**F. Bipolar Disorder:** Patient suffers dramatic mood swings from mania to depression. In ICD 10 is classified by the following parameters:
- **Type:** type I or type II
- **Current episode:** Hypomanic, manic, depressed, mixed
- **Severity:** Mild, moderate or severe
- **With or without** psychotic features
- **Remission status:** Partial or Full.

*Example:* Patient recently begun feeling depressed & comes for a check-up on her bipolar disorder. She admits to being noncompliant with taking her Lithium & Seroquel because she does not like to be dependent on it. It was discussed the importance of taking medications as indicated. Seroquel will be increased for a short period & the patient will return in 1 week.

**ICD-10-CM:** Bipolar disorder, current episode depressed, mild (F31.31) and Patient’s intentional under dosing of medication regimen for other reason (Z91.128).

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**Substance Use, Abuse, & Dependence**

In ICD-10, for the classification of substance use, abuse, and dependence, the terms are not interchangeable; they are separate conditions. As per Coding Guideline I.C.5.e.2, Hierarchy Rules for Coding Psychoactive Substance Use, Abuse and Dependence, when the provider documentation refers to use, abuse and dependence of the same substance (e.g. alcohol, opioid, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:

<table>
<thead>
<tr>
<th>Code only:</th>
<th>When documented:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>Use and Abuse</td>
</tr>
<tr>
<td>Dependence</td>
<td>Dependence and Abuse</td>
</tr>
<tr>
<td></td>
<td>Use and Dependence</td>
</tr>
<tr>
<td></td>
<td>Use, Abuse and Dependence</td>
</tr>
</tbody>
</table>

The ICD-10-CM classification system does not provide separate “history” codes for alcohol & drug abuse. A patient with a history of drug or alcohol dependence is coded as “in remission.”

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**Alcohol Use, Abuse and Dependence**

Alcohol use and dependence codes no longer identify continuous or episodic use.

Those codes are further broken down into the following:
- Uncomplicated
- With: intoxication; withdrawal; alcohol-induced psychotic disorder and persisting amnestic disorder; alcohol-induced persisting dementia; other alcohol-induced disorder; unsp. alcohol induced disorder.

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**Additional codes relating nicotine in ICD-10-CM include:**
- Z72.0 Tobacco use
- Z87.891 Personal history of nicotine 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 (F17.-) Nicotine dependence

**Other Drug Use, Abuse and Dependence**

These categories are further broken down:
- with intoxication (uncomplicated, delirium, perceptual disturbances, unsp.)
- with induced psychotic disorder (delusions, hallucinations, other)
- with other induced disorder (anxiety disorder, sexual dysfunction, sleep disorder, other disorder, unsp.)

*Example:* Patient presents to the office with uncomplicated alcohol dependence and cocaine abuse with cocaine-induced anxiety disorder

**ICD-10-CM:** Alcohol dependence, uncomplicated (F10.20) & cocaine abuse with cocaine-induced anxiety disorder (F14.180)

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**References**

  - ICD-10 Resource: Coding for Major Depressive Disorder. AAPC, 2013
  - http://apps.who.int/classifications/icd10/browse/2015
  - www.codebrightonline.com/
  - www.californiahia.org/sites/californiahia.org/files/docs
  - www.g2n.org/03-05-13-icd-10-coding-for-mental-behavioral-and-neurodevelopmental-disorders.html
  - www.universalclass.com/articles/medicine/medical-coding/icd-10-cm-coding-mental-disorders-and-behavioral-disorders-nervous-system.htm

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**July 2016**

Empire BlueCross BlueShield is an HMO plan with a Medicare contract. Enrollment in Empire BlueCross BlueShield depends on contract renewal. Services provided by Empire HealthChoice HMO, Inc. Licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.
Chapter V: Mental Behavioral and Neurodevelopmental disorders (F00-F99)

Presently health professionals use two classification systems for coding mental disorders: the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM-IV offers diagnostic codes solely for mental disorders while the ICD-10-CM has codes for both physical and mental disorders.

Mental Behavioral & Neurodevelopmental disorders in ICD-10-CM

I. Specificity, detail and expansion of some codes: Classification improvements with more subchapters, categories, subcategories and more codes that provide greater clinical detail. Most notably, other isolated or specific phobias and alcohol and substance abuse.

II. The codes in this chapter are to be assigned with provider documentation of a mental or behavioral disorder based in its clinical judgment not just founded upon symptoms, signs & abnormal clinical laboratory findings.

III. Combination Codes for Mental and Behavioral Health:
Combination codes have been generated for drug and alcohol use and associated conditions, such as withdrawal, sleep disorders or psychosis. A code for blood alcohol level (Y90.) can be assigned as a supplementary code when documentation supports its use. Examples: Sedative, hypnotic or anxiolytic dependence with intoxication delirium (F13.221); Hallucinogen dependence with intoxication with delirium (F16.221)

IV. Code titles are more ample

V. Certain diseases have been reclassified to reflect up-to-date medical knowledge: Changes in names and definitions of disorders have been made to reflect more current clinical terminology and to regulate the terms used to diagnosed mental, behavioral and substance use disorders.

