WELCOME!

- Today’s webinar will last one hour
- Registrants can join a bonus call next week (email invite)
Overview

DSM-5 Essentials
- How the *DSM-5* and *ICD-10* are similar and different
- Implications of multiaxial and dimensional shifts
- Key diagnostic changes

ICD-10 Essentials
- Reasons to prepare
- Coding tips and cautions
- Coding and claims
  - Paper and EHR
- Documentation

*DSM-5 and ICD-10*
ICD-10 Basics

- International Classification of Diseases
- Mental and Behavioural Disorders “Blue Book”
- ICD-10-CM = Clinical Modification = US-specific
- World Health Organization
- Approved in 1990 (ICD-11 soon)
- Separate research and clinical documents
- Designed to monitor incidence and prevalence (epidemiology) in 117 countries
- Beginning 10/1/15, source for diagnostic codes for HIPAA entities
- 267 pages of mostly descriptive information

![ICD-10 Basics](image)

ICD-10-CM Implications Preview

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V00.01XD</td>
<td>Pedestrian on foot injured in collision with roller-skater, subsequent encounter</td>
</tr>
<tr>
<td>W61.62XD</td>
<td>Struck by duck, subsequent encounter</td>
</tr>
<tr>
<td>F43.10 PTSD, unspecified</td>
<td>F43.11 PTSD, acute</td>
</tr>
<tr>
<td>F43.12 PTSD, chronic</td>
<td></td>
</tr>
</tbody>
</table>

GAD

DSM-5 Basics

- Diagnostic and Statistical Manual of Mental Disorders
  - American Psychiatric Association
  - Released in 2013 – approved for immediate use
  - One document
  - Designed for clinical diagnostic guidance
  - Includes ICD-9-CM and ICD-10-CM codes; harmonized with expected ICD-11 changes
  - 947 pages of narrative information, supplemental data, and specific criteria
DSM-5 meets ICD-10

- DSM-5 already includes ICD-10 CM codes
  - Prior to 10/1/2015 – ICD-9-CM codes (black)
  - 10/1/2015 and beyond – ICD-10-CM codes (grey)

- Check “coding notes” and “recording procedures”
- Names may not match (always code + narrative)
- Some coding errors in initial runs (see link)
- In some cases, more ICD-10 codes than included in DSM-5
Nutshell

- ICD-10 is a coding manual
- DSM-5 is a diagnostic manual aligned with the ICD-10
- HIPAA entities must do ICD coding; government does not specify which diagnostic manual to use to arrive at ICD coding
- Payers may specify what, when, how to arrive at diagnostic decisions – and which codes they will cover / not cover

Multiaxial & Dimensional Shifts
Philosophical Changes

- From **phenomenological interpretations** (symptoms & behaviors; medical model) **toward** **pathophysiologica origins** (functional changes associated with disease or injury; biological model)
- From **categorical groupings** **toward** **dimensional conceptualizations**

Diagnostic Shift

- **Categorical**
  - Discrete clinical criteria for disorder; assumes little variation
  - Low agreement
  - High comorbidity
  - Resulting NOS purgatory

- **Dimensional**
  - Potential to capture complexity through frequency, duration, and severity of experience
  - Increase agreement
  - Reduce comorbidity
  - Practice reality – consistency, confidence, training
**Practical Implications**

- e.g., Substance Use Disorder, Autism Spectrum Disorder, Persistent Depressive Disorder
- Diagnosis and coding
  - Broader range of experiences → specifiers more important
  - New severity specifiers throughout
  - New other specifiers throughout
  - From Not Otherwise Specified (NOS) to Other- and Unspecified
  - Specifiers may or may not have corresponding ICD-10 codes not listed in DSM-5
- Assessment measures movement

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<table>
<thead>
<tr>
<th><strong>DSM-IV Multiaxial System</strong></th>
<th><strong>DSM-5 Nonaxial System</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Axis I: Clinical d/o &amp; other conditions that are focus of treatment</td>
<td>Combined attention to clinical disorders, including personality disorders and intellectual disability; other conditions that are the focus of treatment; and medical conditions</td>
</tr>
<tr>
<td>Axis II: Personality disorders and mental retardation</td>
<td></td>
</tr>
<tr>
<td>Axis III: General medical conditions</td>
<td></td>
</tr>
<tr>
<td>Axis IV: Psychosocial and environmental stressors</td>
<td></td>
</tr>
<tr>
<td>Axis V: Global assessment of functioning</td>
<td>Disability listed using V or Z Codes. World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) included as option</td>
</tr>
</tbody>
</table>

