Mental, Behavioral and Neurodevelopmental Disorders for ICD-10-CM

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AGENDA

- Use, Abuse, and Dependence
- Depression
- Bipolar Disorder
- Dementia
- Anxiety and Stress-related Disorders
- Childhood conditions
- Eating disorders

Use, abuse, and dependence

- Codes located in categories F10-F19
- 3\textsuperscript{rd} character indicates substance used
- 4\textsuperscript{th} and 5\textsuperscript{th} characters indicate the psychopathological syndrome

Examples:
- F10.23- Alcohol dependence with withdrawal
- F12.12- Cannabis abuse with intoxication
Use, abuse, and dependence

Hierarchy

• If both use and abuse are documented, code only abuse
• If both abuse and dependence are documented, code only dependence
• If both use and dependence are documented, code only dependence
• If use, abuse and dependence are all documented, code only dependence

Examples

• Patient presents to the office and the family practitioner documents alcohol use and abuse in the assessment.
  
  F10.10 Alcohol abuse, uncomplicated

• Patient presents to the office with uncomplicated alcohol dependence and cocaine abuse with cocaine-induced anxiety disorder.
  
  F10.20 Alcohol dependence, uncomplicated
  F14.180 Cocaine abuse with cocaine-induced anxiety disorder
Alcohol use, abuse, and dependence

The codes for alcohol use, abuse, and dependence are found in the following subcategories:

- F10.1 - Alcohol abuse
- F10.2 - Alcohol dependence
- F10.9 - Alcohol use, unspecified

The codes are further broken down into the following:

- Uncomplicated
- With intoxication
- With withdrawal
- With alcohol-induced psychotic disorder
- With alcohol-induced persisting amnestic disorder
- With alcohol-induced persisting dementia
- With other alcohol-induced disorder
- With unspecified alcohol-induced disorder
Example

- Patient presents for visit stating he is having issues with alcohol. He says that in the past 6 months, his drinking has increased markedly. He states that he needs to drink twice as much to get “buzzed”. He states that he thinks about drinking more often and desires alcohol most times of the day. He has missed family gatherings and a few appointments due to being inebriated. He has come for help as he has tried to quit on his own and has not been successful.

F10.20 Alcohol dependence, uncomplicated

Nicotine use and dependence

Nicotine dependence is broken down by:

- Tobacco product
  - Cigarettes (F17.21-)
  - Chewing tobacco (F17.22-)
  - Other tobacco product (F17.29-)
Nicotine use and dependence

The category is further broken down by complication:

- Uncomplicated
- In remission
- With withdrawal
- With other nicotine-induced disorder
- With unspecified nicotine-induced disorder

Additional codes relating to nicotine in ICD-10-CM include:

- Z72.0, Tobacco use
- Z87.891, History of tobacco dependence
- Z77.22, Exposure to environmental tobacco smoke
- Z57.31, Occupational exposure to environmental tobacco smoke
- P96.81, Exposure to tobacco smoke in the perinatal period
- O99.33-, Tobacco use (smoking) during pregnancy, childbirth, and the puerperium
Example

- Patient presents requesting a nicotine patch to assist her to stop smoking. She has been smoking for 12 years with a pack and half of cigarettes per day habit. She quit a week ago and is experiencing withdrawal symptoms of agitation, sleeplessness, and nervousness.

F17.213 Nicotine dependence, cigarettes, with withdrawal

Example

- Patient comes in for asthma check-up. She has mild persistent asthma and a history of cigarette smoking. She quit smoking 5 years ago.

J45.30 Mild persistent asthma, uncomplicated
Z87.891 History of tobacco dependence
Depression

• CDC estimates 5% of Americans older than age 11 may have depression.

• It is a disorder of the brain.

• It usually starts between the ages of 15 and 30.

