Frequently Asked Questions about DSM-5 Implementation- For Clinicians
UPDATED 10/7/14

How can I purchase DSM-5?

For ordering information or to purchase DSM-5 and related products (including the DSM-5 eBook and DSM-5 Diagnostic Criteria Mobile App), please visit: http://www.appi.org/Pages/DSM.aspx. The online version of the manual is available through subscription to PsychiatryOnline at: http://dsm.psychiatryonline.org/store/home.aspx.

When can I begin using DSM-5, and is there a date when DSM-IV will be discontinued?

We encourage you to use DSM-5 immediately, as it reflects the current state of the science. Many, but not all, insurers have already updated their systems to reflect DSM-5, and you should check with individual insurers if you have any questions about their diagnostic requirements. Some insurers and other agencies may still require use of DSM-IV's diagnostic names or multiaxial system while forms and data systems are updated to reflect DSM-5.

How do I use the codes listed in DSM-5, and how are DSM and ICD related?

DSM-5 contains all of the information needed to assign valid, HIPAA-compliant codes to the diagnoses that you make for your patients. As was the case with DSM-IV, DSM-5 includes valid codes from the ICD-9-CM (the *International Classification of Diseases, 9th edition, Clinical Modification*). The ICD codes listed in DSM-5 can be used without consulting a copy of the ICD-9-CM book; you do not need a "crosswalk" to use the codes found in DSM-5.

On October 1, 2015, the United States will no longer use ICD-9-CM as its official coding system. Effective on that date, the ICD-10-CM (the International Classification of Diseases, 10th edition, Clinical Modification) will be the official system that must be used. The ICD-10-CM codes are

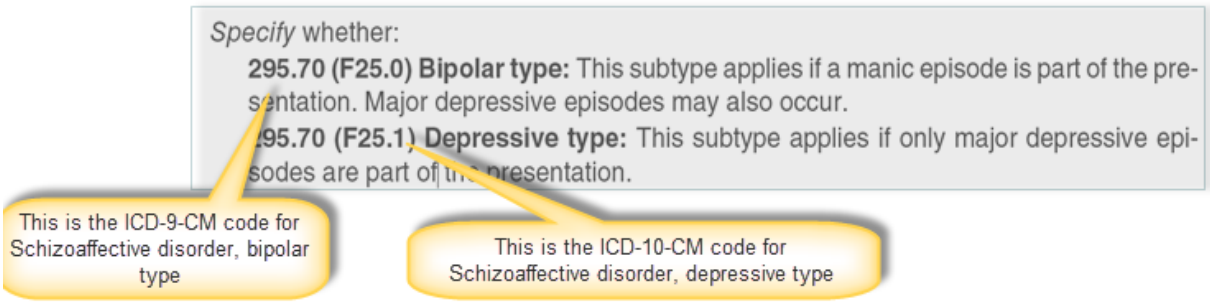
already included in DSM-5. You will **not** need to purchase a new DSM-5 when the United States switches to this system.

The ICD-10-CM codes are listed in parentheses after the ICD-9-CM codes. From today until September 30, 2015, use the first-listed code for each disorder. On October 1, 2015, simply begin using the codes listed in parentheses to code your diagnoses. Because both ICD-9-CM and ICD-10-CM codes are already included in DSM-5, this will greatly ease the transition to the new system for clinicians and other health care personnel.

Here is an illustration of how the diagnostic codes are listed in DSM-5:

- Disorders in DSM-5 appear as above. Note that the ICD-9-CM code and the ICD-10-CM code have already been listed for you. The ICD-9-CM codes are numeric and are listed first. ICD-10-CM codes are alpha-numeric. In DSM-5, they can be found ***in parentheses*** after the ICD-9-CM codes.

- Some disorders have more than one ICD code, for example when subtypes are coded. In these cases, the codes can be found at the bottom of the diagnostic criteria box. For example, for schizoaffective disorder, the ICD-10-CM code for bipolar type is F25.0 and the code for depressive type is F25.1. This will appear in the DSM-5 criteria as below:



For disorders with more complex coding, coding notes and coding tables are provided at the bottom of the criteria box. The substance/medication-induced disorders, for example, have complex coding (see the coding note and table provided for substance/medication-induced psychotic disorders for an example.)

