

# Mentally Prepare for Psychiatric Classification Changes: Industry Moving to DSM-5 Revision

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A history of attempts to classify mental illness dates back to the 1840 US census, when the government included an entry to record the frequency of “insanity” in a family. This early record was strictly statistical in nature. In 1948—following World War II—the World Health Organization (WHO) published the International Classification of Diseases (ICD) sixth edition. This revision included a section on mental disorders which was influenced by the Veterans Administration’s nomenclature. The section included 10 categories for psychoses and psychoneuroses and seven categories for disorders of character, behavior, and intelligence.

Today the healthcare industry is preparing to move to a new version of the American Psychiatric Association’s Diagnostic and Statistical Manual: Mental Disorders, labeled DSM-5 and released in May. The move is expected to be fully completed by December 31, 2013.

## History of DSM

The American Psychiatric Association (APA) committee developed the first Diagnostic and Statistical Manual: Mental Disorders (DSM-I) in 1952. It contained an index of diagnostic categories and was the first non-statistical publication. An updated version, DSM-II, was implemented in 1968 and had 185 diagnoses.

The development of DSM-III was harmonized with the change to ICD-9. ICD-9 was published in 1975 and implemented in 1979. In contrast, DSM-III work began in 1974 and was published in 1980. There was dissatisfaction across the medical community with the lack of distinctive categories in ICD-9, so it was modified for the US in the form of ICD-9-CM, which is still in use. Another revision to DSM-III in 1987 led to DSM-III-R.

The first major revision to the DSM was done in 1994. A six-year endeavor by more than 1,000 individuals and organizations revealed DSM-IV. Changes included the addition, deletion, and reorganization of disorders. Developers of DSM-IV and ICD-10 worked to increase the similarity between the two systems. ICD-10 was published by the WHO in 1992, and in 2000 a text revision to DSM-IV was done, creating DSM-IV-TR.

## Important Updates in DSM-5

Many of the changes in DSM-5 were made to better classify symptoms and behaviors of groups of people who are currently seeking clinical help but whose symptoms are not defined well by DSM-IV. The list below depicts a sample of some of the new diagnoses found in DSM-5:

- **Hoarding Disorder** is now recognized as an official diagnosis. Hoarding has harmful effects, such as emotional, physical, social, financial, and legal problems.
- **Binge Eating Disorder** is now a recognized disorder. Unlike Bulimia Nervosa, people with Binge Eating Disorder don’t engage in behaviors like vomiting or using laxatives.
- **Excoriation Disorder**, also known as compulsive skin picking, is a new disorder.
- **Disruptive Mood Dysregulation Disorder** is a diagnosis for children who exhibit persistent irritability and frequent outbursts three or more times a week for more than a year. This disorder was added to address the problem in which children were being over-diagnosed and medicated for bipolar disorder.
- **Autism Spectrum Disorder** has received a major overhaul. It now includes Asperger’s Syndrome, Childhood Disintegrative Disorder (a condition in which children develop naturally until age 3 or 4 but then lose language, motor,

social, and other skills already learned), and Pervasive Development Disorder (a vague term that includes autistic-like characteristics).

Changes to pre-existing categories in DSM-5 include:

- **Post-Traumatic Stress Disorder** is now broken into four categories instead of three. The new diagnostic category will address PTSD in children and adolescents.
- **Substance Use Disorder** combines substance abuse and substance dependence into one single category.
- **Specific Learning Disorder** is broadened to include issues with oral language, reading, written language, and mathematics.
- **Pedophilic Disorder** will be the term now used instead of pedophilia.

Disorders for “further review” by the APA include Internet Use Gaming Disorder, Non-Suicidal Self Injury Disorder, and Suicidal Behavioral Disorder. These disorders can be diagnosed but may not justify insurance reimbursement.

The APA rejected diagnoses including Anxiety-Depressive Syndrome and Attenuated Psychosis for concern that it would have labeled millions with a mental disorder. Other rejections included Hypersexual Disorder, Parental Alienation Syndrome, and Sensory Processing Disorder. The APA hopes that DSM-5 will provide stronger and more precise diagnostic measures for making clinical evaluations.

