

DSM 5 Frequently Asked Questions

Note: Bluewater Management Systems plans to upgrade the software to use the DSM 5 diagnostic coding and also maintain the use of the DSM IV structure of codes for current clients previously coded. We will not be implementing the DSM 5 immediately but plan to wait until the release has been used by the profession for awhile.

DSM-5 is making news headlines. However, many news articles are not entirely accurate. This FAQ article was created to address some commonly asked questions about DSM coding.

Q: DSM-5 is coming out in 2013 so why should I buy a book when the codes will be changing during the year?

A: DSM-5 is going to be released in 2013, however, **you will NOT be using them for billing** psychiatric services in 2013 or anytime after that. **DSM is not an official HIPAA code set** - ICD is the official diagnostic code set for billing. Currently, DSM code **numbers** are based on ICD code numbers. If you want to be paid, you need to bill from the official code set - ICD. See the questions below for more about DSM codes versus DSM criteria. They are two entirely separate things!

That said, when a **code set** is "released", it does not mean that you immediately begin to use it for billing. Once a code set is approved and subsequently released, there typically follows an official "implementation" period. It is not likely that you will be using DSM 5 **criteria** as soon as it is released.

Q: When will DSM 5 be released?

A: DSM-5 will be released May 18-22, 2013, during the week of the American Psychiatric Association's 2013 Annual Meeting. As this date gets closer, InstaCode Institute will be pre-selling DSM-5 books in our online store.

Note: Roman numerals will no longer be used to designate different versions of DSM. This makes it easier to name revisions, such as 5.1, 5.2 and so forth.

Q: Can clinicians use DSM codes?

A: The Center for Medicare and Medicaid Services (CMS), answers this question in FAQ1817 which says: The Introduction to the DSM-IV indicates that the DSM-IV is "fully compatible" with the ICD-9-CM. The reason for this compatibility is that each diagnosis listed in the DSM-IV is "**crosswalked**" to the appropriate **ICD-9-CM** code. The DSM-IV is not a HIPAA adopted code set and may not be used in HIPAA standard transactions. It is expected that clinicians may continue to base their diagnostic decisions on the DSM-IV criteria, and, if so, to crosswalk those decisions to the appropriate ICD-9-CM codes. In addition, it is still perfectly permissible for providers and others to use the DSM-IV codes, descriptors and diagnostic criteria for other purposes, including medical records, quality assessment, medical review, consultation and patient communications.

Q: Can I still use DSM-IV diagnostic criteria, even though DSM-IV has not been adopted as a HIPAA code set?

A: CMS, who oversees HIPAA has stated the following (emphasis added): The basic purpose for adopting code sets under HIPAA is to standardize the 'data elements' used in the electronic processing of certain administrative and financial health care transactions. While the patient's diagnosis is a data element used in such transactions, the criteria considered by the clinician in reaching a diagnosis are not. Practitioners are free to **use the DSM-IV diagnostic criteria**—or any other diagnostic guidelines—**without** any HIPAA related concerns.

Notice that this statement only refers to "criteria". Yes, use the criteria to reach a clinically appropriate diagnosis, but the codes for billing must be ICD-9-CM in 2013 and ICD-10-CM in 2014.