

The Changing Face of Healthcare: The Interface Between CPT & ICD

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Acknowledgments: Organizations

- ❑ North Carolina Psychological Association (NCPA)
- ❑ American Psychological Association (APA) Practice Directorate (PD); Ethics Committee
- ❑ American Medical Association (AMA) CPT Staff
- ❑ National Academy of Neuropsychology (NAN)
- ❑ Division of Clinical Neuropsychology of APA (40)
- ❑ Center for Medicare & Medicaid Services (CMS) Medical Policy Staff- Medicare
- ❑ National Academies of Practice (NAP)

(presented in chronological order of engagement of support for the work outlined)

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- **AMA:** Marie Mindenman, Tracy Gordy, Peter Hollman
- **APA:** **Randy Phelps**, Norman Anderson, Katherine Nordal (APA Testing & Psychotherapy Groups)
- **NAN:** PAIC Former and Present Committee
- **National Psychologist:** Paula Hartman-Stein
- **Other:** **James Georgoulakis, Neil Pliskin, Pat DeLeon**
- (highly instrumental in recent CPT activities)

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Support Provided

- **AMA** = AMA pays travel and lodging for AMA CPT activities 2009-present (no salary, stipend and/or honorarium; stringent conflict of interest and confidentiality guidelines)
- **APA** = Expenses paid for travel (airfare & lodging) associated with past CPT activities (no salary, stipend and/or honorarium historically nor at present)
- **NAN** = (from PAIO budget) Supported UNCW activities (no salary/honorarium obtained from stipend/paid to the university directly; conflict of interest guidelines adhered to) from 2002-2009
- **UNCW** = University salary & time away from university duties (e.g., teaching) plus incidental support such as copying, mailing, telephone calls, and secretarial/limited work-study student assistance
- **Stipends** = 100% goes to the UNCW Department of Psychology to fund training of students in neuropsychology

Summary = AMA CPT includes travel/lodging support but no salary/stipend.
Any monies obtained, such as honoraria for presentations, are diverted to the UNCW Department of Psychology for graduate psychology student training. No funds are used to supplement the salary or income of AEP.

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Personal Background (1988 – present)

- ❑ North Carolina Psychological Association (e)
- ❑ NAN's Professional Affairs & Information Committee (a); Division 40 Practice Committee (a)
- ❑ National Academy of Practice (e)
- ❑ APA's Policy & Planning Board; Div. 40; Committee for Psychological Tests & Assessments (e); Ethics Committee
- ❑ Consultant with the North Carolina Medicaid Office; North Carolina Blue Cross/Blue Shield (a)
- ❑ Health Care Finance Administration's Working Group for Mental Health Policy (a)
- ❑ Center for Medicare/Medicaid Services' Medicare Coverage Advisory Committee (fa)
- ❑ American Medical Association's Current Procedural Terminology Committee Advisory Panel – HCPAC (IV/V) (a)
- ❑ American Medical Association's Current Procedural Terminology – Editorial Panel (e; rotating and permanent seat/second term)
- ❑ Joint Committee for Standards for Educational and Psychological Tests (a)

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Standards & Guidelines for the Practice of Psychology

- APA Ethics Code (2002)
- HIPAA and other federal regulations
- State or Province License Regulations
- Contractual Agreements with Third Parties
- Professional Standards (e.g., Standards for Educational and Psychological Tests, 2014)

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Medicare: Local Review

- Medical Review Policy
 - National Policy Sets Overall Model
 - Local Coverage Determination (LCD) Sets Local/Regional Policy-
 - More restrictive than national policy
 - Over-rides national policy
 - Changes frequently without warning or publicity
 - Applies to Medicare and private payers
 - Information best found on respective web pages

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CPT: Copyright

- CPT is Copyrighted by the American Medical Association
- CPT Manuals May be Ordered from the AMA at 1.800.621.8335
- www.ama-assn.org/go/cpt

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CPT: Background

- American Medical Association
 - Developed by Surgeons (& Physicians) in 1966 for Billing Purposes
 - 8,000+ Discrete Codes
 - CPT Meets a Minimum of 3 Times/Year
- Center for Medicare & Medicaid Services
 - AMA Under License by CMS
 - CMS Now Provides Active Input into CPT
 - It is Regulatory and Would Take Congressional Action to Change

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CPT: Composition

- AMA House of Delegates
 - 122 Medical Specialties
- HCPAC
 - 11 (?) Allied Health Societies (e.g., APA)
- CPT Editorial Panel
 - 17 Voting Members
 - 11 Appointed by AMA Board
 - 1 each from BC/BS, AHA, HIAA, CMS
 - 2 Voted on by HCPAC
 - Psychologist (AEP)
 - Occupational Therapist

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Base Codes

- The core or fundamental code
- Typically billed once per event
- Provides the complete description of procedure
- Must be billed prior to subsequent and related codes are billed

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Add-on Codes

- Further or expands what was started and described in the base codes
- Base code must be billed prior to including add-on codes
- May be billed multiple times

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Shifting Codes

- When a significant disruption of service occurs, a new service is then coded.
- Assumption is that the professional would not return relatively soon to the original service that was started.
- A continuous service is then broadly defined as the total number of units completed during the provision of that service.

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CPT: Applicable Codes

- Total Possible Codes = Approximately 8,000
- Possible Codes for Psychology = Approximately 70
- Sections = Five Primary Separate Sections
 - Psychiatry (e.g., mental health) *undergoing study & possible revision*
 - Biofeedback
 - Central Nervous System Assessment (testing)
 - Physical Medicine & Rehabilitation
 - Health & Behavior Assessment & Management
 - Team Conference
 - Evaluation and Management
 - Applied Behavior Analysis (Category 3)

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Three Types of Codes

- Psychiatric/Mental Health (1970s?)
- Neuropsychological (added in 1990s)
- Health and Behavior (2000s)
- Miscellaneous
 - Preventative
 - Evaluation & Management (E & M)
 - Telehealth
 - Applied Behavior Analysis

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Psychiatric Codes

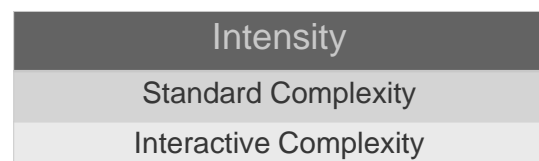
- Neuropsychological
- Health and Behavior

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Psychiatric Diagnostic Interviewing Paradigm



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Psychiatric Interviewing

90791

- *History and Mental Status*
- *Review and Order of Diagnostic Studies as needed*
- *Recommendations (including communication with family or other sources)*

90792

- Examination (CMS psychiatric specialty examination)
- Prescription of Medications when appropriate
- Ordering of Laboratory Tests as needed

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Psychiatric Interviewing

- Includes examination of patient, exchange of information with (or in lieu of the patient other informants such as nurses or family members and preparation of report
- Re-assessments are permitted (on different days)
- Report more than once when separate interviews are conducted with the patient and informant(s)
- Do not report with psychotherapy (and crisis codes)

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Psychotherapy Paradigm

TYPE of PSYCHOTHERAPY	TIME of PSYCHOTHERAPY		
	Brief	Regular	Extended
Standard	30'	45'	60'
Interactive	30'	45'	60'
Crisis	30-74'	add for every additional 30'	undefined

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Psychotherapy Codes

- Codes **90832-90838** describe time-based face-to-face services with the family and/or patient, with times of 30, 45, and 60 minutes.
- The choice of code is based on the one that is closest to the actual time. In the case of the 30 minute codes, the actual time must have at least crossed the midpoint (16 minutes).
- Psychotherapy is never less than 16 minutes.

