

RPMS ICD-10 Transition and Behavioral Health

IHS Office of Information Technology

Diagnostic Coding

- The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5) is used by most BH providers for diagnostic coding (published by the American Psychiatric Association).
- Development of the DSM-5 codes was closely coordinated with the development of the ICD-10 codes (published by the World Health Organization).
- In most instances there is a direct match with DSM and ICD codes (See Alphabetical Listing of DSM-5 Diagnosis and Codes [ICD-9 CM and ICD-10 CM] Appendix in the DSM-5).
- The DSM-5 was released in May 2013.
- The new ICD-10 codes must be in use by October 1, 2015.

Comparison of DSM, ICD-9, & ICD-10 Codes

Format	Code	Narrative	Modifiers
DSM-5	F01.xx	Major Vascular Neurocognitive Disorder, Probable	.50 Without Behavioral Disturbance
			.51 With Behavioral Disturbance.
ICD-9	290.40	Vascular Dementia, Uncomplicated	
ICD-10	F01.xx	Vascular Dementia	.50 Without Behavioral Disturbance
			.51 With Behavioral Disturbance.

RPMS Behavioral Health System

- Behavioral Health System (BHS) is a module of the Resource and Patient Management System (RPMS) designed specifically for documenting and tracking patient care related to behavioral health (BH) including:
 - Individual and group encounters
 - Treatment plans, intake/assessment, and case management
 - Community and administrative activities

RPMS Behavioral Health System GUI

- BHS v4.0 includes a graphical user interface (GUI) to support direct provider entry of BH clinical information, as well as the traditional “roll and scroll” interface for reports, application set-up, and exports.
- BHS v4.0 is fully integrated with the RPMS suite of clinical and practice management software.
- BHS v4.0 is widely deployed at over 300 I/T/U BH programs.

Entering POV codes in BHS 4.0

- POV (Purpose of Visit) codes are entered using DSM-5 codes, not ICD codes.
 - The BHS POV file also contains BHS-unique Problem Codes and a small subset of ICD codes.
- The provider has the option to accept the canned DSM-5 narrative or enter their own narrative.
- These DSM codes are mapped to ICD codes in PCC (Patient Care Component) to support billing.
- This mapping was developed and is maintained by OIT with input from subject matter experts.

RPMS EHR for Behavioral Health

- Many BH providers (co-located at RPMS EHR facilities) have transitioned to EHR to take advantage of advanced features such as: electronic order entry (medications, labs, radiology), clinical note templates, consults, and notifications.
- The use of the EHR by BH providers supports the integration of primary and behavioral health care and contributes to improved patient outcomes.
- BH providers can document the following in EHR:
 - Individual visit related information
 - Telephone calls
 - Chart reviews

RPMS EHR for BH, continued

- Some BH providers and programs use a combination of EHR and BHS for clinical documentation.
 - Group, community and administrative activities can be entered in BHS but not EHR.
 - BH visits entered in EHR will display in BHS (set-up required).
 - BH visits entered in BHS will display on the Health Summary and the appointment/visit section of the cover page.

Entering POV codes in EHR

- POVs are entered using SNOMED codes, not DSM codes.
- The provider has the option to enter their own narrative to provide additional information.
- SNOMED codes are used to populate POV data and the Integrated Problem List (IPL). They are also used to build Pick Lists.

EHR Integrated Problem List

IPL | Family Hx | Surgical Hx | Pt Goals | AMI | Anticoag | Eyeglass | Stroke

Integrated Problem List Expand All Chronic Episodic Sub acute Ed i Get SCT Pick List POV Add Edit Delete

Status	Onset Date	Priority	Provider Narrative	Comments	PHx	PIP	IP	POV	ICD
Episodic			Diabetes mellitus type 1						E10.9
Episodic			Major depression single episode, in partial remission						F32.4
Episodic			Impaired fasting glycaemia Fasting glucose of 250						R73.01

* Requires update to SNOMED CT

Visit Diagnosis Ed i

POV	Provider Text	SNOMED CT	ICD	Priority	Asthma Control	Cause	Injury Date	Injury Cause	njury Place	Modifier	Onse: Date

EHR Add/Edit Problem

Integrated Problem Maintenance - Add Problem

Problem ID **TST-4** Priority Pregnancy Related Use as POV

* **SNOMED CT** Major depressive disorder, single episode with atypical features Major depressive ...

* **Status** Chronic Sub-acute Episodic Social/Environmental Inactive Personal Hx

* Required Field

Provider Text
Major depressive disorder, single episode with atypical features F32.8

Qualifiers Severity: Clinical Course
Severity Clinical Course

Date of Onset ...

Comments

Care Plan Info

Goal Notes	Care Plans	Visit Instructions	Care Planning Activities
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Challenges

- The WHO and APA have worked closely together to mitigate some of the challenges associated with the transition to ICD-10 codes for BH.
- However, challenges remain:
 - ICD-10 advance planning activities need to include all key BH stakeholders to promote awareness.
 - BH providers will need training on the DSM-5, ICD-10 and SNOMED (for those that use the EHR) code sets.
 - BH billers and coders will also require training.
 - Automated mapping tools are not full-proof and require extensive human validation. Modifications will likely be required.

ICD-10 Development Requirements

- BHS v4.0
 - BHS must be able to support the entry and display of the new 7 character alpha/numeric ICD-10 format plus historical ICD-9 data.
 - The link from AMH to PCC will have to be tested to see if the ICD-10 codes are displaying correctly.
 - The DSM to ICD crosswalk needs to be re-built.
 - The new DMS-5 code set will have to be factored into the requirements analysis and development schedule.
 - Multiple reports will need to be modified.
 - PCC Problem List (view only) will need to be modified.

Development Requirements, continued

- BHS v4.0 continued
 - The AMH export will have to be tested to make sure it populates the aggregate national database properly.
 - Longitudinal reports run from aggregate AMH database will have to reflect both ICD-9 and ICD-10 codes.
 - Application manuals and training materials will need to be revised.
- RPMS EHR, iCare, CRS, etc.
 - ICD-10 requirements will be the same for BH providers who use these applications as they are for other end-users.
 - Visit Entry, Problem Lists, Reports, Performance Measure logic, etc.

For Additional Information

IHS ICD-10 Website:

<http://www.ihs.gov/icd10/>

SAMHSA ICD-10 Fact Sheet:

<http://www.samhsa.gov/newsroom/advisories/1401295647.aspx>

APA Understanding ICD-10 CM and DSM-5:

<http://www.dsm5.org/Documents/Understanding%20ICD%2002-21-14%20FINAL.pdf>