Overview of ICD-10-CM for Mental and Behavioral Disorders

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Objectives

• Understand what ICD-10-CM is and why we need to change
• Discuss the code structure and format of ICD-10-CM diagnosis coding and understand its impact
• Find out if your organization is on track for a successful implementation and what you will need to focus on to be ready for the October 1, 2014 implementation date
• Understand the potential impact on documentation and workflow processes to manage a successful transition to ICD-10-CM
Medical Coding Sits Right In The Middle

Coding systems in use today:
- ICD-9-CM (diagnosis)
- ICD-9-CM (procedures for hospital reporting of inpatient procedures)
- CPT/HCPCS (outpatient and physician services)

Decision-making
Clinical
- Quality
- Appropriateness
- Utilization
- Performance improvement
Financial
- Risk-adjustment
- Care monitoring

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ICD-10-CM as a Method of Communication

- A method for healthcare providers to exchange information with health plans to describe patient conditions.
- They are embedded in nearly every clinical and billing operation nationwide.
- Diagnosis codes are an important piece of information to justify the services provided and demonstrate medical necessity.
Why Do We Need to Change?
Regulatory Environment

- Update to the HIPAA Electronic Transaction Standards and Code Sets
- Final Rule published January 16, 2009
  - Calls for adoption of ICD-10-CM to replace ICD-9-CM diagnosis codes and ICD-10-PCS to replace ICD-9-CM Volume 3 (procedure codes)
    - CPT/HCPCS not affected.
  - One year extension granted 2012
  - **COMPLIANCE DATE October 1, 2014**
    - Date of service for ambulatory and physician reporting
    - Date of discharge for hospital claims for inpatient settings
  - ICD-10 codes will not be accepted for services prior to October 1, 2014
Context for Change

- ICD-9-CM is almost 30 years old
  - No room
  - Not always precise or unambiguous
- Many countries have already adopted ICD-10
- U.S. mortality data (vital health statistics) already being reported using ICD-10
- Greater interest in more specific coding system
  - Increasing interest in using administrative data
  - Reimbursement
  - Quality
  - Provide better data
- Reimbursement and quality problems with vague code set
Partial List of Physician Involvement in ICD-10-CM Development

- American Diabetes Association
  - Enhancement: improved codes and combination codes
- American Psychiatric Association
  - Enhancement: terminology and concepts harmonized with DSM-IV-TR
- American Academy of Neurology
  - Enhancement: neurology enhancements and current terminology
- American Academy of Orthopedic Surgeons
  - Enhancement: musculoskeletal chapter enhancements
- American Academy of Pediatrics
  - Enhancement: perinatal chapter enhancements
- American College of Obstetricians and Gynecologists
  - Enhancement: addition of trimester codes in obstetrics chapter
• ICD-9-CM is the current HIPAA standard for electronic transactions.
  – The International Classification of Diseases (ICD) family of codes is developed by the World Health Organization
  – Effective October 1, 2004, a significant number of changes were made to the code titles to replace anachronistic diagnostic terminology in the mental disorders section with more current DSM-IV-TR and ICD-10-CM terminology.
  – ICD-10-CM will be replacing ICD-9-CM as the HIPAA standard for electronic transactions
The Diagnostic and Statistical Manual of Mental Disorders (DSM) was developed by the American Psychiatric Association
- Classification and diagnostic tool
- Contains detailed descriptions of how to diagnose mental disorders
- DSM-5 published May 2013, superseding the DSM-IV-TR
  - ICD-10-CM partial code set freeze went into effect before DSM-5 was published.
  - Because of timing, some new disorders in DSM-5 may not be specifically Indexed or have unique codes in ICD-10-CM.
ICD and DSM are Compatible

• “DSM-5 and the ICD should be thought of as companion publications. DSM-5 contains the most up-to-date criteria for diagnosing mental disorders, along with extensive descriptive text, providing a common language for clinicians to communicate about their patients. The ICD contains the code numbers used in DSM-5 and all of medicine, needed for insurance reimbursement and for monitoring of morbidity and mortality statistics by national and international health agencies. The APA works closely with staff from the WHO, CMS, and CDC-NCHS to ensure that the two systems are maximally compatible.”

