

Psychoanalyst Services



ICD-10 is Almost Here

The mandatory October 1 shift from ICD-9 diagnostic codes to the new ICD-10 codes is only a little more than a month away.

Are you ready? The answer, if you are a Psychoanalyst Services client is: YES.

First, a little background. If you file insurance claims, you already know what ICD-9 diagnostic codes are: 300.4, meaning "dysthymic disorder," or 296.11, "Manic affective disorder, recurrent episode, mild." You enter these on your insurance claims, and if the insurance

gods are in a good mood, you get paid.

There are 579 ICD-9 mental health-related codes, out of a total of around 14,000 ICD-9 codes for all medical specialties. The ICD-9 CM version of ICD-9 has been in use in the U.S. since 1979--almost 40 years. Of course, with medicine constantly marching forward, ICD-9 has become long in the tooth, hence its replacement with ICD-10.

Functionally, ICD-10 codes work just like ICD-9 codes: you put them in the diagnosis box on insurance claims, and maybe you get paid. (By the way, ICD-10 has no impact on anything else on insurance claims, such as the CPT treatment codes.) But the ICD-10 codes differ from ICD-9 codes in that there are almost five times as many--69,823, according to our count--and often, there is no one-to-one translation from an ICD-9 code to an ICD-10 code.

The format of the ICD-10 codes is different, too: instead of a three-digit number with zero to two decimals (300.4, dysthymic disorder), an ICD-10 code starts with a letter followed by two digits, then zero to two decimals (F34.1, dysthymic disorder). The mental health profession gets one entire letter to itself:

F. The other 25 letters (actually, 24, because the letter "U" is being reserved for "new diseases of uncertain etiology" and for research projects) are parceled out to the other medical specialties.

Fortunately for mental health professionals, the number of mental health codes in ICD-10 has not grown by a factor of five. In fact, there are 927 mental health codes in ICD-10, and of these, only 724 are "active," meaning they can be used on claims. The other 203 are something new: "header" codes that are included in the code list for clarity but cannot actually be used as a diagnosis.

For example, in the following list, F33 is a header code for major depressive disorders that are recurrent. You can't use F33 as a diagnosis; you MUST select from one of the four subtypes (mild, moderate, and severe with or without psychotic symptoms).

F33	Major depressive disorder, recurrent
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe w/o psych features
F33.3	Major depressive disorder, recurrent, severe w/psych symptoms

Sometimes, there is an ICD-10 code that exactly matches its ICD-9 forerunner, for example 300.4 and F34.1 both mean dysthymic disorder.

Other times there is no parallel, or no exact parallel, which means the therapist is going to have to think a bit.

For example, 309.81 is the ICD-9 code for post-traumatic stress disorder (PTSD). There is also an ICD-10 code for PTSD: F43.1. But you can't use it as a diagnosis because it is a header code. Instead, you must specify one of the subtypes (unspecified, acute, chronic).

F43.1	Post-traumatic stress disorder (PTSD)
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic

In other cases, an ICD-9 diagnosis has no ICD-10 parallel because there has been a philosophical change that has eliminated that diagnosis altogether. For example, 296.1 is the ICD-9 code for "Manic disorder, recurrent episode," with six "manic affective disorder" subtypes ("unspecified," "mild," "moderate," etc.).

But in ICD-10, there is no such thing as recurrent manic disorder or even manic affective disorder. Instead, there is a category for "Manic episode" (F30), with nine subtypes, and a separate code (F31) for bipolar disorder, with around 30 subtypes. In this case, therapists have to realign their diagnoses to fit the new coding (which presumably matches new thinking derived from the DSM-V manual, the origin of the ICD-10 mental health codes).

How We Can Help You

We at Psychoanalyst Services are ready to help you make the transition to ICD-10. We have already programmed all the ICD-10 codes into our system so if you know how to convert your ICD-9 codes to ICD-10 codes, just send us the new codes with your claims info and we will update your diagnoses.

But what if you don't know how to convert your ICD-9 codes to ICD-10?

We can help, in two ways.

1) Do It Yourself: If you are a "do-it-yourselfer," we have a few simple tools to help you make your own ICD-9 to ICD-10 code conversions. These consist of two PDF files, one of ICD-9 codes and one of ICD-10 codes. To use these, look up the ICD-9 diagnosis you want to convert, say, 300.4, "dysthymic disorder." Copy that text from the ICD-9 PDF file and paste it into the PDF search function of the ICD-10 PDF file. If there is a match, it will show up and you can read off the ICD-10 code for that diagnosis.

Here is a link to the page on our Web site with links to the ICD-9 and ICD-10 code lists.

[ICD-9 and ICD-10 Page](#)

If there is not a match, especially for a long, complex, possibly obsolete diagnosis (309.22, "emancipation disorder of adolescence and early adult life"), you may have to get a little creative. In this case, we searched on "adolescence" and scrolled through various "adolescence" diagnoses until we came upon "social disorder with onset specific to childhood and adolescence," F94, a header code with various interesting subtypes ("selective mutism," "reactive attachment disorder of childhood," and so on).

Note: there are many Web sites that provide automatic ICD-9 to ICD-10 conversions. These work well if the conversion is relatively simple but may not be helpful if a conversion is complex. Here are two:

<http://www.icd10data.com/Convert>

<https://icd10codelookup.smartbaselink.com>

2) We Do It: If you are not a do-it-yourselfer, we can update your ICD-9 diagnoses for you if they are simple one-to-one conversions.

If the conversion is more complex, when you send us claims with ICD-9 codes, we will lay out your options (perhaps the subtypes you need to select from, or if the conversion is murkier, our best guess at possible conversions). Of course, you have to use your professional judgment to evaluate the information we provide.

We have already gone through all of the ICD-9 codes used by all of our customers and evaluated what is involved in updating them to ICD-10 codes. As noted, some are easy one-to-one conversions, including the ever-popular "dysthymic disorder," (300.4 to F34.1), "adjustment disorder with mixed anxiety and depressed mood" (309.28 to F43.23), and "generalized anxiety disorder" (300.02 to F41.0). With more complex conversions, expect an email from us offering you choices.

So, that's it. ICD-10 is not really that difficult, and we can make it easier.

Please do us a favor and let colleagues baffled by ICD-10 know that we would love to help them, too. They can find more information on our services and on ICD-9 and ICD-10 at our Web site: www.psychanalyst.services. Feel free to forward this newsletter to them if you think it would interest them.