ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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To: All ACBHCS County and Contracted Mental Health & Substance Use
Disorder (SUD) Providers

From: ACBHCS Quality Assurance Office

Re: Final ACBHCS DSM-5 and ICD-10 Implementation

INTRODUCTION

ACBHCS has established a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) implementation date of no later than April 1, 2017 per the MHSUDS Information Notice No.: 16-051, as excerpted below.

MHSUDS INFORMATION NOTICE NO. 16-051
CA DEPARTMENT OF HEALTH CARE SERVICES (DHCS) POLICY

"Effective no later than April 1, 2017, Mental Health Plans (MHP), and their subcontractors, are required to use the DSM-5 to diagnose mental disorders for the purpose of determining medical necessity for Specialty Mental Health Services (SMHS) and related clinical documentation. DSM-5 is needed to guide diagnosis, as the ICD-10 classification provides a listing of disease names and their corresponding codes, but does not contain information needed to determine diagnosis."

DHCS TECHNICAL GUIDANCE

"In using the DSM-5 to determine the correct diagnosis, MHPs (and their subcontractors) must also ensure that their diagnoses and clinical documentation (i.e., beneficiary symptoms, behaviors and relevant psychiatric and developmental history) align with the ICD-10 codes reported to claim the SMHS provided. Both the ICD-10 and the corresponding DSM-5 diagnosis codes should be indicated in the beneficiary's clinical

record. MHPs should follow the steps outlined below in establishing mental health diagnoses for SMHS and claiming.

The shift from DSM-IV to DSM-5 does not change the diagnoses required to meet medical necessity criteria for inpatient or outpatient SMHS. The crosswalks provided with MHSUDS Information Notice 15-030 (see enclosures 2, 3, & 4) are intended to crosswalk providers from included ICD-9 diagnoses for outpatient (enclosure 3) and inpatient SMHS (enclosure 2) to included ICD-10 diagnoses. No diagnoses which are entirely new to DSM-5 (e.g., diagnoses that are not just renamed, placed under a new diagnostic category, or have slightly modified diagnostic criteria) are included in the tables of included diagnoses. (Enclosure 4 provides the ICD-10 Included Codes List for Substance Use Disorder Services.)

Provided below for MHPs' reference are the recommended steps to follow in using the crosswalk process and an example.

--- Determine whether the clinical documentation meets the diagnostic criteria for the selected DSM-5 diagnosis. Note the ICD-10 diagnosis code which corresponds to the selected DSM-5 diagnosis. The ICD-10 diagnosis code may be found in parentheses and in lighter type face to the right of the DSM-5 diagnostic code in the DSM-5 Manual.

--- Once the ICD-10 code which corresponds to the selected DSM-5 diagnosis code has been determined, refer to the table (SMHS outpatient or inpatient Included Codes) in MHSUDS Information Notice 15-030 to determine whether that ICD-10 code is an included diagnosis for SMHS. If the ICD-10 code corresponding to the selected DSM-5 code is an included diagnosis for the desired type of SMHS (outpatient or inpatient), it may be used for claiming purposes. MHPs must ensure that the clinical documentation aligns with the diagnostic criteria for the DSM-5 diagnosis code (which must be documented in the Client Record).

--- In the unlikely event that the ICD-10 code corresponding to the selected DSM-5 diagnostic code is not in the table of included diagnoses for SMHS, review the table of included ICD-10 diagnoses to identify an alternative ICD-10 diagnosis which is similar to the originally selected DSM-5 diagnosis. When an alternative ICD-10 diagnosis has been identified which is on the included list, refer to the DSM-5 and

identify a DSM-5 diagnosis which aligns with ("crosswalks" to) the alternative ICD-10 diagnosis. Determine if the clinical documentation meets the diagnostic criteria for the new DSM-5 diagnosis. If the clinical documentation aligns with the DSM-5 diagnostic criteria, that diagnosis may be used for claiming purposes." *See Attachment #1 for Examples.*

NEXT STEPS AND TRAINING FOR ACBHCS

Implementation in InSyst is expected to occur in the coming weeks. This will allow providers to directly enter the Medi-Included ICD-10 diagnosis for claiming purposes. Implementation in Clinician's Gateway will follow InSyst implementation. Clinician's Gateway will then accept either a DSM or ICD-10 Dx and will provide a cross-walked code for confirmation. Providers will be notified as soon ACBHCS is ready for implementation in each database.