“Insurance Implications of DSM-5,” American Psychiatric Association
Benefits of Adopting the New Coding System

• Incorporates much greater specificity and clinical information, which results in
  – Improved ability to measure health care services
  – Increased sensitivity when refining grouping and reimbursement methodologies
  – Enhanced ability to conduct public health surveillance
  – Decreased need to include supporting documentation with claims
ICD-10-CM Benefits of Enhancements

• Significant improvements in coding
  – primary care encounters
  – external causes of injury
  – mental disorders
  – neoplasms
  – preventive health
• Advances in medicine and medical technology
• More detailed coding
  – socioeconomic
  – family relationships
  – results of screening tests
  – New categories for post-procedural disorders
  – Expanded distinctions for ambulatory and managed care encounters
ICD-10-CM Code Structure, Format and Basic Conventions
"The detail is demanded not by government nor by payers but by specialty societies."

CMS, August 3, 2011 provider call

Although the coding book is huge, any healthcare provider uses only a small subset

Experienced ICD-9-CM coders will find many similarities between ICD-9-CM and ICD-10-CM

Number of ICD-9-CM and ICD-10-CM Codes for Diagnoses

<table>
<thead>
<tr>
<th>Diagnosis Codes</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>~13,000</td>
<td>~13,000</td>
<td>~13,000</td>
</tr>
<tr>
<td>40,000</td>
<td>69,823</td>
<td>69,823</td>
</tr>
<tr>
<td>80,000</td>
<td></td>
<td>80,000</td>
</tr>
</tbody>
</table>
Where is the Additional Detail?

- Laterality: Most likely documented, especially with injuries, but other areas?
  - Not an issue in the Mental and Behavioral Disorders chapter
- Combination codes for commonly associated conditions and symptoms or manifestations
  - Important for alcohol and substance abuse
- Changes in timeframes associated with familiar codes
  - Not an issue in the Mental and Behavioral Disorders chapter
- Added trimesters to obstetrical codes
  - Not an issue in the Mental and Behavioral Disorders chapter
- Expansion of codes in chapters for OB, injuries, external cause
  - Not an issue in the Mental and Behavioral Disorders chapter
Changes – Classifications
ICD-9-CM Structured Format

Closed fracture of the mandible, condylar process

Numeric or Alpha (E or V)

Numeric

Category

3 – 5 Characters

Etiology, anatomic site, manifestation

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Changes – Classifications
ICD-10-CM Structured Format

Closed fracture of the mandible, condylar process, initial encounter

Category

Etiology, anatomic site, severity

Additional Characters

Alpha (Except U)

2 - 7 Numeric or Alpha

3 – 7 Characters

Added code extensions (7th character) for obstetrics, injuries, and external causes of injury

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ICD-9-CM vs. ICD-10-CM Conventions

Similarities

Format
– Alphabetical Index
– Tabular List

Instructional Notes
– Inclusion notes
– “Code First” note
– “Use Additional Code” note
– “Code Also”

Abbreviations
– NEC
– NOS

Cross-Reference Notes
– “See”
– “See also”
– “See condition”

Punctuation Marks
– Parentheses ()
– Square brackets [ ]
– Colons :

Relational Term
– “And”
Two Types of Exclude Notes in ICD-10-CM

F11.2 Opioid dependence

Excludes 1: Code excluded should never be used at the same time as the code above the “excludes1” note

Excludes 1: opioid abuse (F11.1-)

Excludes 2: opioid use, unspecified (F11.9-)

Excludes 2: opioid poisoning (T40.0-T40.2-)

Excludes 2: Condition excluded is not part of the condition represented by the code. May use both codes together.
New Convention: Locating a Code -- Dash

- Locating a code in the **ICD-10-CM**
  - Locate in Index and verify in Tabular List
    - Index does not always provide the full code
    - **A dash (-) at the end of an Index entry indicates that additional characters are required.** Even if a dash is not included at the Index entry, it is necessary to refer to the Tabular list to verify that no 7th character is required.

