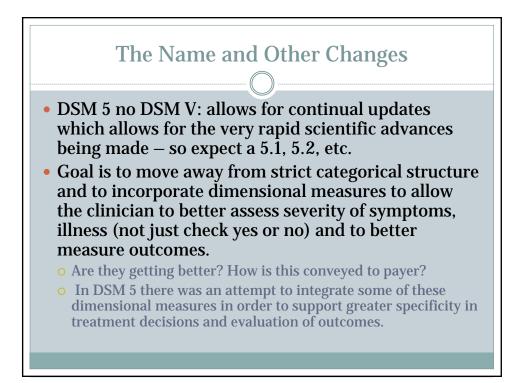
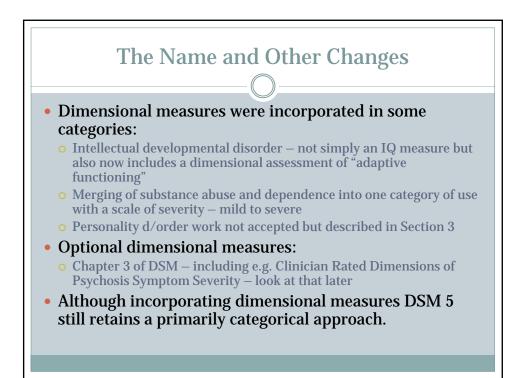


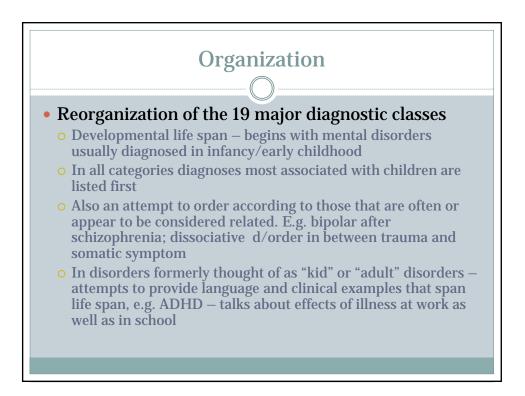


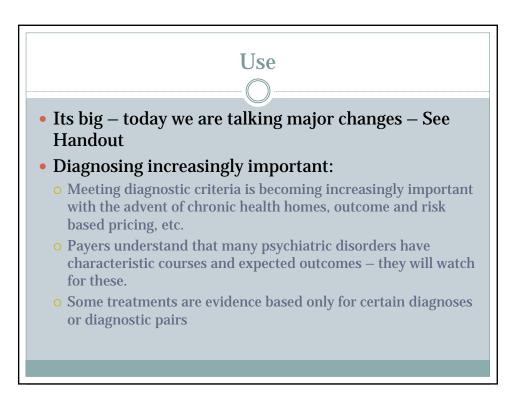
- Section 1: history and development of DSM 5
- Section 2: criteria sets for the 19 major classifications

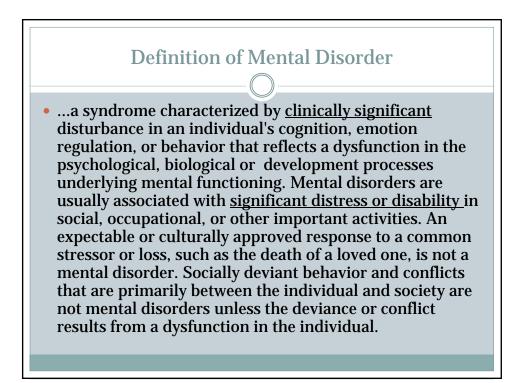
 also included in this section are the V and Z codes (medication induced movement d/orders and other conditions that may be a focus of clinical attention)
- Section 3: assessment measures, a cultural formulation, an alternative DSM 5 model for personality d/orders, conditions for further study
- Appendices: cross walks to ICD 9 and ICD 10. Organized alpha and numerical