ACBHCS will provide DSM-5 & ICD-10 training in February &/or March 2017. This training will address the changes in coding, diagnostic criteria and client records documentation. Training may be either live and/or recorded. As soon as the trainings are scheduled Providers will be notified

__In preparation for DSM-5 implementation it is recommended that all providers immediately have their clinical staff become proficient in the use of DSM-5.__ It is recommended that clinicians now utilize the webinars and study materials below, or others that they find appropriate. (See Attachment #2 for Training Resources.) It may be helpful to do this as an hourly weekly study group activity (or clinical supervision) in each clinic over the next two months.

QUESTIONS

Questions regarding this memo, or up-coming trainings, may be directed to the ACBHCS Quality Assurance Office Acting Associate Administrator: Tony Sanders, PhD at tsanders@acbhcs.org.

MHSUDS INFORMATION NOTICE NO. 16-051
DHCS EXAMPLE:

--- Symptoms: A pervasive pattern of grandiosity, need for admiration, and lack of empathy beginning around age 15 and present in a variety of contexts as indicated by: (1) a need for excessive admiration, (2) a sense of entitlement,
(3) marked difficulty identifying with the feelings and needs of others, (4) frequent expressions of envy toward others, and (5) arrogant behavior toward others. DSM-5 Diagnosis: 301.81: Narcissistic Personality Disorder. ICD-10 Diagnosis: F60.81.
--- F60.81 (Narcissistic Personality Disorder) is found in the right-hand column corresponding to an ICD-9 diagnosis of 301.81 of the ICD-9 to ICD-10 crosswalks for both outpatient and inpatient SMHS. The diagnosis of F60.81 may therefore be used for both outpatient and inpatient SMHS as long as the clinical documentation meets DSM-5 requirements and all other aspects of medical necessity criteria are met.

Note that an exception to the use of the crosswalk tables described above needs to be followed in those cases involving the diagnoses of Autism Spectrum Disorder (including those who met DSM-IV criteria for Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder), as well as the DSM-IV diagnoses of Childhood Disintegrative Disorder and Rett's Disorder. This exception is necessary because Autism Spectrum Disorder (DSM-5 Code 299.00/ICD-10 Code F84.0) will not be found in the right-hand column of either of the crosswalk tables because ICD-10 retains the five diagnoses formerly grouped under the heading of Pervasive Developmental Disorders (Autistic Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, Rett's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified) as individual diagnoses. For patients with one of these five diagnoses, MHPs should use the following procedure:

-- Use the individual ICD-10 codes listed in the Table below for these diagnoses:

Diagnosis	ICD-10
Autistic Disorder	F84.0 – *Non-Included Dx*
Rett's Disorder	F84.2 – Included Dx
Childhood Disintegrative Disorder	F84.3 – Included Dx
Asperger's Disorder	F84.5 – Included Dx
Other Pervasive Developmental Disorder	F84.8 – Included Dx
Pervasive Developmental Disorder Unspecified	F84.9 – Included Dx

--Use the diagnostic criteria in DSM-IV to establish these diagnoses since no comparable criteria are available in DSM-5.