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Example: Dash

Index:

Dash

Tabular List:

- M93.92 Osteochondropathy, unspecified of upper arm
- M93.921 Osteochondropathy, unspecified, right upper arm
- M93.922 Osteochondropathy, unspecified, left upper arm
- M93.929 Osteochondropathy, unspecified, unspecified upper arm
New Convention: ICD-10-CM – 7th Characters

7th Characters

- Certain ICD-10-CM categories have applicable 7th characters.
  - Injuries
  - Poisoning, adverse effects, and underdosing
  - Most external cause codes (except for place of occurrence, activity or status)
- The applicable 7th character is required for all codes within the category, or as the notes in the Tabular List instruct.
- The 7th character must always be the 7th character in the data field.
ICD-10-CM New Convention: Placeholder Character “X”

- If a code that requires a 7th character is not 6 characters, a placeholder character “X” must be used to fill in the empty characters.
- Where a placeholder exists, the X must be used in order for the code to be considered a valid code.
Example: Placeholder “X” and 7th Character

Tabular List

S70  Superficial injury of hip and thigh
    The appropriate 7th character is to be added to each code from category S70
    A - initial encounter
    D - subsequent encounter
    S - sequela

S70.0  Contusion of hip
   S70.00  Contusion of unspecified hip
   S70.01  Contusion of right hip

Example: S70.01X A = Contusion of right hip, initial encounter
Example: Placeholder “X” and 7th Character

T36  Poisoning by, adverse effect of and underdosing of systemic antibiotics

Excludes1: antineoplastic antibiotics (T45.1-)
locally applied antibiotic NEC (T49.0)
topically used antibiotic for ear, nose and throat (T49.6)
topically used antibiotic for eye (T49.5)

The appropriate 7th character is to be added to each code from category T36
A - initial encounter
D - subsequent encounter
S - sequela

T36.0  Poisoning by, adverse effect of and underdosing of penicillins

T36.0X  Poisoning by, adverse effect of and underdosing of penicillins

T36.0X1  Poisoning by penicillins, accidental (unintentional)
Poisoning by penicillins NOS
T36.0X2  Poisoning by penicillins, intentional self-harm
T36.0X3  Poisoning by penicillins, assault
T36.0X4  Poisoning by penicillins, undetermined
T36.0X5  Adverse effect of penicillins
T36.0X6  Underdosing of penicillins

7th character

Placeholder “X”
Common Seventh Character Values for Injuries

- **Code extensions**
  - 7th character values
    - **A** – initial encounter – used while patient is receiving active treatment for injury
    - **D** – subsequent encounter – for encounters after the patient has received active treatment and is receiving routine care during the healing or recovery phase
    - **S** – sequela – used for complications or conditions that arise as a direct result of an injury, such as scar formation after a burn
      - Assign both the injury code that precipitated the sequela; along with the code for the sequela
      - “S” is assigned only to the injury code, not the sequela code
External Causes of Morbidity

- Permits the classification of environmental events and circumstances as the cause of injury, and other adverse effects
- Data are used in monitoring trends, characterizing patterns, setting priorities for injury prevention programs, and guiding public health decisions in order to reduce injuries and associated healthcare costs
- As with ICD-9-CM external cause codes, there is no national requirement for mandatory external cause code reporting
  - Required by many state-based data reporting systems
ICD-10-CM External Cause Examples

ICD-9-CM
E884.3 Fall from wheelchair
   (includes motorized mobility scooter)

E812.0 Other motor vehicle traffic accident involving collision with motor vehicle, Driver of motor vehicle other than motorcycle

E832.9 Other accidental submersion or drowning in water transport accident, unspecified person

ICD-10-CM
V00.831A Fall from motorized mobility scooter, initial encounter

V43.51xA Car driver injured in collision with sport utility vehicle in traffic accident, initial encounter

V92.04xA Drowning and submersion due to fall off sailboat, initial encounter
Adverse Effects, Poisoning, Underdosing and Toxic Effects

• Combination codes that include the substances related to adverse effects, poisonings, toxic effects and underdosing, as well as the external cause.
  – Will require knowing intent: accidental, intentional self-harm, assault, undetermined
New Concept: Underdosing

- Taking less of a medication than is prescribed
  - Provider or manufacturer
  - Never assigned as principal or first-listed
    - If relapse medical condition itself is coded
  - Noncompliance or complication of care codes are used with underdosing code to indicate intent, if known.
Patient noncompliance: Information may be useful to identify reasons for readmissions and prevent readmissions

ICD-9-CM
V15.81
Noncompliance with medical treatment

ICD-10-CM
Z91.11  Patient's noncompliance with dietary regimen
Z91.120  Patient's intentional underdosing of medication regimen due to financial hardship
Z91.128  Patient's intentional underdosing of medication regimen for other reason
Z91.130  Patient's unintentional underdosing of medication regimen due to age-related debility
Z91.138  Patient's unintentional underdosing of medication regimen for other reason
Z91.14  Patient's other noncompliance with medication regimen
Z91.15  Patient's noncompliance with renal dialysis
Z91.19  Patient's noncompliance with other medical treatment and regimen
Preparing for Implementation of ICD-10-CM
Why it’s Important to Plan for Implementation?