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Psychotherapy

- 30 minutes = 16-37 mins.
- 45 minutes = 38-52 mins.
- 60 minutes = 53 + mins.
- 90 minutes =
 - Use 60 minute code plus **22** modifier, or
 - Prolonged E & M service

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Psychotherapy: Basic Summary

Code Number	Code Descriptor
90832	Psychotherapy, 30' with patient and/or family member (other)
90833	Psychotherapy, 30' with patient and/or family member (other) with E & M
90834	Psychotherapy, 45' with patient and/or family member (other)
90836	Psychotherapy, 45' with patient and/or family member (other) with E & M
90837	Psychotherapy, 60' with patient and/or family member (other)
90838	Psychotherapy, 60' with patient and/or family member (other) with E & M
99354, 99355, 99356, 993561	Psychotherapy, 90" with patient and/or family member

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Psychotherapy: Interactive Complexity

- To report **90785** at least one of the following factors must be present:
 - The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates the delivery of care.
 - Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan
 - Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient or other visit participants
 - Use of play equipment, other physical devices, interpreter or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional and a patient who;
 - Is not fluent in the same language as the physician or other qualified health care professional, or
 - Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment or receptive skills to understand the physician or other qualified health care professional if he/she were to use typical language for communication

(tip = time is determined by original base code)

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Psychotherapy: Crisis

- Codes **90839** and **90840** are time-based codes.
- Code **90839** is reported only once for the first 30-74 minutes of psychotherapy for crisis on a given date, even if the time spent by the physician or other health care professional is not continuous.
- Add-on code **90840** is used to report additional block(s) of time of up to 30 minutes each beyond the first 74 minutes reported by **90839** (i.e., total of 75-104 minutes, 105-134 minutes, etc.).
- Crisis coding (**90839**) must be at least 30 minutes in duration. Otherwise code standard psychotherapy.

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Psychotherapy: RVUs

Code	Descriptor	RVU	Payment
90785	Interactive Complexity	0.11	14.33
90791	Psychiatric Diagnostic Int.	2.80	133.98
90832	Psychotherapy; 30 minutes	1.25	64.84
90834 ^[14]	Psychotherapy; 45 minutes	1.60	85.97
90838	Psychotherapy; 60 minutes	2.56	126.80
90839	Crisis Psy Rx; first 60 mins.	Carrier Priced	tbd
90840	Crisis Psy Rx; each 30 mins.	Carrier Priced	tbd
90863	Pharmacologic Mngmt.	CMS based	tbd

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Psychotherapy: Summary

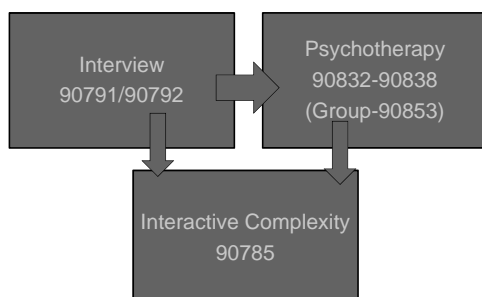


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Dx X Rx x Complexity



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Neuropsychological (and Psychological) Testing

- Psychiatric
- Health and Behavior

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Slide 27

T4 Changed from 90781
TeamSutton, 11/28/2012

Slide 28

T6 Changed from 90782
TeamSutton, 11/28/2012

Psychological Testing: By Professional (01.01.06)

- **96101** –Psychological Testing
 - Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS) per hour of psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.

(estimated total per year Medicare claims = 175,000)

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Psychological Testing: By Technician (01.01.06)

- **96102**- Psychological Testing
 - Psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology (e.g., MMPI, Rorschach, WAIS) with qualified health care professional **interpretation and report**, administered by technician, per hour of technician time, face-to-face

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Psychological Testing: By Computer (01.01.06)

- **96103** - Psychological Testing
 - Psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI) administered by a computer, with qualified health professional interpretation and the report

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Neurobehavioral Status Exam

(01.01.06; Revised 02.09.07; Implemented 01.01.08)

- **96116** - Neurobehavioral status exam
 - Clinical assessment of thinking, reasoning and judgment (e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual-spatial abilities) per hour of psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

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Neuropsychological Testing- By Professional (01.01.06)

- **96118** - Neuropsychological testing
 - (e.g., Halstead-Reitan Neuropsychological, WMS, Wisconsin Card Sorting) per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
- (estimated total Medicare claims/year = 500,000)

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Neuropsychological Testing: By Technician (01.01.06)

- **96119** - Neuropsychological testing
 - (e.g., Halstead-Reitan Neuropsychological, WMS, Wisconsin Card Sorting) with qualified health care professional **interpretation and report**, administered by a technician per hour of technician time, face-to-face

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Neuropsychological Testing- By Computer (01.01.06)

- **96120** - Neuropsychological testing
– (e.g., WCST) administered by a computer
with qualified health care professional
interpretation and the report

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Screening Testing Code (Effective 01.01.15)

- 96127
- Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit, hyperactivity disorder (ADHD) scale, with scoring and documentation, per standardized instrument

(CPT Insider's Guide: 2015)

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Medicare National Payments (2014-15)

Code	Payment
96116	94.93
96101	80.96
96102	66.27
96103	27.94
96118	99.24
96119	81.32
96120	48.02

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Telehealth Services

- Individual Psychotherapy
- Psychiatric Diagnostic Interviewing
- All Health and Behavior Codes
- Neurobehavioral Status Exam
- Presently discussing Testing Services

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Health and Behavior

- Psychiatric
- Neuropsychological

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Health & Behavior: Assessment

- **96150**
 - Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires)
 - each unit = 15 minutes
 - face-to-face with the patient
 - initial assessment
- **96151**
 - re-assessment
 - each unit = 15 minutes
 - Face-to-face with the patient

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Health & Behavior: Intervention

- **96152**
 - Health and behavior intervention
 - each 15 minutes
 - face-to-face
 - individual
- **96153**
 - group (2 or more patients) ((usually 6-10 members))
- **96154**
 - family (with the patient present)
- **96155**
 - family (without the patient present; not being reimbursed)

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A Coding Model

Psychiatric	Neuropsych	Health Psych
DSM	ICD	ICD
Interview 90791	Interview 96116	Interview 96150
Testing 96101	Testing 96118	Testing 96150
Therapy e.g., 90834	Rehab e.g., 96152	Rehab e.g., 96152

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The Present & Future of CPT

- Applied Behavior Analysis (2014)
- PQRS (add on) (2014)
- Expanded Evaluation & Management-
 - Prolonged Service (2014)
- Redoing H & B Codes (2015)
- Redoing Testing Codes (2015)
- Integrative Healthcare codes (2015)
- Prevention or G Codes (2016?)

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Medically Reasonable and Necessary

Section 1862 (a)(1) 1963
42, C.F.R., 411.15 (k)

- “Services which are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member”
- Re-evaluation should only occur when there is a potential change in;
 - Diagnosis
 - Symptoms

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Simple Explanation of Medical Necessity and Eventual Coverage

Existence of Evidence for
Therapeutic Decision Making

(will it make a difference?)

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World Health Organization's International Classification of Diseases and Related Health Problems -10th Edition ICD-10

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- World Health Organization

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Purpose of Presentation

- Describe ICD-10
- Discuss ICD-9, ICD-10 & DSM 5
- Demonstrate ICD-10 and ICD-10-CM
- Introduce ICD-11

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Overview

- ICD as an unified diagnostic system
- ICD coding history and significance
 - ICD in the US
 - ICD-10 description
- ICD-10. Chapter V: Mental and Behavioral Disorders
 - Cultural issues in ICD-10
 - Coding
- ICD and DSM (ICD-9, ICD-10 and DSM 5)
 - Preview of ICD-11

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Overview

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ICD: Key Facts

- Global healthcare information standard (mortality & morbidity) > 100 countries

• ~ 70% of world's health expenditure (\$3.5 billion) is based ICD
Endorsed by 43 member nations of World Health Assembly (1990).

- Used by WHO member states since 1994

- **The standard of diagnostic nomenclature**

(Goodheart, 2013; World Health Organization)

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Benefits of ICD-10

Storage, retrieval, analysis and interpretation of data

Sharing and comparisons:

- ✓ Within populations
- ✓ Between populations
- ✓ *Compilation of international data*

Health records

Tracking and trending of diseases

Better and more descriptive clinical information



Better healthcare for patients

ICD-10 Interactive Self Learning Tool
(<http://apps.who.int/classifications/apps/icd/icd10training/>)

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Diagnostic Coding

DSM-IV-TR/5 used by behavioral health providers for diagnostic coding

DSM-IV-TR/5 (& ICD-9) and ICD-10 codes closely coordinated: frequent *but not always* direct match

ICD-10 will be the only code permitted for billing on and after October 1, 2015

Meaning...

