

## I. DSM-5 TRAINING

For: Yolo County

Diagnosing Philosophies, Concepts and California State Definitions

Behavioral Health Solutions  
March 7-8, 2017

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## Influence of Technology on Diagnosing



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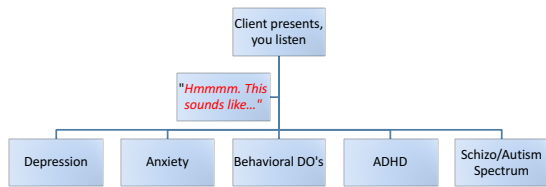
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## The Bucket Way of Diagnosing



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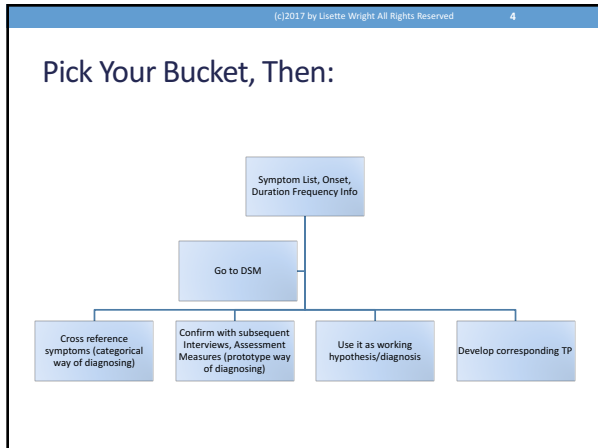
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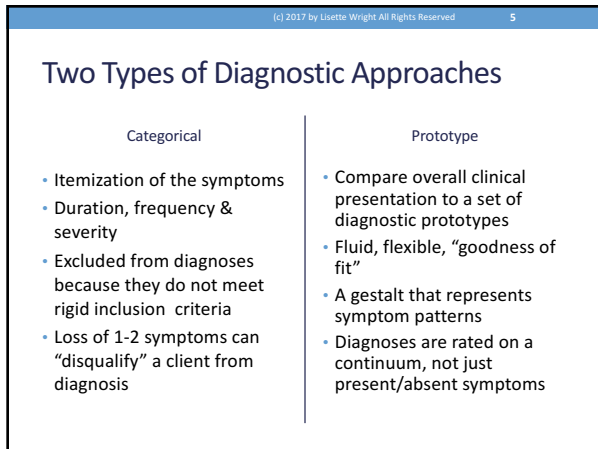
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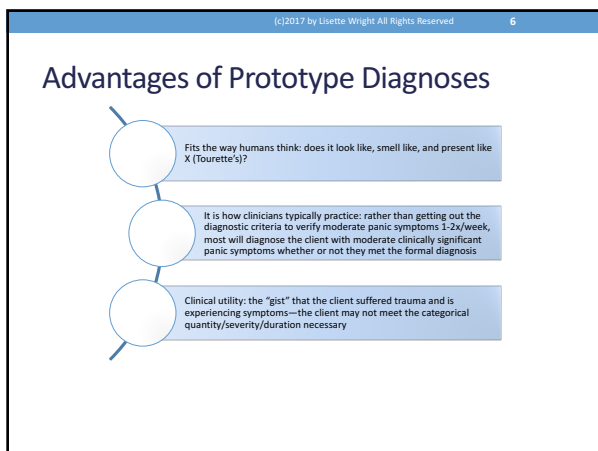
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### Goal of Prototype Diagnosing

- To help clinicians develop mental representations of different kinds of disorders and to standardize those representations across diagnosticians
- Instead of memorizing symptom lists, goal is to form mental representations of coherent syndromes
- Implications for training:
  - Help trainees/new clinicians master a relatively small number of disorders grouped into a small number of categories

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### Disadvantages

- Challenging to justify diagnosis
- Biased clinician will see what they want to see
- Subjective
- “Bipolar”

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### Prototype Model Sample: PTSD

