Transitioning Your Psychiatry and Behavioral Health Practice to ICD-10
TABLE OF CONTENTS

What is ICD-10? 3

DSM-5 and ICD-10 4

Multiple Diagnosis Codes 5

Terminology Changes 6

More Changes for Your Practice 7

Preparing for ICD-10 9

Still Worried About ICD-10? 11
The International Classification of Diseases, Tenth Edition (ICD-10) is a clinical cataloging system that goes into effect for the U.S. healthcare industry on Oct. 1, 2015. Accounting for modern advances in clinical treatment and medical devices, ICD-10 offers many more classification options compared to those found in predecessor ICD-9.

Within the healthcare industry, providers, coders, IT professionals, insurance carriers, government agencies, and many others use ICD codes to properly note diseases on health records, track epidemiological trends and assist in medical reimbursement decisions. Because the healthcare industry relies so heavily on ICD codes for its general operation, ICD-10 has increased the number of diagnosis codes from ICD-9 almost 5 fold in ICD-10.

In addition to an increase in diagnosis codes, ICD-10 has also made other significant improvements compared to ICD-9. These improvements can be noted in Table 1 to the right of the page.
Mental health providers currently use The Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), which includes the use of ICD-9 codes. DSM-5 will now also include ICD-10-CM codes for mental and substance use disorders.

**DUAL CODING**

One of the most significant revisions to DSM-5 is the inclusion of **dual codes for every mental disorder**. This change will account for the currently used ICD-9-CM codes as well as new ICD-10-CM codes, effective October 2015.

When you look at a disorder in DSM-5, the name will appear on the left of the diagnostic criteria set, while the ICD-9-CM code will appear on the right and the ICD-10-CM code will appear in parentheses next to it.

If there is only one ICD-10-CM assigned to a disorder, it can be found at the top of the Diagnostic Criteria set. For example, Schizophrenia has an ICD-10-CM code of F20.9, it is in parentheses.

Often in mental health, there is more than one code that can be assigned to a disorder. The codes can be found at the bottom of the diagnostic criteria box. An example of this would be schizoaffective disorder, where the bipolar type is coded F25.0 and the depressive type is coded F25.1.

When a disorder is high in complexity, the DSM-5 will also indicate that additional information, in the form of coding notes and coding tables, is provided at the bottom of the diagnostic criteria set.

Additionally, ICD-10-CM codes can be found in the “DSM-5 Classification” in the front of the manual, and as alphabetical and numerical listings in the appendices.

For further information on ICD-10-CM coding updates, the implementation of DSM-5, and questions for DSM staff at the APA, please visit [www.dsm5.org](http://www.dsm5.org).
When coding Psychiatry and Behavioral Health for ICD-10, precedence should be given to the diagnosis that best represents the NOPP (Nature of the Presenting Problem) and is most relevant to the purpose for the patient’s visit.

Remember that the one diagnosis code that is going to be most significant to report is the patient’s life-time diagnosis, (i.e., a patient with chronic schizophrenia presenting for an episode of care because of symptoms of acute anxiety).

Best practice in this scenario would be to record the diagnoses in the numerical order in which they appear in the ICD-10-CM classification.

If you would like to get a better understanding of coding for psychiatry and behavioral health practices, visit the APA’s website or purchase the Primer for ICD-10-CM here.
ICD-10-CM has made two large terminology changes that healthcare professionals should be aware of when transitioning to ICD-10.

“DISORDER”

The term “disorder” is used throughout the classification in order to keep it separate from terms that often seem to be interchanged such as “disease” and “illness”.

The term “Disorder” is not exact, but is referenced here to allow the existence of a clinically recognizable set of symptoms and / or behaviors that are often associated with distress and disruption of personal functions.

Please note: social deviance or conflict alone, without personal dysfunction, should not be included in mental disorders as defined here.

“PSYCHOGENIC AND PSYCHOSOMATIC”

Psychosomatic disorders found in other classifications can also be classified under the following categories:

- F45. somatoform disorders
- F50. eating disorders
- F52. sexual dysfunction
- F54. psychological or behavioral factors associated with disorders or diseases classified elsewhere
OTHER CHANGES

In addition to the previously stated changes, there are several specific areas where ICD-10-CM differs for psychiatry and behavioral health providers.

Mental and behavioral disorders due to psychoactive substance use (F10-F19)

Although ICD-9-CM doesn’t distinguish between use, abuse and dependence, ICD-10-CM does. Many of the codes in this section also specify additional complications including: mood disorders, delusions, delirium, perceptual disturbances, and more. ICD-10-CM has also been expanded to include a hierarchy when reporting. Now, healthcare providers can only submit one code per substance (alcohol, cannabis, etc.).

Pain disorders related to psychological factors (F45.4-)

ICD-10- CM guidelines have also been expanded to include information related to codes F45.41 (pain disorder exclusively related to psychological factors) and F45.42 (pain disorder with related psychological factors). Note the following:

Code F45.41

denotes purely psychological pain that is not supported by any medical condition.

Code F45.42

denotes a legitimate medical pain with a psychological component. When reporting this code, providers should also report the associated acute or chronic pain (G89.-). Note that pain NOS is reported with R52.

Attention deficit hyperactive disorder (ADHD) (F90.-)

ICD-10-CM has been expanded to include the specific type of ADHD (i.e., predominantly inattentive, predominantly hyperactive, or combined). This code expansion will be important in terms of research and treatment.
Anorexia

ICD-10-CM includes separate codes for anorexia nervosa, unspecified (F50.00), anorexia nervosa, restricting type (F50.01), and anorexia nervosa, binge eating/purging type (F50.02). In ICD-9-CM, anorexia nervosa only had one code (307.1).

