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### **Proposed Rule 5221.6700: Treatment Parameters for Post-Traumatic Stress Disorder (PTSD)**

By Erica A. Weber

In the ever changing world of workers' compensation rules, the Minnesota Department of Labor & Industry (DLI), recently published the proposed treatment parameters for PTSD claims. These rules are NOT YET IN EFFECT, but are being addressed on an expedited basis, with the comment period for proposed changes closing on December 12, 2019.

While the following is not a complete list of all provisions in the proposed rule, if adopted, Rule 221.6700 contains the following significant requirements:

- A PTSD diagnosis could only come from a licensed psychologist or psychiatrist under the DSM-5<sup>[1]</sup> requirements for a PTSD diagnosis.
- A mental health provider's initial evaluation must include a determination of **seven factors** for the patient:
  1. Functional status;
  2. Relevant family history;
  3. Prior mental health history and treatment, if any;
  4. An assessment of any acute risk of harm to self or others and need for hospitalization;
  5. Any comorbid factors, physical/mental (such as addiction, prior trauma, personality disorder, depression, anxiety, serious mood disorders or psychosis);
  6. An evaluation of the benefits and contra-indications for psychotherapy treatment of those comorbid factors; and
  7. Referrals needed for any risks/comorbid factors identified, (4) and (5) above.
- A treatment plan has to be created which must include: treatment goals based on the functional status; a timeline to attain the goals; specifies the duration/frequency of psychotherapy treatment; specifies a return to work plan (this can be coordinated with other providers); and which provides education on PTSD and trauma-focused psychotherapy. This plan is to be reviewed and assessed/adjusted at least once every two weeks during psychotherapy treatment.
- PTSD psychotherapy treatment modalities include (in any combination/alone): Cognitive Behavior Therapy; Cognitive Processing Therapy; Cognitive Therapy; Prolonged Exposure Therapy; Brief Eclectic Psychotherapy; Eye-Movement Desensitization and Reprocessing (EMDR); Narrative Exposure Therapy; and "*any other treatment modality recommended...*". Care must be by a provider trained to treat PTSD.
- Duration of treatment: Each psychotherapy treatment period lasts 16 weeks from the date of the first time a treatment modality is initiated. Adding additional

modalities during treatment does not extend the period of treatment. Additional treatment periods may be authorized if there is a determination that the patient continues to meet the DSM-5 criteria. There are no limits to the number of periods of treatment a PTSD patient may receive. Additional psychotherapy periods are automatically indicated (without a complete psychological assessment) when treatment is interrupted or delayed by the need for other care (medical/psychological care); if prior PTSD treatment failed to meet the accepted standard of practice; or if records document that plan adherence is decreasing symptoms, resulting in functional improvement and continued improvement is anticipated with more treatment. Additional periods will also be automatic if a return to work caused an exacerbation of symptoms; or on approval by Commissioner/Compensation Judge after a Medical Request is filed.

- The mental health provider must provide prior notice (oral or written) to the payor **at least 7 working days before starting treatment**, and for each additional 16-week period of psychotherapy, or for treatments not specifically set forth as indicated modalities (above).
  - NOTE: The treatment will be deemed approved unless **within 7 working days of the notification**, the payor provides a written denial/sets an IME or requests additional information (like an updated treatment plan). If additional information is requested and provided, then the payor has another **7 days** from receiving the response to deny treatment, or it is deemed authorized.
  - Once denied, or if an IME is scheduled, the provider may proceed with proposed treatment subject to a later compensability determination.
  - Under the proposed rule, **psychotherapy treatment cannot later be denied, once authorized**.
- **Change of Provider:** The Employee can only change a provider once in the first 60 days of psychotherapy treatment. Afterwards, a provider change must be approved by the Insurer, DOLI, or a Compensation Judge (unless a transfer is necessary for reasons beyond the patient's control, such as the practice closing).

#### **Notice Requirement for Employees Treating for PTSD When the Rule Takes Effect:**

If adopted without changes, the Rule states that for the employees currently treating for PTSD, payers must send written notice to the employee and treating providers **before** any treatment can be denied for not complying with this new rule. PTSD treatment cannot be denied until ninety (90) days after the written notice regarding the new rule is received.

This link to the complete Rule 5221.6700, as proposed, is:

[https://www.dli.mn.gov/sites/default/files/pdf/5221\\_6700\\_rules\\_draft.pdf](https://www.dli.mn.gov/sites/default/files/pdf/5221_6700_rules_draft.pdf)

Please do not hesitate to contact me or any of my colleagues at Brown and Carlson with any questions you may have regarding the proposed Rule or the general defense of PTSD claims. We are always happy to help with any workers' compensation issues you may have.

