

Transition to DSM-5 on October 1, 2014

Effective October 1, 2014, Optum is implementing the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5®). Released in May 2013, DSM-5 has moved away from the multiaxial system found in the DSM-IV-TR, to a nonaxial system for assessment and documentation of diagnosis. It has also reorganized some diagnostic categories, removed some diagnoses and added others.

We will be making a few updates to ReviewOnline to support this transition to DSM-5. Keep in mind that the essential process of assessment, diagnosis, documentation and billing is the same for DSM-IV-TR and DSM-5.

ReviewOnline Changes

Diagnosis Tab Changes

The Diagnosis section of ReviewOnline will be updated on October 1, 2014 to reflect Optum’s implementation of DSM-5 Diagnostic Criteria. As the DSM-5 includes a nonaxial system for assessment and documentation of diagnosis, you will no longer see Axis I-V listed. However, 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. Thus, the same basic fields will still be available, as captured in the table below:

Diagnosis Tab prior to October 1, 2014	Diagnosis Tab beginning October 1, 2014
Axis I	Primary Diagnosis
Axis II	Secondary Diagnosis
Axis III	Medical Diagnosis
Axis IV	Psychosocial Stressors
Axis V	Functional Impairment – GAF (non-required field)

In the absence of an industry standard for assessment of functional impairments, Optum is retaining the ability to accept and record the Global Assessment Functioning (GAF) score which was previously recorded on Axis V. Please note this field will not be required within ReviewOnline but does offer you a quick, short-hand means of reporting patient functioning.

Re-entering the Diagnosis

ReviewOnline users will be required to re-enter the member’s diagnosis for any cases where treatment began prior to October 1, 2014 and continues beyond that date. The re-entry of the diagnosis is only required for the **first** review that occurs on or after October 1. If the diagnosis is not re-entered, ReviewOnline will highlight the field with a red “X” and will prevent submission of the authorization request. An example screenshot is included below:

Facility Admit Dx

Primary Dx: *

Diagnosis Search Function

The diagnoses fields in ReviewOnline will require that you enter the ICD-9 Code that is aligned or mapped to the DSM-5 diagnostic labels, as of October 1, 2014. In many cases, the code alignment in the DSM-5 will be the same as, or very similar to, DSM-IV-TR but there are exceptions. As some ICD-9 codes are mapped to multiple diagnoses in the DSM-5, we recommend that you use the “Search” button to ensure that you select the appropriate diagnosis, as pictured below.

Facility Admit Dx

To search for a diagnosis, type a keyword (maximum 19 alpha characters) or any part of the numeric code in the space provided, then click "Search". (Do not hit the "Enter" key after typing data in the field.) After the red "X" displays, click "Search" again to bring up the search tool.

Primary Dx: * Rule Out Rule Out

To search for a diagnosis, enter any part of the ICD numeric code or diagnosis key word(s) in the space provided and click "Search". After the red "X" displays, click "Search" again to bring up the search tool. You may also click “Search” without entering any characters into the search field.

- **Search by keyword:** Entering the letters “Bip” in the search filed will return results for diagnostic categories associated with those letters, such as “Bipolar” in the example pictured below:

Primary Dx: * Rule Out Rule Out

Additional Dx:

Medical Dx: *

DiagnosisCodes

Category: Select...

Diagnosis: **Bipolar and Related Disorders**
 Depressive Disorders
 Schizophrenia Spectrum and Other Psychotic Disorders
 Substance-Related and Addictive Disorders

- **Search by ICD numeric code:** Entering the numbers “293” in the search filed will return results for diagnostic categories associated with those ICD numeric codes, such as “Depressive Disorders” in the example pictured below:

Primary Dx: * Rule Out Rule Out

Additional Dx:

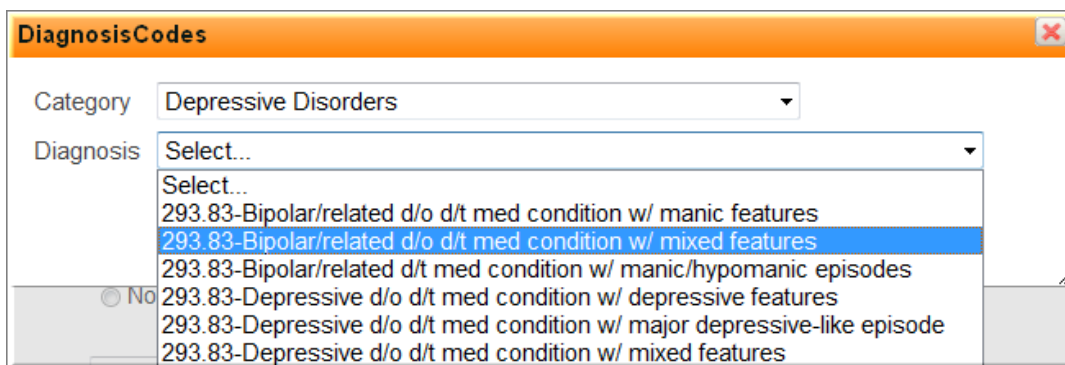
Medical Dx: *

DiagnosisCodes

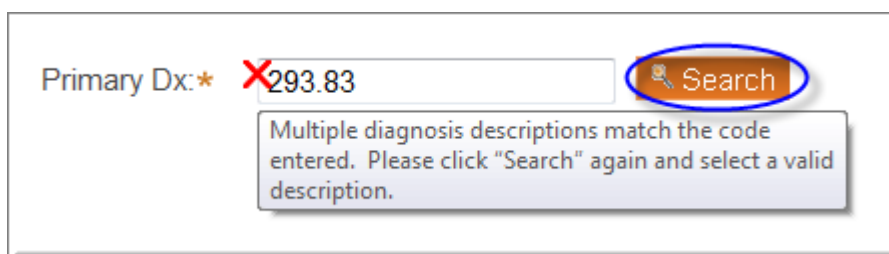
Category: Depressive Disorders

Diagnosis: **Depressive Disorders**
 Anxiety Disorders
 Schizophrenia Spectrum and Other Psychotic Disorders
 Substance-Related and Addictive Disorders

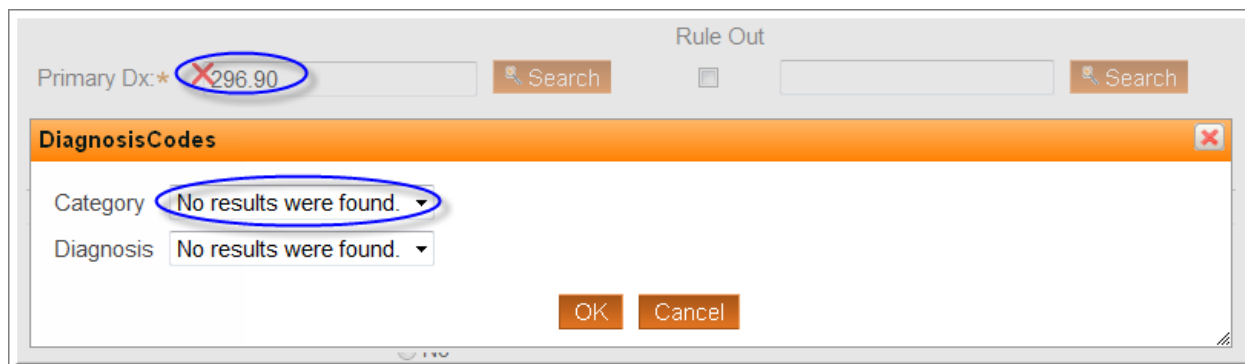
When the list of diagnoses displays, you may notice that some of the words are abbreviated. If you have questions about the abbreviations, please see the appendix of this document for a list of abbreviations.



If you enter the ICD-9 code manually and it is mapped to multiple DSM-5 diagnoses, the system will display a red "X" and will prompt you to use the "Search" button to look up the appropriate diagnosis from the list provided, as pictured below:



Please note that the DSM-5 has reorganized some diagnostic categories, removed some diagnoses and added others. If you attempt to search for a diagnosis that is no longer included in the DSM-5, you will see a message display that no results are found, as pictured in the example below:



In those situations, please search for a new code or refer to the DSM-5 for the appropriate ICD-9 code that is mapped to the diagnosis.

Background

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) represents the industry-standard criteria for assessment, diagnosis and case formulation. 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.

The DSM-5 has also moved away from the multi-axial system found in the DSM-IV-TR, to a non-axial system for assessment and documentation of diagnosis. **Importantly, this does not change the need to note the information previously recorded on Axis II-V.** Rather, the DSM-5 notes that clinicians should continue to document medical conditions that support case formulation or inform treatment planning. In addition, continued assessment and documentation of psychosocial and environmental factors and overall functioning should continue to be assessed and documented as they also inform understanding of individual risks and strengths that aid in the development of care and recovery plans.

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](#)

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.

Appendix

To accommodate the length of the DSM-5 diagnostic descriptions in ReviewOnline search windows, the descriptions were shortened in some instances and/or words abbreviated. Please see below for a list of abbreviations and definition.

Abbreviation	Definition
Beh	Behavioral
Confab	Confabulatory
d/o	Disorder
d/t	Due to
Dysfunctn	Dysfunction
Intox	Intoxication
Med	Medical
Mod or Sev	Moderate or Severe
Neurocog	Neurocognitive
Obsess-Compulsv	Obsessive-Compulsive
Poss	Possibly/Possible
Prob	Probably/Probable
w/	With
w/o	Without