More common in women

Depression

In ICD-10-CM depression is classified by the following:

• Episode – Single or Recurrent
• Severity – Mild, Moderate, Severe
• With or Without psychotic features
• Remission status – Partial or Full
Example

• Vera, a 38-year-old single woman presents to her primary care physician with symptoms of depression for the past year. These include feelings of sadness, anhedonia, significant loss of energy, psychomotor retardation, and difficulty sleeping. She denies any significant medical issues and states her symptoms began when her relationship of 8 years ended. Patient scored a 24 on the Beck Depression Inventory (BDI), supporting a diagnosis of major depressive disorder, single episode, moderate.

F32.1 Major depressive disorder, single episode, moderate

Bipolar disorder

• Most commonly diagnosed in persons between the ages of 18 and 24

• Patients suffer dramatic mood swings from mania to depression
Bipolar disorder

In ICD-10-CM bipolar disorder is classified by the following parameters:

- Type - Type I or Type II
- Current episode - Hypomanic, Manic, Depressed, Mixed
- Severity - Mild, Moderate, Severe
- With or Without psychotic features
- Remission status - Partial or Full

Example

- Julie presents today for a check-up on her bipolar disorder. She states that she has recently begun feeling depressed, not wanting to get out of bed, not showering, etc. She says she wanted to come in to "nip it in the bud". Patient admits to being noncompliant with taking her Lithium and Seroquel recently, which may have set off this mild depression. She states that she does not like to be dependent on it. Discussed the importance of taking medications properly and on time. We will increase her Seroquel for a short period and have the patient return in 1 week. Patient informed to contact our office immediately or present to the ED if she has thoughts of harming herself. Plan reviewed with her mother who will ensure patient takes her medication.
Answer

F31.31 Bipolar disorder, current episode depressed, mild

Z91.128 Patient's intentional underdosing of medication regimen for other reason

Persistent Mood Disorders

• Clyclothymia (F34.0)
  – Persistent instability of mood

• Dysthymia (F34.1)
  – Chronic depression of mood
Example

- Cindy comes in today for a check-up. She was diagnosed with dysthymic disorder 3 years ago. She states her sessions with the LCSW have been very helpful in changing her feelings of low self-esteem and with restructuring her negative thought patterns. She states she still has some sleep issues and fatigue when stressed. Continue same dose of Paxil® and have her return in 2 months.

F34.1 Dysthymic disorder

Dementia

- Memory impairment
- Marked difficulty with language
- Motor skills
- Object recognition
- Disturbance of executive function (ability to plan, organize, and abstract)
Vascular Dementia

- Vascular dementia is caused by brain damage from impaired blood flow to the brain, which damages the brain’s blood vessels.
- There are two codes in ICD-10-CM for vascular dementia:
  - F01.50 Vascular dementia without behavioral disturbance
  - F01.51 Vascular dementia with behavioral disturbance

Example

- A 71-year-old female is brought in for evaluation by her son for cognitive decline. She has short-term memory issues that have been progressive for the past few months after the patient suffered a stroke. She has lost interest in day-to-day activities and has to be reminded to take her medications. She has been complaining of dizziness and balance problems. She is diagnosed with vascular dementia due to the stroke.

  I69.31 Cognitive deficits following cerebral infarction
  F01.50 Vascular dementia without behavioral disturbance
Example

- John is brought in to be seen in the clinic. He has cerebral arteriosclerosis with vascular dementia. His behavior has become suspicious and aggressive towards family members. He has been awakening multiple times during the night and is prone to wandering. The family is requesting options for his continued care with these new developments.

  I67.2 Cerebral atherosclerosis
  F01.51 Vascular dementia with behavioral disturbance
  Z91.83 Wandering in diseases classified elsewhere

Other Dementia

- The most common is dementia in Alzheimer’s disease.
- There are two codes in ICD-10-CM for dementia in diseases classified elsewhere:
  - F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance
  - F02.81 Dementia in other diseases classified elsewhere with behavioral disturbance
Other Dementia

- Alzheimer’s (G30.-)
- Cerebral lipidosis (E75.4)
- Creutzfeldt-Jakob disease (CJD) (A81.0-)
- Dementia with Lewy bodies (G31.83)
- Epilepsy and recurrent seizures (G40.-)
- Frontotemporal dementia (FTD) (G31.09)
- Hepatolenticular degeneration (E83.)
- Human immunodeficiency virus (HIV) disease (B20)
- Hypercalcemia (E83.52)
- Hypothyroidism, acquired (E00-E03.-)

