FASD in Review

October 2015

This month, *FASD in Review* examines the implications for FASD services in the current DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders*) and in the ICD-10-CM (*International Classification of Diseases*), released on October 1, 2015:

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Washington, DC: Author.

Centers for Medicare and Medicaid Services and National Center for Health Statistics. (2015). *ICD-10-CM Official Guidelines for Coding and Reporting FY 2016*. Atlanta, GA: CDC Stacks Public Health Publications.

DSM-5 and ICD-10-CM: Background

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard mechanism used by clinicians and researchers to diagnose and classify mental disorders. It is developed and published by the American Psychiatric Association (APA) for use in the United States, but is currently used throughout the world. The DSM was developed to capture a standardized method to diagnose mental disorders. Table 1 provides a brief history of the various releases of the DSM.

Table 1. Brief History of the DSM Versions

Version	Year	Key Content/Changes
Original	1952	Standardized methods for categorizing and diagnosing mental health disorders
II	1968	Similar to the DSM I
III	1980	Changes to categories and diagnostic criteria, and introduction of a multiaxial diagnostic system
III-R	1987	Significant changes to criteria; categories renamed and reorganized; some diagnoses were eliminated
IV	1994	Changes to diagnostic criteria sets and descriptions; clinical significance criteria were added to many diagnoses
IV-TR	2000	Revised text sections of many diagnoses; some codes updated to maintain consistency with the ICD
5	2013	Increased specificity of diagnostic criteria and improved alignment with the ICD. Highlighted changes included: • Elimination of the five-axis approach featured in the past and new groupings for diagnoses. The DSM-5 places diagnoses along a developmental continuum. In each chapter and within diagnostic categories, disorders typically diagnosed in childhood are listed first, followed by those typically diagnosed in adolescence, those typically diagnosed in adults, and those typically diagnosed in later life. • Inclusion of a new Section 3 (was an appendix in the DSM-IV) for conditions that need further research before they can be considered as official diagnoses. Inclusion of a disorder in Section 3 indicates that enough evidence is available to suggest the condition has an impact on individual functioning and/or level of distress, but that

		further study is needed before the condition can be accurately described and reliably diagnosed.

The *International Classification of Diseases* (ICD) was first published in 1949 and is developed by the World Health Organization (WHO). Its official name is *The International Statistical Classification of Diseases and Related Health Problems*. It evolved from a system of identifying causes of death developed in the 1800's. The ICD is the standard diagnostic tool for epidemiology, health management, and clinical purposes. This includes the analysis of the general health situation of population groups. It is used to monitor the incidence and prevalence of diseases and other health problems, morbidity and mortality, and is used for reimbursement purposes. Currently, about 70 percent of the world's health expenditures are allocated using the ICD for reimbursement and resource allocation. It is available in the six official languages of WHO (Arabic, Chinese, English, French, Russian, and Spanish) as well as in 36 other languages, and is the most widely used statistical system for the classification of diseases in the world. Table 2 provides a brief history of the various releases of the ICD.

Table 2. Brief History of the ICD Versions

Version	Year	Key Content/Changes
6*	1949	ICD 6 was the first version to incorporate morbidity and became the standard diagnostic tool for epidemiology, health management, and clinical purposes.
9	1975	ICD 9 was used as the basis for the ICD-9-CM adaptation.
9-CM	1978	U.S. adaptation of the ICD 9 that included details on morbidity and required these codes for Medicare and Medicaid reimbursement. The CM stands for Clinical Modification.
10	1990	U.S. does not use ICD-10 for morbidity, but has used ICD-10-CM to code mortality since 1999.
10-CM	2015	U.S. adaptation which includes codes for all diagnoses in the DSM-5. ICD-10-CM codes must be used for all reimbursement for which HIPAA is responsible. This is a broadening beyond the requirement of the ICD-9-CM which was just for Medicare and Medicaid.
10-PCS	2015	This is coding solely for procedures in inpatient hospital settings.
11	2018	The ICD-11 is currently being developed for release in 2018.

*ICD-6 represents the first version of the *International Classification of Diseases*. Prior to this version, there were different classifications, such as "International List of Causes of Death."