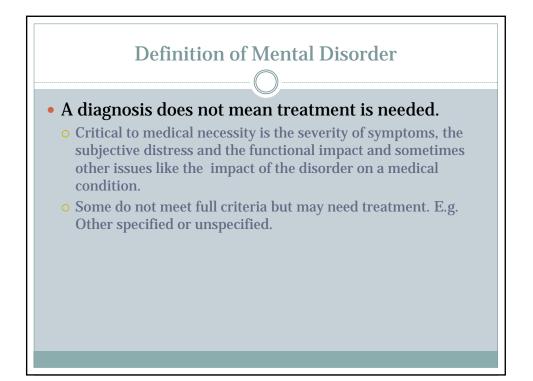


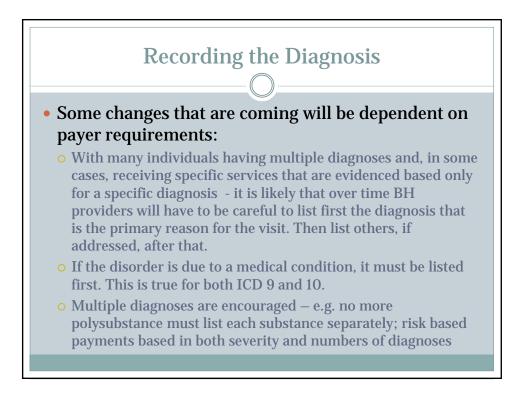








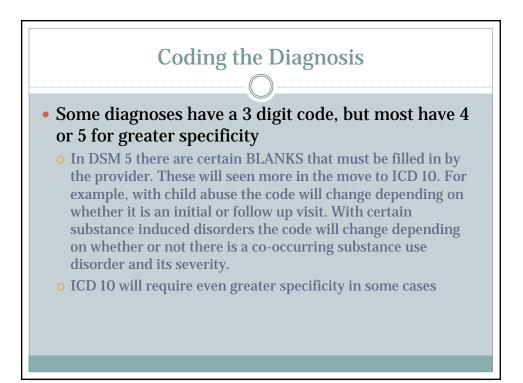


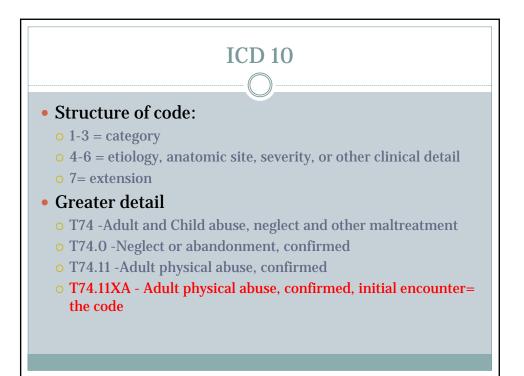


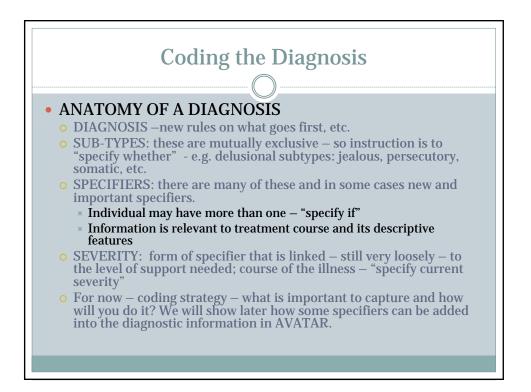
Coding the Diagnosis

• DSM 5 and ICD 9 march in lock-step (sort of)

- There is an ICD 9 code for each DSM 5 diagnosis –however some diagnoses may use the same code because a more specific code not available. Orgs need to figure out how to manage this issue and how it will affect any data mining – e.g. full narrative description in assessment? SEE HANDOUT
- ICD 9 is a 3 to 5 digit number
- ICD 10 codes are listed parenthetically next to the ICD 9 code in the training slides
- DSM 5 used the ICD 9 code that most specifically matched the DSM diagnosis.



