

MENTAL, BEHAVIOR AND NEURODEVELOPMENT DISORDERS (F01-F99)

Payers and Providers Partnering for Success

Shannon Chase, CPC, AHIMA Approved ICD-10-CM/PCS Trainer Mary Ellen Reardon, CPC, MSHA, AHIMA Approved ICD-10-CM/PCS Trainer June 2015



CHAPTER SPECIFIC CATEGORY CODE BLOCKS

- F01-F09 Mental disorders due to known physiological conditions
- F10-F19 Mental and behavioral disorders due to psychoactive substance use
- F20-F29 Schizophrenia, schizotypal and delusional, and other non-mood psychotic disorders
- F30-F39 Mood [affective] disorders
- F40-F48 Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
- F50-F59 Behavioral syndromes associated with physiological disturbances and physical factors
- F60-F69 Disorders of adult personality and behavior



CHAPTER SPECIFIC CATEGORY CODE BLOCKS (cont.)

- F70-F79 Mental retardation
- F80-F89 Pervasive and specific developmental disorders
- F90-F98 Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- F99 Unspecified mental disorder



CHAPTER NOTES

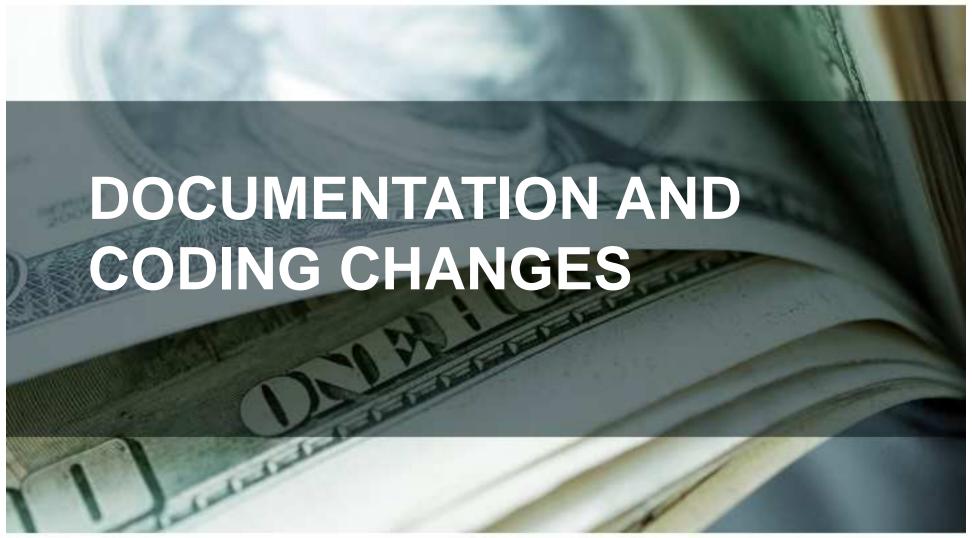
- The codes in this chapter include disorders of psychological development, but exclude symptoms, signs, and abnormal clinical laboratory finding (R00-R99).
- A number of changes to category and subcategory titles have been made; for example, ICD-9-CM subcategory 296.0 is Bipolar I disorder, single manic episode, but ICD-10-CM counterpart, category F30, is Manic episode.
- There is a change in sequencing involving the intellectual disability codes (F70-F79).
- In ICD-9-CM, an additional code for any associated psychiatric or physical condition(s) should be sequenced after the intellectual disability code but in ICD-10-CM any associated physical pr developmental disorder should be coded first.
- Unique codes for alcohol and drug use, abuse, and dependence (not specified as abuse or dependence).
- Continuous or episodic no longer classified.



CHAPTER NOTES (cont.)

- History of drug or alcohol dependence coded as "in remission."
- Combination codes for drug and alcohol use and associated conditions, such as withdrawal, sleep disorders, or psychosis.
- Blood Alcohol level codes.
- Under category F10, there is a "use additional code" note for blood alcohol level.
- Blood alcohol level can be indexed in the index to External Causes.







PAIN DISORDERS RELATED TO PSYCHOLOGICAL FACTORS

- Assign code F45.41, for pain that is exclusively related to psychological disorders
- As indicated by the Excludes 1 note under category G89, a code from category G89 should not be assigned with code F45.41.
- Code F45.42, Pain disorders with related psychological factors, should be used with a code from category G89, Pain, not elsewhere classified, if there is documentation of a psychological component for a patient with acute or chronic pain.

