DIAGNOSING USING DSM-5

This Bulletin is to provide clarification regarding the use of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) based on Department of Health Care Services (DHCS) Information Notice 16-051 (Implementation of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth Edition).

All providers must utilize the criteria found in DSM-5 to formulate the diagnosis and make determinations of medical necessity for specialty mental health services (SMHS). Once the diagnosis is formulated using the criteria found in DSM-5, a corresponding International Classification of Diseases (ICD-10-CM) code should be selected. DSM-5 provides a suggested ICD-10 code for each diagnosis. So long as the criteria from DSM-5 were used to formulate the diagnosis, a different ICD-10-CM code (from the one found in DSM-5) may be used. At times, there may be an ICD-10-CM code that provides greater specificity than the ICD-10-CM code found in DSM-5.

Note: The list of included diagnoses for SMHS medical necessity is provided in terms of ICD-10-CM codes. The shift to DSM-5 does not change the included diagnoses required to meet medical necessity criteria.

DSM-IV criteria should continue to be used for Pervasive Developmental Disorders (Autistic Disorder, Childhood Disintegrative Disorder, Asperger’s Disorder, Rett’s Disorder and Pervasive Developmental Disorder Not Otherwise Specified) because DSM-5 only has a single diagnosis of Autism Spectrum Disorder and the list of included diagnoses does not account for this. ICD-10-CM codes can be found for each of the DSM-IV Pervasive Developmental Disorders.

The data elements required on an assessment and the list of included diagnoses found in the Organizational Provider’s Manual have not changed as a result of this Bulletin. For additional information related to DSM, ICD and included diagnoses refer to previous QA Bulletins issued regarding these topics (15-06, 15-08, 16-07 and 17-05).

If Contracted or Directly-Operated providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

c: Executive Management Team
   District Chiefs
   Program Heads
   Department QA staff
   QA Service Area Liaisons

   Judith Weigand, Compliance Program Office
   Zena Jacobi, Central Billing Office
   Pansy Washington, Managed Care
   TJ Hill, ACHSA
   Regional Medical Directors