ATTACHMENT #2

DSM-5 & ICD-10 TRAINING RESOURCES

DSM-5 & ICD-10 <mark>Free</mark> Videos (search YouTube for additional):
- **Recommended**:
  - ➢ Introduction: Using DSM-5 in the Transition to ICD-10:
    https://www.psychiatry.org/psychiatrists/practice/dsm/icd-10
  - ➢ Comprehensive: Changes from DSM-IV to DSM-5:
    https://youtu.be/7XIFqSm_eEA
- Additional:
  - ➢ DSM-5 Update for Mental Health Counselors:
    https://youtu.be/48gDxzlmzEM
  - ➢ Clinical Assessment DSM-5 Part 1 (Family Therapy):
    https://youtu.be/BjnPfFS4-yo

American Psychiatric Association DSM-5 Texts:
https://www.appi.org/products/dsm-manual-of-mental-disorders
- **Recommended for each clinic**: DSM-5 Texts: Desk Reference, Study Guide & Clinical Cases,
- **Readily access recommended to assessment clinicians**: DSM-5 Pocket Guide (paper or mobile guide):

American Psychiatric Association DSM-5 Educational Resources and Diagnostic & Coding Clinic
https://www.psychiatry.org/psychiatrists/practice/dsm
- **Highlights of Changes from DSM-IV-TR to DSM-5**
  http://www.dsm5.org/Documents/changes%20from%20dsm-iv-tr%20to%20dsm-5.pdf
- **Fact Sheets (Overall Changes and Disorder Specific):**
  https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets
  - **Attention-Deficit/Hyperactivity Disorder**
  - **Autism Spectrum Disorder**
  - **Bereavement Exclusion**
  - **Conduct Disorder**
  - **Disruptive Mood Dysregulation Disorder**
  - **Eating Disorders**
  - **Gender Dysphoria**
  - **Intellectual Disability**
  - **Internet Gaming Disorder (Section III)**
  - **Mild Neurocognitive Disorder**
  - **Mixed Features Specifier**
  - **Obsessive Compulsive Disorder**

> **Paraphilic Disorders**
> **Personality Disorders**
> **Posttraumatic Stress Disorder**
> **Schizophrenia**
> **Sleep-Wake Disorders**
> **Social Anxiety Disorder**
> **Social (Pragmatic) Communication Disorder**
> **Somatic Symptom Disorder**
> **Specific Learning Disorder**
> **Substance Use Disorder**

- **Online Assessment Measures:**
  https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures
- **Webinars:**
  - **Transitioning to DSM-5 and ICD-10-CM (free)**
    http://education.psychiatry.org/Users/ProductDetails.aspx?Activityid=381&ProductID=381
  - **DSM-5: Substance Related and Addictive Disorders (free)**
    http://education.psychiatry.org/Users/ProductDetails.aspx?Activityid=375&ProductID=375

American Psychological Association Recommendations by topic (includes written and digital):   http://www.apa.org/search.aspx?query=dsm-5

National Association of Social Workers: CA Chapter, DSM-5 Resources:
http://www.naswca.org/?177

American Counseling Association DSM-5 Resources (free podcasts):
https://www.counseling.org/search-results?q=dsm-5

American Mental Health Counselors Association DSM-5 Resources:
http://www.amhca.org/search/all.asp?bst=dsm-5

Additional Resources for a fee:
- **APA: DSM 5: What You Need to Know**
  http://education.psychiatry.org/Users/ProductDetails.aspx?Activityid=1310&ProductID=1310
- **22 Hours of Online CEU Videos**
  - Understanding the DSM-5: Critical Issues and Diagnostic Revisions (6-hour version)
  - Understanding the DSM-5: Critical Issues and Diagnostic Revisions (4-hour version)

- ➢ [Understanding the DSM-5: Autism Spectrum Disorder & the Neurodevelopmental Disorders](#)
- ➢ [Understanding Feeding and Eating Disorder in the DSM-5](#)
- ➢ [Internet Addiction and the DSM-5](#)
- ➢ [Understanding the DSM-5: Substance-Related and Other Addictive Disorders](#)
- ➢ [The DSM-5 and the ICD-10-CM: Comparisons and Crosswalk](#)