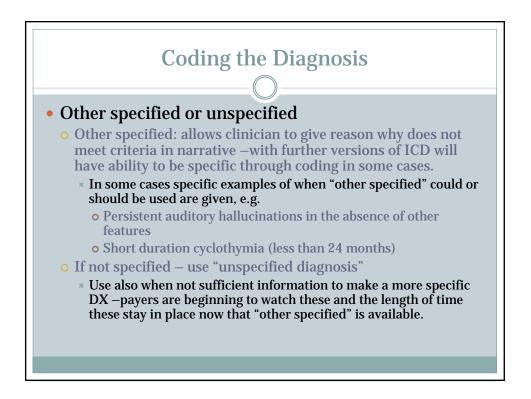






• Diagnostic uncertainty: usually not billable

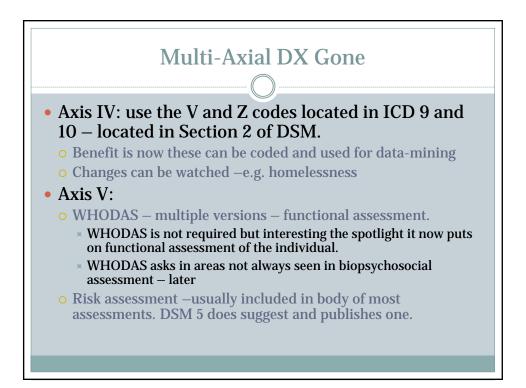
- V or Z codes which are usually not covered by themselves there are some exceptions. There are also unspecified codes available. E.g.:
 - × 300.9 unspecified mental disorder
 - 298.9 unspecified schizophrenia spectrum or other psychotic disorder
- One provides more clinical information than the other but it would be expected that in the narrative documentation there would be an explanation for why – specifically –a more certain diagnosis could not be reached. See next slide.

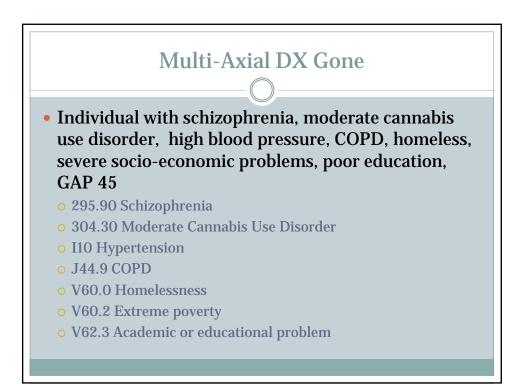


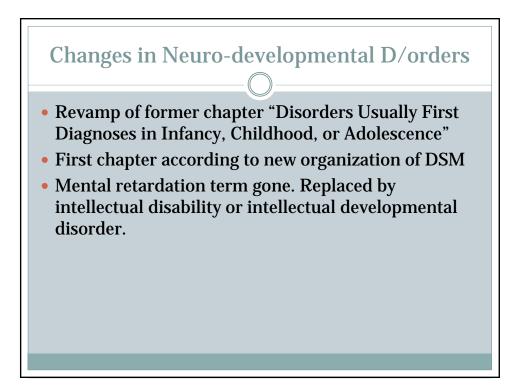


• First found in DSM III –but argued about ever since

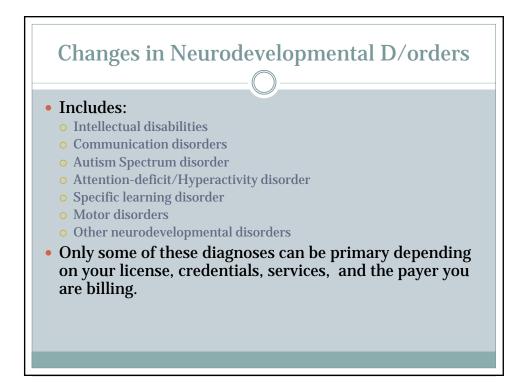
- Axis II –sometimes targeted for non-payment
- Axis III overlooked in developing plans of care (real problem with advent of aging population; chronic illness models; impact of meds on development of medical illness and vice versa)
- Axis IV socio-economic impact on severity and outcomes (never changes; ? Real impact on course of illness)
- Axis V combo of both risk and functionality in a single number (arbitrary and inaccurate)