Other Dementia

- Intoxications (T36-T65)
- Multiple sclerosis (MS) (G35)
- Neurosyphilis (A52.17)
- Niacin deficiency (E52)
- Parkinson’s disease (G20)
- Pick’s disease (G31.01)
- Polyarteritis nodosa (M30.0)
- Systemic lupus erythematosus (SLE) (M32.-)
- Trypanosomiasis (B56.-, B57.-) – There are two forms of trypanosomiasis: African (B56) and American (B57)
- Vitamin B deficiency (E53.8)
Example

• A 75-year-old late onset Alzheimer’s patient presents to the clinic with his spouse. She reports that he has become combative and angry towards her again because he cannot remember things. He gets quite agitated at time. He also has occasional wandering in the late afternoon. His risperidone dosage is increased and discussion is held on ways to limit wandering, including addressing potential triggers, providing visual cues, and distractions.
  
  G30.1 Alzheimer’s diseases with late onset
  F02.81 Dementia in other diseases classified elsewhere with behavioral disturbance
  Z91.83 Wandering in diseases classified elsewhere

Anxiety and Stress-related Disorders

• According to the National Institute of Mental Health, anxiety disorders affect about 40 million American adults age 18 years and older in a given year, accounting for 18% of the population.

• Women are more likely to suffer from anxiety and stress-related disorders.
Disorders

- Social phobia (F40.1-)
- Specific (isolated) phobias (F40.2-)
  - F40.21- Animal type phobia
  - F40.22- Natural environment type phobia
  - F40.23- Blood, injection, injury type phobia
  - F40.24- Situational type phobia
  - F40.29- Other specified phobia
- Panic disorder (F41.0)

Disorders

- Generalized anxiety disorder (GAD) (F41.1)
- Obsessive-compulsive disorder (OCD) (F42)
- Acute stress reaction (F43.0)
- Post-traumatic stress disorder (PTSD) (F43.1-)
- Adjustment disorders (F43.2-)
Example

- Carla presents to the office for evaluation. She was in a major car crash one month ago. She complains of nightmares about the crash, having thoughts of the accident “pop into her head” all the time. She says she now avoids getting in cars if she can and walks when possible. She jumps every time a car passes close, or if she hears a car horn. She is not sleeping well and feels detached and exhausted all the time. She stated she thought the feelings would go away, but they are getting worse and she “just can’t take it anymore.” She is diagnosed with acute post-traumatic stress disorder.
  
  F43.11  Post-traumatic stress disorder, acute

Example

- Paul presents for a visit. He suffered a myocardial infarction 5 weeks ago. He says that he is feeling down regarding his condition, thinking he will not live a full life any longer. He is anxious regarding physical activity or doing anything that is stressful to the body, fearing another myocardial infarction, even though he has been cleared by cardiology. He is diagnosed with adjustment disorder with anxiety and depressed mood and referred for therapy to include one-on-one and family counseling.
  
  F43.23  Adjustment disorder with mixed anxiety and depressed mood
Schizophrenia

• Chronic mental illness in which a person’s brain distorts the way a person:
  • thinks,
  • acts,
  • expresses emotions,
  • perceives reality, and
  • relates to others

Schizophrenia

• Presence of at least two of these conditions: delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, lack of emotions, social withdrawal, inability to carry out routine daily tasks such as dressing and bathing
  • Failure to achieve the expected level of academic, social, or work performance
  • Symptomatic behavior must last for at least six months
  • All other mental health disorders have been ruled out
Schizophrenia

• In ICD-10-CM, schizophrenia codes are in category F20 and are broken down by subtype:
  – Paranoid schizophrenia (F20.0)
  – Disorganized schizophrenia (F20.1)
  – Catatonic schizophrenia (F20.2)
  – Undifferentiated schizophrenia (F20.3)
  – Residual schizophrenia (F20.5)
  – Schizophreniform disorder (F20.81)

Example

• Jim comes in for a check-up with his parents. He suffers from paranoid schizophrenia. He is doing well on Aripiprazole so far, but has started to gain weight. He is continuing with his psychotherapy, and his parents are very involved in assisting with his care. Labs are ordered to check his cholesterol level due to possible side effects of the medication and weight control is discussed.