Thank you.

Erica A. Weber

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<sup>[1]</sup> *Diagnostic and Statistical Manual of Mental Disorders* by the American Psychiatric Association, 5th Edition.

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**Department of Labor and Industry**

**Proposed Expedited Permanent Rules Governing Treatment for Post-Traumatic Stress Disorder**

**5221.6050 GENERAL TREATMENT PARAMETERS; EXCESSIVE TREATMENT; PRIOR NOTIFICATION.**

*[For text of subparts 1 to 6, see Minnesota Rules]*

**Subp. 7. Determinations of excessive treatment; notice of denial to health care providers and employee; expedited processing of medical requests.**

A. In addition to services deemed excessive under part 5221.0500 and Minnesota Statutes, section 176.136, subdivision 2, treatment is excessive if:

(1) the treatment is inconsistent with an applicable parameter or other rule in parts 5221.6050 to ~~5221.6600~~ 5221.6700; or

(2) the treatment is consistent with the parameters in parts 5221.6050 to ~~5221.6600~~ 5221.6700, but is not medically necessary treatment.

*[For text of items B and C, see Minnesota Rules]*

D. A determination of the compensability of medical treatment under Minnesota Statutes, chapter 176, must include consideration of the following factors:

(1) whether a treatment parameter or other rule in parts 5221.6050 to ~~5221.6600~~ 5221.6700 applies to the etiology or diagnosis for the condition;

*[For text of subitems (2) and (3), see Minnesota Rules]*

*[For text of subparts 8 to 11, see Minnesota Rules]*

2.1 **5221.6700 POST-TRAUMATIC STRESS DISORDER.**

2.2 **Subpart 1. Scope.**

2.3 A. Pursuant to Minnesota Statutes, section 176.83, subdivision 5, paragraph (b),  
2.4 clause (8), this part establishes standards and procedures for treatment of patients with a  
2.5 compensable mental impairment of post-traumatic stress disorder (PTSD) as defined in  
2.6 Minnesota Statutes, section 176.011, subdivision 15, paragraph (d). This part does not affect  
2.7 any determination of liability for an injury under Minnesota Statutes, chapter 176, and does  
2.8 not expand or restrict a health care provider's scope of practice.

2.9 B. This part applies to all outpatient treatment provided for PTSD after the effective  
2.10 date of this part, regardless of the date of injury.

2.11 C. This part does not apply to treatment of an injury after a payer has denied  
2.12 primary liability for the injury. However, if primary liability is later accepted or determined,  
2.13 this part does apply to treatment initiated after primary liability has been established.

2.14 D. References to days and weeks in this part means calendar days and weeks  
2.15 unless otherwise specified.

2.16 E. Parts 5221.6050, subparts 1, item C; 2; 4; 5; 6, items A and C; and 7, items A  
2.17 and D, and 5221.8900 apply to the treatment standards established in this part. The departures  
2.18 listed in part 5221.6050, subpart 8, do not apply to this part.

2.19 **Subp. 2. Definitions.**

2.20 A. The definitions in this subpart apply to this part.

2.21 (1) "Condition" means the symptoms, physical signs, clinical findings, and  
2.22 functional status that characterize the patient's complaint, illness, or injury related to a  
2.23 current claim for compensation.

3.1                   (2) "Contraindication" means a condition that makes the use of a particular  
3.2 psychological treatment or medication inadvisable because of an increased risk of harm to  
3.3 the patient, including the risk of self-harm by the patient.

3.4                   (3) "Evidence-based" means a practice that integrates research validated by  
3.5 peer-reviewed scientific literature with clinical expertise in the context of patient  
3.6 characteristics, culture, and preferences.

3.7                   (4) "Functional status" means the ability of an individual to engage in activities  
3.8 of daily living or other social, recreational, and vocational activities.

3.9                   (5) "Mental health care provider" means a currently licensed health care  
3.10 provider who has experience treating patients with PTSD and whose practice primarily  
3.11 involves mental health treatment.

3.12                   (6) "Modality" means the application or use of a therapeutic agent or regimen.

3.13                   (7) "Narrative exposure therapy" means a treatment for trauma disorders in  
3.14 which a patient establishes a coherent, chronological narrative of the patient's life story,  
3.15 with a focus on the patient's traumatic experiences.

