared to implement these changes. Instead, the National Center for Health Statistics (NCHS) in collaboration with Centers for Medicare and Medicaid Services (CMS) published *the International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) for use here.

Each edition of the DSM has been coordinated with the continuous development and revision of the ICD. The DSM-IV-TR coding is very closely aligned with the ICD-9 and ICD-9-CM. This is important because the United States participates in the WHO classification and reporting. Therefore claim coding, used for such reporting, is ICD-based.

In January 2009, the Department of Health and Human Services (HHS) issued a Final Rule related to HIPAA Administrative Simplification requiring transition to the ICD-10-CM for diagnosis coding. In August 2012, HHS announced a delay in the compliance date for the transition to ICD-10-CM which was then mandated for October 1, 2014.

On April 1, 2014, H.R. 4302, was signed into law. This legislation adjusted the Sustainable Growth Rate (SGR) (also called 'doc-fix') and amended the Social Security Act to extend Medicare payments to physicians and change other provisions of the Medicare and Medicaid programs. It included a provision to delay the ICD-10 implementation by at least one year. Historically ICD-10 was not tied to SGR.

HHS has since established October 1, 2015 as the new date for implementation.