No ICD-10 = No reimbursement = No practice or profession

National Council for Behavioral Health, 55
Preparing your organization for ICD-10 Implementation

ICD-10 Limitations: “There are too many codes”

~ 50% of all ICD-10CM (Clinical Modification) codes are related to the *musculoskeletal system*

~ 25% of all ICD-10CM codes are related to *fractures*

~ 36% of all ICD-10CM codes are used to distinguish “right” vs. “left”

~ 70% of all charges are made for *only 5% of codes*



Only a *very small* percentage of the codes will be used by most providers

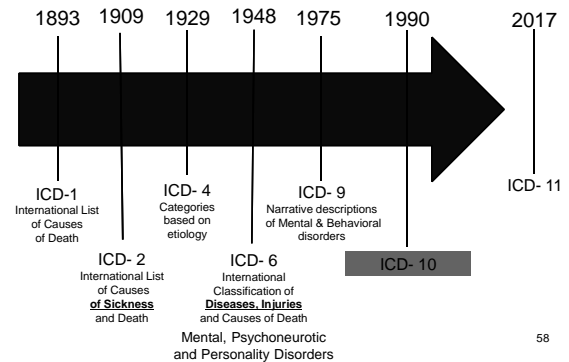
Health Data Consulting, 56
ICD-10 Clinical Documentation Requirements

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120+ years of ICD History



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ICD Implementation in the US

1979 - ICD-9-CM research and health statistics in the US

1983 - Reporting healthcare services for reimbursement in the US

2013 - US begins using ICD-9-CM

ICD-9-CM - can not support current needs for health information

ICD-10-CM implementation **October 1, 2015**

(Goodheart, 2013)

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Structure of the Classification and How to Code

ICD-10 World Health Organization

Volume 2, the Instruction Manual, contains an introduction to the classification and instructions regarding how to use the classification to code death certificate, hospital medical records and other forms of health information.

ICD-10 Interactive Self Learning Tool
<http://apps.who.int/classifications/apps/icd/icd10training/>

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Structure of the Classification and How to Code

ICD-10 World Health Organization

Volume 3, the Alphabetical Index, is an alphabetical list of the diseases and conditions which have codes in the Tabular List.

ICD-10 Interactive Self Learning Tool
<http://apps.who.int/classifications/apps/icd/icd10training/>

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ICD-10 Online Browser: Core Codes

ICD-10 Version: 2015

International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10-2015-10th Version for 2015)

Chapter V Mental and behavioural disorders (F00-F99)

ICD-10 Online Browser
<http://apps.who.int/classifications/icd10/browse/2015/en>

CAUTION: A "valid" (billable) code in F chapter includes 4-6 characters including the letter

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ICD 10 –CM Online PDF

2015

ICD 10-CM

amazon

CDC

<http://www.cdc.gov/nchs/icd/icd10cm.htm>

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ICD-10 Organization

Chapters

Block 1 Block 2 Block ...

Category 1 Category 2

Specific fourth character

Supplementary Characters

CORE CODES

ICD-10 Interactive Self Learning Tool
<http://apps.who.int/classifications/apps/icd/icd10training/>

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ICD-10 at a Glance: 22 Chapters

Chapter #	Chapter Title	Alphab. code
I	Certain infectious and parasitic diseases	A,B
II	Neoplasms	C,D
III	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D
IV	Endocrine, nutritional and metabolic diseases	E
V	Mental and behavioural disorders	F
VI	Diseases of the nervous system	G
VII	Diseases of the eye and adnexa	H
VIII	Diseases of the ear and mastoid process	H
IX	Diseases of the circulatory system	I
X	Diseases of the respiratory system	J
XI	Diseases of the digestive system	K

ICD-10 Interactive Self Learning Tool
<http://apps.who.int/classifications/apps/icd/icd10training/>

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ICD-10 at a Glance: 22 Chapters (Cont.)

Chapter #	Chapter Title	Alphab. code
XII	Diseases of the skin and subcutaneous tissue	L
XIII	Diseases of the musculoskeletal system and connective tissue	M
XIV	Diseases of the genitourinary system	N
XV	Pregnancy, childbirth and the puerperium	O
XVI	Certain conditions originating in the perinatal period	P
XVII	Congenital malformations, deformations and chromosomal abnormalities	Q
XVIII	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R
XIX	Injury, poisoning and certain other consequences of external causes	S,T
XX	External causes of morbidity and mortality	V,X,Y
XXI	Factors influencing health status and contact with health services	Z
XXII	Codes for special purposes	U

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Overview

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•Preview of ICD-11

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Introduction to Chapter V

“Mental and neurological disorders put greater disease burden than any other category, except communicable diseases.”

(WHO, 2008)

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Chapter V: Mental and Behavioral Disorders

Provides codes for mental and behavioral disorders

Chapter uniqueness: descriptions of the disorders coded to each category that define the contents of the categories.

Codes range: F00–F99.

ICD-10 Interactive Self Learning Tool
(<http://apps.who.int/classifications/apps/icd/icd10training/>)

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Parts of Chapter V

Clinical Descriptions and Diagnostic Guidelines for general clinical, educational, and service use

Diagnostic Criteria for Research

Chapter V (F) - for compatibility with other classifications

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ICD-10: Disorder Description

Main clinical features + important less specific features

Number of possible diagnoses increases

Overall diagnostic picture should not be clouded

“Provisional”/“Tentative” diagnosis (i.e., criteria partially met)

Symptom duration (general guideline)

Mental disorders arranged by major common themes

Descriptions and guidelines - set of symptoms and comments

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ICD-10: Terminology: Basics

"Disorder" vs. "disease"/"illness"

- *Disease/illness* – particular abnormal condition of structure/function that affects part or all organism

Disorder - set of symptoms or behaviors associated with distress and interference with personal functions

FOCUS IS ON DISORDERS

DISORDERS ARE FOCUSED ON SYMPTOMS

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ICD-10: Terminology: Basics

Paradoxically, ICD is called International Classification of *DISEASES*

"Psychogenic" not used - different meanings in different languages and psychiatric traditions

If a external problem exists but does not affect the person or others, it is not considered a disorder and is not included

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ICD-10: Terminology (Cont.)

"Impairment", "disability", and "handicap" used in accordance with International Classification of Impairments, Disabilities, and Handicaps (Geneva, WHO, 1980):

- ✓ *Impairment* - "loss or abnormality ... of structure or function".
- ✓ *Disability* - "restriction or lack... of ability to perform an activity in the manner or within the range considered normal for human being".
- ✓ *Handicap* - "disadvantage for an individual... that prevents or limits the performance of a role that is normal ... for that individual"

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ICD-10: Multiple Diagnoses

Record as many diagnoses as necessary to cover the clinical picture

One main or primary diagnosis and others as subsidiary/additional/secondary....