3.16                   (8) "Trauma-focused psychotherapy" means a therapy that uses cognitive,  
3.17 emotional, and behavioral techniques to process a traumatic experience and in which the  
3.18 trauma focus is a central component of the therapeutic process.

3.19                   B. Unless otherwise defined in this subpart, the definitions of the psychotherapy  
3.20 treatment modalities in subpart 5 are as provided in Appendix A - Description of Treatments  
3.21 and Strength of Recommendations - of the American Psychological Association's Clinical  
3.22 Practice Guideline for the Treatment of Posttraumatic Stress Disorder in Adults, which is  
3.23 incorporated by reference in subpart 12.

4.1 Subp. 3 **Diagnosis and initial evaluation.**

4.2 A. The diagnosis of PTSD must be made by a licensed psychologist or psychiatrist  
4.3 according to the most recently published edition of the Diagnostic and Statistical Manual  
4.4 of Mental Disorders by the American Psychiatric Association, as required by Minnesota  
4.5 Statutes, section 176.011, subdivision 15, paragraph (d). As of the effective date of this  
4.6 part, the most current edition is the fifth edition (DSM-5), which is incorporated by reference  
4.7 in subpart 12.

4.8 B. A mental health care provider must complete an initial evaluation that includes  
4.9 a determination of:

- 4.10 (1) the patient's functional status;
- 4.11 (2) the patient's relevant family history;
- 4.12 (3) the patient's history of mental health conditions and treatment, if any;
- 4.13 (4) whether there is an acute risk that the patient will harm self or others, and  
4.14 any potential need for hospitalization;
- 4.15 (5) whether the patient has any comorbid physical or psychiatric disorders,  
4.16 including substance and other addictions, previous untreated or unresolved trauma,  
4.17 personality disorder, depression, anxiety, serious mood disorder, and psychosis;
- 4.18 (6) whether the patient would benefit from psychotherapy treatment under  
4.19 subpart 5, after considering any contraindications; and
- 4.20 (7) any appropriate referrals for treatment for any risks or comorbid physical  
4.21 or psychiatric disorders identified under subitems (4) and (5), psychotherapy treatment  
4.22 under subpart 5, and treatment with medication under subpart 9.



5.1 Subp. 4. Treatment plan.

5.2 A. Prior to providing psychotherapy treatment under subpart 5, a mental health  
5.3 care provider must:

5.4 (1) engage and collaborate with the patient to establish a plan for treatment  
5.5 that does the following:

5.6 (a) specifies the treatment modality or modalities described in subpart  
5.7 5, item A, that will be provided;

5.8 (b) determines if treatment will be conducted using telemedicine, which  
5.9 requires patient agreement;

5.10 (c) assesses the patient's current level of symptoms and functional status;

5.11 (d) develops a specific set of goals for the treatment based on the patient's  
5.12 functional status;

5.13 (e) establishes a timetable for achieving the treatment goals within the  
5.14 prescribed number of psychotherapy sessions;

5.15 (f) prescribes the duration and frequency of treatment, subject to subparts  
5.16 5, 6, and 8;

5.17 (g) addresses the patient's plan for return to work, including any  
5.18 restrictions necessary for the patient's initial return to work, in compliance with parts  
5.19 5221.0410 and 5221.0420. The mental health care provider establishing the treatment plan  
5.20 may collaborate with the patient's other treating health care providers to address planning  
5.21 a return to work; and

5.22 (h) provides for any necessary referrals that were not made under subpart  
5.23 3, item B, subitem (7);

5.24 (2) provide education about PTSD and its treatment; and



6.1 (3) provide any motivational interviewing needed to prepare the patient for  
6.2 trauma-focused psychotherapy.

6.3 B. The assessment described in item A, subitem (1), unit (c), must be conducted  
6.4 using a tool validated in peer-reviewed scientific literature for the assessment of PTSD  
6.5 symptoms and functional status. When available, assessment tools must be based on the  
6.6 most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders  
6.7 by the American Psychiatric Association. Examples of acceptable assessment tools for the  
6.8 DSM-5 are the PTSD Symptom Scale - Interview for DSM-5 (PSS-I-5), the PTSD Scale -  
6.9 Self Report for DSM-5 (PS-SR5), the Clinician-Administered PTSD Scale for DSM-5  
6.10 (CAPS-5), and the PTSD Checklist for DSM-5 (PCL-5).