### □ Diagnostic and Statistical Manual Timeline

DSM-IV has been in effect since 1994, with a minor revision in 2000. There are many new behavioral health diagnoses and disorders that have been introduced over the past 19 years that are not addressed in the DSM-IV-TR manual. These diagnoses and disorders are found in the newly released DSM-5 revision.

The fifth revision of the DSM was released in May 2013. The DSM update has been through several stages since its start in 1999. The DSM-V classification has dropped the Roman numeral and is now officially DSM-5. Future revisions will be identified as DSM-5.1, DSM-5.2, and so on.

The manual will have roughly the same number of disorders as the DSM-IV, and is made up of three sections:

- Section 1 – Contains an introduction to DSM-5 and information on how to use the manual.
- Section 2 – Lists categorical diagnoses from the 16-20 categories of disorders.
- Section 3 – Includes conditions that will require further research before they can be included.

## Comparing DSM-5 to ICD-9-CM and ICD-10-CM

DSM-5 is the handbook used by healthcare professionals as a guide to diagnose mental disorders. DSM-5 contains ICD-9-CM codes with ICD-10-CM codes in parentheses for use when ICD-10-CM is implemented on October 1, 2014. DSM-5 diagnostic codes are limited to only those disorders contained in ICD, so some disorders share the same codes. Even though the disorder name or description changed for DSM-5, the index for ICD-9-CM and ICD-10-CM codes still contains the wording previously used (for example, “Pedophilic Disorder” in DSM-5 is still pedophilia in the ICD-9-CM and ICD-10-CM indexes).

The new DSM-5 system is compatible with ICD-9-CM and can be used immediately when released. There may be a delay while the insurance companies update their claim forms and reporting procedures to accommodate DSM-5 changes. The APA is working with these companies and is expecting the transition to be complete by December 31, 2013.

### Transitioning DSM-5 Diagnoses from ICD-9-CM to ICD-10-CM

DSM-5 DESCRIPTION	ICD-9-CM CODE	ICD-10-CM CODE
<b>Disruptive Mood Disorder</b> Children who exhibit persistent irritability and frequent outbursts three or more times a week for more than a year	<b>296.99</b> Other specified episodic mood disorder	<b>F34.8</b> Other persistent mood (affective) disorder
<b>Excoriation Disorder</b> Also known as compulsive skin-picking	<b>698.4</b> Dermatitis Factitia, Includes neurotic excoriation	<b>L98.1</b> Factitial Dermatitis, Includes neurotic excoriation
<b>Binge Eating Disorder</b> Unlike Bulimia Nervosa, people with binge eating disorder do not engage in purging or using laxatives	<b>307.59</b> Disorder of eating	<b>F50.8</b> Other eating disorder

## References

American Psychiatric Association. "DSM: History of the Manual." 2012. <http://www.psychiatry.org/practice/dsm/dsm-history-of-the-manual>.

American Psychiatric Association. "Highlights of Changes from DSM-IV-TR to DSM-5." 2013. <http://www.dsm5.org/Documents/changes%20from%20dsm-iv-tr%20to%20dsm-5.pdf>.

American Psychiatric Association. "Insurance Implications of DSM-5." 2013. <http://www.psychiatry.org/dsm5>.

Dvorsky, George. "Everything You Need to Know About the American Psychiatric Association's Updated Guidelines." [io9.com](http://io9.com/5966101/everything-you-need-to-know-about-the-american-psychiatric-associations-updated-guidelines). December 6, 2012. <http://io9.com/5966101/everything-you-need-to-know-about-the-american-psychiatric-associations-updated-guidelines>.

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### Article citation:

Endicott, Melanie; Fletcher, Kathi. "Mentally Prepare for Psychiatric Classification Changes: Industry Moving to DSM-5 Revision" *Journal of AHIMA* 84, no.10 (October 2013): 74-76.

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