While the coding system used in the United States is based on the official WHO ICD, clinical modifications (CM) are made to adapt the official ICD for use in the United States. The adaptations are needed as a tool to report diagnoses, classify morbidity data, review medical care, and capture health statistics across the healthcare system (Cartwright, 2013). Since 1980, every coded diagnosis in the DSM has used an ICD-9-CM code. The ICD-10-CM has been in development since 1994 and originally was to be released in 2013; however, the official release was delayed until October 1, 2015. Because the publication of the DSM-5 preceded the publication of the ICD-10-CM, the diagnoses in the DSM-5 included both an ICD-9-CM code and an ICD-10-CM code (provided in advance to the DSM authors for inclusion so that they would be available upon the official release of ICD-10-CM). As of the release of the ICD-10-CM on October 1, 2015, an ICD-10-CM code is now required for all diagnoses covered by the Health Insurance Portability and Accountability Act (HIPAA), not just for Medicare and Medicaid

claims. Therefore, **in order for a diagnosis or procedure to be submitted for reimbursement, an ICD-10-CM code is now required.**

DSM and ICD Coding Related to FASD and Effects of Prenatal Alcohol Exposure

Until May 2013, no version of the DSM included any mention of the effects resulting from prenatal alcohol exposure. The DSM-5 is the first version that addresses the effects of prenatal alcohol exposure: 1) Other Specified Neurodevelopmental Disorder (found in the chapter on Neurodevelopmental Disorders); and 2) Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (found in Chapter 3 as a disorder for further study, resulting in the absence of a specific diagnostic code at this time). Table 3 provides a comparison of the DSM-5 and CM versions of ICD codes related to FASD and the effects of prenatal alcohol exposure.

Table 3. Diagnoses and Coding (DSM/ICD) Related to FASD and the Effects of Prenatal Alcohol Exposure

Diagnosis	DSM Version	ICD-9-CM	ICD -10-CM (Required as of 10/1/15)
Other Specified Neurodevelopmental Disorder*	DSM-5	315.8	F88
Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure	DSM-5 (listed as a disorder for further study; no specific code available at this time)	--	--
Alcohol Affecting Fetus or Newborn Via Placenta or Breast Milk (FAS)	--	760.71	Q86; P04.3
Other Specified Delays in Development	--	315.8	F88
Encounter for screening for other diseases and disorders	--	--	Z13
Fetal Alcohol Syndrome (dysmorphic)	--	--	Q86.0
Newborn (suspected to be) affected by maternal use of alcohol	--	--	P04.3
Other Disorders of Psychological Development*	--	--	F88

* Example provided in the DSM-5 for this diagnostic category is "Neurodevelopmental disorder associated with prenatal alcohol exposure: Neurodevelopmental disorder associated with prenatal alcohol exposure is characterized by a range of developmental disabilities following exposure to alcohol in utero."

Note: In addition to the DSM and ICD, the American Medical Association has developed Current Procedural Terminology (CPT) codes. These codes are not used for diagnosis but rather for procedures in treating a diagnosis,

such as therapy or medication checks.

Because Chapter 3 of the DSM-5 identifies Neurobehavioral Disorder Associated With Prenatal Alcohol Exposure (ND-PAE) as a disorder for further study, both the **proposed** description and criteria for this as a specific diagnosis are included. The **proposed** description of ND-PAE also includes diagnostic features, associated features supporting the diagnosis, prevalence, the development and course of the disorder, suicide risk, differential diagnosis, and comorbidity. The **proposed** criteria are described in Table 4, below.

Table 4. Proposed Diagnostic Criteria for Neurobehavioral Disorder Associated With Prenatal Alcohol Exposure (ND-PAE) in the DSM-5*	
1.	More than minimal exposure to alcohol during gestation, including prior to the recognition of pregnancy.
2.	Impaired neurocognitive functioning as manifested by one or more of 5 criteria: • I.Q. of 70 or below • Impairment in executive functioning • Impairment in learning • Memory impairment • Impairment in visual-spatial reasoning
3.	Impaired self-regulation as manifested by one or more of 3 criteria: • Impairment in mood or behavioral regulation • Attention deficit • Impairment in impulse control
4.	Impairment in adaptive functioning as manifested by two or more of 4 criteria, one of which has to be the first or second criteria: • Communication deficit • Impairment in social communication and interaction • Impairment in daily living skills • Impairment in motor skills
5.	Onset of the disorder occurs in childhood.
6.	The disorder causes clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning.
7.	The disorder is not better explained by the direct physiological effects associated with postnatal use of a substance, a general medical condition, another known teratogen, a genetic condition, or environmental neglect.
* Described in section 3 of the DSM-5 under *Conditions for Further Study*.	

