Several Agencies Crafted Regs

Mental Health *from page 1*

services. Instead, the categories must be combined into a single total deductible or out-of-pocket limit, the administration official said.

The rules also apply to medical management by group health plans. In that case, medical management rules limiting mental health/substance abuse treatment cannot be applied more stringently than are rules limiting medical/surgical treatment unless there are clinically appropriate standards of care that would support the more stringent rules.

Plans must have the same standards for providers to participate in networks for both mental health/substance abuse and medicine/surgery, and must use the same standards for paying usual, customary, and reasonable fees for out-of-network providers, the administration officials said. A plan cannot have in-network providers for medicine/ surgery but have only out-of-network providers for mental health/substance abuse. Networks do not have to be comparably sized, the administration officials said.

The regulations were crafted jointly by the departments of Health and Human Services, Labor, and Treasury, administration officials said. Enforcement will occur mainly through state insurance agencies, with backup from the Centers for Medicare and Medicaid Services, they said.

The new rules were published as interim final regulations, allowing for public comment before they take effect.

The Mental Health Parity and Addiction Equity Act of 2008 greatly expanded on an earlier law, the Mental Health Parity Act of 1996. That measure required parity between mental health benefits and medical/surgical benefits only in total lifetime and annual dollar limits, and did not apply to substance use disorder benefits.

Most states already have implemented mental health parity laws, although many are far more limited than the new federal law, according to the National Alliance on Mental Illness. Administration officials said there was no evidence that companies and organizations tended to drop their mental health coverage after the implementation of such state laws.

The three agencies involved in developing the regulations will continue to track the effects of the regulations on large group health plans, the administration officials said.

Comments will be accepted through May 3 at www.regulations.gov. The rules become effective for plan years beginning on or after July 1. ■

Shift to ICD-10 in 2013 Will Require Careful Preplanning

BY JOYCE FRIEDEN

WASHINGTON — Transitioning as smoothly as possible to the ICD-10 will require a little advanced planning.

Dr. Lee Hilborne, medical director of care coordination at the University of California, Los Angeles, said "the medical community has been very resistant and was fighting approval [of the ICD-10], but at this point they need to [set about] finding a solution" to anticipated problems, he said at a meeting sponsored by the American Health Information Management Association.

Physicians have challenged the adoption of the ICD-10 codes because of concerns about:

- Having to hire more certified coders, or recertify current coders.
- Needing new computer technology and new billing and collection systems.
- Having limited resources for staff training.
- Expecting lower reimbursement at first because coding accuracy and productivity will drop in the short term.

Some physicians subscribe to the theory that the new codes are simply "another strategy to pay physicians less," Dr. Hilborne said.

The American Medical Association must be a key player in the transition because of its prominent role in the coding process, Dr. Hilborne continued. "The specialty societies will help with specifics," such as codes that are peculiar to their individual specialties.

The medical community has been resisting the approval of the ICD-10; now it needs to work to find a solution.

DR. HILBORNE

The American Psychiatric Association has said that when a new version of the ICD is implemented in the United States, the DSM version in use at that time will be modified to include the new ICD codes.

The deadline for implementing both the new ICD code and the DSM-5 is 2013. ■

DSM-5 Proposal Posted Online

Symptoms *from page 1*

challenges we have in accurately diagnosing mental disorders is having an ability to evaluate the full range of symptoms that a given patient presents with," Dr. Darrel A. Regier, vice chair of the DSM-5 Task Force and director of the division of research at the APA, said during a press conference to announce the proposed changes.

"A person with schizophrenia may also present with insomnia or symptoms of depression and anxiety, and these aren't a part of the diagnostic criteria for this diagnosis. But they still can affect the patients' lives and affect the treatment planning."

The APA, which publishes the DSM, released the draft diagnostic criteria on Feb. 10. The proposed revisions were also posted online at www.DSM5.org, and the APA will be accepting comments until April 20. Once the comments are in, the APA plans to continue to refine the diagnostic criteria in the DSM and field-test the changes in clinical settings. The final DSM-5 is scheduled for publication in May 2013.