No more multiaxial diagnosis
Nonaxial Implications

- List all relevant diagnoses in order of *your treatment* focus
- Include specifiers in the order in which they are presented in *DSM-5*
- Include medical conditions only if confirmed and relevant to conceptualization (e.g., multidisciplinary team)
- Increase use of “Other Conditions” (V/Z-codes) to give context
- Be sure to capture impairment/disability in your records
  - Funder questions -- GAF? WHODAS 2.0? Other?

Possible Recording Format

```
DSM-5 Diagnosis: Mental Disorders & Other Conditions That May Be a Focus of Clinical Attention

Supplemental: Medical Conditions and Diagnoses Relevant to Conceptualization

Supplemental: Psychosocial & Environmental Supports and Stressors Relevant to Conceptualization

Supplemental: Strengths, Distress, or Disability in Social, Occupational, or other Important Activities
```
Sample Diagnosis

Situation
Client meets criteria for depression, uses alcohol excessively, is homeless, and is unable to control diabetes as a result of the disturbance

DSM-5 Diagnosis
F10.20 alcohol use disorder, severe
F32.2 major depressive disorder, single episode, severe
E11 Type 2 diabetes mellitus
Z59.0 Homelessness

ICD-10-CM Codes
F10.20 alcohol dependence, uncomplicated
F32.2 major depressive disorder, single episode, severe without psychotic features
E11.???
Z59.0 Homelessness

Sample Diagnosis

Client has more than 2 years of depressed mood, including major depressive episodes, a degree of anxiety, and intermittent panic attacks

<table>
<thead>
<tr>
<th>DSM-IV-TR Axis I</th>
<th>DSM-5 Dx</th>
<th>ICD-10-CM Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>296.35 major depressive disorder, recurrent, in partial remission</td>
<td>F34.1 Persistent depressive disorder; with anxious distress; with panic attacks; late onset; with intermittent major depressive episodes; without current episode; moderate</td>
<td>F34.1 Dysthymic disorder</td>
</tr>
<tr>
<td>300.00 anxiety disorder NOS</td>
<td>Or</td>
<td>F33.xx ???</td>
</tr>
</tbody>
</table>
Key Diagnostic Changes

New Disorders

- Autism Spectrum Disorder (replaces 4 neurodevelopmental)
- Social Pragmatic Communication Disorder
- Disruptive Mood Dysregulation Disorder
- Premenstrual Dysphoric Disorder
- Agoraphobia
- Hoarding Disorder
- Excoriation (skin-picking disorder)
- Disinhibited Social Engagement Disorder
- Somatic Symptom & Illness Anxiety Disorder (replaces multiple)
- Binge Eating Disorder
- Substance Use Disorder (replaces Abuse + Dependence)
Significant Revisions

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia Spectrum Disorder</td>
<td>No more subtypes (but ICD-10 codes still have them)</td>
</tr>
<tr>
<td>Schizoaffective Disorder</td>
<td>Time balance</td>
</tr>
<tr>
<td>Persistent Depressive Disorder (Dysthymia)</td>
<td>2+ years of any depressive disturbance (including major depressive episodes / chronic MDD)</td>
</tr>
<tr>
<td>Acute Stress &amp; Post-Traumatic Stress Disorders</td>
<td>New definition of traumatic event, new categorization of symptom clusters, new role of dissociation</td>
</tr>
<tr>
<td>Oppositional Defiant &amp; Conduct Disorders</td>
<td>Concurrent diagnosis now allowed, new CD specifiers</td>
</tr>
<tr>
<td>Major &amp; Mild Neurocognitive Disorders</td>
<td>Reconceptualization of amnesia and dementia; includes controversial pre-disease state</td>
</tr>
</tbody>
</table>

Key Resources for CE

- ACA 7-part webinar series *Using the DSM-5: Countdown to October 1, 2015*
  - [https://www.counseling.org/continuing-education/webinars](https://www.counseling.org/continuing-education/webinars)


