pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN

ISSUE DATE	EFFECTIVE DATE:	NUMBER:
September 5, 2014	September 19, 2014	OMHSAS-14-04

SUBJECT:

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5)

BY:

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SCOPE:

County Mental Health/Intellectual Disability (MH/ID) Program Administrators
County Mental Health Service Providers
Behavioral Health Managed Care Organizations (BH-MCOs)

PURPOSE:

The purpose of this bulletin is to provide information to mental health service providers and to business partners of the Office of Mental Health and Substance Abuse Services (OMHSAS) regarding the changes associated with the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), released by the American Psychiatric Association (APA) in May 2013.

BACKGROUND:

The DSM is the standard classification of mental health disorders and is used by a variety of health professionals. The manual provides the criteria for the diagnosis and classification of mental health disorders, and provides the framework for directing mental health treatment services. Since its first publication in 1952, the DSM has been regularly revised and subsequent editions have since been released by the APA.

The development of the DSM-5 began with its planning stage in 1999 and continued until its release in May 2013. Its purpose is to enhance the description, classification, and diagnosis of mental health symptoms and behaviors that will allow for improved access to treatment. The DSM-5 is in concordance with the International Classification of Diseases (ICD), which provides the diagnosis codes used for billing and insurance reimbursement purposes. The DSM-5 includes dual codes for every mental health disorder to account for the currently used ICD-9-CM codes and ICD-10-CM codes. It should be noted that a new compliance date requiring the use of ICD-10-CM codes beginning October 1, 2015 is expected.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number 717-772-7900.

DISCUSSION:

The DSM-IV-TR that preceded the DSM-5 utilized a multi-axial or multidimensional approach for the diagnosis of mental health disorders and to assess level of functionality. The DSM-5 eliminated this multi-axial format by combining the first three DSM-IV-TR axes into one list ordered by relevancy, to include all mental health disorders, including personality disorders and intellectual disability, as well as other medical diagnoses. The fourth DSM-IV-TR axis consisting of psychosocial and environmental factors is now represented by an expanded set of V codes (codes that recognize conditions other than a disease or injury that may contribute to the necessity of treatment). The fifth axis containing the Global Assessment of Functioning (GAF) scale is replaced with the utilization of separate notations to identify disability.

Behavioral health services typically utilize the DSM to determine eligibility and medical necessity for services, as outlined in various regulations, bulletins, provider handbooks, and other policy documents. In some cases eligibility and medical necessity criteria make specific reference to one or more axes of DSM. Since the DSM-5 does not recognize the use of a multi-axial system, these requirements need further examination. Additionally, some services often established a minimum GAF score as one of the factors in the determination of eligibility. For example, 55 Pa. Code § 5221.12 (Consumer Eligibility for Intensive Case Management) lists specific diagnoses from DSM (schizophrenia or chronic major mood disorder) and a GAF score of 40 or below as two of the qualifying factors for consumers 18 and older. The absence of an instrument similar to the GAF scale in the DSM-5 impedes a comparable translation of the functioning levels between the two versions of the DSM.

PROCEDURES:

In reference to the aforementioned changes, OMHSAS is issuing the following guidance:

1. There are no changes to the diagnostic criteria for eligibility or medical necessity determination despite the elimination of the multi-axial system from the DSM-IV-TR to the DSM-5. For example:

    - The medical necessity for a service requires as one of the conditions of eligibility, "*Primary diagnosis of schizophrenia or other psychotic disorders such as schizoaffective disorder, or bipolar disorder as defined in Axis 1 of Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR, or any subsequent revisions thereafter)".* The requirement to meet the named diagnoses remains valid even though the reference to Axis 1 would no longer be relevant for use in the DSM-5.

2. Since the DSM-5 has eliminated the GAF scale to assess functionality, OMHSAS will no longer require the GAF assessment in eligibility or medical necessity determinations. However, providers are strongly encouraged to continue to include functionality assessment and select an appropriate instrument for assistance in determining the appropriate level of care. In this regard, OMHSAS strongly recommends the use of "The World Health Organization Disability Assessment Schedule (WHODAS 2.0)", or any subsequent versions for those individuals 18 years of age and older. This instrument was judged by the DSM-5 Disability Study Group to be the best current

measure of disability for routine clinical use. The WHODAS 2.0 is based on the International Classification of Functioning, Disability, and Health (ICF), and is applicable to patients with any health condition. The WHODAS for individuals under 18 years of age is currently under development; therefore, providers will need to complete assessments for these individuals using other clinically appropriate measures of functioning.