



DSM-5: Moving Forward

Implementation as announced, October 1, 2014

ICD-10: Implementation Mandate is Delayed

On April 1, 2014, [H.R. 4302](#), was signed into law. Included in the law is a one sentence provision delaying implementation of ICD-10 by *at least* one year:

SEC. 212. DELAY IN TRANSITION FROM ICD–9 TO ICD–10 CODE SETS.

The Secretary of Health and Human Services may not, prior to October 1, 2015, adopt ICD–10 code sets as the standard for code sets under section 1173(c) of the Social Security Act (42 U.S.C. 1320d–2(c)) and section 162.1002 of title 45, Code of Federal Regulations.

This ICD-10 delay was part of legislation that adjusted the Sustainable Growth Rate (SGR) (also called ‘doc-fix’) and amended the Social Security Act to extend Medicare payments to physicians and change other provisions of the Medicare and Medicaid programs. Historically ICD-10 was not tied to SGR.

In response to this legislation, we are adjusting plans for the ICD-10 implementation. In support of industry standardization and a uniform provider experience, we will continue with the DSM-5 implementation effective October 1, 2014 as previously announced.

Moving Forward with DSM-5

Optum

DSM-5 Timeline

As in previous editions, the American Psychiatric Association includes “mapping” from the DSM diagnostic criteria to the numeric ICD diagnostic code used for billing.

Through September 30, 2014

- Use DSM-IV-TR diagnostic criteria
- Use ICD-9 as aligned to the DSM-IV-TR for billing

Beginning October 1, 2014:

- Use DSM-5 diagnostic criteria
- Use ICD-9 as aligned to the DSM-5 for billing

Provider Actions

- Obtain a print copy or online subscription to the DSM-5
- Attend a DSM-5 workshop to learn about changes from DSM-IV to DSM-5
- Identify your highest volume diagnostic categories
 - Focus on learning these first
 - Assess whether there are any changes in criteria or categorization (see DSM-5 pp 809-816. “Highlights of Changes from DSM-IV to DSM-5”)
- Initiate a brief period of concurrent use of DSM-IV and DSM-5 criteria and associated ICD-9 codes within your organization to support:
 - Understanding of changes
 - Familiarity with any new or different ICD-9 codes
- Documentation
 - As always, note presence or absence of signs and symptoms upon which diagnosis is made
 - Continue to list medical conditions, psychosocial and environmental factors that support understanding of mental health condition

DSM-5 Diagnosis

Obsessive-Compulsive Disorder

Diagnostic Criteria

300.3 (F42)

A. Presence of obsessions, compulsions, or both

Obsessions are defined by (1) and (2):

1. Recurrent and persistent thoughts, urges, or images that are intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

Compulsions are defined by (1) and (2):

1. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
2. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.

Note: Young children may not be able to articulate the aims of these behaviors or mental acts.

- B. The obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.
- D. The disturbance is not better explained by the symptoms of another mental disorder (e.g., excessive worries, as in generalized anxiety disorder; preoccupation with appearance, as in body dysmorphic disorder; difficulty discarding or parting with possessions, as in hoarding disorder; hair pulling, as in trichotillomania [hair-pulling disorder]; skin picking, as in excoriation [skin-picking] disorder; stereotypies, as in stereotypic movement disorder; ritualized eating behavior, as in eating disorders; preoccupation with substances or gambling, as in substance-related and addictive disorders; preoccupation with having an illness, as in illness anxiety disorder; sexual urges or fantasies, as in paraphilic disorders; impulses, as in disruptive, impulse-control, and conduct disorders; guilty ruminations, as in major depressive disorder; thought insertion or delusional preoccupations, as in schizophrenia spectrum and other psychotic disorders; or repetitive patterns of behavior, as in autism spectrum disorder).

Specify if:

With good or fair insight: The individual recognizes that obsessive-compulsive disorder beliefs are definitely or probably not true or that they may or may not be true.**With poor insight:** The individual thinks obsessive-compulsive disorder beliefs are probably true.**With absent insight/delusional beliefs:** The individual is completely convinced that obsessive-compulsive disorder beliefs are true.

Specify if:

Tic-related: The individual has a current or past history of a tic disorder.

ICD Billing Codes: ICD-9 code is bolded, ICD-10 code is grey and in parentheses.

Effective October 1, 2014

Assessment & Diagnosis

Use the DSM-5 diagnostic criteria

Nonaxial Assessment System

The DSM-5 advises that you continue documenting “medical conditions that are important to the understanding or management of an individual’s mental disorder(s)” and that you continue to use ICD-9-CM V codes to note relevant psychosocial or environmental factors

Optum is also retaining Axis V (GAF) reporting capability on clinical platforms pending establishment of an industry-wide alternative

ICD Billing

The DSM-5 includes “mapping” to both ICD-9 and ICD-10 codes, until further notice, use the ICD-9 codes

Further Updates



Please visit Provider Express for ongoing updates and information

[DSM-5 / ICD-10 Information Page](#)