- APA Website and Fact Sheets
  - [http://www.psychiatry.org/psychiatrists/practice/dsm/dsm-5](http://www.psychiatry.org/psychiatrists/practice/dsm/dsm-5)
# ICD-10 Essentials

**Commonly Used Codes**

<table>
<thead>
<tr>
<th>CPT</th>
<th>DSM-5</th>
<th>ICD-10-CM</th>
</tr>
</thead>
</table>
| • Updated 2013  
  • **No Changes**  
  • Code session types and duration  
  • There are no changes | • Released 2013  
  • **Start 10/1/15**  
  • Assessing  
  • Diagnosing  
  • Start with DSM then shift to ICD | • First used Australia 1998  
  • **Start 10/1/15**  
  • Required for claims and billing in USA |
Why use *ICD-10-CM*?

- It's the Federally mandated "code set" per HIPAA
- *DSM-5* is not approved for healthcare transactions in US
- Check your state law and board regulations!
  - Some boards now require counselors to “*diagnose based on DSM and ICD criteria*” as a requirement for licensure, verification and / or application via endorsement
- “Out of Network” providers must also use it (yes!)

Billing and Coding Issues

- Improper coding may cause problems:
  - Loss of revenue: rejections, denials
  - Potential for Fraud, Waste, or Abuse
  - More time corresponding and waiting on the telephone
- Get it right the first time
- Research *before* you submit the claim
Minimize Risk / Compliance

- **Document** the all signs and symptoms and use accurate *ICD-10-CM code*
- **Assumptive Coding** - coding a diagnosis without evidence / documentation is fraud
- **Up Coding, Over Charging, Duplicate Billing** - are red flags!
- **Minimize risks** - include collateral data (referrals, notes from physicians, surveys, symptom questionnaires, etc.) in the chart

Maintain Revenue

- Many third-party payers may not reimburse improperly coded claims
  - **Don't use** *ICD-9 Codes after 9/30/15*
  - **Don't mix** *ICD-9 and ICD-10-CM codes on the same claim* – they will be rejected
- **Call each insurance plan** and ask which codes each meet “medical necessity” criteria (for reimbursement)
- **Set aside money** in case you experience delays in payment, denials or rejections
Maintain Revenue

- **If you work with a biller, EHR or other vendor**
  - Don't simply rely on automated “cross walks” or lists supplied by a vendor
  - It’s your signature on the chart and claim!
  - You are responsible for using correct code(s)
  - **Call third-party payers now** to review their policies and procedures
  - **Verify** that your vendor has tested their claim processing system

Maintain Revenue

- **Complete a “Prospective Audit”** for your practice
  - Review all your cases now
  - Update the diagnosis for each case using *DSM-5*
  - Then, select most accurate *ICD-10-CM* code(s)
- **Review all claims now**, before submitting to payer(s)
  - Ensure coding accuracy and good documentation
  - Adhere to health plan medical payment policies
How to Code

What’s the fuss?

- Some third-party payers may not reimburse the “unspecified” codes listed in the DSM-5.
- Over-use of some "unspecified" codes may lead to denials, audits or rejections.
- Document with greater diagnostic specify.
- Use ICD-10-CM codes and then include more "diagnostic narrative" in a progress note.
Many of the ICD-10-CM codes listed in the DSM-5 (these are the codes “in parentheses”) are often for the “unspecified” diagnosis. ICD-10-CM captures diagnostic specifics, so using an “unspecified” diagnosis can become problematic. Let’s take a closer look…

EXAMPLE

ICD-9 Code is BOLD ICD-10-CM is “in parentheses”

Use until Wed., 9/30/15

Begin using Thurs., 10/1/15
Code Carefully

- Many ICD-10-CM codes listed in the DSM-5 are only for "unspecified" diagnoses

EXAMPLE

Ways to Check the Code

- Start with the DSM-5 (assessment & diagnosis)
- Then, search for the specific ICD-10-CM code(s) using the CMS Website
- Google: “CMS ICD 10 Lookup” for the url

Ways to Check the Code

- Search "PTSD" on the CMS Website gives this result
- Notice there are THREE potentially reimbursable codes here

