ICD-10-CM CODES: "SO WHAT IS THIS ALL ABOUT? AREN'T WE USING THE DSM-5 CODES?" & "ICD-11?"

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LEARNING OBJECTIVES

1. Understand the relationship of the DSM-5 with the ICD-10-CM Codes

2. Who is behind the ICD-10-CM Codes

3. Why the ICD-10-CM Codes are so important to folks who work in the Mental Health field

4. What are the Plans for the ICD-11 Codes

TIMELINE OF DSM-5

- 1999-2001   Development of Research Agenda
- 2002-2007   APA/WHO/NIMH DSM-5/ICD-11 Research Planning conferences
- 2006   Appointment of DSM-5 Taskforce
- 2007   Appointment of Workgroups
- 2007-2011   Literature Review and Data Re-analysis
- 2010-2011   1st phase Field Trials ended July 2011
- 2011-2012   2nd phase Field Trials began Fall 2011
- July 2012   Final Draft of DSM-5 for APA review
- May 2013   Publication Date of DSM-5

DSM-5 DIAGNOSTIC CATEGORIES

1. Neurodevelopmental disorders
2. Schizophrenia Spectrum and Other Psychotic Disorders
3. Bipolar and Related Disorders
4. Depressive Disorders
5. Anxiety Disorders
6. Obsessive Compulsive and Related Disorders
7. Trauma- and Stressor-Related Disorders
8. Dissociative Disorders
9. Somatic Symptom and Related Disorders
10. Feeding and Eating Disorder
11. Elimination Disorders
12. Sleep-Wake Disorders
13. Sexual Dysfunctions
14. Gender Dysphoria
15. Disruptive, Impulse-Control, and Conduct Disorders
16. Substance-Related and Addictive Disorders
17. Neurocognitive Disorders
18. Personality Disorders
19. Paraphilic Disorders
20. Other Mental Disorders

ICD CODES RELATIONSHIP TO DSM-5

- The World Health Organization (WHO) is revising International Classification of Diseases and Related Health Problems (ICD-10) so that by 2015, ICD-11 will come out

- DSM-5's Codes are only the ICD-CM codes (CM = Clinically Modified to fit a Nation's cultural makeup)

- October 1, 2015, ICD-10 codes are in effect!

IMPLEMENTATION DATE CHANGE

The ICD-10 is the basis for ICD-10-CM codes which according to the DSM-5 was to be required as of October 1, 2014 in the United States as the codes to be used in all clinical reports and for insurance and third party reimbursement billing. However on April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015.

WHICH CODES DO WE USE?

- Codes used in clinical reports & insurance or 3rd party billing are the ICD codes

- ICD codes are the only HIPAA approved codes in the USA

- The DSM system is simply a diagnostic aid to help us sort out what ICD-CM code that is applicable for our clients

ORGANIZATION OF IDC-10-CM CODES

- F01-F09 Mental disorders due to known physiological conditions
- F10-F19 Mental and behavioral disorders due to psychoactive substance use
- F20-F29 Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
- F30-F39 Mood (affective) disorders
- F40-F48 Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
- F50-F59 Behavioral syndromes associated with physiological disturbances and physical factors
- F60-F69 Disorders of adult personality and behavior
- F70-F79 Intellectual disabilities
- F80-F89 Pervasive and specific developmental disorders
- F90-F98 Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- F99   Unspecified mental disorder

DESCRIPTIVE MANUAL FOR ICD

- The WHO publishes what is called "the Blue Book" with descriptive explanations of their Mental, Behavioral Disorders. It is free from WHO and is available on their website

- The difference between the APA DSM system and the WHO ICD model is that the WHO model is free which make no one money

- A copy of the *Clinical Descriptions and Diagnostic Guidelines* (CDDG) may be downloaded at http://www.who.int/classifications/icd/en/bluebook.pdf

THE UNITED NATIONS AND THE WORLD HEALTH ORGANIZATION

- UN founded WHO 1945 - foresaw need - specialized agencies/organizations, e.g. health, labor, & trade

- WHO headquarters, Geneva, Switzerland - link global health & global peace defined by placing WHO office in UN headquarters, NYC

- Now, WHO has 7,000 public health experts/employees – 1800 staff in Geneva, remainder in 6 regional offices & 150 individual country/area offices - resource repository & tech support to governments, & information to health professionals

HISTORY OF ICD

- Early medical history, nomenclatures used - alphabetized lists of disease names

- Nomenclatures became classification systems, organized according to topography, and later etiology

Stimulus for development of ICD:

- 1851 Great Exhibition, visiting statisticians interested in comparing quantity/quality of goods. Led to First International Statistical Conference (1853) in Brussels -causes of death a topic considered for comparison across nations. Conference met every 2 years until 1878. Succeeded by ISI, whose biennial meetings continue.