• High-risk activity requiring careful planning and coordination.
  – Create coding and billing backlogs,
  – Cause cash flow delays,
  – Increase claims rejections/denials
  – Bring about unintended shifts in payment
  – Place payer contracts and/or market share arrangements at risk due to poor quality rating or high costs.

• Worst case scenario? Your payments will stop.
Who is Impacted?

- Payers
  - Reimbursement systems
  - Contracts
  - Claim systems
- Providers
  - Hospitals
  - Physicians
  - Home health agencies
  - Skilled nursing facilities
- Vendors
- Clearinghouses
- Employers
- Other business partners
Basic ICD-10 Strategy

- Communicate
- Plan
- What will it take?
  - Working on systems
  - Time to test internally
  - Time to test with external partners
  - Training
    - Determine training needs (different levels)
  - Documentation improvement
Polling Question #1

HAS YOUR ORGANIZATION COMPLETED THE ASSESSMENT PHASE (IMPACT ANALYSIS) OF IDENTIFYING THE CHANGES THAT ARE REQUIRED WITHIN YOUR ORGANIZATION TO BECOME ICD-10 READY?

1. Not Begun
2. Just Started
3. Partially Completed
4. Completed
Implementation is divided into four phases:

1. **Phase 1: Organizing the Effort**
   - Fall 2013 or earlier

2. **Phase 2: Planning and Impact Analysis**
   - Fall 2013

3. **Phase 3: Implementation**
   - January 2014 through October 1, 2014

4. **Phase 4: Post-implementation Evaluation and Ongoing Efforts**
   - October 2014-2015
Preparation Checklist – Organizing the Effort

- Organize the effort with a team approach
- Identify a physician champion for the practice
- Enlist help from the practice manager, coding, and billing staff
- Establish a communication plan and ensure that everyone is aware and kept up-to-date on progress. Early planning will make the transition smoother and less overwhelming
Organizing the Implementation Effort

Tasks
- Develop implementation goals
- Develop plan for assessing implementation impact
- Develop implementation strategy
- Develop tools to assess impact on affected functional areas
- Identify required tasks
- Develop timelines
- Assign responsibility for tasks
- Educate staff on code sets
Preparation Checklist: Planning And Impact Analysis

- Examine every application where diagnosis codes are captured, stored, analyzed or reported
- Assess impact to electronic health record
- Contact system vendors and determine conversion plans and specifically whether your current systems will be supported
- Estimate budget based on whether new billing and collecting systems will be required or whether cost of upgrades are included in current maintenance
- Consider training budget for coding staff and develop training plan
- Develop detailed project plan
Prepare Checklist: Planning And Impact Analysis (cont.)

✓ Analyze business processes and determine whether workflow changes are required
✓ Develop to-do list of tasks, timeliness and assign responsibility
✓ Evaluate plans for introduction of new technology and determine impact on coding
Polling Question #2

HOW MANY APPLICATIONS HAVE YOU IDENTIFIED AT YOUR ORGANIZATION THAT WILL BE AFFECTED BY THE CHANGE TO ICD-10?

1. 1-2
2. 3-5
3. 6-9
4. Over 10
5. Don’t know yet
Assessing Vendor Readiness and Support

- Identify which vendor systems are affected
- Develop a master list of all vendors affected
- Contact vendors to determine whether changes to existing systems are forthcoming and when they plan to have available upgrades to support ICD-10
- Determine whether the upgrade to ICD-10 is included with your maintenance agreement
- Ask vendor to share their plans for readiness
- Make certain that the vendor intends to continue to provide support for the application
- Determine whether the application requires any special or custom developed edits
- Identify special terms in contracts to cover custom edits, if any
## Inventory Process/System Impact

- **Billing/Financial**
  - National and local coverage determinations
  - System logic and edits
  - Billing systems
  - Financial systems
  - Claim submission systems
  - Compliance checking systems

- **Registration**
  - Registration and scheduling systems
  - Appointment reminder systems
  - Advance Beneficiary software
  - Performance measurement systems
  - Medical necessity edits

