

CHAPTER 5

MENTAL, BEHAVIOR AND NEURODEVELOPMENT DISORDERS
(F01-F99)

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.



Coding for Major Depressive Disorder

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.

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 2-week 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.



CODING EXAMPLES

CODING EXAMPLES

1. Joe, a 43-year-old male, is currently receiving treatment for alcohol dependence. As a result of Joe's drinking he is also on medication for chronic alcoholic gastritis. He also has a history of cocaine dependence. What diagnosis codes are assigned?

Answer: F10.20 Dependence, (on) (syndrome), alcohol (ethyl) (methyl) (without remission)

K29.20 Gastritis (simple), alcoholic

F14.21 History, personal (of), drug dependence – see Dependence, drug, by type, in remission. Dependence, (on) (syndrome), drug, cocaine, in remission

Rationale: The cocaine dependence is coded as “in remission” because there is not a history code for drug dependence.

CODING EXAMPLES (cont.)

2. Male patient had been seeing his primary care physician for anxiety and depression since 2001. 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. In addition, the patient has auditory hallucinations and hears vague voices talking to him. He will sometimes hear his wife call him when she is not present. At the present time, the patient has been taking Wellbutrin 150 milligrams daily, Lexapro 20 milligrams daily, and Xanax 1 milligram 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 symptomatically 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 for depressive disorders are broken down by type of depression (major, organic, etc.), 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 code F33.3 that reports the type, temporal factors, severity, and the associated symptoms. This patient also suffers from related co-morbid conditions which should also be reported.

CODING EXAMPLES (cont.)

3. This young man is seen for continued follow-up for treatment of his dependence on amphetamines. What diagnosis cod(s) are assigned?

Answer: F15.20 Dependence (on) (syndrome), amphetamine(s) (type), see Dependence, drug, stimulant, NEC

Rationale: ICD-10-CM classifies each drug by its type. If intoxication with the dependence is documented, an additional digit would be added.

4. How would you code alcohol abuse with intoxication?

Answer: F10.129 Abuse, alcohol (non-dependent), with, intoxication

Rationale: ICD-10-CM does not specify the severity of alcohol use as previously seen in ICD-9-CM. If alcohol dependence was documented, the coding would go to F10.2.

CODING EXAMPLES (cont.)

5. This 25-year-old male presents to the clinic requesting assistance for cessation of chewing tobacco use. He has been a chronic user of chewing tobacco since age 13 and is now motivated to quit. Counseling on the options for chewing tobacco cessation was provided to the patient.

Diagnosis: Counseling for cessation of tobacco dependence.

What diagnosis codes are assigned?

Answer: Z71.6 Counseling (for), tobacco use

F17.220-Dependence, (on) (syndrome), nicotine, see Dependence, drug, nicotine. Dependence, drug, nicotine, chewing tobacco

Rationale: In ICD-10-CM, nicotine dependence is further specified by the type of product used. There is a note at code Z71.6: Use additional code for nicotine dependence (F17.-).

TRAINING SOURCES

American Health Information Management Association

www.ahima.org

American Academy of Professional Coders

www.aapc.com

HCPPro

www.hcpro.com