How to Use the Clinicians' ToolBox Version of ICD-10-CM

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The Lay of the Land

I will assume that you have the version of the codes which I created - 12 or 14 laminated pages - from www.TheCliniciansToolBox.com. It includes all the F codes, almost all of the Z codes, some R, T and a few other codes (see below for why these are valuable). It includes *all* the codes offered in the DSM-5. It uses colors, fonts, and formatting to make this giant listing more user-friendly. This is what you are paying me for. And the editing down (removing archaic language and no longer used diagnoses like "neuroses'), the lamination for durability and my availability for consultation.

If you have not bought this version you can download a rougher version of ICD-10 at no cost (our taxes at work). You want the codes and names from the ICD-10-CM version of 2017, originating from the National Center for Health Statistics of the Center for Disease Control and Prevention. You can download the whole shebang from ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2017/ in different formats. You want the Tabular versions. Get the separate Addenda of updates as well. You will have to separate out Chapter 5 and other chapters (especially the T and Z codes) which are relevant to clinical works. It will take at least four hours of work on your part to make it usable. Note that you want all the F codes, most of the Z codes, and some R, T and other codes and none of the other 65,000 codes.

While there are almost ten times as many codes in the ICD-10 than in the ICD-9 the psych codes are not increased by new disorders but by adding a huge number of more specific codes for substance use and abuse (see, below). Do not fall for the criticisms that the number is burdensome (everyone will use only a few familiar codes as we do now) or that many codes are irrational (e.g. V91.07XA "Burn due to water-skis on fire."). In fact, the finer-grained diagnoses of ICD-10 will be very helpful - e.g. specifying which trimester of pregnancy or which artery is bleeding before we arrive at the Emergency Department.

These are diagnostic codes and not treatment, procedure, or service codes. We will still use the CPT (Current Procedural Terminology) codes (e.g. 90801) from the American Medical Association for those. Note that these can change every few years.

Updates to ICD
We are catching up: the rest of the world has been using ICD-10 since 1994. Indeed, American inpatient services have used the ICD-10-PCS (Procedure Code System) and all US mortality reports have used the ICD-10 for some years.

There was a moratorium on changes but for Oct. 2016 the American Psychiatric Association has lobbied ("harmonization") to include about 220 of the *DSM-5*'s unique diagnoses but only a few with new codes. It is clear from the formatting of the 2017 version that these are additional diagnoses. As with DSM-5, each code can have several diagnoses associated with it. You can use any of these in your documentation with the code. DSM-5 has adopted about half of the codes available in ICD-10 and also renamed some of these so the labels will not match exactly.

The ICD list will rarely change. Tune in each summer for updates that will take effect on each Oct. 1. While ICD is designed to expand for finer distinctions (using more decimal places) and can be modified each year (many numbers are not presently used), the codes in mental health have rarely changed under ICD-9 and I

expect that to continue.

If you have an older version of the Reference List you can download a free three page "ICD Update 2016" from the website www.TheCliniciansToolbox.com. I take care of my customers.

In ICD the disorders are clustered in familiar groups but arbitrarily sequenced whereas DSM-5 uses a rough developmental sequence that makes looking up a diagnosis when you are given just the code more difficult.To help **I have printed the common diagnoses in blue ink.**

Where have all the axes gone?
Neither DSM-5 nor ICD-9 or 10 use axes (although they may come back in ICD-11). Axis I and II conditions are just listed as F-codes. Axis III - medical conditions - are generally to be written first. Axis IV - "Problems" in functioning - are much more extensively addressed by the Z codes of ICD-10. Axis V - the unreliable and arbitrary GAF - has been replaced by the extensive and more reliable WHODAS (World Health Organization's Disability Assessment Schedule 2.0) in DSM-5 and can surely be used with ICD-10 as can other measures for assessing functioning and disability (see section 5, below).

