

# CHAPTER 5

## Mental, Behavioral and Neurodevelopmental Disorders

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# PAIN DISORDERS RELATED TO PSYCHOLOGICAL FACTORS

- Assign code F45.41 for pain that is exclusively related to psychological disorder
- As indicated by the Excludes 1 note under category G89, a code from category 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 PSYCHACTIVE SUBSTANCE USE

- **In Remission**

- Selection of codes for “in remission” for categories F10 – F19, Mental and behavioral disorders due to psychoactive substance use (categories F10-19 with -.11, -.21) requires the provider’s clinical judgement.
- 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), unless otherwise instructed by the classification.
- Mild substance use disorders in early or sustained remission are classified to the appropriate codes for substance abuse in remission and moderate or severe substance use disorders in early or sustained remission are classified to the appropriate codes for substance dependence in remission

# PSYCHOACTIVE SUBSTANCE USE, ABUSE AND DEPENDENCE

- When the provider documentation refers to use, abuse and dependence of the same substances (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

# PSYCHOACTIVE SUBSTANCE USE, UNSPECIFIED

- As with all other unspecified diagnoses, the codes for unspecified psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-, F18.9-, F19.9) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional, Diagnoses).
- These codes are to be used only when the psychoactive substance use is associated with a physical, mental or behavioral disorder, and such a relationship is documented by the provider.

# FACTITIOUS DISORDER

- Factitious disorder imposed on self or Munchausen's syndrome is a disorder in which a person falsely reports or causes his or her own physical or psychological signs or symptoms.
- For patients with documented factitious disorder on self or Munchausen's syndrome, assign the appropriate code from subcategory F68.1-, Factitious disorder imposed on self.
- Munchausen's syndrome by proxy (MSBP) is a disorder in which a caregiver (perpetrator) falsely reports or causes an illness or injury in another person (victim) under his or her care, such as a child, an elderly adult, or a person who has a disability.
- The condition is also referred to as "factitious disorder imposed on another" or "factitious disorder by proxy." The perpetrator, not the victim, receives this diagnosis.
- Assign code F68.A, Factitious disorder imposed on another, to the perpetrators record.
- For the victim of a patient suffering from MSBP, assign the appropriate code from categories T74, Adult and child abuse, neglect and other maltreatment, confirmed or T76, Adult and child abuse, neglect and other maltreatment, suspected.

# MAJOR DEPRESSIVE DISORDER

- Key term found in the documentation may include
  - Depressive disorder, recurrent, severe, without psychotic symptoms
  - Masked depression (single episode)
  - MDD
  - Psychogenic depression, single episode
  - Reactive depression
- The ICD-10 classification of Mental and Behavioral Disorder, developed in part by the American Psychiatric Association (APA), classifies depression by code.
- Major depressive disorder (F32.-, F33.-) is a disabling condition which impacts social, interpersonal and physical functioning. It is characterized by a combination of traits: pervasive, persistent depressed mood, loss of interest or pleasure in usually enjoyable activities and reduced energy.
- All depression codes include the word-Major

# DIAGNOSIS CODING FOR MOOD DISORDERS

- The following is a Clinical Documentation Checklist to assist your practice in coding to the highest level of specificity:
- Type of Mood Disorder
  - Manic episode
  - Bipolar disorder
  - Major Depressive disorder
  - Persistent mood (affective) disorder
    - Cyclothymic
    - Dysthymic



# DIAGNOSIS CODING FOR MOOD DISORDERS

- Frequency of Occurrence
  - Single episode
  - Recurrent episode
  - Part of bipolar disorder
- Level of Severity
  - Hypomanic: for bipolar
  - Depressed
  - Mild
  - Moderate
  - Mixed: for bipolar
- Psychotic symptoms or features

# EXAMPLES OF SYMPTOMS OF AN MDD EPISODE

- Depressed or irritable mood
- Decreased interest or pleasure
- Change in activity
- Fatigue or loss of energy
- Diminished concentration, memory or ability to make decisions
- Guilt or sense of worthlessness
- Significant change in weight or appetite
- Change in sleep patterns
- Restlessness, inability to sit still
- Thoughts of death, self harm or suicide

# SEVERITY OF MDD

- **Mild:** The patient experiences at least five of the symptoms needed for a diagnosis, which also pose a mild overall functional impairment.
- **Moderate:** The patient experiences at least seven to eight symptoms, or the symptoms pose a moderate overall functional impairment.
- **Severe without psychotic features:** The patient experiences most or all of the symptoms, or the symptoms pose a severe functional impairment, but the patient presents without any psychotic features.
- **Severe with psychotic features:** The patient experiences most of all they symptoms, or symptoms pose a severe functional impairment, and the patient presents with psychotic features.
- **In full remission:** the patient previously had two or more episodes but has been free from symptoms for at least 2 months.
- **In Partial remission:** Some symptoms may still be present, but the full criteria are not longer met, but the patient hasn't been in remission for two months or longer.

## CODING EXAMPLE

- Male patient had been seeing his PCP for anxiety and depression since 2011. The patient became increasingly depressed and began isolating himself and staying in bed on his days off.
- The patient has depressive symptoms of crying, insomnia, anorexia with recent 20-pound weight loss, decreased concentration, psychomotor retardation, and suicidal ideation with plan.
- He will sometimes hear his wife call him when she is not present. At the present time, the patient has been taking Wellbutrin 150 mg. daily, Lexapro 20 mg. daily, and Xanax 1 mg, three times a day.
- He also uses a Combivent inhaler. He has been to the emergency room on several occasions for panic and anxiety attacks and he was treated asymptotically and released.

# WHAT DIAGNOSIS CODES ARE ASSIGNED?

- **ANSWER:**

- F33.3 Major Depressive disorder, recurrent, severe with psychotic symptoms
- R45.851 Suicidal ideations
- F41,0 Panic disorder (episodic paroxysmal anxiety) without agoraphobia

- **RATIONALE:**

- In ICD-10-CM, codes are broken down by type of mood disorder, temporal factors (recurrent or single), severity (mild, moderate or severe, and any associated symptoms or manifestations (psychotic symptoms).
- In our example above, the patient has a major depressive disorder with psychotic features. Because depression codes are combination codes, we can report the F33.3 that reports the type, temporal factors, severity and the associated symptoms. This patient also suffers from related comorbid conditions which should also be reported.

# Thank You

If you have any questions or concerns:

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