For Mental Health, How do DSM-5, CPT, and ICD-10 Codes Interact?

A Quick Primer on CPT for Mental/Behavioral Health
CPT, or Current Procedural Terminology, codes are put out by the American Medical Association (AMA), and describe the action taken from a visit or treatment provided, such as 90837: psychotherapy, 60 minutes, with patient and/or family member.

As someone who uses CPT codes for psychiatry, psychology and/or behavioral health, you already know that the CPT codes for our industry underwent a huge revision in January 2013, the aftermath of which is still unfolding, not all of it positive. (Check out our CPT Code Resource Center for more information about the recent mandatory changes).

What About ICD and DSM?
Both DSM and ICD codes are used for diagnosis, and they are actually the same codes: the DSM is simply a guide to picking the right ICD code. DSM-IV guided providers to the appropriate ICD-9 code(s), and DSM-5 directs you to both the applicable ICD-9 and ICD-10 codes. This is because DSM-5 was published in May 2013 and went into effect on 1/1/14, meaning that it straddles the upcoming ICD transition period in which the entire medical community will upgrade from ICD-9 to ICD-10 codes.

While ICD code sets are used to report medical diagnoses and inpatient procedures, the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services. ICD / DSM is the code used to describe the condition or disease being treated, also known as the diagnosis. CPT is the code used to describe the treatment and diagnostic services provided for that diagnosis. The critical relationship between an ICD code and a CPT code is that the diagnosis supports the medical necessity of the treatment.

DSM Codes are ICD Codes
Since 2003, ICD codes have been mandatory (per HIPAA) for third-party billing and reporting for all electronic transactions for billing and reimbursement. They are the World Health Organization (WHO)’s International Classification of Diseases and Related Health Problems and used in conjunction with CPT for billing.

Because the DSM endorses (and therefore lists) most mental / behavioral health ICD codes (but excludes some), and because it's the only accepted guide to ICD for our industry, many providers believe that DSM and ICD codes are separate.
They're not: DSM is ICD. Most of us use the language "DSM codes", but there is no list of DSM codes separate from ICD codes. DSM directs you to the correct ICD diagnosis code(s). “Even if psychologists record DSM diagnostic codes for billing purposes, payers recognize the codes as ICD-9-CM, the official version of ICD currently used in the United States.”

**DSM Changes: What You Need to Know**

DSM-5 was released in May 2013 and took effect on 1/1/14; this means that you should already be using it to diagnose! The biggest differences between DSM-IV and DSM-5 are: 1) DSM-IV only promoted ICD-9 codes; DSM-5 promotes both ICD-9 and ICD-10. 2) DSM-5 provides many vastly different diagnosis pathways than DSM-IV, meaning that you may end up with a different diagnosis than you used to, depending on the client you're treating.

“The structure and coding for the mental and behavioral disorders classification of ICD-10 are different from those of ICD-9 and the DSM-IV. The broad categories of mental and behavioral disorders are much the same, but the new arrangement of categories and alpha-numeric codes will be different from ICD-9 and the DSM-IV codes. For instance, major depressive disorder, single episode is coded as 296.2 in both DSM-IV and ICD-9-CM but is coded as F32 in the current version of ICD-10. It is also important to note that certain diagnostic criteria will be revised and updated in DSM-5, in addition to the change of the actual diagnostic code set of ICD-10.”

**ICD for Mental Health Changes: What You Need to Know**

ICD codes are getting ready to change from ICD-9 to ICD-10 on October 1, 2015, and this is a big deal: “a recent survey showed that ICD-10 was the third-most important health IT initiative for [the year], falling just behind adoption of electronic health systems and PHI Security.” Service dates prior to the October 1, 2015 deadline will be billed via ICD-9; service dates after that by ICD-10.

Making the transition between the old and new versions of these standards is no small feat: a recent KLAS report stated that 84% of respondents had consulted with a third-party support partner to develop an ICD-10 implementation road map.

**See the following Resources for guidance and further education**

> PIMSY ICD/DSM Resource Center
> 8 Steps to a Smooth ICD-10 Transition
> APA’s DSM-5
> CMS ICD-10 Center
> Transition to the ICD-10-CM: What does it mean for psychologists?
> AMA CPT Code Book
> CPT Code Resource Center

To see how PIMSY EHR can help you meet ICD-10 compliance, [click here](mailto:contact@pimsyemr.com) – or contact us: 877.334.8512, ext 1 – [hello@pimsyemr.com](mailto:hello@pimsyemr.com)

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