ICD-10 Update*
Mental and Behavioral Health
ICD-10-CM Codes

Blue Cross Blue Shield of Michigan
2014

*NOTE: The information in this document is not intended to impart legal advice. This overview is intended as an educational tool only and should not be relied upon as legal or compliance advice.
ICD-10 and the DSM V
Mental and behavioral Health coding in ICD-9 vs. ICD-10

• Efforts to harmonize ICD-9 and DSM-IV codes currently in use have resulted in classification systems with similar (often identical) codes.

• The structure and coding for the mental and behavioral disorders classification in ICD-10-CM are different from those of the ICD-9-CM and the DSM-IV.

• The broad categories of mental and behavioral disorders are much the same, but the new arrangement of categories and alphanumeric 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-CM.
Mental and behavioral Health coding in ICD-10 vs. DSM-5

• DSM-5 was released in May of 2013, replacing DSM-IV-TR. There is a mix of concern in the mental health community about DSM-5 vs. ICD-10.

• According to a May 14, 2013 document from the dsm5.org website, the DSM-5 contains coding for both ICD-9 codes and ICD-10 codes. There are ICD-9 codes followed by ICD-10 codes in parentheses.

• ICD-10 and DSM-5 are described as being “companion publications”. DSM-5 provides the most accurate and updated criteria for diagnosing mental disorders, making a common language for clinicians to communicate about their patients. ICD-10 contains code numbers found in DSM-5 to ensure proper insurance reimbursement and monitor health statistics by health agencies.
What others are saying

• Taken from the DSM-V –ICD-10 testimony of Benjamin F. Miller, PsyD, Colorado School of Medicine (National Committee on Vital Health Statistics, subcommittee on standards, June 18)
  – Fragmentation is driving inefficiency and ineffectiveness in healthcare
  – The divide between mental health and physical health is closing
  – The DSM-V has just recently been released leaving many questions for the field
What others are saying (continued)

• Currently mental health professionals have two classification systems to use for coding mental disorders: (1) the International Classification of Diseases (ICD) and (2) the Diagnostic and Statistical Manual of Mental Disorders (DSM)

• The DSM-IV provides diagnostic codes solely for mental disorders; whereas the ICD-10-CM has codes for both physical and mental disorders

• More excerpts from his testimony follow:
Depression

**DSM-V**

Depressed mood and/or loss of interest or pleasure in life activities for at least 2 weeks and at least *five of the following* symptoms that cause clinically significant impairment in social, work, or other important areas of functioning almost every day:

1. Depressed mood most of the day.
2. Diminished interest or pleasure in all or most activities.
3. Significant unintentional weight loss or gain.
4. Insomnia or sleeping too much.
5. Agitation or psychomotor retardation noticed by others.
6. Fatigue or loss of energy.
7. Feelings of worthlessness or excessive guilt.
8. Diminished ability to think or concentrate, or indecisiveness.
9. Recurrent thoughts of death

**ICD-10**

In typical depressive episodes of all three varieties described below (mild (F32.0), moderate (F32.1), and severe (F32.2 and F32.3)), the individual usually suffers from depressed mood, loss of interest and enjoyment, and reduced energy leading to increased fatiguability and diminished activity. Marked tiredness after only slight effort is common. Other common symptoms are:

- (a) reduced concentration and attention;
- (b) reduced self-esteem and self-confidence;
- (c) ideas of guilt and unworthiness (even in a mild type of episode);
- (d) bleak and pessimistic views of the future;
- (e) ideas or acts of self-harm or suicide;
- (f) disturbed sleep
- (g) diminished appetite.
Other differences

**DSM-V**
- Produced by a single national professional association for psychiatrists (the American Psychiatric Association)
- Generates revenue for the American Psychiatric Association
- DSM is developed primarily by U.S. psychiatrists
- DSM is approved by the assembly of the American Psychiatric Association

**ICD-10**
- Produced by a global health agency with a public health mission to help countries reduce the disease burden of mental disorders
- ICD is available free on the Internet (WHO not for profit)
- ICD's development is global, multidisciplinary, and multilingual
- ICD is approved by the World Health Assembly
ICD-10 overview
The ICD-10 Mandate

• The ICD-10 implementation is scheduled for Oct. 1, 2015. On claims with that date of service, all HIPAA-covered health care entities must begin using ICD-10 codes in place of the ICD-9 codes.

• Claims with non-compliant codes will be rejected.