Most relevant diagnosis goes first (often the cause of consultation/contact of health services or "life-time" diagnosis)

If in doubt, list diagnoses in the order in which they appear in ICD

Recording diagnoses from other than chapter V is strongly recommended

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Defining Primary & Parent Codes

Primary = Core
Parent = Etiology of pursued code
Suggested Order = 1. Primary code
2. Parent code

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Overview

- ICD as an unified diagnostic system
- ICD coding history and significance
 - ICD in the US
 - ICD-10 description
- ICD-10. Chapter V: Mental and Behavioral Disorders
 - **Cultural issues in ICD-10**
 - Coding
- ICD and DSM (ICD-9, ICD-10 and DSM 5)
 - Preview of ICD-11

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Cultural Issues in ICD-10

Psychiatric diagnosis is based on *cultural*, social, biological and psychological factors
Increased interest in cultural framework of prospective diagnostic systems
In contrast, the presence of culture in ICD-10 is limited (vs. the DSM 5)
List of culture-specific disorders in Diagnostic Criteria for Research but not in the CM version

Mezzich et al., 2001 85

Cultural Issues in ICD-10

Some indirect cultural relevance:
✓ Multi-axial Presentation of ICD-10
✓ Primary Health Version
✓ Chapter XXI Factors Influencing Health Status and Contact with Health Services

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Culture-Specific Disorders in ICD-10

Disorder	Culture
1. <u>Amok</u>	Malaysian
2. <u>Dhat</u>	Indian
3. <u>Koro</u>	Indonesia, Thailand
4. <u>Latah</u>	Southeast Asia
5. <u>Ataque de Nervios</u>	Latin American Caribbean
6. <u>Pa-leng (Frigophobia)</u>	China, Southeast Asia
7. <u>Piblokto</u>	Inughuit societies living in Arctic Circles
8. <u>Susto, Espanto</u>	Latin American
9. <u>Taijin Kyofusho</u>	Japanese
10. <u>Ufufuyane, Saka</u>	Kenya, Southern Africa
11. <u>Ugamairineq</u>	Inuit
12. <u>Windigo</u>	Algonquian peoples in Atlantic coast and Great Lakes region in US and Canada

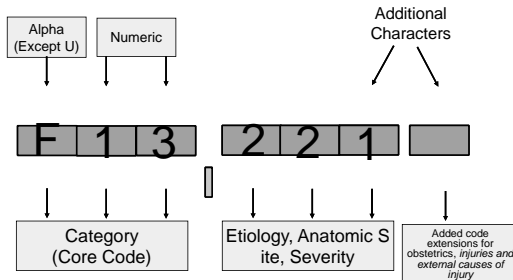
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ICD-10 Coding



CAUTION: A "valid" (billable) code in F chapter includes 4-6 characters including the letter

Blue Cross Blue Shield of Michigan (2014) 89
ICD-10 Update, Mental and Behavioral Health ICD-10-CM Codes

Coding steps:

1. Determine the conditions that need to be coded
2. Use the Alphabetical Index (Vol 3) to locate the condition and allocate the code
3. Use the Tabular List (Vol 1) to check correct code assignment (e.g. inclusion note, exclusion note)
4. Use the Instruction Manual (Vol 2) for any rules regarding the selection of a particular code for reporting mortality or morbidity data

ICD-10 Interactive Self Learning Tool 90
(<http://apps.who.int/classifications/apps/icd/icd10training/>)

ICD-10 Golden Coding Rules

Golden Coding Rule Number 1

Volumes 1 and 3 must be used together to correctly find codes for each case (e.g. cause of death or diagnosis)

ICD-10 Interactive Self Learning Tool
(<http://apps.who.int/classifications/apps/icd/icd10training/>) 91

ICD-10 Golden Coding Rules

Golden Coding Rule Number 2

The special disease categories take priority over the body system categories.

ICD-10 Interactive Self Learning Tool
(<http://apps.who.int/classifications/apps/icd/icd10training/>) 92

ICD-10 Golden Coding Rules

Golden Coding Rule Number 3

The dagger code (†) is used as the underlying cause of death. ~~Never use the asterisk code (*) alone if the diagnosis being coded uses the dagger and asterisk convention.~~

Example:
G22* = Parkinsonism in diseases classified elsewhere
G22*, A52.1† = Syphilitic Parkinsonism

ICD-10 Interactive Self Learning Tool
(<http://apps.who.int/classifications/apps/icd/icd10training/>) 93

ICD-10 Golden Coding Rules

Golden Coding Rule Number 4

Be cautious of the spelling of the diseases you are coding since the Tabular List uses British spelling and the Alphabetical Index uses American spelling. There are cross-references in the Index to guide you to the American spelling.

ICD-10 Interactive Self Learning Tool
(<http://apps.who.int/classifications/apps/icd/icd10training/>) 94

Revised Mental Health codes

New concepts supported by ICD-10

Drug “use” vs. “dependence” vs. “abuse”

Bipolar II

Bipolar disorders: distinction current episode / most recent episode

Recurrent depressive disorder

Mood disorder related to physiologic condition

Adjustment insomnia

Adjustment reaction with withdrawal

Asperger's syndrome

Rett's syndrome

Health Data Consulting.
ICD-10 Clinical Documentation Requirements 95

Chapter V: Mental and Behavioral Disorders

ICD-10	
F01-F99	F00-F09 Mental disorders due to known physiological conditions
Mental, Behavioral and Neurodevelopmental Disorders	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 non-psychotic 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-F99 Unspecified mental disorders

ICD-10 Interactive Self Learning Tool
(<http://apps.who.int/classifications/apps/icd/icd10training/>) 96

Organic, including symptomatic, mental disorders (F00–F09)

- F00** Dementia in Alzheimer disease
F01 Vascular dementia
F02 Dementia in other diseases classified elsewhere
F03 Unspecified dementia
F04 Organic amnesic syndrome, not induced by alcohol and other psychoactive substances
F05 Delirium, not induced by alcohol and other psychoactive substances
F06 Other mental disorders due to brain damage and dysfunction and to physical disease
F07 Personality and behavioral disorders due to brain disease, damage and dysfunction
F09 Unspecified organic or symptomatic mental disorder

ICD-10 Online Browser
(<http://apps.who.int/classifications/icd10/browse/2015/en>)

Organic, including symptomatic, mental disorders (F00–F09)

4th Characters for use with categories F00-F09:

- .0 Delirium, not superimposed on dementia
 .1 Delirium, superimposed on dementia
 .8 Other delirium
 .9 Delirium, unspecified

ICD-10 Online Browser
(<http://apps.who.int/classifications/icd10/browse/2015/en>)

DSM-5 Classification

Major and Mild Neurocognitive Disorders (602)

1 step

Probable major neurocognitive disorder due to Alzheimer's disease Code first 331.0 (G30.9) Alzheimer's disease
Probable major neurocognitive disorder due to frontotemporal lobar degeneration Code first 331.19 (G31.09) frontotemporal disease
Probable major neurocognitive disorder with Lewy bodies Code first 331.82 (G31.83) Lewy body disease
Probable major vascular neurocognitive disorder No additional medical code for vascular disease
Major neurocognitive disorder probably due to Parkinson's disease Code first 332.0 (G20) Parkinson's disease

2 step

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
294.11	F02.81	With behavioural disturbance
294.10	F02.80	Without behavioral disturbance
331.9	G31.9	Possible major neurocognitive disorder due to Alzheimer's disease
331.83	G31.84	Mild neurocognitive disorder due to Alzheimer's disease

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DSM-5 Classification

Major and Mild Neurocognitive Disorders (602) (cont.)

1 step

Major Neurocognitive disorder due to traumatic brain injury (TBI) ICD-9-CM code first 907.0 late effect of intracranial injury without skull fracture ICD-10-CM code first S06.2X96 diffuse TBI with loss of consciousness unspecified duration, sequela
Major Neurocognitive disorder due to HIV infection Code first 042(B20) HIV infection
Major Neurocognitive disorder due to Prion disease Code first 046.79 (A81.9)
Major Neurocognitive disorder due to Huntington's disease Code first 333.4 (G10) Huntington's disease
Major Neurocognitive disorder due to another medical condition Code first the other medical condition

2 step

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
294.11	F02.81	With behavioural disturbance
294.10	F02.80	Without behavioral disturbance
331.83	G31.84	Mild neurocognitive disorder due to Alzheimer's disease

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DSM-5 Classification

Major and Mild Neurocognitive Disorders (602) (cont.)