Patients who match this prototype have experienced or witnessed a traumatic event that elicited intense feelings of fear, helplessness, or horror. They persistently re-experience the event, which may haunt them in numerous forms: they may have intrusive thoughts, mental images, or dreams related to the trauma; they may feel as if they are reliving the event, through flashbacks, illusions, hallucinatory images, or a sense that the event is occurring again; or they may experience intense psychological distress or physiological arousal when “triggered” by cues that resemble or symbolize the event. Patients who match this prototype try to avoid stimuli, thoughts, feelings, places, people, or conversations that might remind them of the event, and are often unable to recall important aspects of it. They may also “shut down”, experiencing an emotional numbing that leaves them with a restricted range of emotion, a sense of a foreshortened future (e.g., not expecting to have a career, marriage, children, or normal lifespan), feelings of detachment or estrangement from others, or diminished interest or participation in significant activities that once excited them. Patients who match this prototype have persistent symptoms of physiological arousal, such as difficulty falling or staying asleep, difficulty concentrating, exaggerated startle response, hypersensitivity to possible signs of danger, irritability or outbursts of anger.

1 little or no match (description does not apply)	
2 some match (patient has <i>some features</i> of this disorder)	
3 moderate match (patient has <i>significant features</i> of this disorder)	<b>Features</b>
4 good match (patient <i>has</i> this disorder; diagnosis applies)	<b>Diagnosis</b>
5 very good match (patient <i>exemplifies</i> this disorder; prototypical case)	

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### Replacing the Unspecified/NOS Diagnoses

- What about the client who comes very close to meeting criteria for the diagnosis, has been ill for a long time, has responded to treatment appropriate for the diagnosis and who even has a family history of the disorder??
- Can you diagnose clients who do not quite meet the criteria for current disorders by indicating a moderate match/goodness of fit?
- Prototype approach eliminates the need for the Not Otherwise Specified/Unspecified or other subthreshold diagnoses---so in this case, the client would qualify for the diagnosis (not the NOS one)

*Diagnoses are made by clinicians; they are not made by the criteria*

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### Which is More Useful?

- Prototype diagnosing aligns with:
  - DSM-5
  - Blue Book
  - Upcoming ICD-11 Clinical Diagnostic (CDDG)
- The rub is California-state mandated need to pigeon hole, measure, concretely define, quantify and track illness
  - Medical necessity definition
  - Other definitions
- What approach fits better for population health?

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### DSM-5: Dimensional and Spectrum-Based Approach to Diagnosing

Many disorders are not categorically different than another

The line between abnormal and normal, functional and dysfunctional is arbitrary

Diagnoses in each category are, in effect, separate but related by similar characteristics

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## DSM-5 and Clinical Case Formulation

*“Primary purpose of the DSM-5 is to assist trained clinicians in the diagnosis of their patients mental disorders as part pf the case formulation assessment that leads to a fully informed treatment plan for the individual.”*

- Elements include:
  - Careful Clinical History
  - Concise summary of social, psychological, and biological contributing factors
  - Use of clinical judgment: when is the response psychopathological, exceeding “normal” ranges?
  - Use available contextual and diagnostic information to develop a comprehensive treatment plan informed by the individuals cultural and social context

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## Clinical Formulation

Involves a careful clinical history

Concise summary of the social, psychological and biological factors contributing to the mental disorder(s)

Not sufficient to check off the symptoms

Relevant severity and valence of individual criteria contribution as important

Current diagnostic categories do not fully capture the full range of psychopathology possible

- “other specified” and/or unspecified categories

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## Elements of a Diagnosis in DSM-5

- Diagnostic criteria are “guidelines” for making a diagnosis.
  - Diagnostic criteria usage should be informed by clinical judgment.
  - Text descriptions (in the DSM-5), including the **introductory sections of each diagnostic chapter**, can help support diagnosis.
  - Severity & course specifiers are applied to denote the current presentation of the individual’ s diagnosis.
    - Only when full criteria are met, i.e. not in unspecified diagnoses
- Descriptors
  - Severity:
    - Mild, moderate, severe
  - Descriptive features:
    - With good insight, in controlled environment
  - Course:
    - In partial remission, in full remission, recurrent

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## DEFINING IMPORTANT WORDS

Medical Necessity, Mental Disorders, Distress, Impairment, Disability, Severe Mental Illness

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## What Is Medical Necessity?



