



Optum Timeline for DSM-5 Implementation

In keeping with previous editions, the American Psychiatric Association includes “mapping” from the fifth edition of the Diagnostic and Statistical Manual (DSM-5[®]) diagnostic criteria to the numeric ICD diagnostic code used for billing.

Through September 30, 2014

- Use DSM-IV-TR diagnostic criteria
- Use ICD-9 code number as aligned or “mapped” to the DSM-IV-TR conditions for billing

Beginning October 1, 2014:

- Use DSM-5 diagnostic criteria
- Use ICD-9 code number as aligned or “mapped” to the DSM-5 for billing

Note: This is our standard timeline which applies in most states and to most benefit plans, but there are some limited customer-specific exceptions including a few Medicaid plans which will transition at later dates. In all these cases, however, DSM-5 will implement by or before October 1, 2015 when the ICD-10 implementation is mandated per the U.S. Department of Health and Human Services [final rule](#).

Please refer to the Member’s Benefit Plan for specific information about individual coverage. You may inquire about benefits by calling the number on the back of the Member’s ID card.

The below information is relevant for providers when transitioning from DSM-IV-TR to the DSM-5 nomenclature.

Background

Autism spectrum disorder (ASD) is a new disorder introduced in the DSM-5 which moves multiple DSM-IV-TR pervasive developmental disorder (PDD) diagnoses under a single revised criteria set. ASD subsumes the former autistic disorder, Asperger’s disorder, and pervasive developmental disorder not otherwise specified.

✓ DSM-5 Highlight

Refer to the Preface, page xliii, for a high level introduction to the consolidation of multiple disorders into a single disorder with different levels or severity of impairments.

In addition, the DSM-5 introduces Social (Pragmatic) Communication Disorder, a new disorder within the category of Communication Disorders. There is no DSM-IV correlate; however, because it is characterized by impairments in the social use of verbal and nonverbal communication, it calls out ASD as a condition to be ruled out prior to assigning this diagnosis.

ABA Providers

Applied Behavior Analysis (ABA) providers have or will be receiving information specifically addressing transition plans from DSM-IV-TR to DSM-5 for your practice and for the individuals and families you serve. The information in this document may be useful to you in providing an overarching view of the transition including the implications for practitioners responsible for assessment and diagnosis who may refer families to you. We recognize that your specialty will require some unique processes to ensure continuity in care and processing of claims.

Assessment/Diagnosis:

In all cases, assessment for ASD should include consideration of the core domains related to social communication/interaction and restricted/repetitive behaviors, interests and activities along with the developmental history. In addition, clinically significant impairment in current functioning must be present. For a full review of the diagnostic criteria, refer to the DSM-V autism spectrum disorder section within the Neurodevelopmental Disorders chapter.

Transition information for those already assessed under DSM-IV criteria sets

The DSM-5 provides guidance regarding individuals with specific and well-established DSM-IV derived conditions that are now encompassed by ASD. It states that these individuals should be given the ASD diagnosis. This guidance applies to autism spectrum disorder, Asperger's disorder and pervasive developmental disorder.

✓ DSM-5 Highlight

Refer to the "Note" on page 51 under the Diagnostic Criteria for Autism Spectrum Disorder for the full statement which includes consideration of differential diagnosis.

Assessment of new clients under the DSM-5 criteria

Prior to Optum's implementation of the DSM-5 on October 1, 2014, we recommend that providers use both the DSM-IV and DSM-5 (sometimes referred to as a dual use period) within your own practice or organization to assess, document findings, apply and record diagnosis, and to identify the ICD-9 billing code. This dual use will support the transition to the new diagnostic manual to include understanding the changes and implications for assessment, documentation and billing.

Effective October 1, 2014

- Use the DSM-5 to complete your assessment and assign a diagnosis
- Use the ICD-9 code 299.00, Autism Spectrum Disorder for billing

Please refer to the Member's Benefit Plan for specific information about individual coverage. You may inquire about benefits by calling the number on the back of the Member's ID card.

Documentation

The DSM-5 has moved away from the multi-axial system found in the DSM-IV, 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 list medical conditions that are important to the understanding or management of an individual’s mental disorder.” 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.

As you transition your practice to the use of the DSM-5, begin noting in the client record which DSM criteria set was used in making the initial diagnosis (DSM-IV-TR or DSM-5). As always, documentation in the client’s record should support the diagnosis and indication for treatment, including level of care, through notation of:

- The presence and/or absence of current and historical signs and symptoms
- Medical conditions that may affect the course of treatment
- Psychosocial and environmental factors that may affect diagnosis, treatment or prognosis
- Current level of functioning

Transitioning Existing Clients

For Optum clients previously assessed and diagnosed under DSM-IV-TR who are continuing in your care, enter a short note when clinically appropriate, regarding the shift to DSM-5 nomenclature for a patient with a well-established DSM-IV diagnosis of autistic disorder, Asperger’s disorder, or pervasive developmental disorder not otherwise specified.

Billing & Claims

Effective October 1, 2014

- Use the DSM-5 to complete your assessment and assign a diagnosis
- Use the ICD-9 code 299.00 when billing for autism spectrum disorder as noted in the DSM-5

The following codes and associated DSM-IV diagnostic descriptors will be “retired” for Dates of Service October 1, 2014 and later:

Optum Implementation of DSM-5 on October 1, 2014		
DSM-IV: ICD-9 Code, DSM Descriptor	DSM-5 Status of Code 10/1/14	DSM-5 Status of Descriptor 10/1/14
299.00, Autistic Disorder	Retained, assigned new descriptor	New: Autism Spectrum Disorder (ASD)
299.10, Childhood Disintegrative Disorder	Retired	Retired
299.80, Rett’s Disorder	Retired	Retired, may be applied by medical providers
299.80, Asperger’s Disorder	Retired	Retired, encompassed by ASD
299.80, Pervasive Developmental Disorder	Retired	Retired, encompassed by ASD

Resources:

American Psychiatric Association

[DSM-5](#) (www.psych.org) includes an Autism Spectrum Disorder Fact Sheet

Path: psych.org > Practice > DSM-5

[DSM-5 Development](#) (dsm5.org)

Provider Express

DSM-5 and ICD-10 [Resource page](#)

Refer to "Documentation Focus"

Guidelines

[Best Practice Guidelines](#)

Optum has adopted Best Practice Guidelines developed by nationally recognized organizations.

[Coverage Determination Guidelines](#)

Note: Some Coverage Determination Guidelines (CDG) and some Best Practice Guidelines (BPG) are being updated to align with DSM-5 changes and nomenclature including those for autism spectrum disorder. The American Academy of Child and Adolescent Psychiatry's (AACAP) updated BPG for ASD has been reviewed and approved, that link is provided here. The updated CDG for ASD will post near the end of September. You will therefore see the 2013 edition only until that time. Please refer back to these resources then for the most current information.

For ASD, see the AACAP's [Practice Parameter for the Assessment and Treatment of Children and Adolescents with Autism Spectrum Disorder](#)

Optum [Network Manual](#)

Path: Provider Express ([providerexpress.com](#)) > Quick Links > Guidelines/Policies > Network Manual > 2014 Network Manual

"Treatment Record Documentation Requirements"

Note: The *Network Manual* is being updated and will post the end of September. You will therefore see the 2013 edition only until that time. Please refer to these sections in the 2014 edition which are updated to reflect the DSM-5 nomenclature.

Autism and Applied Behavior Analysis [Resource page](#)