• Delivered in two parts – ICD-10-CM (for all providers in all health care settings) and ICD-10-PCS (for hospital claims and inpatient hospital procedures).

• Does not affect CPT or HCPCS codes and usage.
The differences between ICD-9 and 10

- Differences between the code sets make ICD-10 look like an entirely different coding language.

- Main differences include:
  - Volume
  - Structure
  - New features
Volume differences

• About **150,000** ICD-10 codes will replace **17,000** ICD-9 codes

• The greater level of detail in ICD-10 causes the increased volume
Structural differences – ICD-9-CM

3 – 5 Characters
Structural differences – ICD-10-CM

Alpha (Except U)

2 Always Numeric
3-7 Numeric or Alpha

Category

Etiology, anatomic site, severity

Additional Characters

Added code extensions (7th character) for obstetrics, injuries, and external causes of injury

3 – 7 Characters
ICD-10-CM New Features

• Combination codes for some conditions and associated symptoms
• Laterality
• Expansion of some codes
  – Injuries
  – Diabetes
  – Alcohol and substance abuse
  – Post-op complications
• Injuries grouped by anatomical site instead of by category
Examples of Combination Codes for Mental and Behavioral Health

(ICD-10-CM Chapter 5: Mental, Behavioral, and Neurodevelopmental Disorders)

• F11.23 – Opioid dependence with withdrawal

• F13.221 – Sedative, hypnotic or anxiolytic dependence with intoxication delirium

• F16.221 – Hallucinogen dependence with intoxication and delirium

* Primary Care for purposes of this presentation includes Internal Medicine, Family Practice and General Practice
There are other differences

- Code titles are more complete
- Specificity and detail significantly expanded
- Certain diseases reclassified to reflect current medical knowledge
What’s different for Mental and Behavioral Health?

Focus on ICD-10-CM Chapter 5
Chapter 5 - Mental, behavioral and neurodevelopmental disorders

Updates to Chapter 5 include:

• Classification improvements:
  – Greater detail, different categories, more codes

• Code expansions
  – Most notably, Other Isolated or Specific Phobias

• Updates to medical terminology
  – Bipolar I disorder, single manic episode will change to Manic episode
  – Undersocialized conduct disorders, aggressive will become Conduct disorder childhood-onset type
Updates to Chapter 5 cont’d

• Other significant changes:
  
  – Nicotine dependence updated to identify specific tobacco products (cigarettes, chewing tobacco, other tobacco)
  
  – Alcohol abuse and dependence codes no longer identify continuous or episodic use
  
  – Alcohol dependence, drug dependence and non-dependent abuse of drugs are classified to 3 different categories
Focus on ICD-10-CM Chapter 5
Mental and Behavioral Health

Top 10 Most Frequently Reported Diagnoses Codes

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>300.4 – Dysthymic disorder</td>
<td>F34.1 – Dysthymic disorder</td>
</tr>
<tr>
<td>309.28 – Adjustment disorder</td>
<td>F43.23 – Adjustment disorder</td>
</tr>
<tr>
<td>with mixed anxiety and</td>
<td>with mixed anxiety and</td>
</tr>
<tr>
<td>depressed mood</td>
<td>depressed mood</td>
</tr>
<tr>
<td>300.02 – Generalized anxiety</td>
<td>F41.1 – Generalized anxiety</td>
</tr>
<tr>
<td>disorder</td>
<td>disorder</td>
</tr>
</tbody>
</table>
Focus on Mental and Behavioral Health

ICD-9-CM

311 – Depressive disorder, not elsewhere classified

296.32 – Major depressive affective disorder, recurrent episode, moderate

300.00 – Anxiety state, unspecified

ICD-10-CM

F32.9 – Major depressive disorder, single episode, unspecified

F33.1 – Major depressive disorder, recurrent, moderate

F41.9 – Anxiety disorder, unspecified
Focus on Mental and Behavioral Health

ICD-9-CM

314.01 – Attention deficit disorder with hyperactivity

ICD-10-CM

- F90.0 – Attention-deficit hyperactivity disorder, predominantly inattentive type
- F90.1 - Attention-deficit hyperactivity disorder, predominantly hyperactive type
- F90.2 - Attention-deficit hyperactivity disorder, combined type
- F90.8 - Attention-deficit hyperactivity disorder, other type
- F90.9 - Attention-deficit hyperactivity disorder, unspecified type
### Focus on Mental and Behavioral Health