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
290.40	F01.51	With behavioural disturbance
290.40	F01.50	With behavioural disturbance
331.9	G31.9	Possible major vascular neurocognitive disorder
331.83	G31.84	Mild vascular neurocognitive disorder
799.59	R41.9	Unspecified neurocognitive disorder

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Mental and behavioural disorders due to psychoactive substance use (F10–F19)

- F10** due to use of alcohol
F11 due to use of opioids
F12 due to use of cannabinoids
F13 due to use of sedatives or hypnotics
F14 due to use of cocaine
F15 due to use of other stimulants, including caffeine
F16 due to use of hallucinogens
F17 due to use of tobacco
F18 due to use of volatile solvents
F19 due to multiple drug use and use of other psychoactive substances

CAUTION: ICD-10 codes presented (CORE CODES) = NON BILLABLE

ICD-10 Online Browser
(<http://apps.who.int/classifications/icd10/browse/2015/en>)

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Mental and behavioural disorders due to psychoactive substance use (F10–F19)

4th Characters for use with categories F10-F19:

- .0 Acute intoxication
- .1 Harmful use
- .2 Dependence syndrome
- .3 Withdrawal state
- .4 Withdrawal state with delirium
- .5 Psychotic disorder
- .6 Amnesic syndrome
- .7 Residual and late-onset psychotic disorder
- .8 Other mental and behavioural disorders
- .9 Unspecified mental and behavioural disorder

CAUTION: Some 4 digits codes NOT BILLABLE (i.e. F19.1 alone)

ICD-10 Online Browser
(<http://apps.who.int/classifications/icd10/browse/2015/en>) 103

DSM-5 Classification

Substance-related and addictive disorders (481) (sample)

Alcohol use disorder
Specify if in early remission/ in sustained remission
Specify if in a controlled environment
Specify the severity:

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
305.00	F10.10	Mild
303.90	F10.20	Moderate
303.90	F10.20	Severe
303.00		Alcohol intoxication
	F10.129	With use disorder, mild
	F10.229	With use disorder moderate to severe
	F10.929	Without use disorder

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Schizophrenia, schizotypal and delusional disorders (F20–F29)

- F20** Schizophrenia
- F21** Schizotypal disorder
- F22** Persistent delusional disorders
- F23** Acute and transient psychotic disorders
- F24** Induced delusional disorder
- F25** Schizoaffective disorders
- F28** Other nonorganic psychotic disorders
- F29** Unspecified nonorganic psychosis

ICD-10 Online Browser
(<http://apps.who.int/classifications/icd10/browse/2015/en>) 105

DSM-5 Classification

Schizophrenia spectrum and other psychotic disorders (87)

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
301.22	F21	Schizotypal personality disorder
297.1	F22	Delusional disorder
298.8	F23	Brief psychotic disorder
295.40	F20.81	Schizophreniform disorder
295.90	F20.9	Schizophrenia
295.70	F25.0	Schizoaffective disorder, bipolar type
295.70	F25.1	Schizoaffective disorder, depressive type
293.81	F06.2	Psychotic disorder due to another medical condition, with delusions
293.82	F06.0	Psychotic disorder due to another medical condition, with hallucinations
293.89	F06.1	Catatonia associated with another mental disorder
293.89	F06.1	Catatonic disorder due to another medical condition
293.89	F06.1	Unspecified catatonia
298.8	F28	Other specified schizophrenia spectrum and other psychotic disorder
298.9	F29	Unspecified schizophrenia spectrum and other psychotic disorder

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Mood [affective] disorders (F30–F39)

- F30** Manic episode
- F31** Bipolar affective disorder
- F32** Depressive episode
- F33** Recurrent depressive disorder
- F34** Persistent mood [affective] disorders
- F38** Other mood [affective] disorders
- F39** Unspecified mood [affective] disorder

ICD-10 Online Browser
(<http://apps.who.int/classifications/icd10/browse/2015/en>) 107

DSM-5 Classification

ICD-9-CM ICD-10-CM Disorder, condition or problem
296.2x F32.2x Depressive disorders

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Neurotic, stress-related and somatoform disorders (F40–F48)

- F40** Phobic anxiety disorders
- F41** Other anxiety disorders
- F42** Obsessive-compulsive disorder
- F43** Reaction to severe stress, and adjustment disorders
- F44** Dissociative (conversion) disorders
- F45** Somatoform disorders
- F48** Other neurotic disorders

CAUTION: PTSD code F43.1 NOT BILLABLE

Valid code F43.10 (Found in DSM-5)

ICD-10 Online Browser
(<http://apps.who.int/classifications/icd10/browse/2015/en>)

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DSM-5 Classification

Anxiety disorders

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
309.21	F93.0	Separation anxiety disorder
312.23	F94.0	Selective mutism
300.29	F40.2xx	Specific phobia (e.g. animal, natural environment, etc.)
300.23	F40.10	Social anxiety disorder
300.01	F41.0	Panic disorder
300.22	F40.00	Agoraphobia
300.02	F41.1	Generalized anxiety disorder
293.84	F06.4	Anxiety disorder due to another medical condition
300.09	F41.8	Other specified anxiety disorder
300.00	F41.9	Unspecified anxiety disorder

CAUTION: All specific phobia codes need 6 digits to be billable

16 valid specific phobia codes, DSM-5 only 8

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Obsessive-compulsive and related disorders

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
300.3	F42	Obsessive-compulsive disorder
300.7	F42	Body dysmorphic disorder
300.3	F42	Hoarding disorder
312.39	F63.3	Trichotillomania
696.4	L98.1	Excoriation
294.8	F06.8	Obsessive-compulsive and related disorder due to another medical condition
300.3	F42	Other specified obsessive-compulsive and related disorder

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DSM-5 Classification

Trauma- and stressor-related disorders

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
313.89	F94.1	Reactive attachment disorder
313.89	F94.2	Disinhibited social engagement disorder
309.81	F43.10	Posttraumatic stress disorder
306.3	F43.0	Acute stress disorder
Adjustment disorders with:		
309.0	F43.21	Depressed mood
309.24	F43.22	With anxiety
309.28	F43.23	With mixed anxiety and depressed mood
309.3	F43.24	With disturbance of conduct
309.4	F43.25	With mixed disturbance of emotions and conduct
309.9	F43.20	Unspecified
309.89	F43.8	Other specified trauma- and stressor-related disorder
309.89	F43.9	Unspecified trauma- and stressor-related disorder

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Behavioural syndromes associated with physiological disturbances and physical factors (F50–F59)

- F50** Eating disorders
- F51** Nonorganic sleep disorders
- F52** Sexual dysfunction, not caused by organic disorder or disease
- F53** Mental and behavioral disorders associated with the puerperium, not elsewhere classified
- F54** Psychological and behavioral factors associated with disorders or diseases classified elsewhere
- F55** Abuse of non-dependence-producing substances
- F59** Unspecified behavioral syndromes associated with physiological disturbances and physical factors

CAUTION: DSM-5 does not include F53.
In mood disorders, document if peripartum onset

ICD-10 Online Browser
(<http://apps.who.int/classifications/icd10/browse/2015/en>)

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DSM-5 Classification

Feeding and eating disorders

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
307.52	F98.3	Pica in children
307.52	F50.8	Pica in adults
307.53	F98.21	Rumination disorder
307.59	F50.8	Avoidant/restrictive food intake disorder
307.1	F50.01	Anorexia nervosa, restricting type
307.1	F50.02	Anorexia nervosa, binge eating/purging type
307.51	F50.2	Bulimia nervosa
307.51	F50.8	Binge-eating disorder
307.59	F50.8	Other specified feeding or eating disorder
307.50	F50.9	Unspecified feeding or eating disorder

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Disorders of adult personality and behaviour (F60–F69)

- F60** Specific personality disorders
- F61** Mixed and other personality disorders
- F62** Enduring personality changes, not attributable to brain damage and disease
- F63** Habit and impulse disorders
- F64** Gender identity disorders
- F65** Disorders of sexual preference
- F66** Psychological and behavioural disorders associated with sexual development and orientation
- F68** Other disorders of adult personality and behaviour
- F69** Unspecified disorder of adult personality and behaviour

ICD-10 Online Browser 115
(<http://apps.who.int/classifications/icd10/browse/2015/en>)

DSM-5 Classification

Personality disorders

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
Cluster A personality disorders		
301.0	F60.0	Paranoid personality disorder
301.20	F60.1	Schizoid personality disorder
301.22	F21	Schizotypal personality disorder
Cluster B personality disorders		
301.7	F60.2	Antisocial personality disorder
301.83	F60.3	Borderline personality disorder
301.50	F60.4	Histrionic personality disorder
301.81	F60.81	Narcissistic personality disorder
Cluster C personality disorders		
301.82	F60.6	Avoidant personality disorder
301.6	F60.7	Dependent personality disorder
301.4	F60.5	Obsessive-compulsive personality disorder
Other personality disorders		
310.1	F07.0	Personality change due to another medical condition
301.89	F60.89	Other specified personality disorder
301.9	F60.9	Unspecified personality disorder