• F20.0 Paranoid schizophrenia
Eating disorders

- **Anorexia nervosa** is an eating disorder in which the patient refuses to maintain a healthy body weight, has an intense fear of gaining weight, and a distorted body image. There are two types of anorexia nervosa:
  - **Anorexia nervosa, restricting type (F50.01)** – People that suffer from this type of anorexia achieve weight loss by restricting calories.
  - **Anorexia nervosa, binge eating/purging type (F50.02)** – People that suffer this type of anorexia achieve weight loss by vomiting or using laxatives/diuretic

- **Bulimia nervosa (F50.2)** is an eating disorder in which the patient consumes large amounts of food in a short period of time, and then purge, fast, or over exercise to get rid of the calories.

- **Body dysmorphic disorder (F45.22)** is a disorder in which the patient has an intense preoccupation (obsession) with a nonexistent or slight defect in appearance. It usually begins in adolescence.
Eating disorders

- **Pica (F98.3)** is a compulsion to eat non-food items, such as clay, dirt, erasers, pins, paint, hairballs, or sand. According to the National Institutes of Health, as many as 32 percent of children ages one – six have this behavior. In order to be considered a disorder, the behavior must be exhibited for at least one month at an age that is not considered developmentally appropriate.

Eating disorders

- **Rumination disorder of infancy (F98.21)** occurs when a child brings back up and re-chews food that was already swallowed. To be considered a disorder (according the Children Physician’s Network Pediatric Advisor Feb, 2012) it must occur in children who had been eating normally prior to onset, and it must have been occurring regularly for at least one month. The cause of the disorder is unknown.
Example

• Laura is brought to the office by her mother for a weight check and status. She suffers from restrictive anorexia nervosa and is currently in psychotherapy.

• F50.01 Anorexia nervosa, restricting type

Pervasive developmental disorders

Pervasive developmental disorders (PDDs), refers to a group of conditions that involve delays in the development of many basic skills, including:

• Ability to socialize with others
• Ability to communicate
• Ability to use imagination
Pervasive developmental disorders

There are five types of pervasive development disorders, indicated below with the corresponding ICD-10-CM code:

• Autism – F84.0
• Asperger’s syndrome – F84.5
• Childhood disintegrative disorder – F84.3
• Rett’s syndrome – F84.2
• Pervasive development disorder, not otherwise specified (PDD-NOS) – F84.9

Example

• Tommy is brought in by his mother today for a recheck of his autism. He has been working well with the speech/language therapist on communication, including sign language. He has also been working with occupational therapy on daily living skills. His communication has improved and his tantrums have decreased.

F84.0 Autistic disorder
Behavioral and emotional disorders with onset usually occurring in childhood and adolescence

Category F90-F98

• The codes within these categories may be used regardless of the age of a patient.

• These disorders generally have onset within the childhood or adolescent years, but may continue throughout life or not be diagnosed until adulthood.

Conduct disorders

• Conduct disorder confined to family context (F91.0) – Involves dissocial or aggressive behavior in which the abnormal behavior is entirely or almost entirely, confined to the home and/or interactions with members of the nuclear family or immediate household.
Conduct disorders

- **Conduct disorder, childhood-onset type (F91.1)** – Involves a combination of persistent dissocial or aggressive behavior with a significant pervasive abnormality in the individual’s relationships with other children. Typical behaviors include bullying, excessive fighting, and extortion of other children. These children may have good relationships with adults.

- **Conduct disorder, adolescent-onset type (F91.2)** – Involves persistent dissocial or aggressive behavior occurring in individuals who are generally well integrated into their peer group. It can include group delinquency or offenses in the context of gang membership.
Conduct disorders

• **Oppositional defiance disorder (F91.3)**
  – Involves an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures that seriously interferes with the child’s daily functioning.