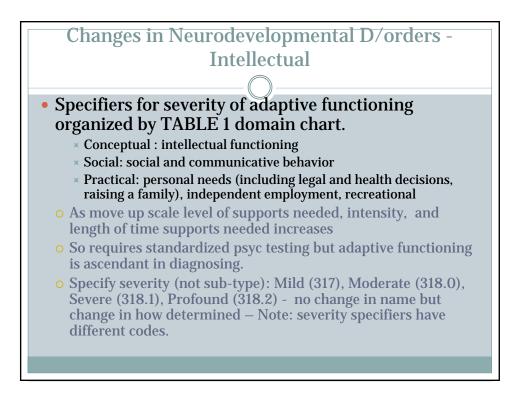
Changes in Neurodevelopmental D/orders	
Intellectual Disabilities Communication Disorder Autism Spectrum Disorder Attention-deficit	317, 318.0, 318.1, 318.2 (F70, F71, F72, F73) 315.39 (F80.9, 80.0, F80.81) 299.00 (F84.0)
Hyperactivity Disorder Specific Learning Disorder Motor Disorders	314.00, 314.01 (F90.0, 90.1, 90.2) 315.00, 315.1, 315.2 (F81.0) 315.4, 307.xx (F82), 307.3 (F98.4)
Other Specified Neurodevelopmental Disorder Unspecified Neurodevelopmental Disorder	315.8 (F88) 315.9 (F89)



Changes in Neurodevelopmental D/orders -Intellectual

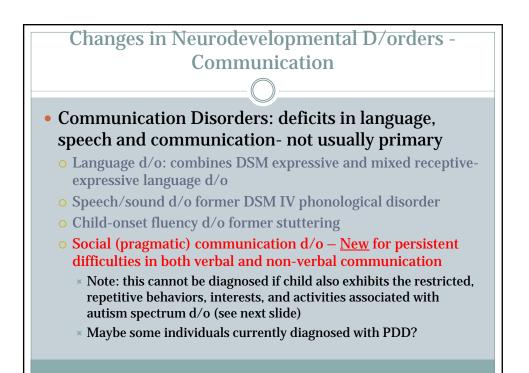
• Intellectual disability (Intellectual developmental disorder – ICD 11 term)

- Despite name change and greater recognition of its multidomain impact, still considered to be a mental disorder
- No longer a reliance on IQ as sole determinant of diagnosis or severity – recognizes that the "impairment in general mental abilities" has an impact on adaptive functioning.
- Criteria same: (A)deficits in intellectual functioning, (B)adaptive functioning as well as (C) onset during developmental period
 - × Criteria B met via analysis of adaptive functioning in TABLE I
 - Criteria B met when at least one domain requires support in order for individual to perform adequately in school and/or work and/or home. Must be directly related to Criterion A





- 315.8: Global Developmental Delay: child under age 5 when clinical severity cannot be reasonably assessed. Requires periodic reassessment. Billable?
- 319: Unspecified IDD must be over 5; should only be used in exceptional circumstances; usually there is a disability or reason why standardized testing cannot be used – e.g. blindness



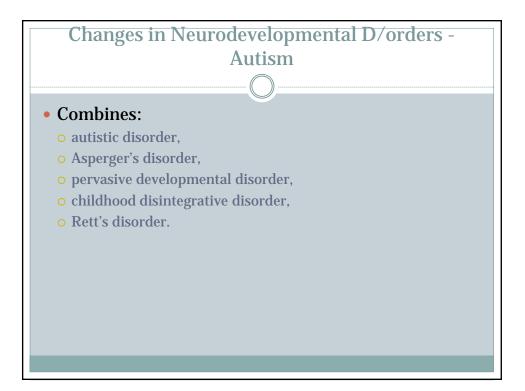
Changes in Neurodevelopmental D/orders -Communication