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Mental retardation (F70–F79)

- F70** Mild mental retardation
- F71** Moderate mental retardation
- F72** Severe mental retardation
- F73** Profound mental retardation
- F78** Other mental retardation
- F79** Unspecified mental retardation

ICD-10 Online Browser 117
(<http://apps.who.int/classifications/icd10/browse/2015/en>)

Mental retardation (F70–F79)

4th Characters for use with categories F70-F79:

- .0 No, or minimal, impairment of behaviour
- .1 Significant impairment of behaviour requiring attention or treatment
- .2 Other impairments of behaviour
- .3 Without mention of impairment of behaviour

ICD-10 Online Browser 118
(<http://apps.who.int/classifications/icd10/browse/2015/en>)

Disorders of psychological development (F80–F89)

- F80** Specific developmental disorders of speech and language
- F81** Specific developmental disorders of scholastic skills
- F82** Specific developmental disorder of motor function
- F83** Mixed specific developmental disorders
- F84** Pervasive developmental disorders
- F88** Other disorders of psychological development
- F89** Unspecified disorder of psychological development

CAUTION: DSM-5 does not include Asperger's as independent diagnosis. Under Autism Spectrum Disorders

ICD-10 Online Browser 119
(<http://apps.who.int/classifications/icd10/browse/2015/en>)

Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90–F98)

- F90** Hyperkinetic disorders
- F91** Conduct disorders
- F92** Mixed disorders of conduct and emotions
- F93** Emotional disorders with onset specific to childhood
- F94** Disorders of social functioning with onset specific to childhood and adolescence
- F95** Tic disorders
- F98** Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence

ICD-10 Online Browser 120
(<http://apps.who.int/classifications/icd10/browse/2015/en>)

DSM-5 Classification

Neurodevelopmental disorders

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
Intellectual disabilities		
319	F70	Intellectual disability, mild
319	F71	Intellectual disability, moderate
319	F72	Intellectual disability, severe
319	F73	Intellectual disability, profound
315.8	F88	Global developmental delay
319	F79	Unspecified intellectual disability
Communication disorders		
Autism spectrum disorder		
Attention-deficit/hyperactivity disorder		
Specific learning disorder		
Motor disorders		
Other neurodevelopmental disorders		

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Unspecified mental disorder (F99)

F99 Mental disorder, not otherwise specified
Incl.: Mental illness NOS
Excl.: organic mental disorder NOS (**F06.9**)

ICD-10 Online Browser ¹²²
<http://apps.who.int/classifications/icd10/browse/2015/en>

Frequent Mental Health Diagnoses:

General

- ✓ Anxiety disorders
- ✓ Autism spectrum disorders
- ✓ Mood related disorders
- ✓ Schizophrenia

Number and type of new concepts not foreign to clinicians

Health Data Consulting. ¹²³
 ICD-10 Clinical Documentation Requirements

Most Frequent Diagnoses: Medicare-Medicaid

Disorder	ICD-10 category/code
Depressive episode	F32
Severe depressive episode without psychotic symptoms	F32.2
Dementia in Alzheimer's disease	F00*
Phobic anxiety disorders/other anxiety disorders	F40/F41
Schizophrenia	F20
Bipolar affective disorder	F31
ADHD	F90.9
Specific personality disorders	F60
Reaction to severe stress and adjustment disorders/PTSD	F43/F43.1

CAUTION: Core codes non billable.
 At least 4 digits

* next to a code means that etiology code precedes that code

Centers for Medicare and Medicaid Services
<https://www.cms.gov>

Top 10 Most Frequently Reported Diagnosis Codes: BC/BS

Disorders	ICD-10-CM codes
Dysthymic Disorder	F33.8
Major depressive disorder, recurrent, moderate	F33.1
Major depressive disorder, recurrent, severe with psychotic features	F33.2
Major depressive disorder, recurrent, in remission, unspecified	F33.40
Major depressive disorder, recurrent, unspecified	F33.9
Generalized anxiety disorder	F41.1
Anxiety disorder, unspecified	F41.9
ADHD predominantly inattentive type	F90.0
Adjustment disorder with depressed mood	F43.21
Major depressive disorder single episode, unspecified	F32.9

Blue Cross Blue Shield ¹²⁵
<http://www.bcbsm.com/content/dam/public/Providers/Documents/helpfaq/icd10-update-mentalhealth.pdf>

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ICD and DSM

ICD	DSM
Developed by global UN agency	Developed by a single national association
Free open resource for public health benefit	Provides large portion of ApA revenue
For countries/service providers	For (U.S.) behavioral health providers
Global, multidisciplinary, multilingual	U.S. Anglophone perspective
Approved by World Health Assembly	Approved by ApA board of trustees
Covers <i>all health</i> conditions	Covers only mental disorders

(Goodheart, 2013; Reed, 2013)

Interfacing of DSM & ICD

Recall that the DSM is essentially the “borrowed” codes from ICD; DSM = descriptors of code #

Use parallel diagnostic system to the ICD in U.S. possible due to harmonization efforts

Few differences between ICD-9-CM and DSM-IV due to efforts to make them consistent

DSM-5 attempts to closely parallel ICD-10-CM

DSM has to bridge ICD-9-CM, ICD-10-CM, ICD-11
(adapted from Goodheart, 2013)

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Sample Cross-Walk: DSM-5 - ICD-9 - ICD-10

DSM-5 Title	DSM-5/ICD-9-CM Code ¹	ICD-9-CM Title	DSM-5/ICD-10-CM Code ²	ICD-10-CM Title
Generalized anxiety disorder	300.02	Generalized anxiety disorder	F41.1	Generalized anxiety disorder
Panic disorder without agoraphobia	300.01	Panic disorder without agoraphobia	F41.0	Panic disorder
Panic disorder with agoraphobia	300.21 + 300.22	Agoraphobia with panic disorder	F40.01	Agoraphobia with panic disorder
Persistent depressive disorder (dysthymia)	300.4	Dysthymic disorder	F34.1	Dysthymic disorder
Schizophrenia, catatonic type	295.90 + A293.89	Catatonic type schizophrenia unspecified	F20.9 + F06.1	Catatonic schizophrenia
Bipolar I disorder, current or most recent episode manic	296.00	Bipolar I disorder single manic episode unspecified	F31.1x	Manic episode without psychotic symptoms, unspecified
Specific Learning disorder with impairment in reading	315.00	Developmental reading disorder unspecified	F81.0	Specific reading disorder
Dementia of Alzheimer's type with early onset, uncomplicated	290.10	Presenile dementia uncomplicated	G30.9 + F02.80	Unspecified dementia without behavioral disturbance

¹ in use through September 30, 2015
² in use starting October 1, 2015

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ICD-10, ICD-9, DSM Coding Structure Sample 1: Depression

F33.2

F=Mental and Behavioral Disorders

F30-39=Mood (affective) disorders

F33=Recurrent Depressive Disorder

F33.2=Recurrent Depressive Disorder, current episode severe, without psychotic symptoms

ICD-9-CM: 296.3 Major depressive disorder, recurrent episode

DSM-5 codes: 296.33 Major depressive disorder, recurrent, severe without psychotic features

(Goodheart, 2013)

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ICD-10, ICD-9, DSM Coding Structure Sample 2: Anxiety

F40.01

F=Mental and Behavioral Disorders

F40-F48=Anxiety, dissociative, stress-related, somatoform

F40=Phobic Anxiety Disorders

F40.0=Agoraphobia

F40.01=Agoraphobia with panic disorder

ICD-9-CM/DSM-IV code: 300.21 Agoraphobia with panic disorder

DSM-5: no category combines agoraphobia and panic

CAUTION: No single code in DSM-5 combines Agoraphobia and Panic. Document both when present

(Goodheart, 2013)

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DSM Vs. ICD

ICD is a Diagnostic System
DSM is a Descriptive System

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ICD-11 Changes Overview

- Priorities: clinical utility & global applicability
- 2017 World Health Assembly (WHA) adoption
- Public revision of ICD-11 contents in May 2016
- Regular (maybe yearly) updates
- Greater number of diagnostic categories, less hierarchical structure, more clinically intuitive
- New chapters on sleep disorders and sexual health
- "Mental retardation" -> Intellectual developmental disorders
- Personality disorders: severity, codification of prominent features instead of diagnostic entities.

