

ICD-10 and DSM-5: Making Sense in the Clinical Environment

Mehul Mankad, MD

Assistant Professor

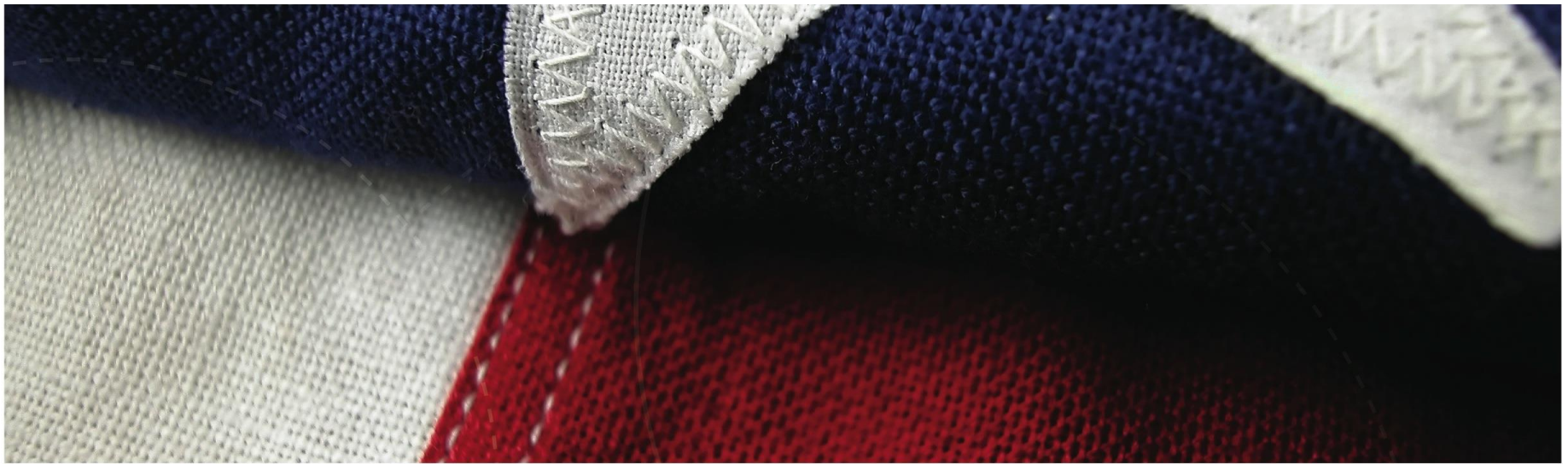
Duke University Medical Center

Disclosures

- GSK Foundation

Specific Aims

- Review of pertinent differences between DSM-IV and DSM-5
- Examine differences between ICD-9 and ICD-10
- Understand the application of ICD-10 to diagnostic coding for mental disorders using DSM-5 nosology
- Also, I am not a professional coder.



Three Sections in this slide set

1. Overview of DSM-5 and ICD-9/10
2. Very brief review of key changes in DSM-5
3. Discussion of ICD-10



How Bills are Filed

- 5 elements
 - Name/Patient Identifiers
 - Date of encounter (time/length of encounter is nice)
 - Diagnosis using International Classification of Diseases
 - E/M or procedure using Current Procedural Terminology
 - Charge (may be broken down into insurance and co-pay)



