

Mental disorders

ICD-10-CM

Clinical overview

Definitions and overview

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) of the American Psychiatric Association (APA) advises a mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

- Mental disorders are usually associated with significant distress or disability in social, occupational or other important activities.
- An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder.
- Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.

Bipolar disorder is a mental disorder that causes dramatic shifts in a person's mood, energy and ability to think clearly. People with bipolar disorder experience high and low moods—known as mania and depression—which differ from the typical ups-and-downs most people experience.

Major depression is marked by a depressed mood and loss of interest or pleasure in all activities that lasts for at least two weeks and represents a change from previous functioning. (See separate guideline for Major Depression).

Paranoid personality disorders are characterized by an unfounded but relentless mistrust and suspicion of others.

Personality disorders are a group of disorders characterized by long-term patterns of behavior and experiences that differ significantly from what is expected by the person's culture. These patterns of behavior cause distress or problems functioning. Personality disorders affect at least two of the following ways of:

- thinking about oneself and others
- responding emotionally
- relating to other people
- controlling one's behavior

Psychosis is a symptom, not an illness. The word "psychosis" is used to describe conditions of the mind in which there has been some loss of contact with reality. It can be caused by a mental or physical illness, substance abuse, or extreme stress or trauma.

Schizophrenia is a serious mental disorder that involves an abnormal interpretation of reality. It is characterized by delusions, hallucinations, disorganized speech and behavior, and other symptoms that cause social or occupational dysfunction.

Diagnostic criteria, signs and symptoms

This guideline addresses medical record documentation and diagnosis coding. It is beyond the scope of this document to list specific diagnostic criteria for each mental disorder listed herein. Healthcare providers must consult the DSM-5 manual – which is the gold standard – for detailed and specific criteria that must be met to diagnose each mental disorder.

Mental disorders and substance use disorders

Mental disorders and substance use disorders sometimes co-exist for the following reasons:

- Mental health problems and substance use disorders share some underlying causes.
- Some people with mental health problems may turn to substance use to self-medicate.
- Use of certain substances can cause people with addiction to experience mental health issues

Causes/contributing factors

There is no single cause for mental disorders. Contributing factors can include:

- Genetic predisposition; family history of mental disorders
- Lifetime experiences, stressors and trauma
- Biological factors (e.g., hormonal and brain chemical imbalances)
- Traumatic brain injury (TBI)
- Alcohol and drug use
- Serious medical conditions
- Loneliness and social isolation

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Diagnostic tools

- Medical history and physical exam
- Laboratory blood testing to evaluate for underlying medical conditions
- Psychological/psychiatric evaluation

Treatment

Treatment depends on the particular mental disorder and its severity. Treatment typically includes:

- Individual and family counseling
- Patient education and support groups
- Medications

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Best documentation practices for physicians

Subjective

- The subjective section of the office note should document any current symptoms or patient complaints related to the mental disorder.

Objective

- In the objective section, include any current associated physical exam findings (such as flat affect, agitation, flight of ideas, etc.) and results of diagnostic testing.

Assessment

Specificity:

Avoid vague diagnosis descriptions, e.g., “other” or “unspecified.” Document each condition to the highest level of specificity, including the following as appropriate:

- Severity – mild, moderate, severe
- Remission – partial or full
- Specific type, such as particular type of schizophrenia or personality disorder
- Underlying cause – use linking terms such as “due to”
- All related symptoms / conditions, such as with psychotic features, delusions, hallucinations, delirium, dementia, sleep disturbance, etc.

Abbreviations:

A good rule of thumb for any medical record is to limit – or avoid altogether – the use of abbreviations. The meaning of an abbreviation or acronym can often be determined based on context, but this is not always true. Examples:

- BPD – bipolar disorder versus borderline personality disorder
- MDD – major depressive disorder versus manic depressive disorder

Best practice is as follows:

- The initial notation of an abbreviation or acronym should be spelled out in full with the abbreviation in parentheses: “Major depressive disorder (MDD)” Subsequent mention of the condition can then be made using the abbreviation.
- The diagnosis should be spelled out in full in the final impression or plan.

Current versus historical:

- When the condition is current, include it in the final assessment along with the current status (improved, worsening, etc.); and link the final diagnosis to any medications currently being used to treat the condition.
- Do not use past-tense terms such as “status post” or “history of” to describe current mental disorders. In

diagnosis coding, conditions described as “history of” indicate a historical condition that no longer exists as a current problem.

- Do not use “history of” to describe a condition in remission. Instead, document partial or full remission.
- Mental disorders that are truly resolved classify to code **Z86.59**, Personal history of other mental and behavioral disorders.

