National Council for Behavioral Health

DSM-5
Administrative and Business Implications

July 31, 2013
Clinicians may use DSM-5 in their practices immediately

- may be brief delays while insurance companies update their claim forms and reporting procedures
- clinicians should use DSM-IV-TR diagnoses and codes when required by a specific company

Transition to DSM-5 by the insurance industry should be completed by December 31, 2013

Need to be updates of questions in board certification examinations and quality assessments for medical record review
• Clinicians may continue to base their diagnostic decisions on the DSM-IV/DSM-5 criteria.
  - Crosswalk those decisions to the appropriate ICD-9-CM and, as of October 1, 2014, ICD-10 CM codes.

• Permissible for to use the DSM-IV and DSM-5 codes, descriptors and diagnostic criteria for other purposes:
  - Medical records
  - Quality assessment
  - Medical review
  - Consultation
  - Patient communications
• DSM-5 continues to use statistical codes contained in the U.S. Clinical Modifications (CM) of the World Health Organization’s (WHO’s) International Classification of Diseases (ICD)
• The ICD-9-CM contains the internationally approved statistical codes for *all* medical diseases or disorders
  ✓ does not contain detailed descriptions of how to diagnose these conditions
• DSM-5 is completely compatible with the HIPAA-approved ICD-9-CM coding system now in use by insurance companies

• revised criteria for mental disorders can be used immediately for diagnosing mental disorders

✓ ...however, the change in format from a multi-axial system in DSM-IV-TR may result in a brief delay while insurance companies update their claim forms and reporting procedures to accommodate DSM-5 changes
• On October 1, 2014, the United States adopts ICD-10-CM as its standard coding system
• DSM-5 contains both ICD-9-CM codes for immediate use and ICD-10-CM codes in parentheses
• The inclusion of ICD-10-CM codes facilitates a crosswalk to the new coding
  ✔ eliminate the need for separate training on ICD-10-CM codes for mental disorders
• DSM-5 combines the first three DSM-IV-TR axes into one list that contains all mental disorders, including
  ✓ personality disorders
  ✓ intellectual disability
  ✓ other medical diagnoses
• Single axis recording procedure was previously used for Medicare and Medicaid reporting
  ✓ some insurance companies required clinicians to report on the status of all five DSM-IV-TR axes
What’s New in DSM-5

- Removal of Axes
- Dimensional/Spectrum Approach
- Subtypes and Specifiers
- ICD 9 and ICD 10 Codes
Removal of Axes

- **DSM-IV Axial System**
  - ✓ I  clinical disorders
  - ✓ II  personality d/o, mental retardation
  - ✓ III general medical condition
  - ✓ IV  psychosocial and environmental problems
  - ✓ V  GAF
- **DSM-5**: Axes are eliminated
• Contributing psychosocial and environmental factors or other reasons for visits are now represented through an expanded selected set of

✓ ICD-9-CM V-codes
✓ ICD-10-CM Z-codes
• The Global Assessment of Functioning (GAF)
  ✓ recommended for Axis V in the DSM-IV Multiaxial assessment
  ✓ combined assessment of symptom severity, dangerousness to self or others, self-care and social functioning into a single global assessment.
  ✓ used for determinations of medical necessity for treatment by many payers, and eligibility for short- and long-term disability compensation
• Included Conditions to Diagnosis/Code
  ✓ Mental Health, Health Problems and Psychosocial Stressors
  ✓ Psychosocial Stressors
    • V - codes ICD 9
    • Z - codes ICD 10
  ✓ Diagnosing disability and functioning levels
    • WHODAS 2.0
WHO DAS 2.0

- The best current measure of disability for routine clinical use.
- Based on the International Classification Of Functioning, Disability, and Health (ICF)
- Applicable to patients with any health condition
- Brings DSM-5 into greater alignment with other medical disciplines
- Consistent with WHO recommendations
  ✔ move toward a clear conceptual distinction between the disorders contained in the ICD and the disabilities resulting from disorders described in the ICF
APA Recommendations

• Clinicians should continue to assess the risk of suicidal and homicidal behavior
  ✓ APA’s Clinical Practice Guidelines for Suicidal Behaviors