Example

• John is brought in to see the pediatrician by his mother, Charla. His mother states that she remarried last year and John is very defiant towards his stepfather, causing stress on the family. There have been continuous arguments with John for months stating that he does not have to listen to Charla’s husband because he is “not my real father.” He does not show any behavioral issues at school or with others. He is diagnosed with family related conduct disorder and family therapy is recommended.

• F91.0 Conduct disorder confined to family context
Attention-deficit hyperactivity disorder

- ADHD is a problem with inattentiveness, over-activity, impulsivity, or a combination. For these problems to be diagnosed as ADHD, they must be out of the normal range for a child’s age and development.

- ADHD is the most commonly diagnosed behavioral disorder of childhood. It affects about 3 - 5% of school-aged children.

There are three different types of ADHD, depending on which symptoms are strongest in the patient. Coding of ADHD in ICD-10-CM is broken down by these types:

- Predominantly inattentive type – F90.0

- Predominantly hyperactive type – F90.1

- Combined type- F90.2
Example

• Joey comes in for a check-up today for his ADHD, mostly inattentive type. His mother states the neurofeedback treatments seem to be helping greatly. She no longer has to repeat things over and over to get him to do them. Joey is more able to follow instructions and is more attentive. Mother still does not desire Ritalin® for Joey. She thinks that the neurodevelopmental program is achieving the desired outcomes.

Tic Disorders

• Tic disorders in ICD-10-CM are coded to type:
  • **Transient tic disorder (F95.0):** Transient tic disorder is characterized by the presence of one or more tics for at least one month but less than one year.
  • **Chronic motor or vocal tic disorder (F95.1):** While transient tics disappear within a year, chronic tics can last for a year or more.
  • **Tourette's syndrome (F95.2):** Tourette’s is characterized by the presence of both motor tics and vocal tics.
Example

• Carrie is brought in by her mother for a check-up of her transient tic disorder. Her symptoms began 6 weeks ago. Her head and arm jerking have improved on clonidine. Her mother states that her stress levels have decreased as she is in the “swing” of 5th grade. Her mother ensures that she is getting enough sleep, which also helps her tics. Will begin to decrease medications and recheck in 2 weeks, sooner if needed.

Developmental Disorders of Speech and Language

• **Phonological disorder (F80.0)** – Phonological disorders are considered articulation disorders in which children do not use some or all of the speech sounds expected for their age. According to the National Institute of Health, it is more common in boys than girls and affects about three percent of preschool children. Some examples listed are lisping and lalling (stammering to point that speech is almost unintelligible).
Developmental Disorders of Speech and Language

- **Expressive language disorder (F80.1)** – Children with expressive language disorders have trouble getting their meaning or message across. They may trouble finding the right words to express their point and may have a vocabulary below the level of their peers.

- **Mixed receptive-expressive language disorder (F80.2)** – A child with this disorder will have trouble understanding the content, form, or use of language (receptive) and have trouble using content, form, or use of language while trying to convey a message (expressive).
Developmental Disorders of Speech and Language

- **Speech and language development delay due to hearing loss (F80.4)** – Delay in development of speech/language due to hearing loss. There is an instructional note under this code that states to code also type of hearing loss (H90.-, H91.-). This verbiage indicates that the order of the codes will be dependent upon the reason for the encounter.

Developmental Disorders of Speech and Language

- **Childhood onset fluency disorder (F80.81)** – A fluency disorder is a communication in which the ability to produce speech normally is compromised. Examples include stuttering and cluttering.

This code category also includes a code for other developmental disorders of speech and language (F80.89) code and an unspecified (F80.9) code.
Example

• Dalia is brought in by her parents with concerns regarding her speech. She is now 4 ½ years-old, but still talks “baby talk” according to her parents. They did not think much of it and thought it was cute, until some family members stated they could not understand what she was saying. She substitutes “p” for “f”, “t” for “k” and “d” for “g” mostly. She is diagnosed with speech articulation disorder and referred for speech therapy.

• F80.0 Phonological disorder