- 1893, ISI adopted 1st edition of international classification system – the ***International List of Causes of Death***

- By 1899, 'Causes of Death' for ISI in English, French, German, & Spanish languages - adopted in U.S., Mexico, Canada, So America, & some cities in Europe

- Thus, U.S. committed to ICD from outset

HISTORY OF ICD

- *ICD (International List of Causes of Death)* contained diseases defined then. No MBD category
- *ICD-1*, first revision 1900 (in use 1900-1909)
- *ICD-2* 1909 (1910-1920), renamed *International Classification of Causes of Sickness and Death*
- *ICD-3* 1920 (1921-1929)
- *ICD-4* 1929 (1930-1938), transfer to categories based on etiology
- *ICD-5* 1938 (1939-1948),practical consideration to comparability between successive ICD versions
- And then a major shift occurred…….

HISTORY OF ICD

- WHO constitution ratified 1948 & entrusted with ICD
- *ICD-6* 1948 (1949-1957) 1st WHO adopted: *International Classification of Diseases, Injuries, and Causes of Death*
  - 800 categories of disease
  - Morbidity 1st time inclusion, added to mortality
  - New main category introduced in ICD-6 – Mental, Psychoneurotic, and Personality Disorders
- *ICD-7* 1955 (1958-1967)
- *ICD-8* 1965 (1968-1978): Expanded cross-indexing hospital clinical records. Influenced by adaptations in Israel, Sweden, U.S.
- *ICD-9* 1975 (1979-1994). *International Classification of Diseases and Related Health Problems*: Included Mental and Behavioral Disorders (MBD's) narrative descriptions-similar to DSM-II language
- *ICD-10* 1990 (1994 -present) Current version
  - 20,000 scientific article citations globally
- *ICD-11* (WHA approval expected 2015)

HOW THE USA DEALS WITH ICD SYSTEM

- As of 2014 the USA is using **ICD-9-CM** system, put into place in 1979 and has not been used by most countries in two decades.

- Originally goal was by October 1, 2014 USA would implement ICD-10-CM (now more than 20 years old), one year before the rest of the world ushers in the ICD-11

- BUT true to form the start date for ICD-10-CM has been pushed back to October 1, 2015

WHY?

- HHS considered waiting for ICD-11, but not feasible to delay further since additional codes were sorely needed

- ICD-9-CM outdated and could not support current needs for health information or fit Heath Information Technological advances

WHY THE YEAR DELAY FOR IMPLEMENT ICD-10-CM?

Due to the Electronic Billing for ICD-10-CM

- Electronic billing systems must comply with HIPAA. Version 5010 for electronic transactions (in effect since 2012) supports ICD-9-CM & ICD-10-CM code structures

- Updated HIPAA standards include claims, eligibility, & authorizations for referral. If a system does not support latest version, claims will be rejected

- Clearinghouses handling billing transactions will not convert ICD-9-CM to ICD-10-CM. Computer software used for creating bills must be compliant before transmitting bills

- Electronic Health Reporting templates may need changes. Professionals who use practice management software for billing & clinical records need to consult their software developers about readiness to make the transition, & costs

- Fact is the Billing and Medical Billing Companies were not ready for October 2014

INFLUENCE OF THE ICD

- ICD began 100+yrs ago as statistical co-operative effort to improve public health

- Despite world wars, financial crises, epidemics, & scientific progress - international alliance advanced system of distinctive influence

- International cooperation & acceptance of the ICD system, in 43 languages – a remarkable feat

- WHO constitutionally responsible for ICD development and updating

- ICD is *the* clinical and research standard for the world, for *both* physical & mental disorders