Followed by a different provider:

- When the mental disorder is being followed and managed by a different provider, it is still appropriate to include the diagnosis in the final assessment when the condition has impact on patient care, treatment and management.
Example: “Severe recurrent major depression per records from her psychiatrist, Dr. Ben Jones”

Electronic medical record (EMR) issues:

- Some electronic medical records (EMR) insert ICD-10-CM codes with corresponding descriptions into the assessment section of the office note rather than a provider-stated final diagnosis. For example: “**F32.89** Other specified depressive episodes” This vague description can lead to confusion, as the “other” type of depressive episode is *NOT* specified.
- Another scenario that causes confusion is when the assessment section documents a provider-stated diagnosis *PLUS* an EMR-inserted diagnosis code with description that does not match – or may even be contradictory.
- **Please note:** ICD-10-CM is a statistical classification; it is not a substitute for a healthcare provider’s final diagnostic statement. It is the provider’s responsibility to provide legible, clear, concise and complete documentation of a final diagnosis described to the highest level of specificity, which is then translated to a code for reporting purposes. It is not appropriate for healthcare providers to simply list a code number or select a code number from a list of codes in place of a written final diagnosis.

Treatment plan

- Document a clear and concise treatment plan.
- List details of medication therapy, clearly linking each medication to the condition it is treating.
- Specify to whom or where referrals or consultation requests are made.
- Include the date or timeframe for the next appointment.

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Tips and resources for coders

Coding basics

To ensure accurate and specific diagnosis code assignment:

- Review the entire medical record to verify the mental disorder is current. Next, note the exact description of the mental disorder documented in the medical record. Then, in accordance with ICD-10-CM official coding conventions and guidelines:
 - Search the alphabetic index for that specific description.
 - Verify the code in the tabular list, carefully following all instructional notes as appropriate.

Coding mental disorders

In the ICD-10-CM coding manual, mental disorders classify to Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (categories F01-F99).

For some diagnoses, the code is complete with only three characters. Other diagnoses classify to three-character categories that require additional characters to provide greater specificity and to complete the code. In industry-standard coding guidelines, these are typically noted with a decimal point and a dash, as in Schizophrenia F20.-

Mental disorders due to known physiological conditions (F01-F09)

- F01.- Vascular dementia
- F02.- Dementia in other diseases classified elsewhere
- F03.- Unspecified dementia
- F04 Amnesic disorder due to known physiological condition
- F05 Delirium due to known physiological condition
- F06.- Other mental disorders due to known physiological condition
- F07.- Personality and behavioral disorders due to known physiological condition
- F09 Unspecified mental disorder due to known physiological condition

Alzheimer's disease and dementia:

- Dementia is an inherent part of Alzheimer's disease; therefore, from a documentation standpoint, the provider does not need to separately document it.
- From a coding standpoint, however, ICD-10-CM requires two codes: G30.9, Alzheimer's disease, unspecified, and F02.80, Dementia in other diseases classified elsewhere without behavioral disturbance.

Psychoactive substance use disorders (Categories F10-F19)

- F10.- Alcohol related disorders
- F11.- Opioid related disorders
- F12.- Cannabis related disorders
- F13.- Sedative, hypnotic or anxiolytic disorders
- F14.- Cocaine related disorders
- F15.- Other stimulant-related disorders
- F16.- Hallucinogen-related disorders
- F17.- Nicotine dependence
- F18.- Inhalant related disorders
- F19.- Other psychoactive substance-related disorders

(See separate guideline for Substance use disorders.)

Schizophrenia (F20-F29)

- F20.- Schizophrenia
- F21 Schizotypal disorder
- F22 Delusional disorders
- F23 Brief psychotic disorder
- F24 Shared psychotic disorder
- F25.- Schizoaffective disorders
- F28 Other psychotic disorder not due to a substance or known physiological condition
- F29 Unspecified psychosis not due to a substance or known physiological condition

Mood (affective) disorders (F30-F39)

- F30.- Manic episode
 - F31.- Bipolar disorder
 - F32.- Major depressive disorder, single episode
 - F33.- Major depressive disorder, recurrent
 - F34.- Persistent mood [affective] disorders
 - F39 Unspecified mood [affective] disorder
- (See separate guideline for Major depressive disorder).

Examples of various other mental disorder codes

- F40.01 Agoraphobia with panic disorder
- F44.0 Dissociative amnesia
- F44.81 Dissociative identity disorder
- F48.1 Depersonalization-derealization syndrome
- F53.1 Puerperal psychosis
- F60.0 Paranoid personality disorder
- F60.1 Schizoid personality disorder
- F60.2 Antisocial personality disorder
- F60.3 Borderline personality disorder
- F60.4 Histrionic personality disorder
- F60.5 Obsessive-compulsive personality disorder

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Tips and resources for coders

Coding examples

Example 1	
Medical record documentation	44-year-old male presents for evaluation of schizophrenia diagnosis. States for past 2 weeks he has been staying up all night playing chess on the computer; then 2 days ago he became obsessed with the idea that his co-workers are conspiring to kill him. He is now having trouble concentrating on anything else. Psychiatric exam: Oriented x 3. Speech: normal rate and tone. Thought content: auditory hallucinations and paranoid ideation, but no suicidal or homicidal ideation. Attention and concentration seem impaired – having trouble repeating phrases.
Final diagnosis	Paranoid schizophrenia with acute exacerbation perhaps brought on by lack of sleep. Will increase antipsychotic medication and have him return to see me in 2 days.
ICD-10-CM code	F20.0 Paranoid schizophrenia
Comments	ICD-10-CM does not include codes for exacerbation of schizophrenia.

