ICD-10 and DSM-5 Conversion

Federal legislation has extended the ICD-10 implementation date until **October 1, 2015**. Most payers are tying the conversion of DSM-IV to DSM-5 for clinical and billing purposes to the ICD-10 implementation date. This delay gives providers additional time to plan and implement these changes, but we encourage providers not to wait! The implementation deadline is less than a year away and significant changes will be required for most organizations. ABH has prepared this high-level checklist to help your organization start thinking about ICD-10 and DSM-5 implementation.

ABH encourages you to visit the National Council for Behavioral Health’s [website](http://www.thenationalcouncil.org/topics/coding-behavioral-health-services/) which has numerous training, informational and educational resources on ICD-10 and DSM-5 implementation. The National Council’s dedicated page for these initiatives is here: http://www.thenationalcouncil.org/topics/coding-behavioral-health-services/.

**ABH PROVIDER HIGH-LEVEL CHECKLIST FOR DSM-5 and ICD-10 IMPLEMENTATION**

**I. Assessment and Analysis of Impact**

- Convene a multi-disciplinary team of staff - fiscal/revenue, clinical, and quality management, IT, leadership – to lead your implementation initiative.

- Review the impact of implementing DSM-5 and ICD-10 on all aspects of your organization’s operations.

**II. Information Gathering**

- Gather information from key payers - when they will accept/require DSM-5 and ICD-10 codes in clinical and billing processes (including IVR authorizations, etc.), testing timeframes and requirements.

- Test with each payer before October 1, 2015.
  - Prioritize your largest payers first.

- Gather information from your EHR and Billing companies, if applicable, regarding their preparations and timelines.
  - How will the vendor be incorporating diagnostic information?
III. **Train Clinical Staff on DSM-5**

**Important! Conversion to DSM-5 is a big deal!** Some DSM-IV diagnoses have been eliminated in DSM-5, e.g., Asperger Syndrome, and new DSM-5 diagnoses have been added e.g., hoarding, excoriation. The symptomology of some diagnoses have changed significantly, e.g., Post-Traumatic Stress Disorder. Some DSM-5 diagnoses crosswalk to multiple ICD-10 diagnoses. In all these instances, these diagnoses will need clinical decision-making in order to be correctly coded.

- Run report on most common diagnoses used in your agency.
- Develop “cheat sheet” for clinicians translating or crosswalking the most common diagnoses from DSM-IV to DSM-5 (even if programmed in EHR or billing system, translation may be required due to availability of multiple options).
- Conduct group sessions practicing conversion of diagnoses, issue bulletins to remind staff about common diagnoses, etc.
- After staff have begun using DSM-5, conduct self-audit of charts from each program, determining whether documentation supports DSM-5 diagnosis.
- Based on your agency’s high-volume diagnoses, develop Exceptions Lists for clinicians of those DSM-5 diagnoses:
  1. that do not easily or directly crosswalk (one-for-one) from DSM-IV; and
  2. that do not easily or directly crosswalk (one-for-one) from DSM-5 to ICD-10.

IV. **Training Billing Staff**

The DSM-5 and ICD-10 conversion impacts billing staff! Some DSM-5 diagnoses crosswalk to multiple ICD-10 diagnoses. Billing staff need to be aware of these changes to ensure identify inconsistences and ensure correct coding.

- Make sure your billing staff are familiar with the Exceptions Lists for clinicians of those DSM-5 diagnoses:
  1. that do not easily or directly crosswalk (one-for-one) from DSM-IV; and
  2. that do not easily or directly crosswalk (one-for-one) from DSM-5 to ICD-10.
- Train your billing staff on the “cheat sheet” for clinicians translating or crosswalking the most common diagnoses from DSM-IV to DSM-5 (even if programmed in EHR or billing system, translation may be required due to availability of multiple options).
- Develop post-implementation workflows, reporting and internal communications plans, as needed, to address claims denied for invalid diagnosis, etc.
V. Develop or incorporate crosswalks into system

☐ If you use an electronic health record - Ask your vendor the following:

1. Will my EHR incorporate a drop-down list of diagnoses or symptom list with built-in selection of DSM-5?
2. Will my EHR incorporate a crosswalk from DSM-IV to DSM-5?
3. Will my EHR contain internal crosswalk from DSM-IV or DSM-5 to ICD-10?

☐ If you use a billing company – Ask your vendor the following:

1. Will my service incorporate a crosswalk from DSM-IV to DSM-5?
2. Will my service contain internal crosswalk from DSM-IV or DSM-5 to ICD-10?

☐ For all providers - You will need to ensure that:

1. clinicians are trained and able to crosswalk from DSM-IV to DSM-5 and understand documentation requirements; and
2. billing staff are trained and able to crosswalk from ICD-9 to ICD-10 as well as DSM-5 to ICD-10.

Note: A “cheat sheet” and exceptions list would be helpful here as well.

VI. Convert existing medical records and billing records to DSM-5 and ICD-10

Remember: Some DSM-IV diagnoses have been eliminated in DSM-5, e.g., Asperger Syndrome, and new DSM-5 diagnoses have been added e.g., hoarding, excoriation. The symptomology of some diagnoses have changed significantly, e.g., Post Traumatic Stress Disorder. Some DSM-5 diagnoses crosswalk to multiple ICD-10 diagnoses. In all these instances, these diagnoses will need clinical decision-making in order to be correctly coded.

☐ Depending on whether your organization has an EHR and/or a billing company, clinicians may need to convert existing medical records to DSM-5 and billing records to ICD-10 if there is no exact match. This also depends on what the payers will require.

Your organization will need to develop a plan to review all clients and to re-diagnose them as appropriate (e.g., former DSM-IV has been eliminated or modified or a new, more appropriate diagnosis has been created) as payers transition to DSM-V and ICD-10. At this time, payers in Massachusetts indicate that their conversions will occur on October 1, 2015.

☐ Data-entry for backlog of records may need to be arranged and provided according to specific provider needs
VII. **Plan for financial back-up**

☐ Develop financial contingency plan in the event of payment problems (line of credit)

☐ Track revenue and denials closely

VIII. **Audit medical records and billing records following implementation**

☐ Ensure accuracy and validity of coding and documentation in medical records for DSM-5.

☐ Ensure accuracy and validity of ICD-10 coding on billing records and necessary documentation on medical records to substantiate ICD-10 code.