

Monterey County Behavioral Health Quality Improvement

PROTOCOL

Date	12/1/2016
RE:	Implementation of DSM-5 for outpatient and inpatient services
POLICY REFERENCE	MCBH Pol. 129; DHCS Information Notice 16-051
FORM REFERENCE	Diagnosis
EFFECTIVE	January 1, 2017

We have received notice from the Department of Health Care Services (DHCS) regarding the implementation of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth Edition for diagnostic information pertaining to specialty mental health services (SMHS). International Classification of Diseases (ICD-10) code sets continue to be required for claiming of specialty mental health services. The shift from DSM-IV to DSM-5 does not change the diagnosis requirements for medical necessity criteria for inpatient or outpatient specialty mental health services.

Effective January 1, 2017 all specialty mental health (outpatient and inpatient) services provided through Monterey County Behavioral Health and its contracted community partners are required to use DSM-5 to diagnose mental disorders for determination of medical necessity and related documentation **and** must also include the related ICD-10 code set for the diagnosis. The DSM-5 diagnosis and ICD-10 must be present in order to claim services. Please note, only practitioners whose scope of competence includes the ability to complete a diagnosis, may do so. Please click below for a list of tables for included ICD-10 code sets for [outpatient](#) and [inpatient](#) specialty mental health services.

For clients with one of the five diagnoses below..... “Use the diagnostic criteria in DSM-IV to establish these diagnoses since no comparable criteria are available in DSM-5.....Use the individual ICD-10 codes noted below for these diagnoses:”

- Other Pervasive Developmental Disorder (F84.8)
- Asperger’s Disorder (F84.5)
- Rett’s Disorder (F84.2)
- Childhood Disintegrative Disorder (F84.3)
- Pervasive Developmental Disorder Unspecified (F84.9)

The following diagnosis is considered an “excluded diagnosis” for specialty mental health services and may not be the primary focus of treatment. The client may receive services for an “included diagnosis” when an “excluded diagnosis” is also present.

- Autistic Disorder (F84.0)

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Procedure:

1. Training on changes from DSM-IV to DSM-5 is available through myLearningPointe for all clinical staff and contracted community partners. There are two overview courses available. Each course is approximately 1 hour and 15 minutes in length. County clinical staff may use QI time for these trainings (maximum 2.5 hours).
 - For new account or password reset, please email: 415-Training@co.monterey.ca.us or call 831-755-4545 with your request.
 - Log in to myLearningPointe: <https://www.mylearningpointe.com/>
 - Click on My Elective Courses (on left side of page)
 - Enter DSM in search box:

[DSM-5: Part 1 An Overview of Changes for Clinicians](#)

[DSM-5: Part 2 An Overview of Changes for Clinicians](#)

2. For clients opened in Avatar, each coordinator is expected to update the diagnosis form to include a DSM-5 diagnosis and ICD-10 code set by February 2, 2017.
 - Coordinators may use the 201 Case Coordinator report for a list of clients
 - QI time may be claimed for updating diagnosis form
3. For “new” clients opened after January 1, 2017, all diagnoses must include DSM-5 and ICD-10 code set.
4. The QI team will monitor the updating of diagnoses in order to avoid loss in claiming revenue due to regulatory requirements. Our aim is to have all diagnosis updated by February 1, 2017. To further support this process, we will send weekly reminders to program managers starting January 20, 2017.