History of ICDs



1980
DSM-III Released



1994
DSM-IV Released



2013
DSM-5 Released



1977
ICD-9 Released
13,000 codes



1993
ICD-10 Released
68,000 codes

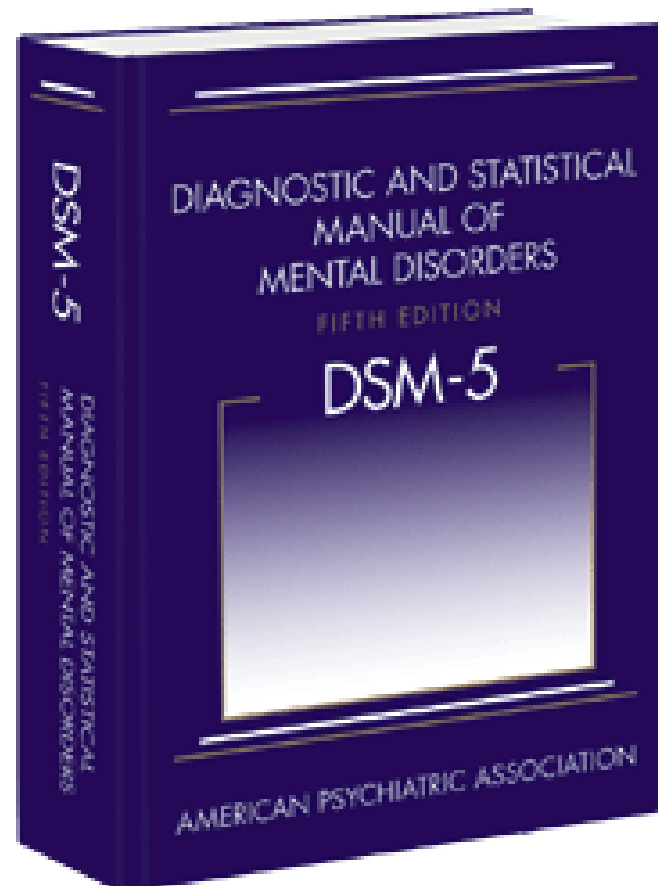


2015
ICD-10 used by
US payers



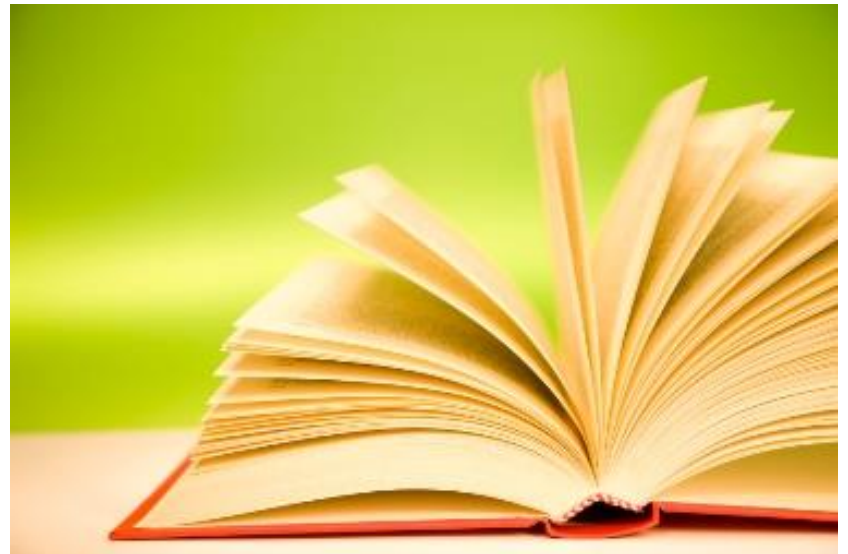
What about DSM codes?

- DSM codes have *ALWAYS* been ICD codes
 - DSM-III used ICD-9
 - DSM-IV used ICD-9
 - DSM-5 uses both ICD-9 and ICD-10



Three Sections of DSM-5

- Section II: 20 Mental disorder chapters
 - Emerging diagnoses are found in another section and do not carry ICD codes



Changes in Framework I

- Abandon Roman numerals!
 - DSM, DSM-II, DSM-III, DSM-IV... and now DSM-5
- Fewer total disorders
 - 15 new
 - 2 discarded
 - 28 combined
- Not Otherwise Specified now called *Unspecified* or *Other Specified*

~~DSM-IV-TR~~

~~Anxiety NOS~~

Changes in Framework II

- Differences with online version
 - Print version limited to 1,000 pages
 - References/bibliography available online
 - All scales available online
 - “Search box” with online version



Changes in Framework III

- DSM-5 is a “life cycle document”
 - No longer has a pediatric chapter
 - Pediatric criteria are identified within each diagnosis if they deviate from the standard



Loss of the Multi-axial System

- Discard the multi-axial system
 - Axes I, II, and III: All psychiatric and medical diagnoses given equal status; personality disorders remain intact (more or less)
 - Axis IV: now coded as V codes (ICD-9) and Z/T codes (ICD-10)
 - Axis V: replaced by World Health Organization Disability Assessment Schedule (WHODAS) 2.0