- USA just one of 194 WHO member countries, by international treaty, to use ICD as uniform coding mechanism to report mortality, morbidity, other health information

- WHO allows CMs to the ICD, to fit national health system needs, remain compliant with the global reporting standard

GLOBAL HEALTH MONITORING REVEALS

- Mental & neurological disorders are a greater disease burden that any other category, except communicable diseases (WHO, 2008)

- Depression is leading cause of years lost to disability globally; disease burden 50% higher (WHO, 2012) for women than for men

- For the Serious Mentally Ill, the treatment gap between those who need treatment & those who receive is from 32 - 78%,

LACK OF FAMILIARITY OF MENTAL HEALTH WORKERS IN USA

- Many U.S. Mental Health professionals are unfamiliar with the ICD, or know only it as the reimbursement tool to assign diagnostic codes for billing purposes, per HIPAA

- In 1979 the ICD-9-CM code set was initially adopted in the U.S., to be solely used for research & reporting health statistics

- 1983 – ICD-9-CM was approved to be used for reporting on health care services for reimbursement

WHY THE LACK OF AWARENESS?

- Clinicians trained on DSM-IV now must replace their work with ICD-10/11/DSM-5

- Few aware DSM codes translated into ICD codes for billing. When in fact the world including the USA uses the ICD system for Mental Health conditions

- Separate system (DSM) exists in USA apart from ICD only for Mental Health conditions, not physical health conditions

- DSM revision controversial. Few know ICD undergoing revision too, despite WHO's transparent process

- Revision significance: with wider use of ICD-10-CM & ICD-11, USA Mental Health clinicians can align with global ICD system

COMPARISON OF ICD & DSM

ICD

- Produced by global health agency of UN
- Free open resource for public health benefit
- For countries/service providers
- Global, multidisciplinary, multilingual development
- Approved by World Health Assembly
- Covers all health conditions

DSM

- Produced by a single national association
- Provides large portion of American Psychiatric Association (ApA) revenue
- For (USA) psychiatrists
- Dominated by U.S. Anglophone perspective
- Approved by ApA Board of Trustees
- Covers only mental disorders

HARMONIZATION OF DSM WITH ICD

- Use of parallel diagnostic system to the ICD in USA for subset of disorders is possible because of harmonization efforts

- Few differences between ICD-9-CM & DSM-IV codes, due to National Center for Health Statistics (NCHS) work with ApA to make ICD CM & DSM consistent

- DSM-5 attempts to closely parallel ICD-10-CM & align DSM-5 in some respects with the revised ICD-11 structure for disorders

- DSM-5 has to bridge the ICD-9-CM, the ICD-10-CM, and the ICD-11, in the 947 page volume

WHO DEFINES DISEASE

- WHO concerned about proliferation of mental/behavioral diagnoses & questionable diagnostic categories

- They support proposition that disease definition "cannot be legitimately managed by a single professional organization representing a single health discipline in a single country with a substantial commercial investment in its products"

- They recognize contributions that government organizations and professional/disease/consumer organizations make to disease definition. But, they assert that WHO, in its constitutionally mandated role, sets disease definition standards and coordinates multilateral global action

CLINICAL UTILITY ISSUES OF DSM & ICD

- Clinical utility of Mental and Behavioral Disorder classification in ICD-10, DSM-IV, & DSM-5 have been criticized extensively

- Many Mental Behavioral Disorders (MBDs) coded as "unspecified" or "not otherwise specified" – suggests difficulty in use, inaccurate descriptors, or lack of practicality for fine grade distinctions

- Many people meet criteria for 2 or more disorders – suggests the systems don't capture efficiently nature of clinical presentations of disorders

- Many treatments are effective across several disorders – suggests some diagnostic distinctions not clinically relevant

- Many diagnostic categories are not good predictors of treatment, especially for severely mentally ill - suggests current systems not supporting wise use of limited treatment resources in many settings

QUESTIONS FOR FUTURE RESOLUTION

- Is there developmental discontinuity between childhood & adult disorders; how to tailor criteria for different ages (such as child/adult depression or child conduct disorders/adult personality disorders)?

- Are disorders and criteria sufficiently culturally universal and comprehensive to fit diverse clinical presentations & contexts?

