



2013 DSM-5 Release Background and Frequently Asked Questions

BACKGROUND

The American Psychiatric Association (APA) released the fifth edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) in May during the APA's annual meeting.

KEY POINTS

- DSM-5 moves away from the categorical model and recommends scientifically-validated assessment measures, rating scales in diagnosis, monitoring and measuring treatment progress and assessing impact of culture in key aspects of clinical presentation and care.
- DSM-5 is organized via the developmental life-span; for example, developmental disorders are presented early in the listing of disorders. Likewise, cognitive disorders are presented toward the end of the manual.
- The restructuring of chapters in DSM-5 was based on disorders' relatedness to one another as well as symptom vulnerabilities and symptom characteristics.
- Much of DSM-5 is unchanged from DSM IV-TR, and it contains approximately the same number of diagnoses. While some diagnoses were reclassified or removed, only 15 new diagnoses were added. DSM-5 also offers clarification of certain diagnostic criteria.
- No More Axes – Switch to non-axial documentation of diagnosis. Axes are no longer used.
 - Axis III is combined with Axes I and II and physical health conditions are simply to be listed.
 - Axis IV is eliminated. Instead, psychosocial and environmental issues are represented by ICD-9 V codes and ICD-10 Z codes.
 - The Axis V - GAF score also was eliminated.
- Magellan has prepared a presentation and is working on additional supporting materials that outline the changes under DSM-5, including the restructuring of **autism, ADHD, schizophrenia, and other diagnostic categories**, in more detail. These materials will be available on the [DSM-5](#) page of our provider website at www.MagellanHealth.com/provider under Getting Paid.

FREQUENTLY ASKED QUESTIONS

General

| QUESTION | ANSWER |
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| How and when was DSM-5 released? | The American Psychiatric Association (APA) released DSM-5 during its 2013 annual meeting, which took place May 18-22, in San Francisco, CA. |
| Who is affected by the release of DSM-5? | DSM-5 applies to all provider types (psychiatrists, psychologists, clinical social workers, etc.) in all states. |

| QUESTION | ANSWER |
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| When did DSM-5 go into effect? | DSM was published May 18, 2013. Magellan expects providers to comply with the new guidelines set forth in DSM-5 by December 1, 2013. |
| How was DSM-5 developed? | <p>DSM-5 is built on DSM-IV. Revisions began in 1999. The American Psychiatric Association (APA), National Institutes of Mental Health (NIMH), World Health Organization (WHO), and the World Psychiatric Association sponsored conferences to develop the research agenda for DSM-5.</p> <p>The clinical utility, consistency and public health impact of DSM-5 was assessed. The draft criteria were released to public for comment three times – yielding 11,000 comments – and large academic medical centers and investigators tested DSM-5 feasibility.</p> |
| What is included in DSM-5? | <ul style="list-style-type: none"> • Mental disorder – syndrome characterized by a clinically significant disturbance in cognition, emotion regulation or behavior – reflects dysfunction in psychological, biological or developmental processes underlying mental functioning. • Associated with significant distress or disability in social, occupational or other important activities. Expected cultural response to a common stressor or loss – not a mental disorder. • Socially deviant behavior (political, religious, sexual) and conflicts between the individual and society – not mental disorders unless the deviance results from dysfunction described above. |
| What are the guiding principles of DSM-5? | <ul style="list-style-type: none"> • Research evidence to support any addition or modification • Maintain continuity with DSM-IV-TR if possible • Routine clinical practices must be able to implement changes • No restraints in limiting degree of change between DSM-5 and earlier editions. |
| Can you summarize the changes to diagnoses? | <p>Much of DSM-5 is unchanged from DSM IV-TR:</p> <ul style="list-style-type: none"> • Approximately the same number of diagnoses • Some diagnoses reclassified • Some diagnostic criteria clarified • Only 15 new diagnoses added • NO MORE AXES! |
| Specifically, what are the changes to the autism diagnosis? | <p>Autism Spectrum Disorder (ASD) 299.00 (F84.0)</p> <ul style="list-style-type: none"> • Now a single disorder with differing levels of severity based on level of support required. • No longer referred to as autistic disorder, Asperger's disorder, childhood disintegrative disorder, PDD-NOS • Must show deficits in BOTH <ul style="list-style-type: none"> ○ (Criterion A) social communication and social interaction and ○ (Criterion B) restricted repetitive behaviors, interests and activities |

| QUESTION | ANSWER |
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| | <ul style="list-style-type: none"> Includes expanded specifiers associated with known medical or genetic conditions Symptoms from early childhood. |
| What are the changes to ADHD? | <ul style="list-style-type: none"> Largely unchanged from DSM-IV Same 18 symptoms used in DSM-IV with additional examples applying to adults Two symptom domains – inattention and hyperactivity/impulsivity <ul style="list-style-type: none"> 314.01 (F90.2) Combined presentation 314.00 (F90.0) Predominantly inattentive presentation 314.01 (F 90.1) Predominantly hyperactive/impulsive presentation Onset criterion changed from symptoms present before age 7 to several symptoms present prior to age 12 Inattentive, hyperactive and combined are used to describe the current presentation rather than the subtype Comorbid diagnosis with ADHD allowed Threshold for adult diagnosis – adjusted to five symptoms in either domain. |
| How do I bill with DSM-5 codes? | <p>DSM-5 is not a coding system used for billing; it is a set of diagnostic criteria on which providers rely to select appropriate ICD codes. Providers should use ICD-9 codes for billing from now until October 1, 2014 and ICD-10 codes after October 1, 2014. DSM-5 was written to crosswalk with both ICD-9 and ICD-10, and also was designed to correspond with ICD-11 in the future.</p> |
| What are the timelines for use of DSM-5 with ICD-9 and ICD-10 codes? | <p>Use DSM-5/ICD-9 CM codes through September 30, 2014. Use DSM-5/ICD-10 CM codes starting October 1, 2014.</p> |
| Where can I find out more information about DSM-5? | <p>Please check Magellan’s dedicated DSM-5 page on MagellanHealth.com/provider under Getting Paid. This page includes supporting materials, which will be updated on an ongoing basis.</p> <p>Additional information on DSM-5 can be found on the APA's website.</p> <p>If you have any questions about how these changes will affect administrative services with Magellan, call the Magellan Provider Services Line at 1-800-788-4005.</p> |