Highlights of DSM-5 Disorders



Autism and Intellectual Disability

- Aspergers is GONE!
 - So are childhood disintegration disorder, pervasive developmental disorder NOS
 - Now use Autism Spectrum Disorder with specifiers
- Mental retardation has been renamed. Either term can be used (ID or IDD)
 - IDD will appear in ICD-11
 - While IQ testing will continue to be required, a greater emphasis has been placed on adaptive function

ADHD

- The age at which symptoms must be documented in children has been raised to 12 yo from 7 yo
- The number of symptoms required to make the diagnosis in adults was reduced to five from six
 - Studies show that adults manifest fewer ADHD symptoms than children
 - This change should not lead to a significant change in prevalence of the adult ADHD diagnosis

Schizophrenia

- Elimination of Schneider's first rank symptoms
 - No longer prioritizes special hallucinations and special delusions
- Positive symptoms must be present to make diagnosis
- Removal of schizophrenia subtypes

Schizoaffective Disorder

- Criteria now based on *lifetime* of co-occurring mood symptoms and psychotic symptoms in patients with mood-free residual psychosis
- No longer cross-sectional, no longer emphasizes the current episode of co-occurring symptoms
- Should lead to fewer patients receiving this diagnosis

Bipolar Disorder

- Increased energy now a diagnostic criterion choice (was conspicuously absent before)
- “Mixed features” better captures subthreshold mixed states than the previous “Mixed episode” diagnosis
 - No longer requires full criteria of a major depressive episode and a concurrent manic episode

Disruptive Mood Dysregulation Disorder (DMDD)

- Non-episodic irritability that is extreme and out of control but do not meet criteria for ODD, CD, or IED.
- Longitudinal history does not predict development of bipolar disorder at a substantially high rate.
- Cannot make comorbid diagnosis of ODD, CD, or IED. If DMDD criteria are met, only use DMDD.

Major Depressive Disorder

- Bereavement exclusion dropped
 - Some healthcare systems were too literal in adhering to the old 8 week exclusion
 - Clear major depressive episodes (MDE) during periods of grief were not treated until the 9th week
 - Conversely, grief was being mislabeled as MDE if it persisted into the 9th week
- “With anxious distress” is now a specifier for unipolar and bipolar disorders

Persistent Depressive Disorder

- The new name for Dysthymic Disorder
- Also, chronic major depressive disorder is gone

Anxiety Disorders

- Research supports the separation of anxiety disorders into four distinct chapters in DSM-5
 - Anxiety disorders that are fear-based (i.e., phobias)
 - Obsessive Compulsive Disorder (OCD) and related disorders
 - Trauma-related anxiety disorders
 - Dissociative disorders

Hoarding Disorder

- Clinically significant hoarding behavior is now recognized as a distinct entity from OCD



Posttraumatic Stress Disorder I

- Criterion A (the stressor criterion) is more precise
 - Exclusion of nonviolent death of a loved one
 - Elimination of subjective experience of helplessness or horror
 - Military and first responders (i.e., police and fire fighters) rarely endorsed this criterion

Posttraumatic Stress Disorder II

DSM-IV Three Symptom Clusters

- Criterion B: Re-experiencing
- Criterion C:
Avoidance/numbing
- Criterion D: Increased Arousal

DSM-5 Four Symptom Clusters

- Criterion B: Re-experiencing
- **Criterion C: Avoidance**
- **Criterion D: Negative alterations in thoughts and mood**
- Criterion E: Increased arousal

Gender Dysphoria

- Now its own class in DSM-5
- No longer called Gender Identity Disorder
- Emphasizes gender incongruence more than cross-gender identification.
- Keeping the diagnosis in DSM-5 allows individuals to obtain psychotherapy if they are interested.
- Separate pediatric criteria as children may not be able to verbalize or control their environment in the same manner as adults.

Substance Use Disorders I

- Substance Abuse and Substance Dependence now combined into Substance Use Disorder (SUD)
 - Mild (2-3/11)
 - Moderate (4-5/11)
 - Severe (6+/11)



Substance Use Disorders II

- Removal of legal criteria
 - Legality of specific substances in different jurisdictions should not indicate presence or absence of a mental or medical disorder
- Addition of craving criteria
 - Based on growing addictions research

Neurocognitive Disorders

- Replaces the term Dementia
 - Broadens the range of etiologies beyond diagnoses commonly seen in the elderly
- Ten subtypes
 - Includes Traumatic Brain Injury
- Can be Major or Mild

Personality Disorders

- The ten classic personality disorders remain unchanged
- These diagnoses can continue to be used in the absence of an Axis II section
- A new dimensional model is available in Section III



Availability of Scales

- All scales available for free download at:
 - www.psychiatry.org/dsm5
- All scales can also be found in the electronic version of DSM-5
- Limited scales are reproduced in the print version of DSM-5 due to size constraints
- GAF is no longer part DSM diagnosis
 - Replaced by World Health Organization Disability Assessment Scale, Version 2.0 (WHODAS)



Back to ICD!