New Disorders

Adult Block F60-F69 contains a number of new disorders of adult behavior, including pathological gambling, fire-setting and stealing, as well as the more traditional disorders of personality.

Child Psychiatry

The following categories will be located in the general sections under “classifications” due to frequent occurrence in adults and children:

- eating disorders (F50.-)
- nonorganic sleep disorders (F51.-)
- gender identity disorders (F64.-)

Providers who work within blocks F80-F89 and F90-F98, must be aware of the neurological chapter of ICD-10 (Chapter VI(G)). This chapter houses syndromes with predominantly physical manifestations and clear “organic” etiology, including, Kleine-Levin syndrome (G47.8), which remains high on the list for interest to child psychiatrists.

Preparing For Success with ICD-10

We suggest that psychiatry and behavioral health providers review all of the ICD-10-CM Chapter 5 to ensure compliance. Should your practice doubt your general or vendor readiness for ICD-10, consider learning more about Benchmark Systems’ medical billing and collections solution.
ICD-10 will affect every aspect of your medical practice from your software, to revenue, workflow, documentation, and employees. Use this checklist to make sure your psychiatry and behavioral health practice is ready for your transition to ICD-10.


- Order new CMS-1500 (02/12) Paper Claim Forms. Medicare now only accepts the revised form.

- Order the ICD-10-CM Coding Handbook for training and evaluating the equivalent codes for your ICD-9-CM codes.

- Identify your 50-100 most commonly used ICD-9-CM Diagnosis codes and begin identifying the equivalent ICD-10-CM codes.

- Review your overall charges process for timely claims submission. Keep in mind that submission within 24 hours is good, but same day is better.

- Review your current encounter form or superbill.
  - After reviewing your most commonly used ICD-9 codes, identify new ICD-10 codes that can be added to your superbill. If the volume of codes exceeds your current superbill, then evaluate other options for reference such as laminated ‘cheat sheets’.
  - If you use a paper superbill, make plans to update and reprint.

- Review your documentation.
  - Determine if your current documentation will allow you to identify the correct ICD-9 to ICD-10 codes or if you have to modify your current documentation methods, templates or forms.
  - Benchmark Systems recommends implementing these documentation changes now.
PREPARING FOR ICD-10

- Conduct staff training.
  - Identify training vendors that are ideal for your practice, or partner with your medical billing and collections company, like Benchmark Systems, for training services.
  - Schedule your training sessions sooner rather than later to reduce the risk of backorders on supplies and long wait times for training sessions.

- Begin testing claims.
  - Your medical billing and collections company should contact you when the clearinghouses and payers are ready to begin testing ICD-10 claims.
  - Make sure to submit test claims to ensure accuracy.

- Attend webinars and trainings.
  - Your medical billing and collections company will alert you of trainings and webinars for ICD-10.

- Practice ICD-10 frequently.

- Stay updated with CMS regulations.

- Analyze your workflow.
  - You will need to evaluate your current workflow and anticipate how it will be impacted by internal delays (documentation, coding, billing, rejections, etc.). Plan to create plans now rather than come up with solutions to these delays as they occur.
Demo our Medical Billing Services.
Managing the business of your medical practice can get in the way of practicing medicine. That’s why Benchmark offers an array of Medical Billing Services to lighten or completely eliminate the burden of the business side of your practice.

Maximize Your Reimbursements
Benchmark Medical Billing Services collects your maximum reimbursement, with a 95% first submission cycle payment, at the least possible cost to your practice. That’s what 35 years of experience and superior cloud technology can do for your practice. In fact, our typical client experiences a 10-15% increase in collections the first year of utilizing our services. With Benchmark Medical Billing Services you will actually gain visibility and retain more control of your cash flow. Our fees are based on a percentage of collections, dependent upon your specialty, which means we don’t get paid until you get paid.

Trust Our Billing Experts
Our employees, which include certified coders and CPAs, are 100% located in the United States and are experts in handling claims submissions, eligibility verifications, denial management and follow-ups. We have developed strong relationships with the staff at most of the government and commercial insurance companies. We are experts on the ever evolving regulations and edits that potentially interfere with your everyday payments.

Benchmark Your Path to Success
We will benchmark your collections against your previous year’s results and the industry standards of your specialty and size on a monthly basis, leaving no doubt about our partnered success. Coupled with in-depth data analysis, comprehensive reporting and joint management meetings, our measurable assessment capabilities give you the insight to see just how well we’re working for you - and how well your practice stacks up against its peers.

In summary it’s your receivables, but it only counts if it is collected. By leveraging the strengths of both organizations, Benchmark Medical Billing Service helps you eliminate the hassles of practice management and gets you back to providing the highest quality patient care.
Benchmark Systems is much more than a typical technology provider. Like you, we have a passion for care. We’ve made it our mission to help physicians and healthcare providers practice medicine, and our fully-integrated suite of solutions, which includes EHR, Practice Management, Patient Portal, Scheduling and Revenue Cycle Management, was built leveraging over 35 years of expertise in helping healthcare providers solve profitability and time-management issues.

Benchmark Systems has developed content, workflow and interfaces very specific to your practice. Our EHR and Practice Management tools are customized to meet the specific needs of Psychiatry and Behavioral Health Practices, and our revenue cycle management solution is a top choice for any medical practice seeking a medical billing and collections vendor.
MORE FROM BENCHMARK SYSTEMS

Medical Billing Checklist

Use this checklist to find out if your medical practice is ready to outsource your medical billing and collections to an outside vendor.

ICD-10 Checklist

Use this checklist to help ensure your medical practice is ready for a successful ICD-10 transition.