

# NEWS Release

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## **American Psychiatric Association Lauds Continued Use of Diagnostic Coding System**

Arlington, VA - The American Psychiatric Association is pleased to announce that the federal Centers for Medicare and Medicaid Services (CMS) has explicitly sanctioned continued use of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnostic criteria and descriptors in assigning diagnostic codes contained in the ICD-9-CM—the official coding system adopted under Health Insurance Portability and Accountability Act of 1996, which is scheduled to take effect in mid-October.

The agency's Sept. 26 announcement signals its willingness to continue its informal agreement, which has stood since the publication of DSM-III in 1980, with the practice of using DSM diagnostic criteria and descriptors when these are "cross-walked" to reference corresponding ICD-9-CM numerical code numbers in the electronic processing of certain administrative and financial health care transactions for mental and behavioral disorders.

Because the ICD-9-CM Glossary of Mental Disorders uses definitions that are equivalent to DSM-II definitions, exclusive, mandated reliance on the ICD system would have severely undermined nearly a quarter century of advances in refining the U.S. classification system for psychiatric disorders. "This announcement verifies that DSM-IV is alive and well, and puts to rest mounting uncertainty and confusion that had begun to emerge as the deadline for implementation of HIPAA approached," said APA medical director James H. Scully, Jr., M.D.

APA has worked closely over the past year with multiple components of the Department of Health and Human Services, including the Office of the Secretary, CMS, the Office of General Counsel, and the National Institutes of Health, to resolve what appears to have been a potentially damaging oversight in the writing of the final HIPAA implementation regulations.

The wording of the CMS clarification follows:

**Question:** Can mental health practitioners, agencies, institutions and others still use DSM-IV diagnostic criteria, even though DSM-IV has not been adopted as a HIPAA code set?

**Answer:** Yes. Adoption of the diagnostic criteria, which are used to establish a diagnosis, is outside the scope of HIPAA. Congress enacted HIPAA for the purpose of standardizing the form and content of certain electronic transactions, and not for the purpose of standardizing the diagnostic criteria applied by clinicians. 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.

**Question:** The ICD-9-CM includes a glossary with definitions for mental disorders found in Appendix B. Are clinicians required to use these glossary definitions when using the ICD-9-CM codes?

**Answer:** No. HIPAA does not require clinicians to adhere to the glossary definitions in Appendix B. The ICD-9-CM itself does not require clinicians to adhere to the glossary definitions. With respect to these definitions, the Introduction to the ICD-9-CM states only that Appendix B has been “included as a reference to the user...to further define a diagnostic statement.” This statement suggests that the glossary definitions are advisory only, and not mandatory. While HHS has adopted the ICD-9-CM as a HIPAA code set for diagnosis, it has not mandated the use of the glossary definitions.

**Question:** In current practice by the mental health field, many clinicians use the DSM-IV in diagnosing mental disorders. Can these clinicians continue current practice and use the DSM-IV diagnostic criteria?

**Answer:** Yes. 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. 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.

The CMS FAQ is available at: [http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std\\_adp.php?p\\_faqid=2331&gsearch=Y](http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=2331&gsearch=Y).

**The American Psychiatric Association is a national medical specialty society, founded in 1844, whose 35,000 physician members specialize in the diagnosis, treatment and prevention of mental illnesses including substance use disorders. For more information, visit the American Psychiatric Association web site at [www.psych.org](http://www.psych.org).**

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