A Tale of Two ICDs?

- ICD-10-CM
 - Clinical Modifications
 - Used in all settings, inpatient and outpatient
- ICD-10-PCS
 - Procedure Coding System
 - Inpatient hospital settings only
- **WE WILL NOT COVER ICD-10-PCS TODAY!**
 - Follow guidance from your inpatient facility if you work in the inpatient setting

Difference between ICD-9 and ICD-10

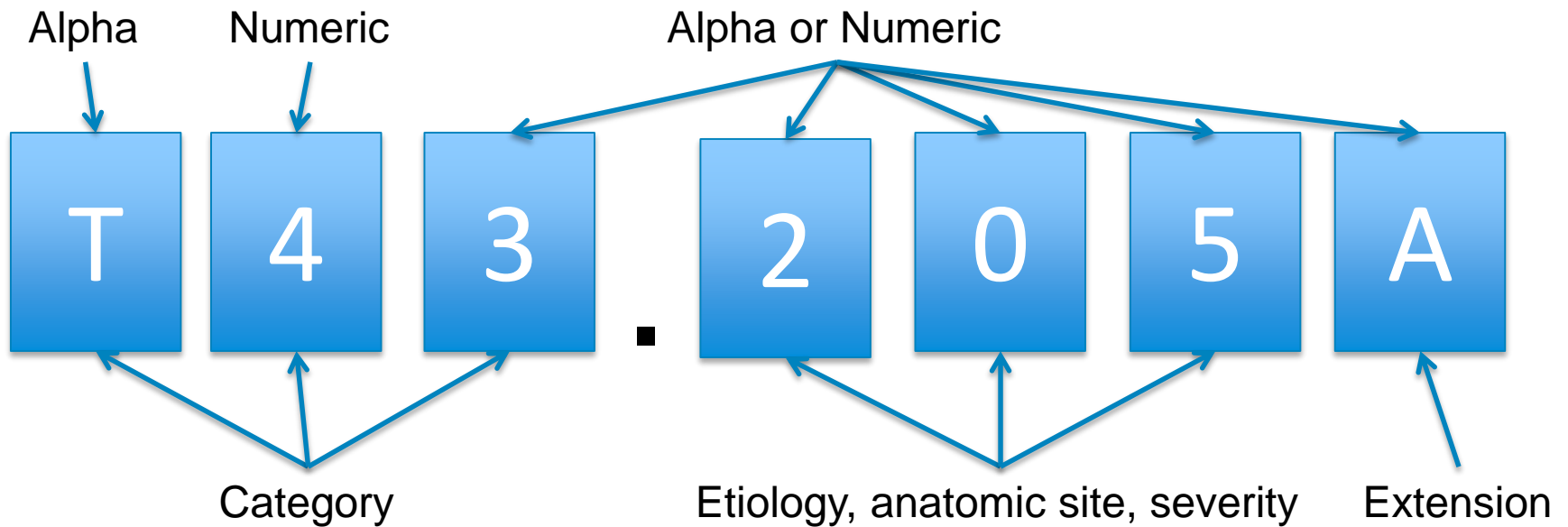
ICD-9

- Three to five numerical digits
 - Except for V codes
- Decimal place after third digit

ICD-10-CM

- Three to seven digits
- First digit is alphabetical
- Second digit is numerical
- Third through seventh digits are either alphabetical or numerical
- Decimal place after third digit
- ICD-10-PCS is fully alphanumeric and has no decimals

ICD-10-CM Structure



Antidepressant Discontinuation Syndrome, Initial Encounter

Where to find the ICD-10 code in DSM-5?

- Every diagnosis has two codes— ICD-9 and ICD-10
- ICD-9 code is numeric and has 3-5 digits
- ICD-10 code is in parentheses and is alphanumeric
- Most ICD-10 codes for mental disorders begin with the letter “F”

How do I use the online DSM-5 to help me?