The fifth edition of the DSM is the first to be identified by Arabic rather than Roman numerals. The APA said this shift would allow it to make the DSM more of a living, evolving document. Incremental updates will be identified with decimals, such as DSM-5.1 and DSM-5.2—until a new edition is needed.

For its part, the DSM-5 is likely to include numerous changes to specific diagnoses. "Autism spectrum disorders" will be grouped together into a single diagnostic category. (See Fink! Still at Large on p. 6.) The new category will include the current diagnoses of autistic disorder, Asperger's disorder, childhood disintegrative disorder, and pervasive developmental disorder NOS (not otherwise specified).

"This was done because the work group recognized that the symptoms of these disorders represent a continuum from mild to severe, rather than being distinct disorders," said Dr. Edwin Cook, a member of the DSM-5 Neurodevelopmental Disorders Work Group and professor of psychiatry and director of Autism and Genetics at the University of Illinois at Chicago.

The proposed criteria for autism spectrum disorders also include a new assessment of symptom severity that is related to the person's degree of impairment. In addition, rather than having the three domains of social impairment, communication impairment, restrictive and repetitive behavior, the draft criteria calls for only two domains: social interaction and communication, and the presence of repetitive behaviors and fixated interests and behaviors. The change was necessary, Dr. Cook said, because the issues of social and communication impairment are so closely related.

Under the proposal, the DSM-5 would remove the term "mental retardation" and instead use the term "intellectual disability," which is used in other disciplines and by the U.S. Department of Education. The proposed DSM also would include only one diagnosis of intellectual disabilities, with severity defined by both IQ and impairments in adaptive functioning.

The DSM-5, as currently proposed, also would eliminate the separate diagnostic categories for substance abuse and dependence, and replace them with a new category called "Addiction and Related Disorders."

Removing the dependence category should help clinicians better differentiate between compulsive drug-seeking behavior, and the normal responses of tolerance and withdrawal when using prescribed medications, according to members of the DSM-5 Task Force.

The DSM-5 proposal also includes a new category for "behavioral addictions." Currently, gambling is the only disorder included in the category. The work group on Substance-Related Disorders had considered adding "Internet Addiction" to the category but decided that research data were insufficient. Instead, Internet Addiction will be included in the appendix.

Another category being proposed for the DSM-5 is temper dysregulation with dysphoria (TDD). This would be included in the Mood Disorders section of the DSM. The proposed diagnosis of TDD would include severe, recurrent outbursts of temper that occur three or more times a week, and are out of proportion to the situation and interfere with functioning.

The criteria also would include extreme verbal and physical displays of aggression when facing minor demands or stress. In between outbursts, the individual's mood is persistently negative, according to the proposed criteria. Only children over age 6 can be assigned the diagnosis, and symptoms must have begun before age 10.

By adding this new category, clinicians might be able to better differentiate children with TDD symptoms from those with bipolar disorder or oppositional defiant disorder, task force members said.

The DSM-5 Task Force also is considering creating a new category called "Risk Syndromes" aimed at helping clinicians identify people who are higher risk for later developing a serious mental disorder. If the risk syndromes category is included in the final DSM-5 it initially would include two new diagnoses: psychosis risk syndrome (a precursor to psychosis) and minor neurocognitive disorder (a precursor to major neurocognitive disorder or dementia).

The DSM-5 also includes greater recognition for binge eating disorder. The current proposal would take the disorder out of the appendix and include it as a specific disorder in the new manual.

Since the last edition of the DSM, hundreds of studies have been published on binge eating disorder, and it's now clear that compared with other individuals with weight problems, those with binge eating disorder are more distressed and have a lower quality of life, said Dr. B. Timothy Walsh, who serves as chair of the Eating Disorders Work Group and a professor of pediatric psychopharmacology at the New York State Psychiatric Institute.

There are also two new suicide scales in the proposed DSM-5, one for adults and one adolescents. These scales are designed to be used when evaluating anyone for a mental disorder, regardless of whether thoughts of suicide are one of the symptoms of their condition. ■

Pages 44a—44b