Further Discussion on ND-PAE

Julie Kable, et al., "Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE): Proposed DSM-5 Diagnosis," *Child Psychiatry & Human Development*, published online July, 2015.

A new article by Julie Kable and colleagues is an attempt to formalize the diagnostic criteria for ND-PAE as described in Section 3 of the DSM-5. The recommended criteria for ND-PAE include more than minimal confirmed gestational alcohol exposure. Light drinking is defined in the article as 1 to 13 drinks per month with no more than 2 drinks per drinking session. The article states that confirmation of prenatal exposure can come from the birth mother, someone

who observed the birth mother drinking during pregnancy, or documentation in medical or other records. Unfortunately, this leaves out many individuals where maternal alcohol consumption during pregnancy is unknown. The article describes in detail each of the areas of difficulty identified in individuals with ND-PAE, including impairment in neurocognitive functioning, learning problems, memory deficits, and impairments in executive functioning. In terms of the diagnosis of FAS (which has a separate ICD-10-CM code), the authors state "Of importance, in addition to ND-PAE, the presence of a diagnosis of FAS may also apply if the individual meets the criteria for growth retardation, facial features, as well as the neurocognitive deficits described by ND-PAE."

This article also provides a section on treatment. It mentions research on prenatal and postnatal treatment with peptides and nutrients, and studies of treatments for children that have been funded. It points out that medical and psychosocial issues for those with ND-PAE must be addressed, taking into account family members, caregivers, and the individual. The authors mention a wide range of services that individuals affected by prenatal alcohol exposure (PAE) may need. Importantly, it is essential for the programs and agencies providing these services to recognize that they need to be delivered with the understanding of the effects of PAE and therefore most often need to be modified from the way they are provided to those without an ND-PAE.

Implications of the Current and Proposed Coding Changes

Having the terms 'Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure' and 'Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure' in the DSM-5 is a great accomplishment. It is the first time the subject of the effects of prenatal alcohol exposure has been documented in the DSM. These terms now provide the impetus for mental health providers to recognize the impact of prenatal alcohol exposure on the mental health of individuals and to research treatments to improve outcomes for this population. In addition, for the first time, mental health providers can treat individuals with an FASD and bill for these services without another mental health diagnosis. However, only the diagnosis "Other Specified Neurodevelopmental Disorder" has an ICD-10-CM code and can currently be submitted for reimbursement. The focus thus far since the release of the DSM-5 on Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE) is very helpful in further defining how the effects of prenatal alcohol exposure can be diagnosed. Both the article by Kable and colleagues and an article titled "Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE): An Area for Further Consideration," by Jerrod Brown and colleagues in the June 2015 issue (#13) of *Fetal Alcohol Forum*, focus on developing diagnostic criteria for ND-PAE. This is a very significant step for the future. For the present, we need to focus on how the term Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure, under the umbrella Other Specified Neurodevelopmental Disorder, can be utilized to provide mental health services for those affected by PAE.

Key Issues

1. As of the release of the ICD-10-CM on October 1, 2015, all HIPAA-covered entities must transition from using the ICD-9-CM codes to the ICD-10-CM codes.

2. The only specific diagnostic term in the DSM-5 with an ICD-10-CM code that relates to prenatal alcohol exposure is "Other Specified Neurodevelopmental Disorder - Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure;" Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE) is proposed for further study (currently **without** an ICD-10-CM code as a specific diagnosis).
3. Until ND-PAE exists as a specific diagnosis in the DSM with a corresponding ICD-10-CM code (if eventually included in the future), providers may be inconsistent in their inclusion of this as an assumed subset of neurodevelopmental disorders associated with prenatal alcohol exposure (F88 under ICD-10-CM).
4. FAS also has an ICD-10-CM code but it is not in the DSM-5.
5. Screening does have an ICD-10-CM code but it is not clear what type of screening it includes and what will be reimbursed by insurance.

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