USING THE DSM-5: COUNTDOWN TO OCTOBER 2015 ARE YOU READY?

BONUS SESSION!
Wrap Up / Q&A

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ON THE AGENDA FOR TODAY:

- Overview of DSM-5 series (5 min.)
- General Practice Implications (15 min.)
- Sample Diagnoses (5 min.)
  - Substance Use
  - Depression / Grief
  - Anxiety
  - Schizophrenia Spectrum
- Questions (25-30 min.)
SERIES OVERVIEW

1. General Intro/Gender Dysphoria
2. Substance Use/Disruptive Disorders
3. Trauma/OCD/Anxiety
4. Depression/Bipolar
5. Schizophrenia Spectrum
6. Assessment/Measures/Coding

GENERAL PRACTICE IMPLICATIONS:

- Two major philosophical shifts:
  - Medical model toward biological model
  - Categorical toward dimensional conceptualizations

- Transition resulted in more subtypes and specifiers

- Must capture frequency, duration, and severity:
  - e.g., Substance Use, Autism Spectrum, Schizophrenia Spectrum, Persistent Depressive Disorder

- Removed NOS
  - Other- specified [category] and Unspecified [category]
GENERAL PRACTICE IMPLICATIONS:

- Movement toward specifying measures (optional)
  - Cross-Cutting symptom assessments (Level 1 & 2)
  - Diagnosis-specific severity ratings
  - Disability assessment (WHODAS 2.0)

- Available online: www.psychiatry.org/dsm5

ICD-10 TRANSITION: ARE YOU READY?

- Harmonized text with ICD (modernized)
- ICD-9 & ICD-10 codes accompany each criteria set
  - ICD-9 codes are numerical and listed first
  - ICD-10 codes are alphanumerical and listed second, in parenthesis

Diagnostic Criteria 295.90 (F20.9)

ICD-9 Code

ICD-10 Code
ICD-10: ARE YOU READY?

- DSM-5 and associated ICD-9 codes became effective in May 2013 (ICD-9 codes since DSM-III)
- ICD-10 codes do not go into effect until October 1, 2015 (HIPAA Final Rule)
- Some codes are...
  - used for multiple disorders
  - new so they do not have an ICD-9 code
  - not in ICD-9 (or ICD-10) so a comparable code and name must be assigned

<table>
<thead>
<tr>
<th>DSM-5 Disorder</th>
<th>ICD-9 Code</th>
<th>ICD-9 Title</th>
<th>ICD-10 Code &amp; Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social (Pragmatic) Communication Disorder</td>
<td>315.39</td>
<td>Other developmental speech or language disorder</td>
<td>F80.89 Other developmental disorders of speech and language</td>
</tr>
<tr>
<td>Disruptive Mood Dysregulation Disorder</td>
<td>296.99</td>
<td>Other Specified Episodic Mood Disorder</td>
<td>F34.8 Other Persistent Mood [Affective] Disorder</td>
</tr>
<tr>
<td>Premenstrual Dysphoric Disorder (from DSM-IV appendix)</td>
<td>625.4</td>
<td>Premenstrual tension syndromes</td>
<td>N94.3 Premenstrual tension syndrome</td>
</tr>
</tbody>
</table>

*DSM-5 diagnosis should always be recorded by name in the medical record in addition to listing the code.*
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<tr>
<td>Excoriation (Skin Picking) Disorder</td>
<td>698.4</td>
<td>Dermatitis factitia [artefacta]</td>
<td>L98.1 Factitial dermatitis</td>
</tr>
<tr>
<td>Binge Eating Disorder (from DSM-IV Appendix)</td>
<td>307.51</td>
<td>Bulimia nervosa</td>
<td>F50.2 bulimia nervosa</td>
</tr>
</tbody>
</table>

**Substance Use Disorders**

Coding will be applied based on severity: ICD codes associated with substance abuse will be used to indicate mild SUD; ICD codes associated with substance dependence will be used to indicate moderate or severe SUD.

*DSM-5 diagnosis should always be recorded by name in the medical record in addition to listing the code.*

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**DSM-5 AND ICD CODES:**

- Clinicians should always check the bottom of the diagnostic criteria box for coding notes, which provide additional guidance as needed.

**Specify if:**

**With catatonia** (refer to the criteria for catatonia associated with another mental disorder, pp. 119-120, for definition).

**Coding note:** Use additional code 293.89 (F06.1) catatonia associated with a schizoaffective disorder to indicate the presence of the comorbid catatonia.