There are large differences between the approaches to mental health issues between DSM and ICD. First, note that the ICD's list and Bluebook's (see below) "... descriptions and guidelines carry no theoretical implications, and they do not pretend to be comprehensive statements about the current state of knowledge of the disorders. They are simply a set of symptoms and comments that have been agreed, by a large number of advisors and consultants in many different countries, to be a reasonable basis for defining the limits of categories in the classification of mental disorders." This stands in contrast with DSM-5's extensively descriptive and fairly often research-based approach. Also note that these are all "disorders" of functioning, collections of symptoms, not diseases (no causes identified, Koch's Criteria, etc).

The table below summarizes more of the differences.

DSM-5	ICD-10
American	Multinational
Unicultural	Multicultural, multilingual, diverse
For psychiatry	Multidisciplinary, public health
Expensive	Free
For use only by the most trained	Usable at all levels of expertise and service delivery
Some research basis	Just what is used by clinicians
Low reliability	High reliability (by design) - consensus
Little if any validation	(Not relevant to its purpose)
For research and communication	For communication and documentation

2. Identifying the (closest) disorder

Although not well known, there is a book containing the diagnostic criteria for each ICD-10 diagnosis. The "Bluebook," *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines* is published by The World Health Organization and available free as a 267 page download from: http://www.who.int/classifications/icd/en/bluebook.pdf or on paper from Amazon for about $44. While it contains only the diagnostic criteria, the introductions to some categories of disorders offer educational and thoughtful explanations. The lists of symptoms and their frequencies needed for a diagnosis are much less

rigid in ICD than DSM and clinicians are allowed to use their judgement. The bluebook is 20 years old and so a few of the code numbers are different in the current ICD-10-CM list. I think it very clearly written and shorter and much less detailed than DSM, and so recommend if for almost all clinicians.

You can choose to use diagnostic criteria from the Bluebook *or* DSM-IV *or* DSM-5 *or* even other standard sets (i.e. from the American Academy for Sleep Medicine for the sleep disorders) at this point in time. Each has advantages, as for example DSM-5's PTSD formulation is a great improvement over DSM-IV's and is based on the research but the combining of autism diagnoses into a spectrum or the loss of different types of schizophrenia may not be (these older diagnoses are still in the ICD.). Then record the diagnosis with the ICD codes. To be consistent use the label from the publication you used for the criteria but, at present, there is no such requirement and you can use any label under a code number.

3. Selecting the recording code

ICD is not holistic; it separates the familiar psych diagnoses (mainly in ICD-10's F-codes) from the medical diagnoses. Some conditions in DSM like Parkinson's (G20) and Alzheimer's (G30) are considered "underlying" medical conditions in ICD and so are to be listed before their "manifestations" such as Dementia (F02.80 or .81) or Wandering (Z91.83). Some familiar disorders are not in the F-codes but are R- and T-codes (see below).

I recommend the use of all the codes available for a good diagnostic workup not just the symptom codes (F-codes) and especially encourage consideration of all the Z codes for **a biopsychosocial case conceptualization.**

Substance use codes (F10-F19) are extensive but logically organized, first by substance and then by use, abuse or dependence. Additional decimals allow finer distinctions like with intoxication, in withdrawal, or with amnestic, anxiety, or sexual dysfunction.

The G codes are for neurological conditions and so include some relevant to us such as Parkinson's (G20) and Alzheimers (G30), many sleep disorders (G47), and the movement disorders.

The R codes are very varied and quite psychological: "Signs and symptoms involving cognition, perception, emotional state and behavior." They illustrate a strength of the ICD system. The "signs and symptoms" can be recorded when a full diagnosis is not (yet) available or when observations (signs) whose cause is not clear should be recorded. Thus these codes are ideal as referral reasons. For example, R44 is just hallucinations, without assuming a cause (intoxication? psychosis? religious meaning?) or relationship to other diagnoses (medical conditions?). These codes were designed so a front-line health worker without much knowledge of psych could assign a code so the information would not be lost and it could be followed up by more sophisticated clinicians who would make better diagnoses. Also included here are learning disabilities (R48) and chronic fatigue syndrome (R53.82) as well as Old age and Frailty (R54).

The T codes include both adverse effects of medications and codes for abuse - physical, sexual and psychological - and neglect and abandonment of children and adults, suspected and confirmed.

