

Background

Released in May 2013, the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) has reorganized some diagnostic categories, removed some diagnoses and added others. In addition, some criteria have been revised and the multiaxial system (Axes I-V) has been removed in favor of a nonaxial system for documenting and recording diagnosis. As with previous editions, it provides standardized clinical criteria and nomenclature for healthcare providers, researchers, purchasers and payers.

In anticipation of the national shift to ICD-10, the DSM-5 maps to both ICD-9 and to ICD-10 billing codes. For example, “Major Depressive Disorder, Recurrent episode, Moderate,” maps to 296.32 (ICD-9) and to F33.1 (ICD-10). With the delay in ICD-10 (now mandated for October 1, 2015), you have the opportunity to focus on and learn about the clinical aspects of the DSM-5 – what has and has not changed – a full year before the change to billing codes.

Effective October 1, 2014 Optum will use the DSM-5 criteria for clinical interactions (e.g., authorization requests, peer reviews, etc.) and ICD-9 codes associated with the DSM-5 conditions for billing/claim processing.

This document provides some basic reminders about the DSM as it relates to benefits, assessment and documentation of diagnostic information previously recorded in the multiaxial (I-V) system.

Eligibility and Benefits

Optum administers a wide range of Benefit Plans. It is always important that you inquire about eligibility and benefits. The benefit coverage and limitations for individuals you see is defined by their particular Certificate of Coverage (COC) or Benefit Plan. As in the past, the presence of a condition, diagnosis or diagnostic category in the DSM does not in itself indicate whether that condition, diagnosis or diagnostic category is covered under a particular Benefit Plan.

DSM-5: Clinical Utility and Level of Care

Because the indication for treatment, including level of care, cannot be determined based solely on a diagnosis, Optum maintains national scope [Level of Care](#) (LOC) and [Coverage Determination](#) Guidelines. Optum reviews and maintains relevant [state-specific LOC guidelines](#) when such requirements exist.

✓ DSM-5 Highlight

Refer to the second paragraph on page 20 under “Definition of a Mental Disorder” regarding the concept that a mental disorder diagnosis should have clinical utility. That is, it should support and inform such clinical considerations as prognosis and treatment planning. It discusses the distinction that a diagnosis or lack of diagnosis is not sufficient for determining the need for treatment.

Also see "[Member Rights and Responsibilities](#)" in the *Optum Network Manual* for information about members' participation in decision-making regarding their healthcare including a candid discussion of appropriate or medically necessary treatment options regardless of cost or benefit coverage.

DSM-5: Clinical Significance

Like the DSM-IV-TR, the DSM-5 continues to point to the need for "clinical significance" when determining whether a mental disorder diagnosis is indicated. The clinical threshold considers symptom severity and salience as well as functional impairments which may be particularly helpful in assessing need for treatment.

✓ DSM-5 Highlight

Refer to the paragraph under "Criterion for Clinical Significance" on page 21 which speaks to clinical challenges related to the lack of clear biological markers or severity measures for many mental disorders. The DSM-5 language, as it relates to this general threshold criterion, is consistent with the DSM-IV-TR regarding the presence of "clinically significant distress or impairment" in key areas of functioning.

DSM-5: Shift from multi-axial to nonaxial recording

The DSM-5 has shifted from a multi-axial system for recording assessment findings to a nonaxial system. The same elements that would have been captured under the 5 axes used with the DSM-IV-TR still need to be assessed and documented. The DSM-5 advises that you continue documenting "medical conditions that are important to the understanding or management of an individual's mental disorder(s)" and that you continue to use ICD-9-CM "V" codes to note relevant psychosocial or environmental factors.

Optum is also retaining Axis V (GAF) reporting capability on clinical platforms pending establishment of an industry-wide alternative.

Resources

American Psychiatric Association

DSM-5 Development (dsm5.org) [home page](#)

Coding Updates

Supplement to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (APA March 2014)

The most current supplement will be linked to the APA's PsychiatryOnline site (psychiatryonline.org) > DSM-5 Library > DSM [Coding Update](#)

[DSM-5 resource page](#) including "DSM-5 Fact Sheets" and links to other resources
APA home page (psychiatry.org) > Practice > DSM-5

Provider Express

DSM-5 and ICD-10 [Resource Page](#)

Secure Transactions

[Become a Registered User](#)

Registered users are able to complete a variety of Transactions 24/7 through our HIPAA-compliant website. Transactions include Eligibility and Benefits inquiry, Auth Request and ReviewOnline access and ability to update practice demographics.

Optum Guidelines

[Best Practice Guidelines](#)

[Coverage Determination Guidelines](#)

[Level of Care Guidelines](#) (includes links to national and state-specific guidelines)

Note: Some Coverage Determination Guidelines and some Best Practice Guidelines are being updated to align with DSM-5 changes and nomenclature (e.g., new autism spectrum disorder) and will post near the end of September. You will therefore see the 2013 editions only until that time. Please refer back to these resources then for the most current information.

Optum [Network Manual](#)

Path: Provider Express (providerexpress.com) > Quick Links > Guidelines/Policies > Network Manual > 2014 Network Manual

“Member Rights and Responsibilities”

Note: The *Network Manual* is being updated and will post the end of September. You will therefore see the 2013 edition only until that time. Please refer to these sections in the 2014 edition which are updated to reflect the DSM-5 nomenclature.