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## California: Medical Necessity for "Specialty Mental Health Services"

- Medical Necessity Criteria **Title 9**, California Code of Regulations, Chapter 11, Medi-Cal Specialty Mental Health Services Section 1830.210
- Criteria:
  - ✓ Diagnosis
  - ✓ Impairment
  - ✓ Intervention must treat the impairment and diagnosis

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### Medical Necessity Criteria for Mental Health Plan Reimbursement of Specialty Mental Health Services

Section 1830.205: The beneficiary must meet criteria outlined in Subsections (1)-(3) below to be eligible for services:

(1) Have one of the following diagnoses in the Diagnostic and Statistical Manual of Mental Disorders, **DSM-IV-TR, Fourth Edition (1994)**, published by the American Psychiatric Association:

(A) Pervasive Developmental Disorders, **except Autistic Disorders** (B) Disruptive Behavior and Attention Deficit Disorders (C) Feeding and Eating Disorders of Infancy and Early Childhood (D) Elimination Disorders (E) Other Disorders of Infancy, Childhood, or Adolescence (F) Schizophrenia and other Psychotic Disorders, **except Psychotic Disorders due to a General Medical Condition** (G) Mood Disorders, **except Mood Disorders due to a General Medical Condition** (H) Anxiety Disorders, **except Anxiety Disorders due to a General Medical Condition** (I) Somatoform Disorders (J) Factitious Disorders (K) Dissociative Disorders (L) Paraphilia's (M) Gender Identity Disorder (N) Eating Disorders (O) Impulse Control Disorders Not Elsewhere Classified (P) Adjustment Disorders (Q) Personality Disorders, **excluding Antisocial Personality Disorder** (R) Medication-Induced Movement Disorders related to other included diagnoses.

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### Medical Necessity Criteria for Mental Health Plan Reimbursement of Specialty Mental Health Services

Section 1830.205: The beneficiary must meet criteria outlined in Subsections (1)-(3) below to be eligible for services:

(2) Have **at least one of the following impairments** as a result of the mental disorder(s) listed in Subsection (b)(1) above:

(A) A significant impairment in an **important area of life functioning**.

(B) A reasonable **probability of significant deterioration** in an important area of life functioning.

(C) Except as provided in Section 1830.210, a **reasonable probability a child will not progress developmentally** as individually appropriate. For the purpose of this Section, a child is a person under the age of 21 years.

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### Medical Necessity Criteria for Mental Health Plan Reimbursement of Specialty Mental Health Services

Section 1830.205: The beneficiary must meet criteria outlined in Subsections (1)-(3) below to be eligible for services:

(3) Meet each of the intervention criteria listed below:

(A) The focus of the proposed intervention is to address the condition identified in Subsection (b)(2) above.

(B) The **expectation** is that the proposed intervention will: 1. **Significantly diminish the impairment**, or 2. **Prevent significant deterioration in an important area of life functioning**, or 3. Except as provided in Section 1830.210, **allow the child to progress developmentally** as individually appropriate. 4. For a child who meets the criteria of Section 1830.210(1), meet the criteria of Section 1830.210(b) and (c).

(C) The **condition would not be responsive to physical health care based treatment**. (c) When the requirements of this Section or Section 1830.210 are met, beneficiaries shall receive specialty mental health services for a diagnosis included in Subsection (b)(1) even if a diagnosis that is not included in Subsection (b)(1) is also present.

