Getting Up to Speed with DSM-5 and ICD-10-CM

Michael B. First, MD
Professor of Clinical Psychiatry
Columbia University
Research Psychiatrist
New York State Psychiatric Institute
New York, New York

Diagnostic Coding and DSM-5

- Contrary to popular belief, there is no such thing as a "DSM code".
- All diagnostic codes in the DSM are taken from the ICD-10-CM, the only official coding system permitted under HIPAA; required by Medicaid, Medicare, and most insurance companies in order to receive payment.
- This is the same coding system used by non-mental health care professionals.
- ICD-10-CM went into effect on October 1, 2015.

International Classification of Diseases (ICD)

- Published by the World Health Organization.
- Used to monitor the incidence and prevalence of diseases and other health problems.
- Provides basis for the compilation of national mortality and morbidity statistics by WHO Member States.
- WHO Member States are obligated by treaty to report health statistics using ICD classification.

International Classification of Diseases (continued)

- Started as International List of Causes of Death produced by International Statistical Institute in 1891.
- Parallel classification of diseases first adopted in 1900.
  - First edition to include section on mental disorders.

ICD-10

- Used in the United States to classify mortality data from death certificates since 1999.
- Code set allows for 14,000 codes.
- Chapter on Mental and Behavioral Disorders is the only chapter to have definitions; other chapters lists only names of conditions and "inclusion terms" (eg, "Graves' disease" is inclusion term under E05.0 Thyrotoxicosis with diffuse goiter).

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Blocks</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>A00-B99</td>
<td>Infectious and parasitic diseases</td>
</tr>
<tr>
<td>II</td>
<td>C00-D48</td>
<td>Neoplasms</td>
</tr>
<tr>
<td>III</td>
<td>D50-D89</td>
<td>Diseases of blood and blood-forming organs and disorders involving immune mechanism</td>
</tr>
<tr>
<td>IV</td>
<td>E00-E90</td>
<td>Endocrine, nutritional, and metabolic diseases</td>
</tr>
<tr>
<td>V</td>
<td>F00-F99</td>
<td>Mental and behavioral disorders</td>
</tr>
<tr>
<td>VI</td>
<td>G00-G99</td>
<td>Diseases of the nervous system</td>
</tr>
<tr>
<td>VII</td>
<td>H00-H59</td>
<td>Diseases of the eye and adnexa</td>
</tr>
<tr>
<td>VIII</td>
<td>H60-H95</td>
<td>Diseases of the ear and mastoid process</td>
</tr>
<tr>
<td>IX</td>
<td>I00-I99</td>
<td>Diseases of the circulatory system</td>
</tr>
<tr>
<td>X</td>
<td>J00-J99</td>
<td>Diseases of the respiratory system</td>
</tr>
<tr>
<td>XI</td>
<td>K00-K93</td>
<td>Diseases of the digestive system</td>
</tr>
<tr>
<td>XII</td>
<td>L00-L99</td>
<td>Diseases of the skin and subcutaneous tissue</td>
</tr>
<tr>
<td>XIII</td>
<td>M00-M99</td>
<td>Diseases of the musculoskeletal system and connective tissue</td>
</tr>
</tbody>
</table>
ICD-10-CM (Clinical Modification)

- Clinical adaptation to provide additional specificity for clinical use in the United States—maintained by the National Center for Health Statistics
  - 68,000 codes in ICD-10-CM vs 14,000 codes in ICD-10
- Other countries (eg, Australia, Germany, Thailand, etc) have developed modifications allowed by WHO if compatible at the 3-character level

ICD-10-CM (Clinical Modification) (continued)

- Modifications involve specifiers and inclusion of more specific disorders reflected in the coding at the 5th digit level
- Allows for increased precision in the collection of statistics and claims reimbursement
- Specificity often reflects increased cost of providing services for more complex cases
  - eg, E08.11 Diabetes mellitus with ketoacidosis with coma vs E08.10 Diabetes mellitus with ketoacidosis without coma

