

ENTITLEMENT ELIGIBILITY GUIDELINES POSTTRAUMATIC STRESS DISORDER

MPC 00620
ICD-9 309.81
ICD-10 43.1

DEFINITION

POST TRAUMATIC STRESS DISORDER

Posttraumatic Stress Disorder (PTSD) is characterized by the onset of psychiatric symptoms after exposure to a traumatic event. The individual's response to the traumatic event must involve intense fear, helplessness or horror. The characteristic symptoms of PTSD develop in three domains: reexperiencing the traumatic event, avoidance of stimuli associated with the traumatic event and increased arousal.

Criteria Set for Posttraumatic Stress Disorder

The Posttraumatic Stress Disorder criteria set is derived from The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders 4th Edition Text Revision (DSM-IV-TR).

POSTTRAUMATIC STRESS DISORDER:

Criterion A

The person has been exposed to a traumatic event in which both of the following were present:

- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- (2) the person's response involved intense fear, helplessness, or horror.

Criterion B

The traumatic event is persistently reexperienced in one (or more) of the following ways:

- (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
- (2) recurrent distressing dreams of the event.
- (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).
- (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

Criterion C

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
- (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
- (3) inability to recall an important aspect of the trauma
- (4) markedly diminished interest or participation in significant activities
- (5) feeling of detachment or estrangement from others
- (6) restricted range of affect (e.g., unable to have loving feelings)
- (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

Criterion D

Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- (1) difficulty falling or staying asleep
- (2) irritability or outbursts of anger
- (3) difficulty concentrating
- (4) hypervigilance
- (5) exaggerated startle response

Criterion E

Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

Criterion F

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than 3 months

Chronic: if duration of symptoms is 3 months or more

Specify if:

With Delayed Onset: if onset of symptoms is at least 6 months after the stressor

DIAGNOSTIC STANDARD

A diagnosis from a qualified medical practitioner (family physician or psychiatrist) or a registered/licensed psychologist is required. The diagnosis is made clinically. Supporting documentation should be as comprehensive as possible and should satisfy the requirements for diagnosis as outlined in the DSM-IV-TR diagnostic criteria.

A diagnosis of Partial PTSD, Subsyndromal PTSD, Subclinical PTSD or Subthreshold PTSD may be submitted for psychiatric symptoms that do not meet the full criteria set for PTSD. If a claim for Partial PTSD, Subsyndromal PTSD, Subclinical PTSD or Subthreshold PTSD is submitted, Medical Advisory should be consulted for diagnosis clarification.

A diagnosis of PTSD may be submitted for an individual with comorbid dementia. Medical Advisory should be consulted for diagnosis clarification.

NOTE: Entitlement should be granted for a chronic condition only. The DSM-IV-TR defines Chronic PTSD as the duration of symptoms of **three** months or more. Signs and symptoms are generally expected to persist despite medical attention, although they may wax and wane over the **three** month period and thereafter.

ENTITLEMENT CONSIDERATIONS

A. CAUSES AND / OR AGGRAVATION

THE TIMELINES CITED BELOW ARE NOT BINDING. EACH CASE SHOULD BE ADJUDICATED ON THE EVIDENCE PROVIDED AND ITS OWN MERITS.

NOTE: The factors listed in Section A of the Entitlement Considerations include specific timelines for the clinical onset, or clinical worsening, of Posttraumatic Stress Disorder. If the medical evidence indicates an alternate timeline, consultation with Medical Advisory should be considered.

NOTE: The following list of factors is not all inclusive. Factors, other than those listed in Section A, may be claimed to cause, or aggravate, Posttraumatic Stress Disorder. Other factors may be considered based on the individual merits and medical evidence provided for each case. Consultation with Medical Advisory should be considered.

1. Experiencing a severe stressor* before the clinical onset, or clinical worsening, of Posttraumatic Stress Disorder

* A severe stressor is a direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing or being involved in an event that involves death, injury, or a threat to the physical integrity of another person. The event or events evoke intense fear, helplessness, or horror.

The list of severe stressors below is not all inclusive. Other events may qualify as severe stressors. If the medical evidence indicates other events result in the clinical onset, or clinical worsening, of Posttraumatic Stress Disorder consultation with Medical Advisory should be considered.

