October 1, 2014 marks a fundamental shift in how psychologists and other health care providers in the United States will be required to code and bill for their services. At that time, the U.S. will finally adopt the World Health Organization’s (WHO) International Classification of Diseases, 10th revision (ICD-10).

While the transition to this diagnostic coding system has been expected, the forthcoming adoption of ICD-10 raises a host of questions for psychologists. Much of the uncertainty coincides with the May 2013 publication of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

This question-and-answer article addresses several current issues and concerns related to ICD-10 and DSM-5. The sidebar on page 9 contains additional references and resources.

**Why do both the ICD and DSM systems exist?**

The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM) has been widely used for training and diagnostic purposes across mental health professions in the U.S. The rest of the health care industry has used the ICD for diagnostic codes.

The ICD is the global standard in diagnostic classification for health reporting and clinical applications for all diagnoses, including mental health and behavioral disorders. The U.S., as a member of the World Health Assembly, is expected to report morbidity and mortality data using the World Health Organization’s international standard, the ICD.

**What code set should be used for billing?**

The Department of Health and Human Services will not require providers to use the ICD-10-CM code sets to report diagnoses until October 1, 2014. At that time, the ICD-9-CM code sets will be replaced by ICD-10-CM code sets. The transition to ICD-10-CM is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA).

For coding purposes related to billing, psychologists
should continue to use the ICD code sets they are currently using. ICD-9-CM codes are essentially the same as those contained in the DSM-IV-TR, the predecessor to DSM-5. (The American Psychiatric Association switched from using Roman to Arabic numerals with publication of DSM-5.) The American Psychiatric Association has published “crosswalks” between DSM-5 diagnoses and ICD codes for those who opt to use the DSM-5 manual.

How might DSM-5 be used in practice?

Psychologists are licensed to independently assess and diagnose the individuals who seek care from them. The DSM, with its descriptions of various mental disorders and their respective diagnostic criteria, historically has served as the industry standard among mental health professionals for use in the process of assigning a diagnosis. Recognizing their professional and ethical obligation to use up-to-date diagnostic criteria, many psychologists have consulted the current edition of DSM for that purpose.

As far as timing for psychologists who intend to switch to using the new DSM-5 as their primary diagnostic resource, be aware that some hospitals along with the Department of Veterans Affairs seem to be preparing to adopt use of the DSM-5 diagnostic criteria for the process of making clinical diagnoses by the end of 2013.

Also be aware that some laws – especially those concerning diagnosis in a school setting – may specify or encourage the use of DSM for designated purposes. For example, the federal No Child Left Behind law grants the states some leeway in directing how psychologists arrive at a diagnosis for a child in order to fulfill requirements for an Individualized Education Plan (IEP). Some states require use of the DSM, where other states allow psychologists’ professional clinical judgment to suffice for making a diagnosis. Certain states suggest the use of DSM but grant the practitioner license to use another diagnostic resource that entails “similarity of function” – for example, the ICD.

What do psychologists who use DSM for diagnostic purposes need to do in order to capture ICD codes for billing purposes?

Because DSM diagnoses must be coded and billed using ICD codes, psychologists must have some familiarity with ICD or use a crosswalk from some other system (such as DSM) to ICD in order to identify the appropriate codes and be paid for their services.

ICD-10 resources from the Centers for Medicare and Medicaid Services (CMS) cms.gov/Medicare/Coding/ICD10/index.html

InstaCode Institute’s DSM-5 code FAQ instacode.com/DSM-faq


The role of the DSM in IDEA case law nasponline.org/publications/cq/mocq395RoleofDSM.aspx

Transition to the ICD-10-CM: What does it mean for psychologists? apapracticecentral.org/update/2012/02-09/transition.aspx

APA’s continuing education (CE) office has a presenter under contract who is willing to travel to sponsoring agencies, organizations or associations interested in more intensive training in relation to either the DSM-5 or the ICD.

State psychological associations may also offer workshops for their members on diagnostic classification systems.