- Clinicians should always check the bottom of the diagnostic criteria box for coding notes, which provide additional guidance. For example, in schizoaffective disorder, if catatonia is present, an additional code for catatonia should be used and will be provided in the coding note:

Specify if:
With catatonia (refer to the criteria for catatonia associated with another mental disorder, pp. 119–120, for definition).
Coding note: Use additional code 293.89 (F06.1) catatonia associated with schizoaffective disorder to indicate the presence of the comorbid catatonia.

- A section of text called "Recording Procedures" sometimes follows the diagnostic criteria box and provides even more guidance for documenting your diagnoses.

- For quick reference, ICD-10-CM codes also can be found in the DSM-5 Classification in the front of the manual and as alphabetical and numerical listings in the appendices.

Who is qualified to make a DSM diagnosis?

The laws in your individual state will dictate the professional credentials required to make diagnoses.

Sometimes different disorders or subtypes share the same diagnostic code. Is this an error?

No. It is occasionally necessary to use the same code for more than one disorder. Because the DSM-5 diagnostic codes are limited to those contained in the ICD, some disorders must share codes for recording and billing purposes. For example, hoarding disorder and obsessive-compulsive disorder share the same codes (ICD-9-CM 300.3 and ICD-10-CM F42). We will be working with the ICD-10-CM revision conferences supported by the Centers for Medicare & Medicaid Services and the National Center for Health Statistics to recommend separate codes for these new disorders as soon as possible.

Because there may be multiple disorders associated with a given ICD-9-CM or ICD-10-CM code, the medical record should record the appropriate ICD code alongside the DSM-5 diagnosis name whenever possible. See our "Insurance Implications of DSM-5" FAQ for additional information.

How should a DSM diagnosis be recorded?

DSM-5 recommends a non-axial diagnosis list format for the medical record. However, reimbursement forms may vary according to insurance companies' requirements, and some clinical settings may require a specific format. Clinicians should record diagnoses according to the requested format.

For non-axial recording, if more than one diagnosis is present, clinicians should first list the principal diagnosis (for an inpatient admission) or the reason for visit (for an outpatient visit). In general, if an additional, non-psychiatric medical condition is present, mental health clinicians would first list the mental disorder diagnosis, except when the other medical condition is thought to be causing the mental disorder. In such cases, the medical condition should be listed first (see Example III below). Recording of disability will vary according to insurance company or agency requirements.

Below are some examples of how various diagnoses and conditions would be recorded:

Example I: Mental disorder diagnosis as the reason for visit, with an additional medical condition unrelated to the mental disorder diagnosis. Other (non-disorder) reasons for visit are also listed.

300.22 Agoraphobia
243 Congenital hypothyroidism
V62.4 Acculturation difficulty
V65.40 Other counseling or consultation (nicotine use)

Example II: Mental disorder diagnosis as the principal diagnosis, with the presence of an additional mental disorder diagnosis. Other (non-disorder) condition receiving an intervention is listed.

307.1 Anorexia nervosa, restricting subtype
300.02 Generalized anxiety disorder
V62.3 Academic or educational problem

Example III: Mental disorder diagnosis as the reason for visit, with another medical condition thought to be causing the mental disorder. Another movement disorder is also present, but is not directly related to the mental disorder diagnosis.

332.0 Parkinson's disease
294.11 Major neurocognitive disorder probably due to Parkinson's disease, with behavioral disturbance
333.85 Tardive dyskinesia

How will the previous Axes I, II, and III conditions be recorded?

DSM-5 combines the DSM-IV Axes I, II, and III into one list that contains all mental disorders, including personality disorders and intellectual disability, as well as other medical diagnoses. Other conditions that are a focus of the current visit or help to explain the need for a treatment or test may also be listed and coded when relevant. These conditions (popularly known as the "V-codes") can be found in the DSM-5 chapter entitled, "Other Conditions That May Be a Focus of Clinical Attention."