• Use available standardized assessments for symptom severity, diagnostic severity, and disability
  ✓ such measures included in Section III of DSM-5
  ✓ can help with coding sub-types and specifiers
• Criteria new or different
• Codes the same
• ICD-10
• Occasionally necessary to use the same code for more than one disorder
  ✓ DSM-5 diagnostic codes are limited to those contained in the ICD
  ✓ some disorders must share codes for recording and billing purposes
    • hoarding disorder and obsessive-compulsive disorder share the same codes (ICD-9-CM 300.3 and ICD-10-CM F42)
  ✓ the DSM-5 diagnosis should be always be recorded by name in the medical record in addition to listing the code
• DSM-5 codes are limited to those contained in the ICD
  ✓ new DSM-5 disorders assigned the best available ICD codes
  ✓ sometimes names do not match the DSM-5 names
  ✓ For example
    ● DSM-5 disruptive mood dysregulation disorder (DMDD) is not listed in the ICD
    ● best ICD-9-CM code available for DSM-5 use was 296.99 (other specified episodic mood disorder)
    ● ICD-10-CM the code will be F34.8 (other persistent mood [affective] disorders)
• APA will work with CDC-NCHS and CMS to include new DSM-5 terms in the ICD-10-CM
• Companion publications

✓ DSM-5 contains the most up-to-date criteria for diagnosing mental disorders
  ● includes extensive descriptive text
  ● provides a common language for clinicians to communicate about their patients

✓ ICD contains the code numbers used in DSM-5 and all of medicine and needed for
  ● insurance reimbursement
  ● monitoring of morbidity and mortality statistics by national and international health agencies
Assessing on a Spectrum

• A dimensional approach
• Assess severity
  ✓ No line between normal and disordered
  ✓ Disorders are on a spectrum
  ✓ Measure degree of acuteness
• Examples
  ✓ Autism Spectrum Disorder
  ✓ Substance Use Disorder
Assessing on a Spectrum

- Benefits
  - More info = more insight
  - Reduced use of NOS
  - Informative and helpful for treatment planning
  - Don't have to fit precisely into a category
  - Research
  - Hypothesizing and testing
Subtypes and Specifiers

• Provide increase specificity when diagnosing
• Found in Classification Section
• Most subtypes and specifiers cannot be coded using ICD-9 or ICD-10
  ✓ Some subtypes or codes are available in ICD-10, will be able to use that after October 2014.
  ✓ Write the subtype or specifier next to diagnosis, if no code available
The Differences

<table>
<thead>
<tr>
<th>Subtypes</th>
<th>Specifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Diagnostic subgroups</td>
<td>• More than one specifier may be given at a time.</td>
</tr>
<tr>
<td>• Can only fall into one subgroup at a time</td>
<td>• Allows for defining more homogeneous subgroupings</td>
</tr>
<tr>
<td>• All the possible subgroups are listed</td>
<td>• Individuals with the same disorder sharing features</td>
</tr>
<tr>
<td></td>
<td>• convey information relevant to management of the disorder</td>
</tr>
</tbody>
</table>
## Subtypes and Specifiers

<table>
<thead>
<tr>
<th>Subtypes</th>
<th>Specifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify Whether</td>
<td>Specify or Specify if</td>
</tr>
<tr>
<td>Examples:</td>
<td>Examples:</td>
</tr>
<tr>
<td>Specify whether:</td>
<td>Specify symptom type</td>
</tr>
<tr>
<td>With depressed mood</td>
<td>Specify current severity</td>
</tr>
<tr>
<td>With anxiety</td>
<td></td>
</tr>
<tr>
<td>With mixed anxiety and</td>
<td></td>
</tr>
<tr>
<td>depressed mood</td>
<td></td>
</tr>
<tr>
<td>With disturbance of</td>
<td></td>
</tr>
<tr>
<td>conduct</td>
<td></td>
</tr>
<tr>
<td>With mixed disturbance of</td>
<td></td>
</tr>
<tr>
<td>emotions and conduct</td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td></td>
</tr>
</tbody>
</table>
# Subtypes and Specifiers

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Subtypes</th>
<th>Specifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use Disorder</td>
<td></td>
<td>In early remission, in sustained remission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In a controlled environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>With perceptual disturbances</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current severity: mild, moderate or severe</td>
</tr>
<tr>
<td>Opioid Intoxication</td>
<td></td>
<td>With perceptual disturbances</td>
</tr>
<tr>
<td></td>
<td></td>
<td>With use disorder mild</td>
</tr>
<tr>
<td></td>
<td></td>
<td>With use disorder, moderate or severe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Without use disorder</td>
</tr>
<tr>
<td>Tobacco Use Disorder</td>
<td></td>
<td>On maintenance therapy, in a controlled environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current severity</td>
</tr>
</tbody>
</table>
• Replaced by
  ✓ Other Specified
  ✓ Unspecified
• Examples:
  ✓ Unspecified Eating Disorder
  ✓ Other Opioid-Induced Disorders
• The term "unspecified" is an option for most categories of disorders,
Adoption of DSM-5

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