Many familiar codes absent from DSM-IV are retained in ICD-10: Asperger's (F84.5), Substance dependence (many codes), Somatization (F45.0), and the Conduct disorders, socialized and undersocialized, aggressive and not types.

No diagnosis fits? Use F99 for Mental Disorder, NOS or when no diagnosis is made, Z71.1

Record any medical diagnoses first, then in the order of importance, or which ones you will address first; there

is no rule. Incidentally, ICD capitalizes only the first word of a diagnosis, for universality and simplicity. Also use only the **code numbers in black** on my ICD List. **Commonly used diagnoses are in blue.** Some other **interesting diagnoses are in green**. *Codes in black italics are those in both ICD and DSM-5* although the name or label's wording may differ for some codes.

4. Qualifiers

While DSM-5 offers dozens of Specifiers, varying with the diagnoses, ICD offers only Confident (fully meets all criteria), Provisional (partially meeting and more information is to come), and Tentative (partially meets and no additional information is anticipated). ICD offers two kinds of "Excludes" for accuracy and differential diagnosing. They are not included in the List but can be found in the Bluebook and the download from NCHS.

5. The biopsychosocial case formulation

"It is more important to know the patient who has the disease than the disease the patient has," said Sir William Osler, in 1904. If you take this to mean personality is primary, the *Psychodynamic Diagnostic Manual* is for you. If you interpret this as the necessity of a comprehensive biopsychosocial evaluation, the Z codes are what you need. This is where ICD shines. The Z codes address the context of the client and of our providing care.

All the "problem" areas of Axis IV are here: education, employment, family, etc. but with much more detail. For example, education (Z55) includes illiteracy (Z55.0), inadequate teaching (Z55.8), and discord with teachers (Z55.4) as well as underachievement (Z55.3).

Z56 codes address employment ranging from threat of job loss (Z56.2), to stressful work schedule (Z56.3), through sexual harassment on the job (Z56.81), and on military deployment (Z56.82). I found the latter to be an invaluable addition when diagnosing a major depression in the context of their spouse's deployment.

The Z59 codes allow for documenting housing problems like homelessness (Z59.0), foreclosure (Z59.8), low income (Z59.6), and extreme poverty (Z59.5).

Social stressors in Z60 include acculturation difficulties (Z60.3), living alone (Z60.2), retirement problems (Z60.0), and being the target of discrimination and persecution (Z60.5).

Problems with upbringing (Z62) include being in welfare custody (Z62.21), living in a group home (Z62.22), being scapegoated (Z62.3), as well as several parent-child conflicts (Z62.82), and sibling rivalry (Z62.891).

The codes in Z63 concern family issues of well-recognized psychological relevance such as absence of a family member (Z63.3), separation, divorce, or estrangement (Z63.5), substance dependence in the family (Z63.72), as well as having a dependent relative needing care at home (Z63.6), and high levels of expressed emotion (EE) (Z63.8) which have been implicated in psychotic episodes.

Other codes address criminal and legal issues like imprisonment (Z65.1), lifestyle (Z72) including high risk behaviors such as gambling (Z72.6), "antisocial behavior without manifest psychiatric disorder" (Z72.810), and life management difficulty (Z73) which includes stress, burnout, and insomnia.

A large set of codes allow descriptions of the context of care. Treating victims or perpetrators of child or partner abuse or rape is under Z69. Providing counseling or education for sexual attitudes, orientation, or behavior is coded under Z70. Providing counseling and advice (Z71) allows coding for services ranging from dealing with the "worried well" without a diagnosis (Z71.1), counseling for family members of those with alcohol, drug

abuse, and HIV+, and spiritual counseling (Z71.81). Other codes that concern our work include problems related to dependency on a care provider (Z74), malingering (Z76.5), non-compliance with treatment (Z91.1), and Z64.4 Discord with counselors.

I am looking forward to using the ICD-10 and hope I have shown some of its benefits. I am happy to talk or text more at edzucker@mac.com Version of 08-19-16