6.11 C. The assessment required by item A, subitem (1), unit (c), provides the baseline  
6.12 for determining the progress of the treatment as described in subpart 5, item C.

6.13 D. If the mental health care provider establishing the treatment plan in item A is  
6.14 not the same provider who completed the initial evaluation in subpart 3, item B, the provider  
6.15 must review and consider that initial evaluation before establishing a treatment plan under  
6.16 this subpart.

6.17 Subp. 5. **Psychotherapy treatment.**

6.18 A. The following trauma-focused psychotherapy treatment modalities are indicated  
6.19 for the treatment of PTSD singularly, concurrently, or simultaneously:

6.20 (1) cognitive behavioral therapy (CBT);

6.21 (2) cognitive processing therapy (CPT);

6.22 (3) cognitive therapy (CT);

6.23 (4) prolonged exposure therapy (PE);

6.24 (5) brief eclectic psychotherapy (BEP);

- 7.1 (6) eye-movement desensitization and reprocessing (EMDR);
- 7.2 (7) narrative exposure therapy (NET); and
- 7.3 (8) any other treatment modality recommended by the treating mental health
- 7.4 care provider that is an evidenced-based, trauma-focused psychotherapy treatment modality,
- 7.5 subject to the requirements of subpart 7.

7.6 B. All psychotherapy treatment modalities under item A must be provided by a

7.7 mental health care provider who is trained to treat PTSD with the modality or modalities

7.8 they are using to treat the patient. The provider must retain documentation of the training.

7.9 Treatment for PTSD under item A is not indicated more than two times per week, except

7.10 to provide emergency treatment as defined in part 5221.6040, subpart 5.

7.11 C. At least once every two weeks while a patient is receiving psychotherapy

7.12 treatment under this subpart, the psychotherapy provider must:

7.13 (1) evaluate the severity of the patient's PTSD symptoms and changes in the

7.14 patient's functional status using an assessment tool described in subpart 4, item B, and the

7.15 provider's clinical observations of the patient;

7.16 (2) review:

7.17 (a) the treatment plan, including goals; and

7.18 (b) the patient's adherence to the plan;

7.19 (3) make any necessary adjustments to the treatment plan; and

7.20 (4) complete and submit to the patient a report of work ability. Part 5221.0410,

7.21 subpart 6, items B, C, and D, apply to the provider's completion of the report of work ability.

7.22 The provider completing the report may collaborate with the patient's other treatment health

7.23 care providers regarding the patient's return to work.

8.1        Subp. 6. Duration of psychotherapy treatment.

8.2            A. A period of psychotherapy treatment begins with the first time a modality is  
8.3 initiated under this part, and ends 16 weeks later. Additional modalities added during the  
8.4 16 weeks do not extend a period of psychotherapy treatment. Subject to the requirements  
8.5 of this part, there is no limit to the number of periods of psychotherapy treatment a patient  
8.6 may receive.

8.7            B. An additional period of treatment is indicated only if the provider determines  
8.8 the patient continues to meet the criteria for PTSD described in the most recently published  
8.9 edition of the Diagnostic and Statistical Manual of Mental Disorders, and the requirements  
8.10 of items C to E are satisfied.

8.11           C. A complete psychological assessment is indicated for a patient who does not  
8.12 complete a period of psychotherapy treatment and continues to meet the criteria for PTSD,  
8.13 or who continues to meet the criteria for PTSD after the conclusion of a period of treatment.  
8.14 This assessment is not necessary if a complete psychological assessment has already been  
8.15 completed within the previous year, or if one or more of the indications for an additional  
8.16 period of treatment described in item E apply.

8.17           D. The psychological assessment required by item C must include the use of  
8.18 objective testing such as the most current version of the Minnesota Multiphasic Personality  
8.19 Inventory. The goal of the assessment is to determine if the patient has any new or unresolved  
8.20 comorbid psychological conditions that are preventing the successful treatment of PTSD.  
8.21 If identified, these comorbidities must be addressed or treated prior to the patient resuming  
8.22 psychotherapy treatment for PTSD or, if appropriate, addressed or treated concurrently with  
8.23 an additional period of treatment for PTSD.