- (i) experiencing a life-threatening event
- (ii) being subject to a serious physical attack or assault including rape and sexual molestation
- (iii) being threatened with a weapon, being held captive, being kidnapped, or being tortured
- (iv) being an eyewitness to a person being killed or critically injured
- (v) viewing corpses or critically injured casualties as an eyewitness
- (vi) being an eyewitness to atrocities inflicted on another person or persons
- (vii) killing or maiming a person in a non criminal act
- (viii) being an eyewitness to, or participating in, the clearance of critically injured casualties

2. Having a significant other* who experiences one of the applicable severe stressors within the one year before the clinical onset, or clinical worsening, of Posttraumatic Stress Disorder

Applicable severe stressors:

- (i) experiencing a life-threatening event
- (ii) being subject to a serious physical attack or assault including rape and sexual molestation
- (iii) being threatened with a weapon, being held captive, being kidnapped, or being tortured

* A significant other is a person who has a close family bond or a close personal relationship and is important or influential in one's life.

3. Experiencing the traumatic death* of a significant other within the two years before the clinical onset, or clinical worsening, of Posttraumatic Stress Disorder

* Traumatic death means death due to homicide, suicide, an accident or other violent or traumatic circumstances.

4. Inability to obtain appropriate clinical management of Posttraumatic Stress Disorder

B. MEDICAL CONDITIONS WHICH ARE TO BE INCLUDED IN ENTITLEMENT / ASSESSMENT

- Decreased Libido - if the medical information indicates decreased libido is a symptom of a psychiatric condition
- Sleep Disorder Related to Posttraumatic Stress Disorder
- Sleep Disorder Related to Another Mental Disorder
- Other Anxiety Disorders
- Mood Disorders
- Schizophrenia and other Psychotic Disorders
- Adjustment Disorders
- Personality Disorders
- Eating Disorders
- Alcohol Use Disorders
- Substance Use Disorders
- Dissociative Disorders
- Pain Disorders/Chronic Pain Syndrome (DSM-IV-TR Axis I Diagnosis)

C. COMMON MEDICAL CONDITIONS WHICH MAY RESULT IN WHOLE OR IN PART FROM POSTTRAUMATIC STRESS DISORDER AND / OR ITS TREATMENT

Section C medical conditions may result in whole or in part as a direct result of Posttraumatic Stress Disorder, from the treatment of Posttraumatic Stress Disorder or the combined effects of Posttraumatic Stress Disorder and its treatment.

Conditions listed in Section C of the Entitlement Considerations are only granted entitlement if the individual merits and medical evidence of the case determines a consequential relationship exists. Consultation with Medical Advisory should be considered.

If it is claimed a medication required to treat Posttraumatic Stress Disorder resulted in whole, or in part, in the clinical onset, or clinical worsening, of a medical condition the following must be established:

1. The individual was receiving the medication at the time of the clinical onset, or clinical worsening, of the medical condition.
2. The medication was used for the treatment of the Posttraumatic Stress Disorder.
3. The medication is unlikely to be discontinued or the medication is known to have enduring effects after discontinuation.
4. The individual's medical information and the current medical literature supports the medication can result in the clinical onset, or clinical worsening, of the medical condition.
5. Note: Individual medications may belong to a class, or grouping, of medications. The effects of a specific medication may vary from the grouping. The effects of the specific medication should be considered and not the effects of the group.

The list of Section C conditions is not all inclusive. Conditions, other than those listed in Section C, may be claimed to have a consequential relationship to Posttraumatic Stress Disorder and / or its treatment. Other conditions may be considered for entitlement based on the individual merits and medical evidence provided for each case.

Consultation with Medical Advisory should be considered.

- Sexual Dysfunction (e.g., Erectile Dysfunction)
- Irritable Bowel Syndrome
- Bruxism
- Xerostomia
- Periodic Limb Movement Disorder
- Restless Leg Syndrome
- Obstructive Sleep Apnea

REFERENCES FOR POSTTRAUMATIC STRESS DISORDER

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 4th ed. Text Revision (DSM-IV-TR) Washington: American Psychiatric Association, 2000.
2. Australia. (2008). *Statement of principles concerning posttraumatic stress disorder*. No. 5 of 2008.
3. Australia. (2008). *Statement of principles concerning posttraumatic stress disorder*. No. 6 of 2008.