Example 2	
Medical record documentation – Primary Care Physician (PCP)	50-year-old female presents for follow-up for diabetes mellitus type 2. Admits she has not been following her diabetes diet and sometimes forgets to take her metformin. Reports her daughter has moved in with her three young children, which has disrupted her life. States the children are “wild”, causing her stress. She has ongoing depression for which she is followed by her psychiatrist. Hemoglobin A1c from last week was 7.8.
Final diagnosis	<ul style="list-style-type: none">Type 2 diabetes mellitus uncontrolled by hyperglycemia. Reinforced need to adhere to diabetic diet and metformin dosage 500 mg twice daily. Discussed impact of stress on diabetes control. Encouraged regular exercise.Moderate recurrent major depression – stable on medications being managed by her psychiatrist, Dr. John Smith.
ICD-10-CM code	E11.65 Type 2 diabetes mellitus with hyperglycemia F33.1 Major depressive disorder, recurrent, moderate
Comments	Even though the PCP is not treating the patient’s major depression, the medical record shows this condition impacted care, treatment and management of her diabetes. It is appropriate for the PCP to report code F33.1.

Example 3	
Medical record documentation	Patient reports feeling down and having trouble sleeping. Trazadone 50 mg at bedtime has helped a little with her insomnia. Denies anxiety.
Final diagnosis	1. G47.00 Insomnia, unspecified 2. F39 Unspecified mood [affective] disorder
ICD-10-CM code	G47.00 Insomnia, unspecified F39 Unspecified mood [affective] disorder
Comments	Best documentation practices were not followed. It is the provider’s responsibility to describe each final diagnosis to the highest level of specificity. Unfortunately, this provider has simply listed nonspecific code numbers with descriptions in place of a written final diagnosis, resulting in unspecified code assignment.

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Tips and resources for coders

Example 4	
Medical record documentation	77-year-old male brought to emergency department by his wife. She reports he has dementia due to his Parkinson's disease and has been increasingly combative over the past 6 months. States he has been much worse for the past week and she can no longer handle him at home. Blood pressure 186/102; heart rate 100; respirations 20; temperature 101.3. Will be admitted for complete work-up.
Final diagnosis	Parkinson's dementia with increasingly combative and aggressive behavior
ICD-10-CM code	G20 Parkinson's disease F02.81 Dementia in other diseases classified elsewhere with behavioral disturbance
Comments	For a diagnosis of Parkinson's dementia, the alphabetic index of the ICD-10-CM manual directs the coder to codes G20, Parkinson's disease and F02.80, Dementia in other diseases classified elsewhere without behavioral disturbance disease, unspecified. However, verification of the code F02.80 in the tabular list shows the correct code to capture the associated combative and aggressive behavior is F02.81, Dementia in other diseases classified elsewhere with behavioral disturbance.

Example 5	
Medical record documentation	85-year-old female brought to the primary care physician's office by her daughter. Has lived alone for past 5 years. Daughter reports patient used to cope with being alone by interacting with six baby dolls that were always seated in a row on her living room sofa, considering them her grandbabies. She also enjoyed baking and shared her treats with her neighbors. Daughter reports that over the past year, patient has stopped all of these interactions, becoming even more socially withdrawn with difficulty in interpersonal and family relationships.
Final diagnosis	Simple schizophrenia
ICD-10-CM code	F20.89 Other schizophrenia
Comments	ICD-10-CM Official Guidelines for Coding and Reporting, Section I.A.9.a titled "Other and unspecified codes" advises as follows: Codes titled "other" or "other specified" are for use when the information in the medical record provides detail for which a specific code does not exist. Alphabetic Index entries with NEC in the line designate "other" codes in the Tabular List. These Alphabetic Index entries represent specific disease entities for which no specific code exists so the term is included within an "other" code.

References: American Hospital Association (AHA) Coding Clinic; American Psychiatric Association; Cleveland Clinic; ICD-10-CM Official Guidelines for Coding and Reporting; Mayo Clinic; MedlinePlus; MentalHealth.gov; National Alliance on Mental Illness; National Institute of Mental Health; WebMD