

**Subject:** FW: Diagnostic Code Manual

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**From:** Lytle, Maralyn  
**Sent:** Wednesday, June 08, 2016 9:41 AM  
**To:** Wheeler, Bill  
**Subject:** RE: Diagnostic Code Manual

Good Morning Bill,  
That is all that is in ICD10 and ICD9 has no description:

However, in a medical dictionary, PTSD from Medicine.Net is defined below:

**Post-traumatic stress disorder:** A common anxiety disorder that develops after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Family members of victims also can develop the disorder. PTSD can occur in people of any age, including children and adolescents. More than twice as many women as men experience PTSD following exposure to trauma. Depression, alcohol or other substance abuse, or other anxiety disorders frequently co-occur with PTSD.

The diagnosis of PTSD requires that one or more symptoms from each of the following categories be present for at least a month and that symptom or symptoms must seriously interfere with leading a normal life:

- Reliving the event through upsetting thoughts, nightmares or flashbacks, or having very strong mental and physical reactions if something reminds the person of the event.
- Avoiding activities, thoughts, feelings or conversations that remind the person of the event; feeling numb to one's surroundings; or being unable to remember details of the event.
- Having a loss of interest in important activities, feeling all alone, being unable to have normal emotions or feeling that there is nothing to look forward to in the future may also be experienced.
- Feeling that one can never relax and must be on guard all the time to protect oneself, trouble sleeping, feeling irritable, overreacting when startled, angry outbursts or trouble concentrating.

Traumatic events that may trigger post-traumatic stress disorder (PTSD) include violent personal assaults, natural or human-caused disasters, accidents, or military combat. Among those who may experience PTSD are troops who served in the Vietnam and Gulf Wars; rescue workers involved in the aftermath of disasters like the terrorist attacks on New York City and Washington, D.C.; survivors of the Oklahoma City bombing; survivors of accidents, rape, physical and sexual abuse, and other crimes; immigrants fleeing violence in their countries; survivors of the 1994 California earthquake, the 1997 North and South Dakota floods, and hurricanes Hugo and Andrew; and people who witness traumatic events.

Many people with PTSD repeatedly re-experience the ordeal in the form of flashback episodes, memories, nightmares, or frightening thoughts, especially when they are exposed to events or objects reminiscent of the trauma. Anniversaries of the event can also trigger symptoms. People with PTSD also experience emotional numbness and sleep disturbances, depression, anxiety, and irritability or outbursts of anger. Feelings of intense guilt are also common. Most people with PTSD try to avoid any reminders or thoughts of the ordeal. PTSD is diagnosed when symptoms last more than 1 month.

Physical symptoms such as headaches, gastrointestinal distress, immune system problems, dizziness, chest pain, or discomfort in other parts of the body are common in people with PTSD. Often, these symptoms may be treated without the recognition that they stem from an anxiety disorder.

Treatment may be through cognitive-behavioral therapy, group therapy, and/or exposure therapy, in which the person gradually and repeatedly re-lives the frightening experience under controlled conditions to help him or her work through the trauma. Several types of medication, particularly the selective serotonin reuptake inhibitors (SSRIs) and other antidepressants, can also help relieve the symptoms of PTSD.

Giving people an opportunity to talk about their experiences very soon after a catastrophic event may reduce some of the symptoms of PTSD. A study of 12,000 school children who lived through a hurricane in Hawaii found that those who got counseling early on were doing much better 2 years later than those who did not.

Maralyn Lytle  
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**From:** Wheeler, Bill  
**Sent:** Tuesday, June 07, 2016 4:26 PM  
**To:** Lytle, Maralyn <[MLytle@mt.gov](mailto:MLytle@mt.gov)>  
**Subject:** RE: Diagnostic Code Manual

Would you be able to get the definitions of all including the old ICD9 code for Pat?

Sincerely,

Bill Wheeler  
Workers' Compensation Claims Assistance Bureau  
[bwheeler@mt.gov](mailto:bwheeler@mt.gov)

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**From:** Lytle, Maralyn  
**Sent:** Tuesday, June 07, 2016 4:10 PM  
**To:** Wheeler, Bill <[bwheeler@mt.gov](mailto:bwheeler@mt.gov)>  
**Subject:** RE: Diagnostic Code Manual

309.81 crosswalked to ICD10

ICD10: Section F40-F48

Nonpsychotic mental disorders have no obvious evidence of an organic etiology, and there is no lost sense of reality or disorganized personality. Symptoms may include excessive worrying, hysteria, obsession, compulsion, feelings of worthlessness, or phobias. Behavior may be greatly affected although usually remaining within socially acceptable limits.

Can include the following: anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders

F43 section: Reaction to severe stress and adjustment disorders

F43.10 is PTSD, unspecified

F43.11 is PTSD, acute

F43.12 is PTSD, chronic

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**From:** Wheeler, Bill  
**Sent:** Tuesday, June 07, 2016 3:38 PM  
**To:** Lytle, Maralyn <[MLytle@mt.gov](mailto:MLytle@mt.gov)>  
**Subject:** Diagnostic Code Manual

Dear Maralyn,

Do you have the diagnostic code manual? Pat Murdo with Legislative Services is looking for the code definition of 309.81 for PTSD to share with committee members who are looking at the Mental / Mental section of our statute. They meet next on June 22.

I appreciate your assistance.

Sincerely,

Bill Wheeler  
Bureau Chief  
Department of Labor and Industry  
Workers' Compensation Claims Assistance Bureau  
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