With the removal of the multiaxial system in DSM-5, how will disability and social functioning be assessed?

The Global Assessment of Functioning (GAF) scale, recommended for Axis V in DSM-IV, was used for determinations of medical necessity for treatment by many payers, and eligibility for short- and long-term disability compensation. Clinician-researchers at the APA have conceptualized need for treatment as based on diagnosis, severity of symptoms and diagnosis, dangerousness to self or others, and disability in social and self-care spheres. A single score from a global assessment, such as the GAF, does not convey information to adequately assess each of these components, which are likely to vary independently over time. Furthermore, the GAF requires training in its use in order to achieve optimal interrater reliability.

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The DSM-5 does not currently recommend a specific measurement instrument for the assessment of disability and social functioning. The measures in Section III of DSM-5 (online at http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures) must undergo further research before being recommended by DSM-5 for general clinical use.

How do I code "diagnosis deferred" or report "no diagnosis given"?

If a mental disorder is not present, V71.09 can be used for "no diagnosis given." "Diagnosis deferred" can use the code 799.9. If a mental disorder is present, it is preferable to use an "unspecified" diagnosis from DSM-5 rather than to defer a diagnosis, if clinically indicated. Because the multiaxial system is no longer in use, the commonly used "diagnosis deferred on Axis II" is no longer needed.

How should specifiers and subtypes be recorded using DSM-5?

When a specifier or subtype has an associated code, it will be listed below the diagnostic criteria. However, as was the case in DSM-IV, many specifiers and subtypes in DSM-5 do not have associated codes. If the specifier or subtype is not associated with its own code, the name of the diagnosis with subtype and/or all relevant specifiers should be recorded in the medical record along with the code for the disorder.

Where can I find the online assessment measures?

The online assessment measures can be found at:
http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures

I found a possible error in DSM-5. How do I report this?

You can use the feedback mechanism on this website (www.dsm5.org) to report any possible errors. We will update our coding corrections listing, also located on this site, as any coding errors are reported and confirmed. Any minor text edits will be compiled and corrected in future printings.

Is it normal for a manual such as this to contain errors?

It is normal for a book of this scope and complexity to contain some errors. In fact, most such publications, such as the ICD, provide continually updated listings of errata, addendums, and updates. Please visit www.dsm5.org frequently for any such updates.

I see that "Not Otherwise Specified" (NOS) diagnoses from DSM-5 have been replaced with "Other" and "Unspecified" conditions. How will this change impact diagnoses?

Important clinical tools in DSM-5 are the new categories of "other specified" and "unspecified" mental disorders. Revised from DSM-IV's "Not Otherwise Specified" categories, these diagnoses give clinicians the flexibility necessary to provide patients with the most accurate diagnoses possible, and provide more information for the medical record and billing forms. The change also brings DSM more in line with the ICD. Every section of the ICD-9-CM, including those for diabetes, pulmonary disease, and other physical illnesses, list other specified and unspecified

codes for disorders that don't precisely fit current definitions of major disorders. To help clinicians make an appropriate diagnosis we have maintained a requirement for individuals with these diagnoses to have clinically significant distress or impairment in social, occupational, or other important areas of functioning. Further information on these diagnoses can be found in the introduction to DSM-5.

How do I correctly reference DSM-5 in papers?

The correct citation depends on the style guide being applied. The most commonly used style guides in academic publishing are AMA style and APA style. The correct citations for DSM-5 are:

AMA Style
American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Association; 2013.

APA Style
American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Association.

How do I attain permission to use DSM-5 criteria or content in publications, lectures, or other formats?

To obtain copyright permissions, please contact the APA Rights Manager, Cecilia Stoute, at cstoute@psych.org.

Is DSM-5 available in any languages besides English?

A list of translation publishers for DSM-5 and related products, including the anticipated publication dates of translated products, can be found on APPI.org: http://www.appi.org/Pages/DSM.aspx.