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## Medical Necessity Protocol Example: County of San Luis Obispo (January, 2016)

**Medical Necessity**

**PROTOCOL REQUIREMENTS**

1. Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c, below)?
  - 1a. The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the **Medical Necessity**.
    - 1. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):
      - 1) A significant impairment in an important area of life functioning.
      - 2) A probability of significant deterioration in an important area of life functioning.
      - 3) A probability that the child will not progress developmentally as individually appropriate.
      - 4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.
  - 1b. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):
    - 1) A significant impairment in an important area of life functioning.
    - 2) A probability of significant deterioration in an important area of life functioning.
    - 3) A probability that the child will not progress developmentally as individually appropriate.
    - 4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.
- 1c. Do the proposed and actual intervention(s) meet the intervention criteria listed below.
  - 1) The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No. 1b(4).
  - 2) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):
    - A. Significantly diminish the impairment.
    - B. Prevent significant deterioration in an important area of life functioning.
    - C. Allow the child to progress developmentally as individually appropriate.
    - D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.

- 1d. The condition would not be responsive to physical health care based treatment.
- CCR III §, chapter 11, section 180.220 (b)(2)
- CCR III §, chapter 11, section 180.210
- CCR III §, chapter 11, section 180.240(a)
- CCR III §, chapter 11, section 180.110(b)(1)-(4)
- CCR III §, chapter 11, section 180.214(d)
- CCR III §, chapter 11, section 180.210(d)
- Credentialing Boards for MH Disciplines

**Note reference to "ICD"**

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CHILD MENTAL HEALTH SERVICES COURT FORM  
Regulatory Compliance re/amended 04.13.2010

Provider Name & RU: \_\_\_\_\_

F.Y.I.

Medical Necessity	Yes	No	N/A	Additional Authority/Supporting Materials/Checklist for Transition Service Programs & Level II	Yes	No	N/A
1. Current ICD diagnosis is included on the ICD-9-CM list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client Plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the Medical Necessity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the Medical Necessity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Medical Necessity Criteria

F.Y.I.

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- It is very important to remember that the medical necessity criteria are **INTERLOCKING**.

Covered Diagnosis ↔ Qualifying Impairment(s) ↔ Interventions

**The interventions/services which are billed to Medi-Cal must address the qualifying impairment(s) which result from the covered diagnosis.**

**Interventions or services which address the impairment resulting from non-covered diagnoses are not reimbursable..**

Version 05.13.2016

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**• Medical Necessity:**

- Completion of a Mental Health Assessment which documents:
  - Symptoms/behaviors/impairments to determine a diagnosis
  - Strengths/needs/barriers
- Carry Assessment information forward into the Client Plan which documents:
  - Objectives linked to symptoms/behaviors/impairments
  - Interventions to achieve the identified objectives
- Carry forward into the Progress Note which documents:
  - Goal-based interventions provided to the client
  - Intervention is linked to a specific MH Objective

Version 05.13.2016

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**Mental Disorders: DSM-5 Definition**

- A mental disorder is a clinically important syndrome; a collection of symptoms (behavioral or psychological) that causes the person disability or distress in social, personal, or occupational functioning.
- 1. It is a process, not a label for a person. Not every depressed person, or schizophrenic, act alike
- 2. What is "normal" is determined by a persons culture
- 3. sometime there aren't sharp distinction or boundaries between disorders

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**Definition of Mental Disorders Across Manuals or Required Elements**

- ICD-10 (page 5 of BB)
  - "Disorder is not an exact term, but it is used here to imply the existence of a **clinically recognizable set of symptoms or behavior associated in most cases with distress and interference with personal functions.** Social deviance or conflict alone, without personal dysfunction, should not be included in mental disorder as defined here."
- DSM-IV-TR (pg. xxi of Introduction)
  - "Although this manual provides a classification of mental disorders, it must be admitted that no definition adequately specify precise boundaries for the concept of 'mental disorder.' The concept of mental disorder lacks a consistent operational definition....despite these caveats, the (DSM-III and DSM-III-R) definition is presented here:

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### DSM-IV-TR Mental Disorder Elements

- Clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom
- Syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event
- Must be a manifestation of a behavioral, psychological, or biological dysfunction
- Deviant behavior nor conflicts that are primarily between an individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction (as described above)