8.24           E. An additional period of psychotherapy treatment is indicated in the following  
8.25 circumstances, without the need for a complete psychological assessment:

9.1 (1) the patient's treatment has been interrupted or delayed because of a need  
9.2 for treatment of a different medical or psychological condition, including treatment of  
9.3 comorbidities;

9.4 (2) previous treatment for PTSD did not meet the accepted standard of  
9.5 practice;

9.6 (3) there is documentation in the medical record or other report, pursuant to  
9.7 subpart 10, of all of the following during the current period of treatment:

9.8 (a) the patient has adhered to the treatment plan, as described in subpart  
9.9 4;

9.10 (b) a decrease in the patient's PTSD symptoms;

9.11 (c) improvement in the patient's functional status; and

9.12 (d) further decrease in the patient's PTSD symptoms and continued  
9.13 improvement in the patient's functional status are anticipated with additional treatment;

9.14 (4) the patient has returned to work and is in need of additional treatment  
9.15 related to an exacerbation of PTSD symptoms caused by the patient's work activities; or

9.16 (5) with the approval of the commissioner or a compensation judge, after a  
9.17 medical request is filed, in rare cases with exceptional circumstances.

9.18 **Subp. 7. Prior notification.**

9.19 A. The provider must give prior notice to the payer of each additional 16-week  
9.20 period of psychotherapy treatment. The provider must also give prior notice of any  
9.21 psychotherapy treatment with a modality other than those indicated in subpart 5, item A,  
9.22 subitems (1) to (7). The prior notice may be made orally or in writing, must be provided at  
9.23 least seven working days before the treatment begins, and must include:

9.24 (1) the basis for the additional period of treatment, if applicable;

10.1 (2) the psychotherapy treatment modality or modalities that will be used; and

10.2 (3) the anticipated length of the treatment.

10.3 B. The payer must respond within seven working days of receipt of the notification  
10.4 in item A by either approving the treatment, denying the treatment, scheduling a medical  
10.5 examination under Minnesota Statutes, section 176.155, or requesting additional information  
10.6 including an updated treatment plan. If the provider does not receive a response from the  
10.7 payer within the seven working days, the payer has deemed to have given authorization. If  
10.8 the payer authorizes treatment, it may not later deny payment for the authorized treatment.  
10.9 A payer must respond within seven working days of receiving additional information, if  
10.10 requested. Payers may delegate their obligations under this subpart to their certified managed  
10.11 care plan, if applicable.

10.12 C. If treatment is denied, the provider or the employee may file with the  
10.13 commissioner a medical request under part 5221.6050, subpart 7, item C. If treatment is  
10.14 denied or if a medical examination under Minnesota Statutes, section 176.155, is scheduled,  
10.15 a provider may proceed with the proposed treatment subject to a later determination of  
10.16 compensability by the commissioner or compensation judge. If the employer has contracted  
10.17 with a certified managed care plan, the plan's dispute resolution process must be completed  
10.18 before a medical request is filed pursuant to Minnesota Statutes, section 176.1351.

10.19 Subp. 8. **Change of provider.**

10.20 A. A patient must not change the mental health care provider who is providing  
10.21 the patient with psychotherapy treatment under subpart 5 more than once within the first  
10.22 60 days of the patient's first period of psychotherapy treatment. After the first 60 days of  
10.23 psychotherapy treatment under subpart 5, the patient must not change the patient's provider  
10.24 except as provided by part 5221.0430. For purposes of this part, the requirements of part  
10.25 5221.0430, subparts 2 to 4, governing the change of a patient's primary care provider also

11.1 apply to the change of a patient's mental health care provider when a treatment plan  
11.2 established under subpart 4 has been initiated.

11.3 B. Treatment received prior to the change of provider under item A is not included  
11.4 in the 16-week duration limit for a period of psychotherapy treatment described in subpart  
11.5 6, item A.

11.6 Subp. 9. Treatment with medication.

11.7 A. If a patient is not receiving psychotherapy treatment under subpart 5, a health  
11.8 care provider must evaluate whether the patient would benefit from psychotherapy treatment  
11.9 before prescribing medication for PTSD. The provider must communicate the evaluation  
11.10 to the patient. Treatment of PTSD with medication is indicated as provided in this subpart.

11.11 B. The following medications are indicated for the initial treatment of PTSD:

11.12 (1) selective serotonin reuptake inhibitors (SSRIs), such as sertraline,  
11.13 paroxetine, or fluoxetine;

11.14 (2) selective norepinephrine reuptake inhibitors (SNRIs), such as venlafaxine;  
11.15 and

11.16 (3) antihypertensive medication, if there is peer-reviewed scientific literature  
11.17 demonstrating that the medication is effective treatment for PTSD.