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>F43.10</td>
<td>Post-traumatic stress disorder, <strong>unspecified</strong></td>
</tr>
<tr>
<td>F43.11</td>
<td>Post-traumatic stress disorder, <strong>acute</strong> (Symptoms 1-3 months)</td>
</tr>
<tr>
<td>F43.12</td>
<td>Post-traumatic stress disorder, <strong>chronic</strong> (Symptoms 3+ months)</td>
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DSM-5 Only Lists ONE Code
For PTSD, Yet There are THREE ICD-10-CM Codes

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</tr>
</tbody>
</table>
Paper Claims

Check the Code

- CMS Website may be the "best bet" to confirm ICD-10-CM codes
- Many websites and APPs are incomplete
- Google: “CMS ICD 10 Lookup” for the url
Filing Paper Claims

- **Paper Claims**: Look for the specific *ICD-10-CM* code that matches the presenting concern(s) by checking the CMS Website.
- Enter *ICD-10-CM* codes here and type “0” (zero) here.

Filing Paper Claims

- **National Uniform Claim Commission guidance**
  - Do **NOT** include the decimal when writing the code.
  - **F43.12** should be written as **F4312** on the CMS-1500.
  - Do **NOT** write out the name of the diagnosis on the claim.
- Twelve diagnoses can be included on one claim.
Ways to Check the Code

- Check your EHR - make sure you can select the proper ICD-10-CM code from the pre-programmed list
- Call your EHR Vendor and confirm they have tested their software
  - Ask how the codes will be listed in the EHR
  - Participate in trainings offered by the EHR
  - They have had more than one year to prepare, so EHR vendors should be "ready"
- Verify the EHR includes ALL the specific ICD-10-CM codes
Using an EHR

- Test-code a few cases using your EHR during September 2015 (but don't file claims until 10/1/15)
- Print out sample claims
- Review the codes and make sure the *ICD-10-CM* codes are accurate with the client chart
- Don't assume a vendor has accurate coding

Example of EHR *ICD-10 List*

![ICD-10 List](image)

Double check the codes for accuracy!
Mr. M seeks counseling services because “I saw a terrible accident.” Mr. M stated he witnessed the death of his younger brother fourteen weeks ago. He stated he cannot sleep because he experiences flashbacks (moderate).

No impulsive, inattentive, hyperactive or other symptoms of ADHD are described, and no other disruptive behaviors are reported. He denies symptoms of depression …
Continued

Anxiety symptoms are present. He reports that anxiety attacks of a moderate severity occur daily. He states that feelings of restlessness have increased in frequency or intensity. He complains of difficulty concentrating. He reports feelings of increased muscular tension …

… excessive worrying has increased in frequency and intensity … (he) reports symptoms suggestive of PTSD, chronic (duration of fourteen weeks).
Narrative in Progress Note

- Consider using a symptom rating scale, such as PHQ-9 or scales from the APA website
- Example: “Severity of Posttraumatic Stress Symptoms, Adult (National Stressful Events Survey PTSD Short Scale [NSESS])”
- Document client signs and symptoms in chart
- Add an assessment, scale or questionnaire to the chart
- Good documentation is ethical and protects from refund demand(s), etc. in the event of an audit

NSESS for PTSD

- The DSM-5 “Disorder Specific Severity Measures” is an example
Always Code New Symptoms

- New issues reported
  - PTSD duration >3 months
  - Mr. M reports suicidal ideations
  - Poor work attendance results in risk of job loss

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>Additional Clinical Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>F43.12</td>
<td>Post-traumatic stress disorder, chronic (Symptoms 3+ months)</td>
</tr>
<tr>
<td>R45.851</td>
<td>Suicidal Ideations</td>
</tr>
<tr>
<td>Z56.2</td>
<td>Threat of job loss</td>
</tr>
</tbody>
</table>

Conclusion

- Understanding how to use these resources will help keep your practice running smoothly!
Questions and Answers!

- Remember, join the bonus call next week to discuss billing, coding and practice management issues!
- Information will be emailed to registrants

Thanks to our Presenters!

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Upcoming Webinars

Trauma Counseling Series
October – November, 2015

Traumatic Brain Injury and Concussions
January – February, 2015

Submit Questions for Bonus Call!

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