See Section I.C.6. Pain



MENTAL AND BEHAVIORAL DISORDERS DUE TO PSYCHOACTIVE SUBSTANCE USE

In Remission

- Selection of codes for "in remission" for categories F10-F19, Mental and behavioral disorders due to psychoactive substance use (categories F10-F19 with -.21) requires the providers clinical judgment.
- The appropriate codes for "in remission" are assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting).



MENTAL AND BEHAVIORAL DISORDERS DUE TO PSYCHOACTIVE SUBSTANCE USE (cont.)

Psychoactive Substance Use, Abuse and Dependence

- When the provider documentation refers to use, abuse and dependence of the same substance (e.g. alcohol, opioid, cannabis, etc.) only one code should be assigned to identify the pattern of use based on the following hierarchy.
 - ❖ If both use and abuse are documented, assign only the code for abuse
 - If both abuse and dependence are documented, assign only the code for dependence
 - If use, abuse and dependence are all documented, assign only the code for dependence
 - If both use and dependence are documented, assign only the code for dependence



MENTAL AND BEHAVIORAL DISORDERS DUE TO PSYCHOACTIVE SUBSTANCE USE (cont.)

Psychoactive Substance Use

- As with all other diagnoses, the codes for psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses).
- The codes are to be used only when the psychoactive substance use is associated with a mental or behavior disorder, and such a relationship is documented by the provider.



DOCUMENTING ATTENTION DEFICIT DISORDER (F90)

- Terminology for attention deficit disorder has been revised to attention deficit hyperactivity disorder dropping the classification for hyperkinesis
- Indicate if condition is predominantly inattentive, hyperactive or combined

Note: While mental health disorders are reported using ICD diagnosis codes, there are clinical criteria that are standard to mental and behavioral health providers for diagnosing these types of conditions.



DOCUMENTING ANXIETY (F34, F41)

- Anxiety is classified as "phobic" and "other"
- Generalized anxiety and panic disorder are available along with "unspecified anxiety"
- There are potentially new codes in places other than the mental health chapter that may provide a better picture of the patients situation;
- Z60.0 Problems of adjustment to life-cycle transitions
- Potential use of symptom codes when patient has not been formally diagnosed:

R45.0 Nervousness

R45.1 Restlessness and agitation

R45.82 Worried







MAJOR DEPRESSIVE DISORDER

- The ICD-10 classification of Mental and Behavioral Disorders, developed in part by the American Psychiatric Association (APA), classifies depression by code.
- Depression is identified by type in categories F32 (major depressive disorder, single episode) and F33 (major depressive disorder, recurrent).
- The only difference between ICD-9-CM and ICD-10-CM is, ICD-10-CM does not include the fifth digit list.
- Depending on the number and severity of the symptoms, a depressive episode may be specified as mild, moderate, or severe.
- Final code selection is based on severity (mild, moderate, severe) and status.
- The default for unspecified depression is major depressive disorder, single episode (F32.9), which also includes depressive disorder not otherwise specified (NOS) and major depression NOS.

14



MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE (F32.0-F32.5)

- According to the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM-5), five or more of the symptoms listed below must be present during the same 2week time period that represents changes in functioning.
- At least one symptom is either depressed mood or loss of interest.
 - Depressed mood most of the day, nearly everyday, as indicated in the subjective report or in observation made by others
 - Markedly diminished interest in pleasure in all, or almost all, activities most of the day and nearly every day
 - Significant weight loss when not dieting or weight gain, for example, more than 5
 percent of body weight in a month or changes in appetite nearly every day
 - Insomnia or hypersomnia nearly every day
 - Psychomotor agitation or retardation nearly every day
 - Fatigue or loss of energy nearly every day
 - Feelings of worthlessness or excessive or inappropriate guilt
 - Diminished ability to think or concentrate, or indecisiveness nearly every day
 - Recurrent thoughts of death



MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD

For mild depressive episodes two or three symptoms from below are usually present:

- A. The General criteria for depressive episode must be met
- B. At least two of the following three symptoms must be present:
 - A. Depressed mood to a degree that is definitely abnormal to the individual, present for most of the day and almost every day, largely uninfluenced by circumstances, and sustained for at least two weeks.
 - B. Loss of interest or pleasure in activities that are normally pleasurable.
 - C. Decreased energy or increased fatigability
- C. An additional symptom or symptoms from the following list should be present to give a total of at least for:
 - A. Loss of confidence or self-esteem
 - B. Unreasonable feelings of self-approach or excessive and inappropriate guilty
 - C. Recurrent thoughts of death or any suicidal behavior
 - D. Complaints or evidence of diminished ability to think or concentrate, such as indecisiveness or vacillation
 - E. Change in psychomotor activity, with agitation or retardation (either subjective or objective)
 - F. Sleep disturbance of any type
 - G. Change in appetite (decrease or increase) with corresponding weight change



MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE

 For moderate depressive episodes four or more of the symptoms noted in mild depressive are usually present and the patient is likely to have great difficulty in Continuing with ordinary activities.

MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION

- For a classification of in remission the patient has had two or more depressive episodes in the past but has been free from depressive symptoms for several months.
- This category can still be used if the patient is receiving treatment to reduce the risk of further episodes.
- It will be based on the provider's clinical determination and documentation.



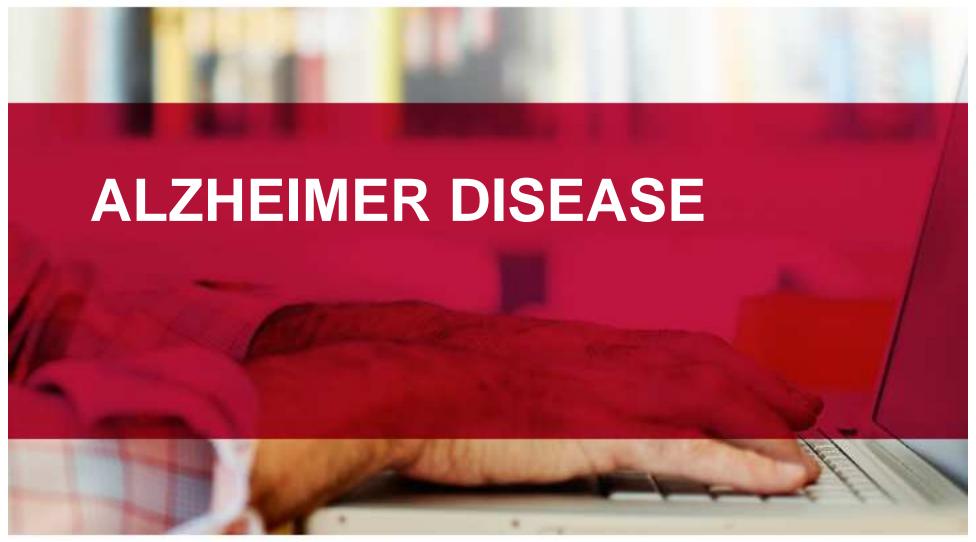
MAJOR DEPRESSIVE DISORDER, RECURRENT (F33.0-F33.3)

- A recurrent depressive disorder is characterized by repeated episodes of depression without any history of independent episodes of mood elevation and increased energy or mania.
- There has been at least one previous episode lasting a minimum of two weeks and separated by the current episode of at least two months.
- At no time in the past has there been any hypomanic or manic episodes.

MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION (F33.40-F33.42)

- For a classification of in remission the patient has had two or more depressive episodes in the past but has been free from depressive symptoms for several months.
- This category can still be used if the patient is receiving treatment to reduce the risk of further episodes.
- It will be based on the provider's clinical determination and documentation.







ALZHEIMERS

- Codes for Alzheimer's disease are found in Chapter 6 of ICD-10-CM, Diseases of the Nervous System
- ICD-9-CM gave us one code for Alzheimer's disease, 331.0. However, ICD-10-CM has expanded this category, giving us four choices:
 - G30.0 Alzheimer's disease with early onset
 - G30.1 Alzheimer's disease with late onset
 - G30.9 Other Alzheimer's disease
 - G30.9 Alzheimer's disease, unspecified
- It is important to note that the dementia codes from category F02 and F05 should never be used as the primary diagnosis. Category F02's description specifically reads "dementia in other diseases classified elsewhere."
- Thorough documentation of symptoms and tests will be required by physicians



ALZHEIMERS (CONT.)