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### DSM-5: Diagnoses “Must Meet” The Definition of a Mental Disorder (pg. 20)

- No definition can capture all elements, but the following elements are required:
  - A mental disorder is...clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning
  - Usually associated with significant distress or disability in social, occupational, or other important activities
  - Expectable or culturally approved response to common stressors or losses is not a mental disorder
  - Socially deviant behavior and conflicts between individual and society are not mental disorders

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### Comparisons: Implications for Documentation

- ICD-10:
  - Clinically recognizable set of symptoms or behavior associated in most cases with distress and interference with personal functions.
- DSM-IV-TR:
  - Clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom
- DSM-5:
  - Clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning, usually associated with significant distress or disability in social, occupational, or other important activities

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## Distress

- No definition was found specific to California or Medi-Cal
- Medi-Cal uses DSM as its basis for defining medical necessity and the DSM 5 definitions for distress are as follows (taken from DSM 5, Glossary of Technical Terms, Fifth Edition):
  - Psychological distress:** “psychological distress A range of symptoms and experiences of a person’s internal life that are commonly held to be troubling, confusing, or out of the ordinary.” (page 827)
  - Emotional distress:** Not included in the DSM 5 technical glossary
  - Distress:** Not included in the DSM 5 technical glossary

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## Impairment: Defined by the State

- Description of impairment is included within definition of medical necessity for specialty mental health services** (see CCR, title 9, chapter 11, section 1830.205(b)(2)):
- (2) Have at least one of the following impairments as a result of the mental disorder(s) listed in Subsection (b)(1) above:
  - A significant impairment in an important area of life functioning.
  - A reasonable probability of significant deterioration in an important area of life functioning.
  - Except as provided in Section 1830.210, a reasonable probability a child will not progress developmentally as individually appropriate. For the purpose of this Section, a child is a person under the age of 21 years.
- Definition of impairment** (with regard to severe mental disorders) is included in Welfare and Institutions Code Section 5600.3:
  - “**Functional Impairment**” means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.

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## California State Code Defining Disability (Physical or Mental Impairment)

2 CCR § 10  
§ 10. Disability.

(a) "Individual with a disability" means, with respect to an individual (1) having a physical or mental impairment that substantially limits one or more major life activities of such individual; (2) having a record of such impairment; or (3) being regarded as having such an impairment.

(b) "Physical impairment" means any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine.

**(c) "Mental impairment" means any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.**

(d) "Major life activities" means activities that an average person can perform with little or no difficulty, such as: walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself, working, sitting, standing, lifting, or reaching, etc.

(e) "Substantially limits" means the individual with a disability is (1) unable to perform a major life activity that the average person in the general population can perform; or (2) significantly restricted as to the condition, manner or duration under which the average person in the general population can perform that same major life activity.

Note: Authority cited: Sections 18701, 18221, 18241 and 18792, Government Code. Reference: Sections 18230, 18231 and 18240-18244, Government Code; and Federal Public Health and Welfare Code, Title 42, Chapter 126, Sections 12101-12117 (Americans with Disabilities Act of 1990 (ADA)).

**HISTORY**

1. New section filed 10-20-94, operative 11-21-94 (Register 94, No. 42).  
This database is current through 12/30/16 Register 2016, No. 53.

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## Serious Mental Illness

- California uses the term “severe mental illness,” “serious mental illness,” and “serious mental disorder”
- The only official definition found was for “serious mental disorder” [Welfare and Institutions Code Section 5600.3 (b) (1) Adults and older adults who have a serious mental disorder.]:
  - (2) For the purposes of this part, “serious mental disorder” means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.
  - (3) Members of this target population shall meet all of the following criteria:
    - (A) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).
    - (B) (i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.
    - (j) For the purposes of this part, “functional impairment” means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.

