

# **ICD-10 KNOWLEDGE BRIEFS**

## Neuropsychology: Medical Focus

### Managing Change from ICD-9 to ICD-10

Neuropsychologists who primarily evaluate individuals with medical or suspected medical conditions likely rely more on the ICD diagnosis coding system than on DSM diagnostic criteria with associated mapping to ICD codes.

Continue to file Optum claims using the same basic steps you use today making sure that on and after October 1, 2015, you include:

- At least one valid (billable) ICD code (principal diagnosis)
- Completion of the ICD Indicator
- Proper match between DOS and the ICD code used

#### **Specificity and ICD-10-CM**

- Documentation is very important, including but not limited to:
  - Reason for visit/service
  - Signs, symptoms, duration, severity, & status (e.g., full or partial remission)
  - Condition type (e.g., vascular vs migraine or other type of headache; congenital vs acquired)

For behavioral health conditions, refer to the DSM-5® for relevant documentation of clinical criteria. DSM-5 maps conditions to both ICD-9-CM and ICD-10-CM codes needed for billing. For medical coding, UnitedHealthcare Online has a number of tools you may find useful.

#### UnitedHealthcare ICD-10 Tools and Information

Unitedhealthcareonline.com > Quick Links > ICD-10 and Regulatory Outreach

- **Code Look-up Tool**: ICD-10 and ICD-9 from UnitedHealthcare
- **ICD-10 Decision Trees**: Reinforce documentation and claim coding connection
- **Physician ICD-10 Coding Practice Tool**: See case examples from a range of specialties and practice applying the correct ICD-10 code based on the scenario

Claims continue to be subject to benefit eligibility and all coverage provisions, limitations and exclusions.