- Is a categorical or dimensional or combination approach more valid, reliable, and feasible clinically?

- How can excessive diagnosis of co-morbidity be solved?

- How does one decide to include or exclude diagnoses in a classification system?

- How can classifications systems be improved for greater clinical utility?

DIAGNOSTIC BLOCKS FOR ICD-11

- Neurodevelopmental disorders
- Schizophrenia spectrum and other primary psychotic disorders
- Bipolar and related disorders
- Depressive disorders
- Anxiety and fear-related disorders
- Disorders specifically associated with stress
- Dissociative disorders
- Bodily distress disorders
- Obsessive-compulsive and related disorders
- Feeding and eating disorders
- Elimination disorders
- Harmful use of substances
- Substance dependence
- Substance withdrawal
- Substance-induced mental and behavioral disorders
- Behavioral addictions
- Disruptive behavior and dissocial disorders
- Personality disorders
- Paraphilic disorders (e.g. sadism, pedophilia)
- Factitious disorders
- Neurocognitive disorders
- MBDs associated with disorders/diseases classified elsewhere

ELEMENTS OF THE ICD-11 CLINICAL DESCRIPTIONS AND DIAGNOSTIC GUIDELINES

- Category name of an Mental Behavioral Disorder
- Definition
- Essential features required to assign the category
- Threshold boundary with normality
- Boundary with other disorders (i.e. differential diagnosis)
- Coded qualifiers or subtypes
- Additional features relevant to the diagnosis
- Culture-related features
- Developmental presentations
- Gender-related features

WHO REVISION PRINCIPLES FOR ICD-11

- Advances - incorporate newer scientific knowledge & clinical practices
- Public health - Reduce disease burden of MBDs
- Clinical utility - Facilitate accurate diagnosis & treatment
- Health Information Technology – ensure compatibility with other systems
- Representative development – Involve multidisciplinary, multi-lingual approaches
- Process – Collaborate with stakeholders
- Integrity – Avoid conflict of interest via independence from commercial interests

ATTRACTIVENESS OF ICD-11 CODES

- World Health Alliance adoption in 2015; timely implementation then mandatory

- Benefits USA to adopt more quickly, especially Mental Health clinicians

- New architecture of the ICD-11 MBDs offers greater clinical accuracy, ease of use, and goodness of fit - apparent even before revised system is released

- Experts from National Committee on Vital Health Statistics (NCVHS) are in WHO Family of International Classification Network, enhancing development & information sharing

- WHO expects regular updates, perhaps annually via update mechanisms, without revision upheaval every decade or two

HOLD ON! DELAYS DELAYS

WHO posted this revised timeline for ICD-11 in January 2014

ICD Revision Timelines

May 2011

- Open ICD-11 Alpha Browser to the public for **viewing**

July 2011

- Open ICD-11 Alpha Browser to the public for **commenting**

May 2012

- Open **ICD-11 Beta** to the public
- **ICD-11 Beta Information**
  - WHO will engage with interested stakeholders to participate in the ICD revision process.
  - Individuals will be able to:
    - Make **comments**
    - Make **proposals** to change ICD categories
    - Participate in **field trials**
    - Assist in **translating**

May 2017

- Present the ICD-11 to the World Health Assembly

Source: http://www.who.int/classifications/icd/revision/timeline/en/

SO WHAT'S THIS MEAN?

- The US Centers for Medicare & Medicaid Services (CMS) anticipates that it will take at least 6 years to develop & implement a clinical modification of ICD-11 for U.S. specific use

- An ICD-11-PCS will also need to be developed for procedural codes.

- CMS says that work cannot begin on adapting a CM from ICD-11 until the ICD-11 code sets have been ratified by WHA (current ETA 2017)

- Resulting in the U.S. could be looking at least 2023 for ICD-11-CM rule making.

IN CONCLUSION

- WHO is universally mandated to identify coding for Mental and Behavioral Disorders and its ICD codes are universally accepted all over the world

- Only in the USA is there a single profession which creates a competing but complimentary system of coding which is the DSM system

- There is movement afoot to make the ICD-11 the universal MBD code book possibly putting the future of the DSM in question

- Things move slowly in the coding world so starting October 15, 2015 get used to using the ICD-10-CM codes since they will be around for a longer time than expected