Medical Example

ICD-10
- E05.0 Thyrotoxicosis with diffuse goiter
  - E05.00 Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
  - E05.01 Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm

ICD-10-CM
- E05.0 Thyrotoxicosis with diffuse goiter
  - E05.00 Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
  - E05.01 Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
  - E05.1 Thyrotoxicosis with toxic single thyroid nodule
  - E05.10 Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
  - E05.11 Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm

Psychiatric Example

ICD-10
- F40.0 Agoraphobia
  - F40.00 Agoraphobia, unspecified
  - F40.01 Agoraphobia with panic disorder
- F40.1 Social Phobias
  - F40.10 Social phobia, unspecified
  - F40.11 Social phobia, generalized

ICD-10-CM
- F40.0 Agoraphobia
  - F40.00 Agoraphobia, unspecified
  - F40.01 Agoraphobia with panic disorder
- F40.1 Social Phobias
  - F40.10 Social phobia, unspecified
  - F40.11 Social phobia, generalized

ICD-10-CM “Tabular List”

- List of all conditions from A00 (Cholera) to Z99 (Dependence on enabling machines and devices, not elsewhere classified)
- Includes notes: which “further define, or give examples of, the content of the category”
  - eg, for F34.1 Dysthymic Disorder: “Depressive neurosis,” “Depressive personality disorder,” “Dysthymia,” “Neurotic depression,” “Persistent anxiety depression”
- Excludes notes: not coded or included here
  - eg, schizoaffective disorder excludes schizophrenia
ICD-10-CM “Index”

- An alphabetical list of terms and their corresponding ICD-10-CM codes
  - Index of Diseases and Injury
  - Index of External Causes of Injury
  - Table of Neoplasms
  - Table of Drugs and Chemicals
- Given diagnoses written in medical chart, coders must find ICD-10-CM code by looking up term in alphabetical index and then checking the tabular list to insure code is sufficiently specific

ICD-10-CM “Tabular” Example

ICD-10-CM “Index” Example

ICD-10-CM and DSM-5

- All DSM-5 disorders are assigned valid ICD-10-CM codes so that clinicians using DSM-5 automatically meet requirements to use ICD-10-CM codes in their practices
- For each DSM disorder, the ICD-10-CM code is selected by APA that best corresponds to the disorder listed in ICD-10-CM
- For most DSM-5 disorders, ICD-10-CM correspondence is straightforward since disorders in the ICD-10-CM mental disorder section closely mirrors those in DSM-IV (with the only exception being Substance Use Disorders) given that ICD-10-CM was developed in 1996 (during DSM-IV)

APA = American Psychiatric Association.

ICD-10-CM and DSM-5 (continued)

- Most codes come from Chapter 5
- Some codes taken from other chapters:
  - Many Sleep Disorders like narcolepsy and sleep apnea have codes from neurological and respiratory disorders chapters
  - Medication-induced movement disorders have neurological codes
  - Abuse and neglect have T codes
  - Other Conditions That May Be Focus of Attention have Z codes (Factors Influencing Health Status)

ICD-10-CM and DSM-5 (continued)

All instances in which ICD-10-CM coding deviates from DSM-5 reflect differences between DSM-IV and DSM-5
- eg, DSM-IV and ICD-10-CM have separate categories for F45.0 Somatization Disorder and F45.1 Undifferentiated Somatoform Disorder, which are subsumed in DSM-5 under Somatic Symptom Disorder
- Consequently, F45.1 was selected as the ICD-10-CM code for DSM-5 Somatic Symptom Disorder which is not in ICD-10-CM
### Summary of DSM / ICD / ICD-CM Timeline

![Timeline Diagram](image)

**WHO**

**NCHS**

**APA**

- 1975
- 1979
- 1990
- 1993
- 1994
- 2000
- 5/2013
- 10/2015
- 2018

NCHS = National Center for Health Statistics.