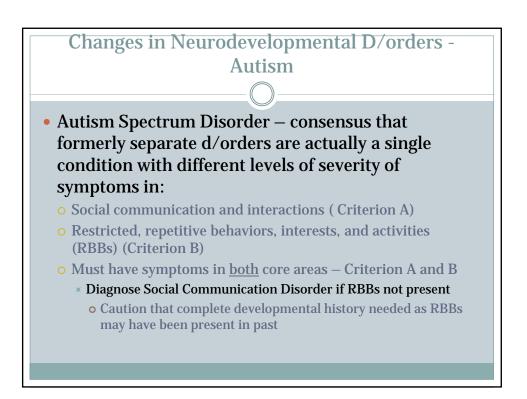
• Social (pragmatic) communication d/o

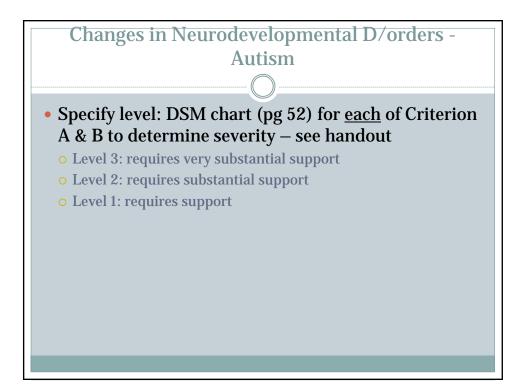
- Criterion A: persistent difficulties in the social use of verbal and nonverbal communication. Must be manifested by every one of 4 difficulties listed: using communication for social purposes; impairment in ability to change communication to match context; difficulty following rules for conversation or storytelling; difficulties in understanding what is not explicitly stated
- Criterion B: deficits result in functional limitations including social, academic, and occupational performance
- Criterion C: onset is in early development but may not be fully manifested at that time until demands exceed abilities
- × Criterion D: not attributable to another diagnosis

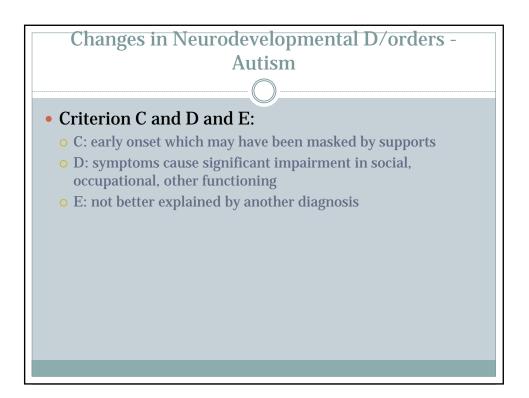
• Rare in children younger than 4 because of need to assess language to diagnose

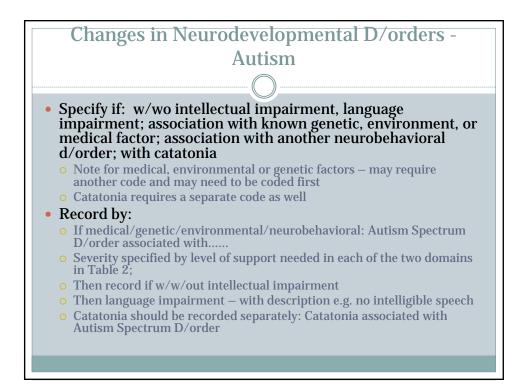
× Some milder forms may not be apparent until early adolescence when demands more complex.

