

FREQUENTLY ASKED QUESTIONS ABOUT THE ICD-10 TRANSITION

Now that most of us have made the transition from ICD-9 to ICD-10, which took place October 1, 2015, some questions remain.

What do I need to know about Box 21? Medicare contractors are returning claims for correction or resubmission which fail to indicate in Box 21 of the CMS 1500 whether ICD-9 or ICD-10 codes are used. In the upper right corner of Box 21 look for the words "ICD Ind." (or a drop-down on electronic claims). You will need to use "9" for ICD-9 or "0" for ICD-10 diagnoses.

How do I bill for services provided prior to October 1, 2015? You will need to use ICD-9 codes even if the claim is filed after that date; for services on or after October 1, 2015, ICD-10 codes should be used.

How do I find out what the ICD-10 codes are? The DSM-5 Manual lists both the ICD-9 and the ICD-10 codes for each diagnosis. ICD-9/DSM-5 codes are in black ink and the ICD-10 codes are to the right of them in gray ink. (The old DSM-5 codes with which we are familiar are essentially the same as ICD-9 codes.)

Why do I need the DSM-5 Manual? The DSM-5 is a valuable reference providing the *criteria* needed to select the correct diagnosis. This does not mean that you should use the DSM-5 *codes*. You will find the correct ICD-10 code in the DSM-5 Manual in gray next to the diagnosis you select.

Where can I find a crosswalk comparing ICD-9/DSM-5 and ICD-10? Here are two useful sites:

https://www.aapc.com/icd-10/documents/2015_fastforward_behaviorhealth_press.pdf

<http://www.dr-bob.org/tips/dsm5a.html>

Why do we have to make the transition to ICD-10? ICD-10, the 10th revision of the International Statistical Classification of Diseases and Related Health Problems, is a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases for use by all medical providers. By transitioning to ICD-10 we conform to the international standard. Congress signed into law that after October 1, 2015, the diagnostic codes to be used are the ICD-10. This requirement affects both Medicare and commercial insurance.

Are there changes in DSM-5 that I should be aware of?

There are now some different names of the disorders and there is also a difference in diagnostic criteria for the disorders. You have to be careful that you're not "putting old wine in new bottles" by going by the criteria you've always used and just using the new

titles. You need to match the criteria to the disorder, which may mean that some patients will get a new diagnosis. Also, we have been advised not to use "unspecified", but to use "other specified", if the disorder fits the "family" of diagnoses but none of the ones listed.

How many diagnoses should I use? You could list up to 12 diagnoses in Box 21 but you should only be listing the diagnoses you are treating. Put the supporting information in your treatment plan, assessment and progress notes, not on the CMS1500 (02/12) form. If the diagnosis is one that is "due to a general medical condition" then you list the medical condition first, and after it the mental health diagnosis. You are not required to list anything other than the condition(s) you are treating. If you only have one or two conditions then you only list those conditions in 21a and b.

Should I use the T and Z codes? These codes, listed in the DSM-5, indicate bio-psycho-social stressors. An example would be Z63.0 "Relationship distress with spouse or intimate partner." Laura Groshong of the Clinical Social Work Association recommends including T and Z codes.

Which diagnoses will be reimbursed?

We don't know what diagnoses will or won't be paid by insurers but they probably can't change paying for the "biological" diagnoses. There's no reason think that they'll stop paying for codes that they paid for in the past, except for the "unspecified" categories. "Dysthymia" is now "Persistent Depressive Disorder" but the diagnosis is still valid and will probably still be paid. We'll have to wait and see what the insurance companies actually do.

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