

Post-traumatic stress disorder treatment rule checklist

In 2018, the Minnesota Legislature required the Department of Labor and Industry (DLI) to adopt rules that establish criteria for the treatment of post-traumatic stress disorder (PTSD) in a workers' compensation claim. DLI adopted rules in Minnesota Rules part 5221.6700. [See a copy of the adopted rule.](#) These rules are effective May 4, 2020. The checklist below notes key provisions of the rules.¹

Scope of the rules

The workers' compensation PTSD treatment rules establish standards for reviewing the clinical consequences of services provided and procedures for determining whether charges for services may be excessive. The rules:

- apply to the treatment of patients with a compensable mental impairment of PTSD, as defined in Minnesota Statutes § 176.011, subdivision 15 (d);
- do not affect the determination of liability for an injury under workers' compensation law;
- do not apply until primary liability has been accepted or otherwise determined; and
- apply to all treatment after May 4, 2020 (regardless of the date of injury).
 - For patients receiving treatment for PTSD before May 4, 2020, the payer must send the provider, patient and patient's attorney of record (if any) written notice of the PTSD treatment rules at least 90 days before denying payment based on failure to comply with the rules.

Diagnosis

The diagnosis of PTSD must:

- be made by a licensed psychologist or psychiatrist; and
- meet the criteria for a diagnosis of PTSD in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association (DSM-5).

Initial evaluation

The initial evaluation must:

- be completed by a mental health care provider, defined in the rules as a currently licensed health care provider who has experience treating patients with PTSD and whose practice primarily involves mental health treatment;

¹In developing this checklist, DLI has made every effort to accurately reflect the language in Minnesota Statutes § 176.011, subdivision 15, and Minnesota Rules parts 5221.6050 and 5221.6700. The statutory and rule language controls in the event of a difference between this checklist and the statute or rules. This checklist is subject to change as needed to accurately reflect statutory and rule requirements.

- include a determination of:
 - the patient’s functional status, relevant family history and mental health history;
 - whether there is an acute risk that the patient will harm themselves or others, and any potential need for hospitalization;
 - comorbid physical or psychiatric disorders, if any; and
 - whether the patient would benefit from trauma-focused psychotherapy treatment; and
- make appropriate referrals for psychotherapy treatment and/or treatment with medication, as well as treatment for any risks or comorbid disorders.

Trauma-focused psychotherapy treatment

Psychotherapy treatment for PTSD must be performed by a mental health care provider. The provider must be trained to treat PTSD with each modality they are using and must have documentation of their training. A patient may change their psychotherapy provider once within the first 60 days of treatment. Other changes require payer approval. If approval is denied, the patient may file a [medical request](#) with DLI.

Psychotherapy treatment is indicated no more than two times a week, except for emergency treatment.

Treatment plan

Before psychotherapy treatment begins, the provider must:

- review the initial evaluation, if completed by another provider;
- educate the patient about PTSD and its treatment;
- provide motivational interviewing, if needed, to prepare the patient for treatment; and
- prepare a treatment plan that includes the following information:
 - the treatment modality or modalities that will be used, from the following list:
 1. cognitive behavioral therapy (CBT);
 2. cognitive processing therapy (CPT);
 3. cognitive therapy (CT);
 4. prolonged exposure therapy (PE);
 5. brief eclectic psychotherapy (BEP);
 6. eye-movement desensitization and reprocessing (EMDR);
 7. narrative exposure therapy (NET); and
 8. with prior notice (see below), another evidenced-based, trauma-focused psychotherapy treatment modality;
 - whether telemedicine will be used (patient must agree);
 - an assessment, completed using a tool validated in peer-reviewed scientific literature and based on the DSM-5, of the patient’s current level of symptoms and functional status²;
 - specific treatment goals based on the patient’s functional status;

² More information about assessment tools is available from the American Psychological Association at www.apa.org/ptsd-guideline/assessment.

- a timetable for achievement of goals;
- the duration and frequency of treatment;
- a return-to-work plan, including work restrictions; and
- any appropriate referrals.

Assessment every two weeks

At least once every two weeks, the psychotherapy provider must:

- evaluate the patient’s symptoms and functional status using an assessment tool and clinical observations;
- review the treatment plan and goals, and the patient’s adherence to the plan;
- adjust the treatment plan as needed; and
- complete a [report of work ability](#) and submit it to the patient.

Additional periods of psychotherapy treatment

If additional psychotherapy treatment is needed after 16 weeks (one period of treatment):

- the patient must still meet the DSM-5 diagnostic criteria for PTSD to continue treatment; and
- a complete psychological assessment, using objective testing, is required before the patient receives additional treatment, *unless one of the following circumstances are met*:
 - a psychological assessment was completed within the previous year;
 - treatment was interrupted or delayed by the need to treat a different condition;
 - previous treatment did not meet the accepted standard of practice;
 - there is documentation of all of the following during the last period of treatment:
 1. adherence to the treatment plan;
 2. decrease in PTSD symptoms;
 3. improvement in functional status; and
 4. further decrease in symptoms and continued improvement in functional status are anticipated with additional treatment;
 - the patient has returned to work and needs treatment for an exacerbation of PTSD symptoms caused by their work activities; and
 - in rare cases with exceptional circumstances (with approval after the filing of a [medical request](#)).

Treatment with medication

A health care provider treating a PTSD patient using medication must:

- evaluate whether the patient would benefit from psychotherapy *before* prescribing medication for PTSD;
- ensure an initial prescription is for no more than three months of the medication and refills are for no more than six months;
- ensure medication is prescribed:
 - not in excess of the manufacturer’s maximum daily dosage; and

- in a generic formulation, if available;
- prescribe only the following medications for the initial treatment of PTSD:
 - selective serotonin reuptake inhibitors (SSRIs);
 - selective norepinephrine reuptake inhibitors (SNRIs); and
 - antihypertensive medication, if there is peer-reviewed scientific literature demonstrating the medication is effective treatment for PTSD; and
- if the three categories of medications listed above are contraindicated, produce undesirable side effects or do not decrease the severity of symptoms, the health care provider may prescribe:
 - serotonin antagonist and reuptake inhibitors (SARIs); and
 - other medications if prescribed or recommended by a licensed psychiatrist, a psychiatric mental health advanced practice registered nurse (PMH-APRN) or another health care provider after consultation with a psychiatrist or PMH-APRN; and
- not prescribe benzodiazepines for treatment of PTSD.

Prior notification

Providers must give prior notice to a payer *seven working days* before either beginning an additional period of psychotherapy treatment or treating a patient with an evidence-based, trauma-focused psychotherapy treatment modality other than those listed in the rules. Prior notice must include:

- the basis for the additional period of treatment (if applicable);
- the psychotherapy treatment modality or modalities that will be used; and
- the anticipated length of the treatment.

Payers must respond to prior notifications *within seven working days* or treatment is deemed authorized. If treatment is denied, the provider or employee may file a [medical request](#) with DLI.

Documentation

A health care provider must clearly document the following information about a patient's PTSD treatment in the medical record:

- diagnosis;
- initial evaluation;
- psychotherapy treatment plan;
- evaluations every two weeks, including any work restrictions;
- basis for any additional periods of psychotherapy treatment;
- evaluation of potential psychotherapy treatment prior to prescribing medication; and
- medications prescribed, including records of consultation about the patient's medications with a licensed psychiatrist or PMH-APRN.

More information

If you have further questions about the PTSD treatment rules, contact the DLI's medical policy staff at 651-284-5052 or medical.policy.dli@state.mn.us.