11.18 C. If the medications in item B are contraindicated for the patient, produce  
11.19 undesirable side effects, or do not decrease the severity of PTSD symptoms, the following  
11.20 medications are indicated for treatment of PTSD:

11.21 (1) serotonin antagonist and reuptake inhibitors (SARIs), such as trazodone,  
11.22 mirtazapine, or nefazodone; or



12.1                   (2) other medications if prescribed or recommended by a licensed psychiatrist,  
12.2                   a psychiatric mental health advanced practice registered nurse (PMH-APRN), or any other  
12.3                   health care provider after consultation with one of the providers in this subitem.

12.4                   D. The following requirements must be met while treating PTSD:

12.5                   (1) medication must be prescribed at the lowest clinically effective dose, as  
12.6                   determined by the prescribing health care provider but not to exceed the manufacturer's  
12.7                   maximum daily dosage;

12.8                   (2) medication is indicated only for the shortest duration needed, as determined  
12.9                   by the prescribing health care provider;

12.10                  (3) generic medications are indicated for the treatment of PTSD; and

12.11                  (4) the initial prescription of a medication indicated in items B and C for  
12.12                  treatment of PTSD is limited to no more than three months of the medication per prescription.  
12.13                  Subsequent refills of the same medication are limited to no more than six months of  
12.14                  medication per refill.

12.15                  E. Benzodiazepines are not indicated for treatment of PTSD.

12.16                  Subp. 10. **Documentation.** A health care provider must clearly document the following  
12.17                  information in the patient's medical record or other report:

12.18                  A. the diagnosis and initial evaluation under subpart 3;

12.19                  B. the treatment plan under subpart 4;

12.20                  C. the biweekly evaluation under subpart 5, item C, including any work restrictions;

12.21                  D. the basis for any additional periods of psychotherapy treatment under subpart  
12.22                  6, including any psychological assessments or indications for additional periods of treatment  
12.23                  without assessment and determinations that the patient continues to meet DSM criteria; and



13.1 E. the evaluation of potential psychotherapy treatment performed prior to  
13.2 prescribing medication under subpart 9, item A; and

13.3 F. any medications prescribed under subpart 9, including the basis for any  
13.4 medications prescribed under subpart 9, item C.

13.5 Subp. 11. **Patients currently receiving treatment.** For a patient receiving treatment  
13.6 for PTSD prior to the effective date of this part, a payer must provide written notice of the  
13.7 requirements of this part to the patient and the patient's treating health care providers before  
13.8 denying payment based on this part. A payer must not deny payment based on failure to  
13.9 comply with this part until 90 days after the written notice has been provided.

13.10 Subp. 12. **Incorporation by reference.**

13.11 A. The Diagnostic and Statistical Manual of Mental Disorders, fifth edition  
13.12 (DSM-5), and any updates, including errata and coding updates, is incorporated by reference.  
13.13 DSM-5 is copyrighted by the American Psychiatric Association and is not subject to frequent  
13.14 change. It is published by American Psychiatric Publishing, Inc. (APPI), and may be  
13.15 purchased from them by calling 800-368-5777 or by ordering online at the APPI website.  
13.16 It is available through the Minitex interlibrary loan system and from other bookstores and  
13.17 online retailers.

13.18 B. The Clinical Practice Guideline for the Treatment of Posttraumatic Stress  
13.19 Disorder in Adults and its appendices, adopted by the American Psychological Association  
13.20 as APA Policy on February 24, 2017, and any updates, are incorporated by reference. It is  
13.21 not copyrighted and is not subject to frequent change. It is available online at  
13.22 <http://www.apa.org/ptsd-guideline/>.

# Office of the Revisor of Statutes

## Administrative Rules



**TITLE:** Proposed Expedited Permanent Rules Governing Treatment for Post-Traumatic Stress Disorder

**AGENCY:** Department of Labor and Industry

**REVISOR ID:** R-4617

**MINNESOTA RULES:** Chapter 5221

**INCORPORATIONS BY REFERENCE:**

Part 5221.6700, subpart 12: The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), and any updates, including errata and coding updates. It is published by American Psychiatric Publishing, Inc. (APPI). It is available through the Minitex interlibrary loan system and from bookstores and online retailers.

Part 5221.6700, subpart 12: The Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder in Adults and its appendices, adopted by the American Psychological Association as APA Policy. It is available online at <http://www.apa.org/ptsd-guideline/>.

The attached rules are approved for  
publication in the State Register

A handwritten signature in cursive script, reading "Sheree Speer", written over a horizontal line.

Sheree Speer  
Assistant Deputy Revisor