### ICD-10-CM Coding Using ICD-10-CM

- **Example:** Schizoaffective Disorder on chart
- **Option #1:** Look up “Disorder” in alphabetical index
  - Disorder
    - - schizoaffective F25.9
    - - bipolar type F25.0
    - - depressive type F25.1
    - - manic type F25.0
    - - mixed type F25.0

### ICD-10-CM Coding Using ICD-10-CM (continued)

- **Option #2:** Look up Psychosis
  - Psychosis
    - - schizoaffective F25.9
    - - depressive type F25.1
    - - manic type F25.0

- **Option #3:** Look up Schizoaffective
  - Schizoaffective psychosis F25.9

- **Option #4:** Look up Schizophrenia
  - - schizoaffective (type) —see Psychosis, schizoaffective

### DSM-5 Method

- **Option #1:** Look in DSM-5 Classification (page xv)
  - ___.__ (___.__) Schizoaffective Disorder,
    Specify whether:
    - 295.70 (F25.0) Bipolar type
    - 295.70 (F25.1) Depressive type
**DSM-5 Method (continued)**

- **Option #2:** Look in diagnostic criteria
  - Specify whether:
    - 295.70 (F25.0) Bipolar type: This subtype applies if a manic episode is part of the presentation (Major depressive episodes may also occur)
    - 295.70 (F25.1) Depressive type: This subtype applies if only major depressive episode are part of the presentation

---

**Limitations of DSM-5 Coding Assignments**

- Errors in DSM-5 hard copy version
- Insufficient specificity to meet some insurers’ requirements for reimbursement
- Clinical Conditions Encountered by Clinicians Not Listed in DSM-5
- DSM-5 Conditions Not Specifically Listed in ICD-10-CM

---

**DSM-5 Update**

- **Most recent update:** August 2015
- Offers an opportunity to register for e-mail alerts for future updates
- Codes will be automatically updated in the online version of DSM-5 ([http://dsm.psychiatryonline.org/](http://dsm.psychiatryonline.org/))

---

**ICD-10-CM Coding Errors**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Corrected</th>
<th>Original</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language Disorder</td>
<td>F80.2</td>
<td>F80.9</td>
</tr>
<tr>
<td>Bipolar I Disorder, Current or most recent episode hypomanic, in partial remission (used code for manic)</td>
<td>F31.71</td>
<td>F31.73</td>
</tr>
<tr>
<td>Bipolar I Disorder, Current or most recent episode hypomanic, in full remission (used code for manic)</td>
<td>F31.72</td>
<td>F31.74</td>
</tr>
<tr>
<td>Kleptomania (used code for trichotillomania)</td>
<td>F63.2</td>
<td>F63.3</td>
</tr>
<tr>
<td>Trichotillomania (used code for kleptomania)</td>
<td>F63.3</td>
<td>F63.2</td>
</tr>
<tr>
<td>Insomnia Disorder (used neurological code)</td>
<td>F51.01</td>
<td>G47.00</td>
</tr>
<tr>
<td>Hypersomniae Disorder (used neurological code)</td>
<td>F51.11</td>
<td>G47.10</td>
</tr>
<tr>
<td>Major Neurocognitive Disorder Possibly Due to Vascular Disease</td>
<td>F01.51 or F01.50</td>
<td>G31.9</td>
</tr>
<tr>
<td>Major Neurocognitive Disorder Due to Possible…</td>
<td>F02.81 or F02.80</td>
<td>G31.9</td>
</tr>
</tbody>
</table>

---

**Specificity Problems**

- Insurers require that ICD-10-CM codes be at the maximal level of specificity—enforce this by only accepting a subset of legal ICD-10-CM codes
- In situations where DSM-IV specifiers have been eliminated from DSM-5, resulting code may be considered insufficiently specific to be acceptable

---

**Example: Schizophrenia**

- **ICD-10-CM**
  - F20 Schizophrenia
  - F20.0 Paranoid Schizophrenia
  - F20.1 Disorganized Schizophrenia
  - F20.2 Catatonic Schizophrenia
  - F20.3 Undifferentiated Schizophrenia
  - F20.5 Residual Schizophrenia
  - F20.9 Schizophrenia, Unspecified
- **DSM-5**
  - F20.9 Schizophrenia
### Example: PTSD