- Billing and utilization implications unclear; but expect to see complete transition to DSM-5 concurrent with transition to ICD-10.
**INSURANCE CONSIDERATIONS**

- Revised criteria can be used immediately; DSM-5 completely compatible with the HIPAA-approved ICD-9 coding system now in use
- Non-axial changes *may* result in a brief delay while insurance companies update claim forms and reporting procedures
- Check with individual providers, *some* require DSM-5
- The expectation is that a full transition to DSM-5 by the insurance industry 10/1/15

**HOW TO RECORD DSM-5 DIAGNOSES**

- DSM-5 combines all diagnoses onto a single axis (previously Axes I-III)
- *Contributing* psychosocial, environmental factors, or other reasons for visit (previously Axis IV) now represented through an expanded selected set of V (ICD-9) and Z and T codes (ICD-10)
- No Axis V (no more GAF)
  
  [http://www.who.int/classifications/icf/more_whodas/en/](http://www.who.int/classifications/icf/more_whodas/en/)
HOW DO WE WRITE DX?

- No instructions - brief, appropriate terminology
- Narrative relevant and not already indicated as a sub-type, specifier, or severity indicator
- List all relevant diagnosis by order of treatment focus, priority, and scope of the presenting problem – differential reason for visit
- List specifiers in the order listed in DSM-5
- DSM-5 Coding Update – stay informed
  http://dsm.psychiatryonline.org/DSM5CodingSupplement

NON-AXIAL EXAMPLE

- Prioritize presentation when clients have relevant/confirmed medical diagnoses in addition to mental health concerns
- Another manic episode (F31.13)
- Excessive alcohol use (F10.10)
- Not able to manage thyroid disorder (E06)

F31.13 Bipolar Disorder I, current episode manic, severe; F10.10 Alcohol Use Disorder, mild; E06 Chronic Lymphocytic Thyroiditis (confirmed)
Client meets criteria for depression; uses alcohol excessively, with tolerance and withdrawal symptoms; unable to control diabetes as a result of the disturbance

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<thead>
<tr>
<th>DSM-IV-TR Diagnosis</th>
<th>DSM-5 Diagnosis</th>
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<tbody>
<tr>
<td><strong>Axis I:</strong> 303.90 Alcohol dependence, with physiological dependence; 296.23 Major depressive disorder, single episode, severe</td>
<td><strong>F10.20</strong> Alcohol use disorder, severe</td>
</tr>
<tr>
<td><strong>Axis II:</strong> V71.09</td>
<td><strong>F32.2</strong> Major depressive disorder, single episode, severe</td>
</tr>
<tr>
<td><strong>Axis III:</strong> 250.02 Type 2 diabetes mellitus (uncontrolled)</td>
<td><strong>E11</strong> Type 2 diabetes mellitus</td>
</tr>
<tr>
<td><strong>Axis IV:</strong> none</td>
<td></td>
</tr>
<tr>
<td><strong>Axis V:</strong> 51</td>
<td></td>
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</table>
### DSM-IV-TR Diagnosis

<table>
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<tr>
<th>Axis I</th>
<th>V62.82 Bereavement</th>
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</thead>
<tbody>
<tr>
<td>Axis II</td>
<td>V71.09</td>
</tr>
<tr>
<td>Axis III: none</td>
<td></td>
</tr>
<tr>
<td>Axis IV</td>
<td>V62.2 Occupational problem; Problems related to self-care</td>
</tr>
<tr>
<td>Axis V</td>
<td>45</td>
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### DSM-5 Diagnosis

- F32.2 Major depressive disorder, single episode, severe (principal diagnosis)
- Z63.4 Uncomplicated bereavement (reason for visit)
- Z56.9 Other problem related to employment

### DSM-IV-TR Diagnosis

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<tr>
<th>Axis I</th>
<th>300.2 Generalized Anxiety Disorder, With panic attacks</th>
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<tr>
<td>Axis II</td>
<td>V71.09</td>
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<td>Axis III: none</td>
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<tr>
<td>Axis IV</td>
<td>Z55.8 Academic problem</td>
</tr>
<tr>
<td>Axis V</td>
<td>60</td>
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### DSM-5 Diagnosis

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<th>F41.1 Generalized Anxiety Disorder, With panic attacks</th>
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<td>V62.3 Academic or educational problem</td>
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Client diagnosed with schizophrenia (paranoid type) since he was 26; currently meets criteria but has seen improvement in symptoms over the last two weeks; Clinician-Rated Dimensions of Psychosis Symptom Severity indicated moderate symptoms

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<tr>
<td><strong>Axis I</strong> 295.30</td>
<td>F20.9 Schizophrenia, Multiple episodes, currently in partial remission, moderate</td>
</tr>
<tr>
<td>Schizophrenia, paranoid type</td>
<td></td>
</tr>
<tr>
<td><strong>Axis II</strong>: V71.09</td>
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Questions & Comments