6 Challenges for Mental Health Providers Using ICD-10
Mental health providers are in the unique position of using DSM-5 to support their current ICD-9-CM coding. This will not change with ICD-10-CM. As a result, DSM-5 already includes ICD-10 codes to help providers prepare for the transition. But this is not enough to prepare providers adequately for the change.

Here are 6 documentation and coding issues to help guide clinicians.
1. Multiple Diagnosis Codes

Precedence should be given to the diagnosis that best represents the Nature of the Presenting Problem and is most relevant to the purpose for the visit. The diagnosis code that is going to be most significant to report is the “lifetime” diagnosis, (ie, a patient with chronic schizophrenia presenting for an episode of care because of symptoms of acute anxiety). Best practice is to record the diagnoses in the numerical order in which they appear in the ICD-10-CM classification.
2. Terminology Change

The term “disorder” is used throughout the classification, in order to keep it separate from terms that often seem to be interchanged like “disease” and “illness”. The term “disorder” is used to allow the existence of a clinically recognizable set of symptoms and/or behavior often associated with distress and disruption of personal functions.
3. Substance abuse, use, and dependence

Although ICD-9-CM doesn’t distinguish between use, abuse, and dependence, ICD-10-CM does. Many of the codes in this section also specify complications such as mood disorders, delusions, delirium, perceptual disturbances, and more. Providers can only submit one code per substance and must clearly document the association of the psychoactive substance with the patient’s mental or behavioral disorder.
4. Special Considerations for Children

A number of categories that frequently will be used by those working with children, such as eating disorders, nonorganic sleep disorders, and gender identity disorders, may be located in the general sections under “classifications” due to frequent onset/occurrence in adults and children. Other disorders that can impact both children and adults like ADHD and anorexia have been expanded to include more detail.
5. New Disorders

There are many new disorders of adult behavior, including pathological gambling, fire-setting and stealing, as well as the more traditional disorders of personality.
6. Visit type

As with other specialties, clinicians must document visit type in many ICD-10-CM codes. This is the 7th character of the code and it specifies if the encounter is initial, subsequent, or sequela. An initial encounter is one in which a patient receives initial active treatment. A subsequent encounter is one in which a patient receives routine care during the healing or recovery phase. A sequela encounter is one in which a patient receives treatment for complications or conditions that arise as a direct result of a condition.
With over 300 new codes for mental health providers, along with some of these other key changes, there is value in reviewing ICD-10-CM Chapter 5 on mental, behavioral, and neurodevelopmental disorders. To gain a better understanding of coding of mental health services, the American Psychological Association is also offering specialty-specific resources. These two resources are a good place to start to begin improving documentation and getting familiar with the new codes.
About the author:

Michelle Cavanaugh, RN, CPC, CANPC, CGIC, CPB, CMRS, is an American Health Information Management Association-approved ICD-10 trainer, certified coder, certified professional biller, and certified medical reimbursement specialist at Kareo.