- **ICD-10-CM**
  - F43.1 PTSD includes: traumatic neurosis
  - F43.10 PTSD, unspecified
  - F43.11 PTSD, acute
  - F43.12 PTSD, chronic
- **DSM-5**
  - F43.10 PTSD

### Insurers Rejecting Payment

- Some insurers are rejecting payment for claims made with F20.9 Schizophrenia and F43.10 PTSD
- **Solution:**
  - Continue to use ICD-10-CM codes corresponding to DSM-IV specifiers (e.g., schizophrenia subtypes, acute/chronic PTSD)
  - APA is working to explain to insurers what happened and has been successful in getting these restrictions lifted but must be done on an insurer by insurer basis

### Scenarios Not Covered in DSM-5 Can Be Coded in ICD-10-CM

- **Scenario #1:** First appointment with patient who c/o depressed mood, racing thoughts, agitation, irritability
  - Unscheduled diagnosis most appropriate pending additional information from collateral source
  - **DSM-5 options:** F31.9 Unspecified Bipolar and Related Disorder or F32.9 Unspecified Depressive Disorder or F99 Unspecified Mental Disorder

### Scenarios Not Covered in DSM-5 Can Be Coded in ICD-10-CM (continued)

- Mood Disorder NOS, the most appropriate choice, which was in DSM-IV is no longer in DSM-5
- F39 Unspecified Mood Disorder is available in ICD-10-CM and can be used for such a case
- **Scenario #2:** Compulsive Sexual Behavior/Sexual Addiction
  - Not included in DSM-5; although behavioral addictions added to DSM-5 (see Gambling Disorder), no other or unspecified categories available

### Scenarios Not Covered in DSM-5 Can Be Coded in ICD-10-CM (continued)

- **DSM-5 options:** F91.8 Other Disruptive, Impulse-Control, and Conduct Disorder vs F98 Other Mental Disorder
- **ICD-10-CM option:** F52.8 Other sexual dysfunction not due to a substance or known physiological condition (given that Excessive Sexual Drive, Nymphomania, and Satyriasis are inclusion terms)

### Scenarios Not Covered in DSM-5 Can Be Coded in ICD-10-CM (continued)

- **Scenario #3:** Compulsive Shopping
  - Not included in DSM-5; although behavioral addictions added to DSM-5 (see Gambling Disorder), no other or unspecified categories available
  - **DSM-5 options:** F91.8 Other Disruptive, Impulse-Control, and Conduct Disorder vs F98 Other Mental Disorder
  - **ICD-10-CM option:** F63.9 Impulse disorder, unspecified
Scenarios Not Covered in DSM-5 Can Be Coded in ICD-10-CM (continued)

- **Scenario #4:** Shared Psychotic Disorder, Childhood Disintegrative and other deleted disorders
  - **DSM-5 options:** F28 Other Specified Schizophrenia Spectrum and Other Psychotic Disorder, Delusional symptoms in partner of individual with delusional disorder; F84.0 Autism Spectrum Disorder
  - **ICD-10-CM options:** F24 Shared Psychotic Disorder, F84.3 Other childhood disintegrative disorder

DSM-5 Diagnoses Not in ICD-10-CM

- Currently require codes shared with other disorders
  - F42 Hoarding Disorder, Obsessive-Compulsive Disorder, Other Specified OC and Related Disorder, Unspecified OC and Related Disorder
  - F50.8 Avoidant/Restrictive Food Intake Disorder, Binge Eating Disorder, Pica in Adults, Other Specified Eating or Feeding Disorder

DSM-5 Diagnoses Not in ICD-10-CM (continued)

- **ICD-10-CM** is updated yearly by the US Government, with changes taking effect on October 1
- New codes are usually created by adding an additional digit
- Result is that original shorter code becomes invalid (because of rule that all available digits must be used)
- Changes in Inclusion terms and index entries changes assist in looking up disorders