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## Severe Emotional Disturbance

- **DSM: Never defined**
- **Defined by SAMSHA, Federal Register notice**
- **SAMSHA references the DSM disorders as the basis for its definition of SED**

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## California Defines: Reimbursable Diagnosis

- Specialty mental health services billed with the codes listed in *Table 1* (Specialty Mental Health Services – Procedure Codes) are covered by MHPs (Mental Health Plans) when they are delivered by an appropriately licensed specialty mental health provider to a recipient **with a diagnosis listed in Table 2** (Specialty Mental Health Diagnoses – All Places of Service Except Hospital Inpatient) or *Table 3* (Specialty Mental Health Diagnoses – Hospital Inpatient Place of Service).

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## Tables 1 and 2

- Table 1 (Specialty Mental Health Services – Procedure Codes)
 

CPT-4 Codes	HCPCS Codes
90785, 90791, 90792, 90832 – 90834, 90836 – 90840, 90853, 90863, 90870, 90880, 90899, 96101, 96105, 96110, 96111, 96116, 96118, 96120, 99201 – 99285, 99304 – 99357, 99366, 99368, 99499	Z5814 – Z5816, Z5820, Z7500, Z7502, Z7514
- Table 2. Specialty Mental Health Diagnoses – All Places of Service Except Hospital Inpatient
 

ICD-10-CM Codes		
F20.0 – F39	F60.3 – F60.9	F93.8 – F94.9
F40.00 – F48.8	F63.0 – F63.9	F98.0 – F98.4
F50.00 – F50.02	F64.1 – F66	F98.8
F50.2	F68.10 – F69	F98.9
F50.8	F84.3 – F84.9	G44.209
F50.9	F90.0 – F90.9	R45.2
F60.0	F91.1 – F91.9	Z87.890
F60.1	F93.0	

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## How Does Medi-Cal Measure Functionality?

No specific assessment tool is cited for measuring functional impairment, but demonstrating functional impairment is a criteria for establishing medical necessity

Functional Impairments include: Social, occupational, housing, placement (jail, inpatient), activities of daily living, or educational

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## Use of DSM-5 Functionality Measures

- Bazillion Online Assessment Measures
- Use to support decreased functioning, severity, support for a diagnosis, etc.
- We will look at these more closely later:
   
<https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>

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## Terms We Know and Love

- **Rule-Out:**

  - Many of the symptoms are met but not enough to make the definitive diagnosis at this moment in time, but keep the diagnosis in mind...
- **Provisional:**

  - Strong inclination the client has a specific diagnosis but there is not enough information to make the diagnosis definitely (in ICD-10 world, this is aka “unspecified.”)

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## Familiar Words

**Traits:**

- Person does not meet the criteria, but has features of a particular diagnosis

**By History:**

- You have obtained the medical records, and keep in mind that records are dated and diagnoses change!

**By Self-Report:**

- Self-proclaimed diagnoses, can be inaccurate or accurate

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## Principal Diagnosis (p.22)

The principal diagnosis is the condition which is chiefly responsible for the client's presentation to treatment and will be the primary focus of treatment and intervention

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The principal diagnosis is indicated by listing it first with the balance of disorders listed in order of focus of attention and treatment

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If the principal diagnosis is a mental disorder “due to another medical condition”, then the medical condition must be listed first.

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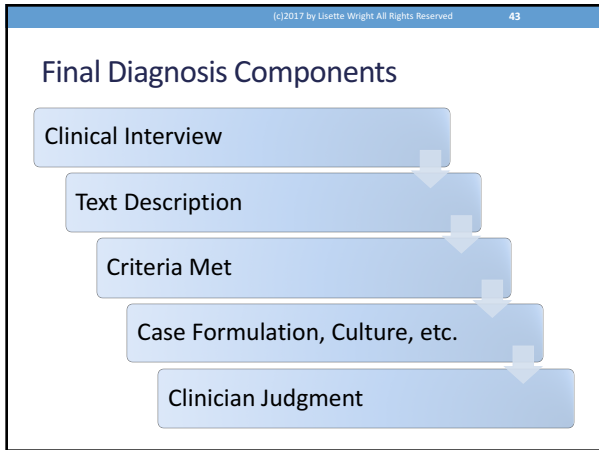
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