DSM-5 vs. ICD-10-CM

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The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) and the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) both present ways to classify diseases. In the case of DSM-5, it is strictly for mental disorders, which includes conditions such as schizophrenia, eating disorders, substance related disorders, depression, as well as many others. ICD-10-CM includes those same conditions, but also includes conditions and diseases related to all other body systems, including genitourinary, respiratory, gastrointestinal, circulatory, and musculoskeletal to name a few.

Then why is there a need to have both systems you might ask? It would seem that since ICD-10-CM is comprehensive there would be no need for the DSM-5. However, that is not the case. The DSM-5 provides clinicians with the criteria and definitions to accurately determine a patient's diagnosis by thoroughly describing disorders. Having a common language facilitates patient care in a more effective manner. ICD-10-CM simply provides a code number once the diagnosis has been established, and ICD-10-CM is the HIPAA-approved code set for reporting diagnoses for reimbursement purposes. ICD-10-CM code use also enables statistical compilation and reporting of patient morbidity and mortality.

However, since the DSM-5 and ICD-10-CM are not strictly related, there are disconnects between the two systems. Occasionally, a diagnosis that appears in the DSM-5 has seemingly no direct correlation in ICD-10-CM. For example, dementia is now characterized in DSM-5 as either major or minor neurocognitive disorder. ICD-10-CM does not list neurocognitive disorder, but still has the dementia diagnosis. In these types of circumstances, it would benefit healthcare organizations to develop an internal coding policy to permit the assignment of, in this case, the dementia diagnosis code when neurocognitive disorder is documented.

It is imperative that clinicians document the mental disorder by name and/or description rather than just code number to ensure the most accurate ICD-10-CM code is assigned. As the specificity of diagnosis code reporting was enhanced with the implementation of ICD-10-CM in October 2015, this description becomes even more crucial in capturing the level of detail necessary for ICD-10-CM coding. With thawing of the code freeze that has been in effect as we awaited last year's implementation of ICD-10, comes expansion of codes to capture greater specificity. One such example is for obsessive-compulsive disorder which was coded to F42. Now, under ICD-10-CM, that category has been expanded to include the following subcategories:

- 2 mixed obsessional thoughts and acts
- 3 hoarding disorder
- 4 excoriation (skin-picking) disorder
- 8 other obsessive-compulsive disorder
- 9 obsessive-compulsive disorder, unspecified

The American Psychiatric Association is working in conjunction with the co-operating parties of ICD-10-CM to add new DSM-5 terms. For example, with the 2017 ICD-10-CM code updates there will now be a new code added, F80.82, for social pragmatic communication disorder.

Undoubtedly, over time, there will continue to be more alignment between the two systems, but it is unlikely that they will ever be exact matches. Remember the best practices to deal the any disconnects that you encounter will be to establish internal coding policies for your organization and encourage clinicians to document the name and/or description of the patient's diagnosis rather than just supply code numbers.

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