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
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</thead>
<tbody>
<tr>
<td>296.33 – Major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior</td>
<td>F33.2 - Major depressive disorder, recurrent severe without psychotic features</td>
</tr>
<tr>
<td>309.0 – Adjustment disorder with depressed mood</td>
<td>F43.21 – Adjustment disorder with depressed mood</td>
</tr>
</tbody>
</table>
Focus on Mental and Behavioral Health

ICD-9-CM

296.30 – Major depressive affective disorder, recurrent episode, unspecified

ICD-10-CM

F33.40 - Major depressive disorder, recurrent, in remission, unspecified

F33.9 - Major depressive disorder, recurrent, unspecified
Great information…but so what?
Everyone has different views of ICD-10

- **Clinician Perspective:** ICD-10 is understanding the increased level of detail needed in the medical record documentation.

- **Coder Perspective:** Training is required to understand the additional detail in the codes.

- **Payer Perspective:** Make sure that our systems can take the submitted codes and pay claims/apply benefits appropriately.

*The best way to understand the impact of the ICD-10 code set is to see it in action…*
Important points from an industry perspective

- ICD-10 most likely will increase the need for certified coders
  - This is due to the increased detail in the code set, especially during the initial months of the transition

- Entities must take into consideration external factors (such as impacts of Health Care Reform and requirements of Medicare and Medicaid) when planning for ICD-10

- A maintenance process must be in place as part of a long-term solution to enable processing of codes
  - How do you update the codes today?
  - With increased volume, that process will likely have to change
Medical records – A call for detail

Because of ICD-10 specificity, provider documentation must change to meet the new level of detail. For example…

Diagnosis:

- Obesity must be specified in ICD-10 if due to excess calories or if drug induced.
- Angina Pectoris is further classified as unstable angina, angina pectoris with documented spasm or other forms of angina pectoris.
- Asthma is specified as mild intermittent, mild persistent, moderate persistent and severe persistent.
- Tobacco dependence in ICD-9 becomes Nicotine dependence in ICD-10.
- The type of nicotine dependence must be documented for coding purposes.

Procedures:

- Transfusion of Packed Red Blood Cells need to specify if red blood cells are fresh or frozen.
- Hernia repairs require the device (graft/implant) to be coded to autologous tissue substitute, synthetic substitute or nonautologous tissue substitute.
- Radiological procedures (aortogram, arteriography performed under fluoroscopy) need to specify contrast material used (High Osmolar, Low Osmolar or other contrast)
Why you should care about the ICD-10 transition

If we receive non-compliant codes (problem in the provider space) OR incorrectly associate ICD-10 diagnosis codes in our systems (problem in the payer space)…. then there is major disruption…and if there’s disruption…

Provider has to call the payer

Payer answers questions, requests other information

Claims are delayed

Disruption in cash flows

No one is happy

It is in everyone’s best interest to work toward a seamless transition
Next steps
What can others do?
Next steps to prepare for ICD-10*

Determine Impact
- Learn about the ICD-10 code set
- Identify all places within your organization that use ICD-9 codes and understand the impact of the transition
- Determine strengths and weaknesses in medical record documentation

Identify training needs
- Staff review and refresh medical terminology
- Plan for coder training (6-9 months prior to implementation)

Reach out to others
- Talk to business partners about ICD-10 readiness (payers, vendors, billing services, etc.)
- Be sure to discuss testing capabilities

*Information from CMS’ MLN Matters, SE1019
ICD-10 readiness tactics

• Start recoding the superbill and determine the documentation required to code accurately
  – Diabetes: Type 1 or 2, due to underlying condition, drug/chemical induced
  – Manifestations now included in chapter, but some will need an additional code
  – Do you need to expand the superbill based on physician activities?
• Start with the CMS GEMs
  – They will get you in the ball park
  – The GEMs list all possible code combinations
• Where else do ICD-9 codes exist in your office?
• Talk to your specialty societies and ask if there is a plan to provide you with a list of conversion codes
• Training: coding classes, refresher on medical terminology (many terms have been updated in I-10), and anatomy and physiology
Important resources

• CMS resources – Implementation handbook and Behavioral Claims Management Links:
  – No cost, many templates and useful timelines, etc., Link:
    • http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html

• DSM5.org; American Psychology Association and American Psychiatric Association Links:
  • http://www.dsm5.org/Documents/FINAL%20UPDATED%20Insurance%20Impl
    ications%20of%20DSM-5--FAQ%206-11-13%20(2).pdf
  • http://www.apapracticecentral.org/update/2012/02-09/transition.aspx
  • http://www.psych.org/home/search-results?k=icd-10