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(Adapted from

ICD-11: Involvement of Psychology

Psychologists are more involved in ICD-11 than in other ICD revisions; Geoffrey Reed, Ph.D. (chair) & Pierre Ritchie, Ph.D. (board), Ann Watts, Ph.D (board)

Mental and Behavioral Disorders (MBD) chapter revised with significant contribution from APA and International Union of Psychological Science

APA will recommend the use of ICD-11 instead of DSM-5 (Suzanne Bennet-Johnson said)

(Goodheart, 2013) 135

ICD-11 Beta Draft

<http://apps.who.int/classifications/icd11/browse/f/en>

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IMPORTANT: RARE GLIMPSE INTO ICD 11 UNCOVERED

Due to unanticipated shortage of ICD-10 codes, ICD-11 has been placed on an accelerated release schedule. Major changes include the substitution of emojis for the current alphanumeric system. (See examples below.)



Electrocution injury to right bicep due to use of electrical appliance in bathtub, initial encounter



Spacecraft collision injuring occupant, subsequent encounter (ICD-10 equivalent: V95.43XS)



Paper cut to left hand secondary to envelope stuffing at place of business, recurrent



Fingernail injury incurred during fall while wearing heels at a bikini car wash, initial encounter



Gunshot wound to right foot received in a bar at night, requiring surgical intervention and blood products, resulting in loss of ambulation



Bitten by pig, initial encounter (ICD-10 equivalent: W55.41XA)

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Practical Steps: #1

Download the PDF version of ICD-10-CM codes free of charge from here: <http://www.cdc.gov/nchs/icd/icd10cm.htm>

Identify the ICD-9-CM/DSM 5 most commonly used diagnostic codes.

Find Cross-walked ICD-10 codes

Note that this link is NOT a browser and therefore the search will be manual

Adapted from American Psychological Association Practice Organization. Good

Practical Steps: #2

< **09.30.15**: Submit all claims for services provided before Sept. 30, 2015 using ICD-9-CM or DSM 5 codes

> **09.30.15**: On and after October 1, 2015 use only ICD-10-CM codes

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Practical Steps: #3

Consider "saving" for the change
Submit few quick return claims at the beginning of October and follow the EOBs closely

Do not expect that the DXs that have been reimbursed for will be reimbursed again

Non-F codes may not be reimbursed though some LCD have listed other codes

Consider contacting major carrier about the preceding
Share the information as to patterns of reimbursement

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Practical Steps: #4

(examples for neuropsych- note some are F and others are R)

290.10	Unspecified Dementia	F03.90
780.83	Retrograde amnesia	R41.2
	Other amnesia	R41.2

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ICD X CPT Formulary

Formulary - Third party payors (e.g., Medicare) will have a **CPT (procedural code) X ICD (diagnostic code)** that will be the basis of:

- ✓ Medical Necessity
- ✓ Reimbursement

Medicare - Each Medicare carrier will establish and publish on their website

Private Payors - Each carrier will establish and NOT publish in their website (trial and error)

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Billing Vs. Working Diagnosis

Bill for the Dx being pursued

The initial or working diagnosis then establishes the medical necessity for subsequent assessments and interventions

It is new diagnosis that is used (e.g., Patient is referred for depression but evaluation discovered for dementia), bill for depression for the first visit, but use dementia from that point forward

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Diagnosing: Order & Number

- First Diagnosis: Primary
- Second Diagnosis: Next most important, and so on...
- Total # of Diagnoses: All conditions present, including those diagnosed by you and those diagnosed by other qualified health providers

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Diagnosing: Assessment Vs. Treatment

Assessment: Per previous slide, primary as discovered,
then secondary and all other diagnoses

Treatment: Per previous slide and as above but the
diagnosis must match the treatment

NOTE: Primary DX in each case will determine whether the
claim is "medical" or "behavioral".

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Overall Goal

CPT X DX
FORMULARY

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Local Coverage Determinations (LCDs)

Contractor Index

<https://www.cms.gov/medicare-coverage-database/indexes/lcd-contractor-index.aspx?bc=AgIAAAAAAAAAAAAA%3d%3d&>

State Index

<https://www.cms.gov/medicare-coverage-database/indexes/lcd-state-index.aspx?bc=AgIAAAAAAAAAAAAA%3d%3d&>

Alphabetical Index

<https://www.cms.gov/medicare-coverage-database/indexes/lcd-alphabetical-index.aspx?DocType=All&bc=AgAAAAAAAAAAAA%3d%3d&>

d8.

Carrier Examples

NOVITAS:

https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35101&ContrlD=338&ver=8&ContrVer=1&Date=10%2F01%2F2015&DocID=L35101&bc=iAAAAAgAAAAAA%3d%3d&_ga=2.146021211.146021211.146021211.146021211.146021211.146021211

CIGNA:

https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0258_coveragepositioncriteria_neuropsychological_testing.pdf

AETNA:

http://www.aetna.com/cpb/medical/data/100_199/0158.html

(NOTE: Neuropsychological testing is covered for the following types of diagnosis- F; NP testing is covered for F, G as well as some I, Q, R and S codes.)

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To be Determined

Core codes, more than three, or full seven digits? How deep do you go for billing and for reports?

Besides Chapter 5 (F), what other chapters can and should be used?

What about the use of non-F codes for neuropsychological and health psychology situations?

What about parent codes?

Some traditional DXs may not be present or covered (G31.84 or MCI)

BOTTOM LINE: FORMULARY OF CPT X ICD

ICD-10-CM is the standard for billing

Valid codes can be 3-7 digits:
F = 3-7 digits;
S = 7 digits

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Useful Resources

WHO ICD-10 Description:
<http://www.who.int/classifications/icd/en/>
 WHO "Bluebook":
<http://www.who.int/classifications/icd/en/bluebook.pdf>
 ICD-10 Browser:
<http://apps.who.int/classifications/icd10/browse/2015/en>
 ICD-10 Interactive Self Learning Tool:
<http://apps.who.int/classifications/apps/icd10training/>
 ICD-10 Online Support:
<https://sites.google.com/site/icd10onlinetraining/>
 Transition to the ICD-10-CM, APA Practice Central:
<http://www.apapracticecentral.org/update/2012/02-09/transition.aspx>
 ICD-10 Code Transition, Magellan Healthcare:
<http://www.magellanprovider.com/getting-paid/preparing-claims/icd10-code-transition.aspx>
 National Council for Behavioral Health:
<http://www.thenationalcouncil.org/topics/coding-behavioral-health-services/>
http://www.thenationalcouncil.org/wp-content/uploads/2013/01/ICD10_onepager.pdf
 Centers for Medicare and Medicaid Services:
<http://www.cms.gov/Medicare/coding/ICD10/index.html>
<http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10/>
<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>
http://www.cms.gov/eHealth/downloads/Webinar_eHealth_August5_Roadto10.pdf

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Useful Resources (Cont.)