- Thorough documentation of symptoms and tests will be required by physicians
- In ICD-10, if you document whether the disease is early onset or late onset, that distinction can be coded.
- Documentation of the type(s) of Alzheimer's and dementia and any behavioral disturbances is required to properly code to the highest level of specificity.







DIFFERENCES BETWEEN ICD-10 AND DSM-5

- DSM was created by the American Psychiatrists Association and developed primarily U.S. psychiatrists.
- ICD was developed by a global health agency with The World Health Organizations preparing and publishing revisions.
- The revenue generated from DSM-5 is for the American Psychiatrists Association.
- ICD can be found for free on internet.
- Approval for DSM is by the assembly of the American Psychiatrists Association and ICD is approved by the World Health Organization.



ICD-10 vs. DSM-5

- ICD-10 and DSM-5 are both considered to be companion publications.
- DSM-5 provides more accurate and updates criteria when it comes to diagnosing mental disorders and contains codes solely for mental disorders
- ICD-10 contains the code numbers that can be found in DSM-5 in order to ensure proper insurance reimbursement and to monitor health statistics and are also used for both physical and mental disorders.
- There are ICD-9 codes followed by ICD-10 codes in parenthesis within the DSM-5.
- The Mental and Behavioral Disorders categories are much the same but the new code setup will be different from ICD-9 and the DSM-5 codes.
 - ❖ Ex. Major depressive disorder, single episode is coded as 296.2 in both DSM-IV and ICD-9-CM but is coded as F32 in the ICD-10-CM version.



DSM-5 CHANGES

- As of late September, the following changes and refinements to the coding system have been implemented and posted on the http://www.dsm5.org website:
 - Intellectual disability (intellectual developmental disorder): The new ICD-9-CM codes (and ICD-10-CM codes, which follow in parentheses) that should be used to indicate severity are 317 (F70) Mild, 318.0 (F71) Moderate, 318.1 (F72) Severe, and 318.2 (F73) Profound.
 - Language disorder: The new ICD-9-CM code (and ICD-10-CM code) that should be used is 315.32 (F80.2).
 - Bipolar I disorder, current or most recent episode hypomanic, in partial remission: The updated ICD-9-CM code (and ICD-10-CM code) that should be used is 296.45 (F31.71).
 - Bipolar I disorder, current or most recent episode hypomanic, in full remission: The updated ICD-9-CM code (and ICD-10-CM code) that should be used is 296.46 (F31.72).
 - Selective mutism: The new ICD-9-CM code (and ICD-10-CM code) that should be used is 313.23 (F94.0).



DSM-5 CHANGES (CONT.)

- Trichotillomania (hair-pulling disorder): The new ICD-9-CM code (and ICD-10-CM code) that should be used is 312.39 (F63.3).
- Insomnia disorder: The new ICD-9-CM code (and ICD-10-CM code) that should be used is 307.42 (F51.01).
- Hypersomnolence disorder: The updated ICD-9-CM code (and ICD-10-CM code) that should be used is 307.44 (F51.11).
- Conduct disorder, adolescent-onset type: The updated ICD-9-CM code (and ICD-10-CM code) that should be used is 312.82 (F91.2).
- Kleptomania: The updated ICD-9-CM code (and ICD-10-CM code) that should be used is 312.32 (F63.2).
- Clinicians should be aware of newly implemented coding recommendations for neurocognitive disorders in which DSM does not use additional codes to where ICD may on certain neurocognitive disorders.



TRAINING SOURCES

American Health Information Management Association www.ahima.org

American Academy of Professional Coders www.aapc.com

HCPro

www.hcpro.com

American Psychiatric Association DSM Development www.dsm5.org



CONTACTS

If you have any questions or concerns about the information presented here, please contact Shannon Bujak-Chase or Mary Ellen Reardon and we will be glad to assist you.

Schenectady - East

Shannon Chase

SChase@mvphealthcare.com

518-386-7502

Rochester - Western and Central NY

Mary Ellen Reardon

MReardon@mvphealthcare.com

585-279-8583



Thank You