• AAPC and AHIMA resources – Specialized training
  – Extra cost, mentioning as a possible resource for readiness
  – Links:
    • http://www.aapc.com/icd-10/
    • http://ahima.org/ContinuingEd/Campus/courseinfo/ICD10.aspx
BCBSM readiness
Upcoming major activities

2009 to 10
Strategy, planning and mapping methodology

2011
Technical changes, mapping the codes and financial neutrality

2012-2013
Technical coding, neutrality, testing provider readiness, business readiness

2014-2015
External testing and Implementation
Steps we are taking to minimize the risk of disruption

• Choose a solution that allows us to transition and positions us for possible contingencies
  – Extension of ICD-10 deadline
  – Request to accept both ICD-9 and ICD-10 codes for a time period

• Extensive testing plan

• Outreach and communications

• Internal training of staff
ICD-10 Provider Testing Options with BCBSM (updated for 2014)
# ICD-10 Testing Options

<table>
<thead>
<tr>
<th>Testing option</th>
<th>What it tests</th>
<th>What it will tell you</th>
<th>Time line</th>
<th>How to join</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transactional testing of claims with ICD-10 codes</td>
<td>The ability to accept fully compliant 837 transactions with ICD-10 codes</td>
<td>Whether or not a claim with an ICD-10 code was received and passed EDI compliance checks</td>
<td>Testing available through 10/1/2015</td>
<td>Send an e-mail to: <a href="mailto:icd-10claimtesting@bcbsm.com">icd-10claimtesting@bcbsm.com</a> if you're interested in external claims testing.</td>
</tr>
</tbody>
</table>
| Medical scenario testing – professional             | A medical scenario is presented (by specialty) and the submitter is asked to assign appropriate ICD-10 codes | • What codes were submitted  
• What other health care providers of the same specialty submitted for that scenario | Testing available through 10/1/2015 | Use this link (copy and paste to your internet browser) to register for medical scenario testing for professionals: [http://bcbsmicd10providerregistry.highpoint-solutions.com](http://bcbsmicd10providerregistry.highpoint-solutions.com)  
Once registered, we will provide detailed instructions on how to use the tool will be provided via email. |
| DRG shift testing – facility                        | The impact of ICD-10 coding on DRG shifts                                     | • ICD-10 codes submitted (based on a historical ICD-9 claim)  
• Impact of the ICD-10 codes on the DRG assignment | Testing available through 10/1/2015 | Send an email to: icd-10providertesting@bcbsm.com if you would like to register for facilities testing. |

For the medical scenario testing and the DRG shift testing, we will provide you with background documentation and detail.
Professional Testing with BCBSM

• The test tool is available for use now through the ICD-10 implementation date (Oct. 1, 2015).

• Use of this tool is free of charge.

• Testing is done through the web; no special software or lengthy test requirements are needed.

• It is “content based” and “specialty specific,” which means that you will be presented with several medical scenarios and be asked to code the scenarios in ICD-10.

• Scenarios are based on specialties (internal medicine, oncology, etc.) and providers must register for each specialty they are interested in testing.
Professional Testing with BCBSM Continued

• We recommend you have some familiarity with the ICD-10 codes and have a code book or other access to the code set to complete this test.

• BCBSM will provide a peer group report of the codes selected for the same scenarios which can be accessed multiple times as additional providers participate in the testing.

• To register and begin the ICD-10 professional testing process, access the following link:  
  bcbsmicd10providerregistry.highpoint-solutions.com
Facility Testing with BCBSM

- The process will continue through the ICD-10 implementation of Oct. 1, 2015.

- Use of this tool is free of charge.

- This testing identifies the impact of ICD-10 code selection on DRG shifts.

- Facilities will register the historical claims which they would like to include in the test effort.

- BCBSM will validate/register those claims and provide a link to a web based tool.
Facility Testing with BCBSM
Continued

• Facilities will recode the original medical record and submit the ICD-10 codes either directly into the tool or via uploading a spreadsheet with the responses into the tool.

• BCBSM will run the response thru the DRG grouper and provide a side by side comparison report of how each claim was grouped using the original ICD-9 codes along with the new ICD-10 codes.

• Send an email to icd-10providertesting@bcbsm.com if you would like to register for facilities testing.
Questions