Example: OCD Codes

<table>
<thead>
<tr>
<th>ICD-10-CM Prior to 10/1/16</th>
<th>ICD-10-CM 10/1/16 and onwards</th>
</tr>
</thead>
<tbody>
<tr>
<td>F42 Obsessive Compulsive Disorder</td>
<td>F42 Obsessive Compulsive Disorders (no longer valid for coding)</td>
</tr>
</tbody>
</table>
  - F42.2 Obsessive Compulsive Disorder
  - F42.3 Hoarding Disorder
  - F42.4 Excoriation Disorder
  - F42.8 Other OCD
  - F42.9 Unspecified OCD

**Coding Changes Effective 10/1/16**

<table>
<thead>
<tr>
<th>Prior to 10/1/16</th>
<th>New Code</th>
<th>Original Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premenstrual Dysphoric Disorder</td>
<td>F32.81</td>
<td>F32.8</td>
</tr>
<tr>
<td>Other Specified Depressive Disorder</td>
<td>F32.89</td>
<td>F32.8*</td>
</tr>
<tr>
<td>Disruptive mood dysregulation disorder</td>
<td>F34.81</td>
<td>F34.8</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>F42.2</td>
<td>F42*</td>
</tr>
<tr>
<td>Hoarding Disorder</td>
<td>F42.3</td>
<td>F42*</td>
</tr>
<tr>
<td>Excoriation Disorder</td>
<td>F42.4</td>
<td>L98.1</td>
</tr>
<tr>
<td>Other Specified Obsessive-Compulsive and Related Disorder</td>
<td>F42.8</td>
<td>F42*</td>
</tr>
<tr>
<td>Unspecified Obsessive-Compulsive and Related Disorder</td>
<td>F42.9</td>
<td>F42*</td>
</tr>
<tr>
<td>Binge eating disorder</td>
<td>F50.81</td>
<td>F50.8*</td>
</tr>
<tr>
<td>Avoidant/restrictive food intake disorder</td>
<td>F50.89</td>
<td>F50.8</td>
</tr>
<tr>
<td>Other specified feeding or eating disorder</td>
<td>F50.89</td>
<td>F50.8</td>
</tr>
<tr>
<td>Pica in adults</td>
<td>F50.89</td>
<td>F50.8</td>
</tr>
<tr>
<td>Gender dysphoria in adolescents and adults</td>
<td>F64.0</td>
<td>F64.1</td>
</tr>
<tr>
<td>Social pragmatic communication disorder</td>
<td>F80.82</td>
<td>F80.89</td>
</tr>
</tbody>
</table>
Diagnostic Coding
Post-Multiaxial System

- Each diagnosis listed (including medical conditions), one after the other, in order of clinical salience
- Problems on Axis IV listed with codes
  - **Exception**: if a medical condition is the “cause” of a psychiatric disorder (e.g., Major Neurocognitive Disorder Due to Alzheimer’s, Depressive Disorder Due to Parkinson’s), the medical condition listed first

Case Example: *DSM-IV vs DSM-5*

- 35-year-old homeless male with 13-year history of Schizophrenia, type 2 diabetes, and recurrent hospitalizations for exacerbation of psychotic symptoms is brought to ED by police because of violent behavior related to hearing voices. He also has a childhood history of Conduct Disorder with a pattern of antisocial behavior which has persisted into adulthood

**DSM-IV Coding Using Multiaxial System**

- Axis I: 295.30 Schizophrenia, Paranoid type
- Axis II: 301.7 Antisocial Personality disorder
- Axis III: 250.00 diabetes, type 2
- Axis IV: homelessness
- Axis V: GAF = 25

**DSM-5 Coding**

- **DSM-5**: F20.9 Schizophrenia, delusions present and severe, hallucinations present and severe, absent disorganized speech, abnormal psychomotor behavior and negative symptoms; E11.9 diabetes, type 2; F60.2 Antisocial Personality Disorder; Z59.0 homelessness