- www.psychiatryonline.org
- Click on *Advanced Search* under the search box
- Select *Diagnostic and Statistical Manual of Mental Disorders* under *Publications->Books*
- Go back up to the search box and enter a term
- Also a Numerical Listing of ICD-10-CM codes is available in the Appendix of DSM-5

ICD-10 v. CPT

- Remember that ICD-10 is a diagnostic code
- Initial encounter in this context means the *acute* phase of an illness
- Initial encounter can be used multiple times by different providers
- Subsequent encounter means the *healing* phase of an illness
- *Most mental disorders in ICD-10 do not distinguish between initial and subsequent*

What do we do about “new” diagnoses?

- DSM-5 has several new diagnoses that were not envisioned when ICD-10 was being created
 - Hoarding Disorder, Binge Eating Disorder, Disruptive Mood Dysregulation Disorder
- DSM-5 has mapped these new diagnoses into ICD-9 and ICD-10 codes
- *There will be a discrepancy between some of your DSM-5 diagnosis and the ICD code assigned to it. Some EHRs handle this issue better than others.*

New DSM-5 Diagnoses Code Issues

DSM-5 Disorder	ICD-9-CM	ICD-9-CM Title	ICD-10-CM	ICD-10-CM Title
Hoarding Disorder	300.3	Obsessive Compulsive Disorders	F42	Obsessive Compulsive Disorder
Excoriation (Skin Picking) Disorder	698.4	dermatitis factitia [artefacta]	L98.1	factitial dermatitis
Binge Eating Disorder (from DSM-IV Appendix)	307.51	bulimia nervosa	F50.2	bulimia nervosa
Substance Use Disorders	Coding will be applied based on severity: ICD codes associated with substance abuse will be used to indicated mild SUD; ICD codes associated with substance dependence will be used to indicate moderate or severe SUD			

Example #1- simple crosswalk

- 45 yo AAF presents with an 8 week history of low mood, diminished interest, poor sleep, decreased appetite with weight loss, negative thoughts of hopelessness and helplessness, and poor concentration. No hallucinations or delusions are present. No suicidal ideation is present. She has been using sick days at work and avoiding her family. She has no PPH.
- You make a diagnosis of **major depressive disorder, severe, single episode**.
- ICD-9-CM
 - 296.23
- ICD-10-CM
 - F32.2
- In the online version, the codes are found in the Major Depressive Disorder section of the Depressive Disorders chapter. Within the section, a table must be clicked to be opened.

Example #2- dx modification

- 51 yo WM presents with an 35 year history of problematic alcohol consumption. He has been unsuccessful in cutting down his alcohol use, has had two DUIs in the past year, and is spending hours at the bar every evening instead of interacting with his family at home. He has no problems with withdrawal.
- Using DSM-IV, you make a diagnosis of **alcohol abuse**.
- Using DSM-5, you make a diagnosis of **alcohol use disorder, mild**.
- ICD-9-CM *DSM-IV dx*
 - 305.00
- ICD-9-CM *DSM-5 dx*
 - 305.00
- ICD-10-CM *DSM-5 dx*
 - F10.10
- DSM-IV Substance abuse crosswalks to mild SUD in DSM-5. Substance dependence crosswalks to moderate or severe SUD (same ICD-10 code).

Example #3- new dx

- 19 yo Asian female presents with h/o eating large amounts of food during specific time periods with a sense of lack of control. The food binges occur regularly and are never accompanied by compensatory purging, exercise, or restriction.
- Using DSM-IV, you would have to diagnose **eating disorder NOS**.
- Using DSM-5, you make a diagnosis of **binge eating disorder**.
- ICD-9-CM *DSM-IV dx*
 - 307.50
- ICD-9-CM *DSM-5 dx*
 - 307.51 (compulsive overeating)
- ICD-10-CM *DSM-5 dx*
 - F50.8 (other eating disorder)
- DSM-IV does not have the diagnosis. ICD-9 and ICD-10 use proxy diagnoses for this newly defined DSM-5 dx.

Questions?

- Email: Mehul.Mankad@duke.edu
- Twitter: @mankadmd, @DukeForensics
- Facebook: www.facebook.com/dukeforensics



"Mr. Osborne, may I be excused?
My brain is full."