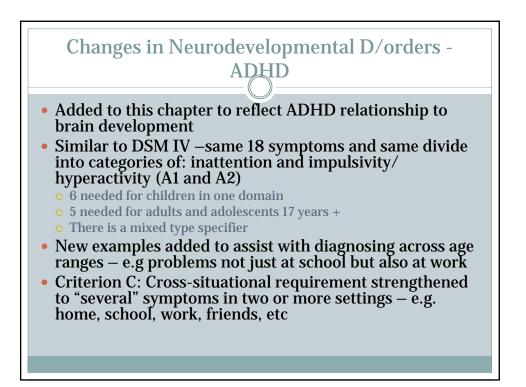


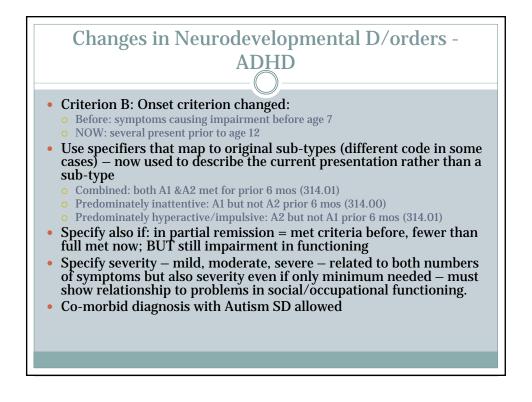








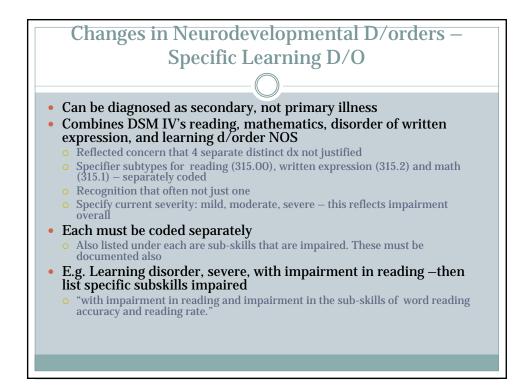


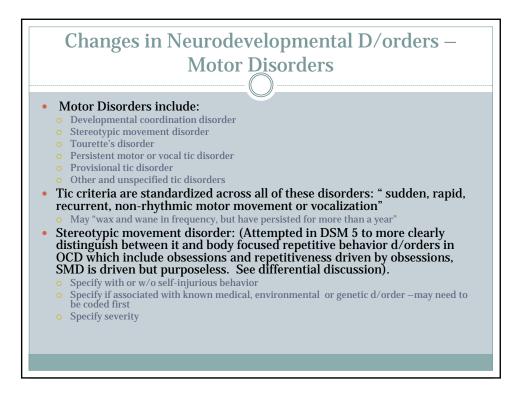


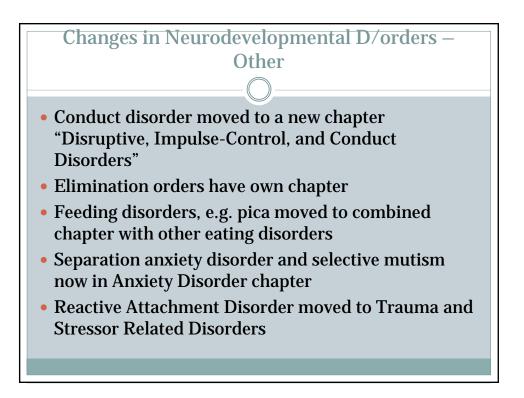
Changes in Neurodevelopmental D/orders - ADHD

• One more time - NO NOS, now instead:

- Other specified: do not meet criteria at this time; used when clinician wants to communicate reason why doesn't meet e.g. Other specified, with insufficient inattention symptoms
- Unspecified: does not meet criteria but specific reason not specified or where there is insufficient information to make a more specific diagnosis
- These conventions hold true throughout the DSM 5
- Note there must be an accompanying clinically significant distress or impact on functioning to diagnose at all this must be in the documentation to support either "other" or "un"

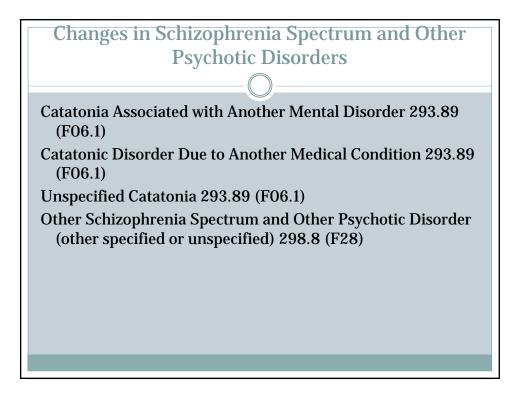








Schizotypal (Personality) Disorder 301.22 (F21)
Delusional Disorder 297.1 (F22)
Brief Psychotic Disorder 298.8 (F23)
Schizophreniform Disorder 295.40 (F20.81)
Schizophrenia 295.90 (F20.9)
Schizoaffective Disorder (bipolar or depressive type) 295.70 (F25.0, F25.1)
Substance/Medication-Induced Psychotic Disorder – see substance-specific codes – included here but not discussed
Psychotic Disorder Due to Another Medical Condition (with delusions or with hallucinations) 293.81, 293.82 (F06.2, F06.0)





- Generally arranged along a continuum of less to more severe
- Two notable changes:

 New assessment measure for symptoms of psychosis – acknowledgement that symptoms are heterogeneous but that severity can be predictor of cognitive or neurobiological deficits. See handout –symptoms measure include: hallucination, delusions, disorganized speech, abnormal psychomotor behavior as well as depression and mania and cognitive impacts

- Scoring scale given. No composite scoring. Suggest noting movement along scale.
- Not required but suggested for certain diagnoses specify severity using this Clinician Rated Assessment.
- New specifiers that can be used only after a one year duration of the disorder limited to delusion, schizophrenia, and schizoaffective

