



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: October 7, 2016

MHSUDS INFORMATION NOTICE NO.: 16-051

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES

SUBJECT: IMPLEMENTATION OF THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-5), FIFTH EDITION

REFERENCES: [MHSD INFORMATION NOTICE 13-22](#)
[MHSUDS INFORMATION NOTICE 14-040](#)
[MHSUDS INFORMATION NOTICE 15-003](#)
[MHSUDS INFORMATION NOTICE 15-030](#)

PURPOSE

The purpose of this Information Notice is to direct Mental Health Plans (MHPs) to use the American Psychiatric Association (APA) DSM-5 to make diagnostic determinations for the purposes of determining if beneficiaries meet medical necessity criteria for Medi-Cal specialty mental health services (SMHS). This Information Notice updates information previously provided in Mental Health Services Division (MHSD) Information Notice 13-22.

BACKGROUND

The APA issued the DSM-5 on May 20, 2013. The DSM-5 provides diagnostic criteria and codes as well as corresponding International Classification of Diseases-10 (ICD-10) codes. Since March 2013, the Department of Health Care Services (DHCS) has collaborated with internal and external stakeholders and partners to address implementation issues specific to SMHS related to the DSM-5.

DHCS has issued previous MHSUDS Information Notices¹ that instruct MHPs to report only ICD-10 codes for claiming and diagnoses reporting purposes and provide ICD-10 procedural and diagnosis crosswalk documents for SMHS. These MHSUDS Information Notices remain in effect.

The DSM-IV and the ICD-9 had a one-to-one code set relationship whereas the DSM-5 and the ICD-10 do not share the same codes for each diagnosis. The ICD-10 allows for more specificity of diagnoses than was available in the ICD-9, and every DSM-5 diagnosis code has a corresponding ICD-10 diagnosis code.

POLICY

Effective no later than April 1, 2017, MHPs are required to use the DSM-5 to diagnose mental disorders for the purpose of determining medical necessity for 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.

MHPs must also ensure that their subcontracted providers are aware of the policy clarified in this Information Notice and must ensure that their subcontracted providers implement the policy guidance described herein in their provision of SMHS on behalf of the MHP.

In addition, the current 1915(b) SMHS waiver includes the following language related to the DSM-5 transition:

“The department is aware of the upcoming release of DSM 5 and has implemented a workgroup to study the changes to the diagnostic classification system and to make any recommendations which are necessitated by those changes. Any proposed substantive changes will be submitted to CMS for its approval prior to implementation.”

Pursuant to this waiver requirement, DHCS has informed the Centers for Medicare and Medicaid Services (CMS) of its plans to require the use of DSM-5. CMS approved this action and recognizes DSM-5 as containing standard criteria and definitions for APA approved mental disorders for use in identifying ICD-10 codes.

¹[MHSUDS Information Notice 14-040](#) informs counties, direct providers, and MHPs of the transition from ICD-9 to ICD-10 effective October 1, 2015.

[MHSUDS Information Notice 15-003](#) informs counties of the requirement to submit ICD-10 codes for diagnoses Client and Services Information (CSI) reporting effective October 1, 2015.

[MHSUDS Information Notice 15-030](#) informs counties, direct providers, and MHPs of the release of the ICD-10 Test Plan, and provides a list of included ICD-10 diagnosis codes for Substance Use Disorder Services, and ICD-10 procedural and diagnosis crosswalk documents for SMHS.

TECHNICAL GUIDANCE

In using the DSM-5 to determine the correct diagnosis, MHPs 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 Information Notice 15-030 are intended to crosswalk providers from included ICD-9 diagnoses for outpatient and inpatient SMHS 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.

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

1. 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.
2. 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) 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.
3. 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.

EXAMPLES:

1. 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.
2. 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 for these diagnoses:
 - Autistic Disorder (F84.0)
 - Rett's Disorder (F84.2)
 - Childhood Disintegrative Disorder (F84.3)
 - Asperger's Disorder (F84.5)
 - Other Pervasive Developmental Disorder (F84.8)

- Pervasive Developmental Disorder Unspecified (F84.9)
- Use the diagnostic criteria in DSM-IV to establish these diagnoses since no comparable criteria are available in DSM-5.

Questions regarding the content of this Information Notice may be directed to the DHCS MHSD County Support Unit Liaison for your county. A current list of county assignments can be found at:

<http://www.dhcs.ca.gov/services/MH/Pages/CountySupportUnit.aspx>.

Sincerely,

Original signed by

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Mental Health & Substance Use Disorder Services