

PIMSY mental health EHR Newsletter – March 2013 – How do CPT, ICD and DSM Interact?

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3/14/13

Statement of Concern: DSM-5

There have been unhappy responses to the proposed changes in the soon-to-be-released DSM-5 for several years, presented to the APA (American Psychiatric Association) by mental health clinicians and researchers, the overall medical community, and patients, families, and advocates.

The APA's DSM-5 website addresses some of the concerns raised, including the issue (covered in a recent post) that many professionals have with the proposal to eliminate the grief exclusion criterion from MDD (major depressive disorder).

Despite the level of critique, research, concern, and response from the APA, the co-chairs of the DSM-5 Reform Committee have released a formal Statement of Concern that "reinforces the committee's original concerns about the DSM-V and implores both the world of psychiatric professionals and the public to join them in advocating for responsible, ethical, and scientific psychiatric and psychological practices." ([click here](#) for more...)



How Do ICD-10, CPT and DSM-5 Codes Interact?

A quick primer on ICD, DSM and CPT: CPT are the codes used for medical billing, including mental health. As someone who uses CPT codes for psychiatry, psychology and/or behavioral health, you already know that the CPT codes just underwent some huge changes, the aftermath of which is still unfolding, not all of it positive. ([Click here](#) for our CPT Resource Center for more information about the recent mandatory changes).

Both DSM and ICD are codes used for diagnosis, but ICD codes must be used for billing. Since 2003, ICD codes have been mandatory (per

HIPAA) for third-party billing and reporting for all electronic transactions for billing and reimbursement. DSM codes are not HIPAA compliant from a billing standpoint; while they're used by many mental health professionals in the US, the ICD codes are used in conjunction with CPT for billing. ([Click here](#) for details...)



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Have You Outgrown Your Legacy System?

First of all, what's a legacy system!? Basically, it's your "old" system: for example, the first EMR you started with 5 years ago that your organization has now outgrown, or continuing to use paper records when you need a more efficient method.

It doesn't have to be software: a legacy system can be an old method, tool, or way of doing business. The legacy system may or may not continue to be in use, but even if it's no longer utilized, it can continue to impact your practice because of the role it has played.

Some practices stick with their legacy system, for a variety of reasons: the investment in time and/or money made on the old system; a vendor lock-in situation where you must continue using a certain product until a contract is finished; or the inevitable challenges of changing systems, including data crosswalk.

But if nothing changes, nothing changes! ([continue reading...](#))