**Need for NOS Categories**

- To cover the many presentations that do not fit into the precise diagnostic boundaries of the specific DSM-5 disorders
- To cover situations in which the clinician does not have sufficient information to make a specific *DSM-5* diagnosis (e.g., ED settings)
- To cover situations in which the clinician is uncertain whether a psychiatric presentation is primary, substance-induced, or due to another medical condition

**Problem with NOS Categories**

- Primary goal of *DSM* is to facilitate communication
- NOS categories communicate that the presentation is predominated by a particular symptom (e.g., Psychotic Disorder NOS, Depressive Disorder NOS) but provides no other diagnostic information
- May hinder clinical utility of the diagnosis: often a presentation that falls short of meeting criteria may respond to the same treatments as the full criteria disorder

GAF = Global Assessment of Functioning.

ED = emergency department.
### NOS Split into 2 Categories in DSM-5

- **Disorder**
- Not Otherwise Specified
- **Disorder**
- Unspecified Disorder

### Other Specified _____ Disorder

- For presentations in which the clinician has fully characterized the presentation but does not meet full criteria for existing disorders or for syndromes not included in the DSM-5
- Clinician writes in the reason why criteria are not met, e.g., “Other Specified Bipolar Disorder, Short-duration hypomanic episodes (2-3 days) and major depressive episodes,” “Other Specified Feeding or Eating Disorder, Night Eating Syndrome”

### Other Specified _____ Disorder (continued)

- Many Other Specified categories provide a numbered list
  - “Examples of presentations that can be specified using the ‘other specified’ designation include the following:”
- Clinician can also write in the reason if not included among examples

### DSM-5 “Metastructure” (continued)

**DSM-5**
- Bipolar and Related Disorders
  - Includes Bipolar I, Bipolar II, Cyclothymic, Substance-Induced Bipolar, Bipolar Due to AMC
- Depressive Disorders
  - Includes MDD, Chronic Persistent Depressive Disorder, DMDD (Disruptive Mood Dysregulation Disorder), PMDD (Premenstrual Dysphoric Disorder), Substance-Induced, Due to AMC

**DSM-IV**
- Anxiety Disorders
  - Includes Separation Anxiety, Selective Mutism, Social Anxiety, Specific Phobia, Panic, Agoraphobia, GAD, Substance-Induced Anxiety, Anxiety Due to AMC
  - Obsessive-Compulsive and Related disorders
    - Includes OCD, BDD, Hoarding, Trichotillomania, Excitation Disorder, Substance-Induced, Due to AMC
  - Trauma- and Stress-Related Disorders
    - Includes PTSD, Acute Stress, Reactive Attachment, Disinhibited Social Engagement Disorder, Adjustment Disorders

**DSM-IV**
- Childhood Disorders
  - Mental Retardation, Learning Disorders, Communication, PDD, Tic Disorders, part of Disruptive Behavior
- Schizophrenia and Other Psychotic Disorders
  - Schizotypal in PD

**DSM-IV**
- BDD = body dysmorphic disorder; GAD = generalized anxiety disorder.
DSM-5 “Metastructure” (continued)

**DSM-5**
- Dissociative Disorders
  - Includes Depersonalization/derealization, Dissociative amnesia, DID
- Somatoform Disorders
  - Includes Somatic Symptom Disorder, Illness Anxiety, Conversion Disorder, Factitious Disorder, PFAMC
- Feeding and Eating Disorders
  - Includes Anorexia, Bulimia, Binge Eating Disorder, Avoidant/Restrictive Food Intake, Pica, Rumination Disorder
- Elimination Disorders
  - Includes Enuresis, Encopresis

**DSM-4**
- Dissociative Disorders
- Somatoform Disorders
- Factitious Disorders
- Feeding Disorders
- Eating Disorders
- Elimination Disorders
  - Formally in Childhood

**ICD-11**
- Currently in preparation by WHO—expected to be released in 2018
- Coding system with a mix of letters and numbers for more flexibility
- All conditions, not just mental disorders, will have glossary definitions
- Will not be adopted in the United States until development of ICD-11-CM is completed; earliest possible implementation: 2025