CMS Road to 10
<http://www.roadto10.org/>
<http://www.roadto10.org/webcasts/>
 AAPC ICD-10 Training:
<https://www.aapc.com/icd-10/training.aspx>
 ICD-10-CM/PCS Basics for Clinical Documentation Improvement, American Health Information Management Association Library:
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_050416.pdf
 ICD-10 and DSM-5 Frequently Asked Questions, Minnesota Department of Human Services:
http://www.dhs.state.mn.us/main/dcdplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSectionMethod=LatestReleased&dDocName=dhs16_182682
 Understanding ICD-10-CM and DSM-5, American Psychiatric Association:
https://www.appi.org/File%20Library/Products/APP_DSM5_Resources_Understanding_ICD.pdf
 Understanding ICD-10:
http://www.kaseo.com/documents/ICD10_eBook_Mental_Health.pdf
 Understanding the ICD-10 The Clinician's Toolbox:
www.theclinicianstoolbox.com
 DSM-5 to ICD-9 Crosswalk, Alliance Behavioral Healthcare:
<https://www.alliancebhcc.org/wp-content/uploads/DSM5-ICD9-Crosswalk.pdf>
 DSM-5 and ICD-10 Resources, Optum:
https://www.providerexpress.com/content/ope-provexpr/us/en/admin-resources/dsm5_icd10.html

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Useful Resources (Cont.)

ICD 9/10 Crosswalk:
<http://nicholls-icd910s.gov/icdxwalk.asp>
<http://icd910crosswalk.com/>
<http://www.fda.gov/oc/ohrt/2014/04/24/frances2/crosswalk-ajph.pdf>
<http://www.fda.gov/oc/ohrt/2014/04/24/frances2/crosswalk-ajph.pdf>
 ICD 9/10 Conversion:
<http://www.icd10data.com>
 DSM-V:
<http://eahec.ecu.edu/brochures/e43633.pdf>
 Medical billing and coding ICD-10:
<https://www.encoderpro.com/epro/>
http://www.pulseinc.com/wp-content/uploads/2013/10/MentalBehavioral_ICD10Conversion.pdf

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Useful Links

 AMERICAN PSYCHOLOGICAL ASSOCIATION
 (Members only through my.apa.org login)

 ICD10Data.com

 UnitedHealthcare®

 ICDNavigator

 athenahealth

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Useful Apps

iOS & Android



Codes by Specialty



DxID
 Detailed descriptions
 of codes



ICD10 Consult
 Ideal for Physicians

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Useful Apps

iOS



ICD-10 HCPCS ICD-9



ICD-10 On the Go
 Medical Codes



ICD-10 Free



ICD-10 Codes Free



ICD-10 & ICD-9
 Code Reference



ICD-10



ICD-10 Navigator



ICD-10: Codes of
 Diseases

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ICD 10 Primer: Carol Goodheart

A Primer for ICD-10-CM Users: Psychological and Behavioral Conditions Cover of A Primer for ICD-10-CM Users

List Price: \$19.95

American Psychological Association

Member/Affiliate Price: \$14.95

Pages: 171

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Pricing of Codes

- Carrier Based
- CMS
- AMA RUV (most widely accepted)

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Developing a Fee Schedule

- Medicare
 - Conversion Factor
 - 2008 = \$34.1350
 - 2015 = \$35.9335
- Standard Method of Developing Fee Schedule
 - Obtain Medicare RVU values for selected CPT codes
 - Multiply by 150%
 - Revise fee schedule as RVUs change

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Alternative Payment Models

- Quality Metrics
- Outcome Metrics
- Bundled Payment/Episode Care System
- Population Based Systems (e.g., Accountable Care System)
- CPT is excellent for single episode of care

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Health Care Bill:

How Health Care Will Be Revolutionized by 2018

Bill:

<http://thomas.loc.gov/cgi-bin/bdquery/z?d111:H.R.4872>

Timetable:

<http://www.commonwealthfund.org/Content/Publications/Other/2010/Timeline-for-Health-Care-Reform-Implementation.aspx#2010>

(also, www.healthcare.gov)

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Emerging Patterns

- Shift from Pre to Post "Authorizations"
- Documentation is Support for Medical Necessity
- Medical Necessity is the Basis for the Service
- Integrative
- Health Care Delivery
- Shift of Focus from Federal to State
- Accuracy, Transparency and Utility
- Performance Based (but metrics being developed)
- Fast Moving, Major Paradigm Shifting

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Bottom Line

1. Who gets paid?
 - » Bundled (e.g., ACA, hospitals, etc.)
 - » Individual (i.e., Qualified Health Provider)
2. How do they get paid?
 - » RVBRS
 - » Performance based

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A Summary of Approximately 25 Years

- Expanded from a Approximately 3-4 Codes to Over Several Dozen Codes and Continuously Expanding
- Total Revision of all Diagnostic, Testing and Psychotherapy Codes and addition Health & Behavior
- Addition of Prescription Privilege Code
- Expanded from Psychiatric Only to All of Medicine
- Expanded from No Uniformity and Lack of Understanding to High Levels of Professionalism and Recognition & Collaboration With Medicine/Health Care
- Reimbursement Increases Has Outpaced Other Health Care Disciplines by a Significant Factor

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And “I feel fine”

<http://www.apamonitor-digital.org/apamonitor/201212/?pg=70&pm=2&u1=friend>



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Resources

- General Web Sites
 - www.ama-assn.org/go/cpt (CPT)
 - www.apa.org (general APA website)
 - www.apapracticecentral.org (resources for practicing psychologists)
 - www.nonline.org/paio (practice patterns & information)
 - www.apa.org/practice/cpt (APA's CPT information)
 - www.cms.org (medicare/medicaid)
 - www.hhs.org (health & human services)
 - www.oig.hhs.gov (inspector general)
 - www.ahrq.gov (agency for healthcare research)
 - www.medpac.gov (medical payment advisory comm.)
 - www.whitehouse.gov/fsbr/health (statistics)
 - www.div40.org (clinical neuropsychology div of APA)
 - www.napnet.org (national association of psychometrists)
 - www.psychometristscertification.org (board of certified psychometrists)
 - www.access.gpo.gov (federal statutes and regulations)
 - www.healthcare.group.com (staff salaries)
 - www.commonwealth.com (health care policy)

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Resources (continued)

- Payment/Coverage
 - www.myhealthscore.com/consumer/phyoutcptsearch.htm
 - www.cms.hhs.gov/statistics/feeforservice/default.asp (covered services)
 - www.cms.hhs.gov/mcd/viewtrackingsheet.asp?id=167 (non-covered)
 - www.apa.org/pi/aging/lmrp/toolkit/homepage.html (APA ICD)
 - www.cms.hhs.gov/providers/mlrmp.asp (medicare lmrp)
 - www.quickfacts.census.gov/qfd (census x type of procedure data)
 - www.usqualitymeasures.org (payment for performance)
- LMRP Reconsideration Process
 - www.cms.gov/manuals/pm_trans/R28PIM.pdf
- PQRS
 - www.centerforhealthyaging.com
- Compliance Web Sites
 - www.oig.hhs.gov (office of inspector general)
 - www.cms.hhs.gov/manuals (medicare)
 - www.uscode.house.gov/uscc.htm (united states codes)
 - www.apa.org (psychologists & HIPAA)
 - www.cms.hhs.gov/hipaa (HIPAA)
 - www.hcca-info.org (health care compliance assoc.)
 - www.cms.gov/oas/cms.asp

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Resources (continued)

- ICD
 - www.who.int/icd/vol1htm2003/fr-icd.htm (who)
 - www.cdc.gov/nchas/about/otheract/icd9/abticd9.htm (ccd)
- PQRS
 - www.centerforhealthyaging.com
- Coding Web Sites
 - www.catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp (AMA CPT)
 - www.aapcnatl.org (academy of coders)
 - www.ntis.gov/product/correct-coding (coding edits)

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Additional Sample Forms

- Office Forms
 - CPT Routing
 - PQRS
- Clinical Forms
 - Psychiatric Interviewing
 - Psychotherapy
 - Neurobehavioral Status Exam
 - Neuropsychological Testing (prof & technical)

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AMA Contact Information

- Website
 - www.amabookstore.com
 - Link to;
 - catalog.ama-assn.org/Catalog/cpt/issue_search.jsp
- Telephone
 - 312.464.5116

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APA Contact Information

- American Psychological Association
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American Psychological Association
750 First Street, N.W.
Washington, D.C. 20002
- Association for the Advancement of Psychology
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 - P.O.Box 38129
 - Colorado Springs, Colorado 38129

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 - University = puente@uncw.edu
 - Practice = clinicalneuropsychology@gmail.com
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 - University = 910.962.3812
 - Practice = 910.509.9371

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