VI. Pain disorders linked to psychological factors (F45.4): The ICD-10-CM guidelines have been expanded to include information related to: code F45.41 indicates only psychological pain that is not supported by any medical condition and code F45.42 which designates a genuine medical pain with a psychological factor. When using this last code, the provider should report the associated acute or chronic pain (G89.) as well. Note that pain NOS is reported with R52.

VII. Sequencing of the intellectual disability codes (E70 - F79):
When coding in ICD-10-CM, the connected physical or developmental disorder should be coded first and then the intellectual disablety code.

VIII. Category of “mood disorders,” code range F30-F39, includes conditions such as manic episode, bipolar disorder, major depressive disorder, and persistent mood disorders.

IX. If insomnia is due to a mental health illness/behavioral condition, code F51.05 should be assigned followed by a code reporting the exact mental disorder.

X. Updates to medical terminology: Bipolar I disorder, single manic episode will change to Manic episode; Undersocialized conduct disorders, aggressive will become conduct disorder childhood-onset type (F91.1).

XI. When hearing loss is causing a delay in a patient’s development of the speech and language, the type of hearing loss should be identified with a secondary code.

XII. If delirium is due to an identified physiological condition, the underlying condition should be coded first followed by F05. Delirium due to known physiological condition.

Peculiarities

When coding depression, according to the 5th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 5 or more of the symptoms listed below must be present during the same 2 week time period that denotes changes in functioning. At least 1 symptom is either a depressed mood or loss of interest.

<table>
<thead>
<tr>
<th>Recurrence</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most of the day, nearly every day</td>
<td>Depressed mood as indicated in the subjective report or in remarks made by others</td>
</tr>
<tr>
<td>Nearlly every day</td>
<td>Markedly diminished interest in pleasure in all/almost all, activities</td>
</tr>
<tr>
<td></td>
<td>Significant weight loss when not dieting or weight gain or changes in appetite</td>
</tr>
<tr>
<td></td>
<td>Insomnia or hypersomnia</td>
</tr>
<tr>
<td></td>
<td>Psychomotor agitation or retardation</td>
</tr>
<tr>
<td></td>
<td>Fatigue or loss of energy</td>
</tr>
<tr>
<td></td>
<td>Diminished ability to think or concentrate, or indecisiveness</td>
</tr>
<tr>
<td></td>
<td>Feelings of worthlessness, excessive or inappropriate guilt</td>
</tr>
<tr>
<td></td>
<td>Recurrent thoughts of death</td>
</tr>
</tbody>
</table>

A. Major Depressive Disorder: Within ICD-10-CM the documentation of a Major Depressive Disorder should specify or include the following information if known:
- **Episode:** Single versus recurrent
- **Severity:** Mild, moderate or severe
- With or without psychotic features
- **Remission status:** partial or full
  1. Recurrent depressive disorder: repeated episodes of depression w/o any history of independent episodes of mood variations or mania. There has been at least 1 previous episode lasting at least 2 weeks and separated by the present event for 2 months minimum. No hypomanic or manic episodes in the past. (e.g., MDD, recurrent, severe with psychotic features (F33.3))
  2. Severe episodes includes: MDD, recurrent, severe without psychotic features (F33.2) and major depressive disorder, recurrent, severe with psychotic features (F33.3).

3. 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 I.C.5.b.1). For a classification of “in remission,” the patient has had 2 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. Example: Major depressive disorder, single episode, in full remission (F32.5); Major depressive disorder, recurrent, in partial remission (F33.41).

Example: Patient goes to her PCP with symptoms of depression for the past year including feelings of sadness, loss of energy, difficulty sleeping, etc. No significant medical issues. Her symptoms began when her relationship of 8 years ended. Patient scored a 24 on the Beck Depression Inventory (BDI).

**ICD-10-CM:** Major Depressive disorder, single episode, moderate (F32.1).

B. Persistent Mood Disorder
- Cyclothymic disorder (F34.0) persistent instability in mood
- Dysthymic disorder (F34.1) Chr. depression mood

C. Certain Anxiety and Stress-related Disorders
- Social Phobia (F40.1-)
- Specific (isolated) phobias (Ex: Animal type (F40.21-)
- Panic disorder (F41.0)
- Generalized anxiety disorder (GAD) (F41.1)
- Obsessive-compulsive disorder (OCD) (F42)
- Post-traumatic stress disorder (PTSD) (F43.1-)
- Adjustment disorder (F43.2-)

D. Schizophrenic: 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: Patient who suffers from paranoid schizophrenia comes in for a check-up with his parents. He is doing well on Aripiprazole continuing w/ his psychotherapy, but has started to gain weight. Labs were ordered to check his cholesterol level due to possible side effects of the medication and weight control is discussed.

**ICD-10-CM:** Paranoid schizophrenia (F20.0)

E. Other conditions:
- **Vascular dementia:** Two common types: Vascular dementia without behavioral disturbance (F01.50) and Vascular dementia with behavioral disturbance (F01.51)
- **Eating Disorders:** Like Anorexia nervosa, restricting type (F50.01); Anorexia nervosa, binge eating/purging type (F50.02); Bulimia nervosa (F50.2)
- **Pervasive Developmental Disorders (PDDs):** Like Autism (F84.0) and Asperger’s syndrome (F84.5)