**ICD-10-CM Q&A**

**Q. What is ICD?**

A: The International Classification of Diseases (ICD) is a common framework and languages to report, compile, use and compare health information.

In 1948, the World Health Organization (WHO) took responsibility for ICD with the sixth revision. WHO updates the ICD periodically to reflect current epidemiology and medical understanding of disease (i.e., ICD-7 through 10).

**Q. What is ICD-10-CM?**

A: The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) is a clinical modification of the World Health Organization’s ICD-10, which consists of a diagnostic system. ICD-10-CM includes the level of detail needed for morbidity classification and diagnostic specificity. It also provides code titles and language that complement accepted clinical practice. As with ICD-9-CM, ICD-10-CM is maintained by the National Center for Health Statistics.

**Q. Why do we need ICD-10-CM?**

A: ICD-10-CM will allow for more codes and greater specificity and will result in: better epidemiological tracking; promote better analysis of disease patterns and treatment outcomes; support quality measurement efforts; lead to accurate reimbursement; and support waste, fraud and abuse initiatives.

**Q. What is the implementation date for ICD-10-CM?**

A: The compliance date for implementation of the ICD-10-CM is October 1, 2015 for all Health Insurance Portability and Accountability Act (HIPAA) covered entities.

**Q: Can I use ICD-10 codes prior to October 1, 2015 dates of service?**

A: No. Always and only use the ICD-9 codes for billing purposes until October 1, 2015. Always and only use ICD-10 codes after October 1, 2015.

**Q: What happens if I use an ICD-9 code after October 1, 2015 dates of service?**

A: A valid ICD-10 code will be required on all claims starting on October 1, 2015, so claims without a valid ICD-10 code will be denied or rejected.

**Q: Where can I find ICD-10-CM codes?**

A: The World Health Organization created “the blue book”, or the ICD-10 Classification of Mental and Behavioral Disorders Clinical Descriptions and Diagnostic Guidelines, which can be purchased, or downloaded for free at <http://www.who.int/classifications/icd/en/bluebook.pdf>. In the DSM-5 manual, the numbers in gray within parentheses are the new ICD-10 codes.

**Q. Is there a crosswalk that is available?**

A: The County of San Diego QM Unit is providing a crosswalk to assist with transitioning to the use of ICD-10-CM codes. This is meant to be a tool and does not replace training in DSM-5 or ICD-10-CM, or use of those complete manuals.

**Q: The Title 9 definition of Medical Necessity requires that clients have an Included Diagnoses, which is based on DSM-IV. When will the list of Included Diagnoses be updated to DSM-5?**

A: California’s Department of Health Care Services (DHCS) has not confirmed when and if DSM-5 will be required. Until further notice from DHCS, the County has developed a crosswalk for the list of Title 9 Included Diagnoses to the appropriate ICD-10 codes. See the County’s crosswalk for assistance.

**Q. Are there DSM-5 codes?**

A: DSM-5 is a diagnostic manual used as a guide for making a clinical diagnosis. The DSM-5, in anticipation of implementation of ICD-10, includes both the recommended ICD-9-CM and ICD-10-CM codes for each condition. In the DSM-5 manual, the ICD-9 codes are listed first and the numbers in gray within parentheses are the new ICD-10 codes.

**Q: Sometimes different disorders or subtypes share the same diagnostic code. Is this an error?**

A: No. It is occasionally necessary to use the same code for more than one disorder. For example, hording disorder and obsessive-compulsive disorder share the same codes (F42 in ICD-10-CM).

**Q: How will the replacement of “Not Otherwise Specified” (NOS) in DSM-IV with “Other” and “Unspecified” conditions in DSM-5 impact diagnoses?**

A: DSM-5 replaces the previous NOS designation with two options for clinical use: other specified disorder and unspecified disorder. The other specified disorder category is provided to allow the clinician to communicate the specific reason that the presentation does not meet the criteria for any specific disorder. For example, one could document “Other Specified Anxiety Disorder” followed by the specific reason (e.g. “limited symptom attacks”). The unspecified diagnosis is used in situations when the clinician chooses not to specify the reason that the criteria are not met for a specific disorder and/or presentations in which there is insufficient information to make a more specific diagnosis (e.g. in emergency room situations). See DSM-5 “Use of the Manual” in Section 1 for further information.

**Q: Since the multi-axial system has been deleted in the DSM-5, what is replacing it?**

A: The DSM-5 uses a nonaxial documentation of diagnosis combining Axis I, II and III. You will continue to list the appropriate diagnoses and medical conditions without axial designations. For Axis IV, psychosocial factors are documented in the narrative of the assessment, and the ICD-10 Z Codes may be used. Documentation in the narrative of the assessment can also capture information on the client’s level of functioning, which was captured previously on Axis V.