- **HIM/Coding**
  - Encoding software
  - Compliance software

- **Clinical Systems**
  - Clinical protocols
  - Test ordering systems
  - Clinical reminder systems
  - Medical necessity software
  - Disease management systems
  - Decision support systems
  - Clinical systems

- **Support Systems**
  - Payer mix systems
  - Quality management
  - Case management

- **Reporting**
  - Aggregate data reporting
  - Quality measurement
  - Managed care reporting system (HEDIS)
  - State reporting systems
  - Provider profiling
  - Registries
Evaluate Health Plan Contract Implications

- Prepare list of largest health plans
- Review existing health plan contracts
  - Diagnosis or procedure based?
  - Other basis?
- Contact health plans and schedule meetings (can be done collectively with other providers; if possible work with state associations to schedule meetings)
- Share plans for readiness and dates when will be ready to begin external testing
- Host periodic follow-up meetings to share implementation progress and to validate plans for future testing
Assess Current Workflow

• Assess choices for provider documentation
  – Problem list
  – Pick list – templates
  – Free text
  – Dictation/speech recognition
  – Templates
  – Combination?

• Is there sufficient detail in the documentation?
Importance of Documentation

• The importance of consistent, complete documentation in the medical record cannot be overemphasized.
• Medical record documentation from any provider involved in the care and treatment of the patient may be used to support the determination of whether a condition was present on admission or not.
• Issues related to inconsistent, missing, conflicting or unclear documentation must still be resolved by the provider.
• “Documentation of causal relationship: As with all postprocedural complications, code assignment is based on the provider’s documentation of the relationship between the infection and the procedure.”

-- Official Guidelines for Coding and Reporting
Assessing Legacy Systems

- Currently in use?
- What is it used for?
- Is the system still currently in use?
- What is the system used for?
- Does the system work satisfactorily?
- Is there another application currently available that can perform a similar function as the current system?
- Is there current staff capable of redesigning the system?
- Is the system documented fully enough to allow another designer to update the system?
- On what hardware does the system run?
- On what software platform does the system run?
Assessing Legacy Systems

- Is the system difficult to maintain or improve?
- Can the system be integrated with newer systems?
- What is the cost of updating the system?
- What is the cost of replacing the system with a new application?
- With what other systems or programs does the legacy system interface?
- What impact would a change in the legacy system have on these other systems or programs?
- With how many legacy systems is your organization contending?
- If multiple systems, what is the priority among the legacy systems?
Assessing Vendor Readiness and Support

- Identify which vendor systems are affected
- Develop a master list of all vendors affected
- Contact vendors to determine whether changes to existing systems are forthcoming and when they plan to have available upgrades to support ICD-10
- Determine whether the upgrade to ICD-10 is included with your maintenance agreement
- Ask vendor to share their plans for readiness
- Make certain that the vendor intends to continue to provide support for the application
- Determine whether the application requires any special or custom developed edits
- Identify special terms in contracts to cover custom edits, if any
Budgetary Impact

- Operational
  - Education, staffing
- Capital
  - System/interface modifications
  - Replacement/new systems
- Reimbursement
  - Potential effect of delays, decrease in coder productivity
  - Lack of specificity in documentation
  - Payer not ready to process
  - Contingency planning
Provider Costs

- Personnel costs -- lost productivity, training
- Hardware and software changes
  - Commercial vs. homegrown systems
  - Vendor awareness
  - Technical issues
  - Contractual issues
  - Costs
- Data conversion
  - Decisions, decisions, decisions
    - Cost/benefit analysis regarding database uses
    - Convert?
    - Cross-walk?
    - Dual systems?
Develop Training Plan

• Training needs to be “just in time”
• Who needs to be trained and when?
• Many organizations will have several mechanisms for training
  – Distance learning
  – Workshops
  – Conferences
  – Audio Conferences
  – Webinars
  – Books
• Establish training schedule
Preparation Checklist: Implementation

- Assess level of preparedness of business associates and vendors
- Determine software vendor timeliness for software upgrades
- Assess quality of medical record documentation
- Complete tasks identified during planning process
- Deploy codes and software changes
- Conduct training of coding staff
- Convert any superbills or other forms where coding is captured
- Conduct internal and external testing (clearinghouses and payers)
Preparation Checklist: Implementation

- Assess level of preparedness of business associates and vendors
- Determine software vendor timeliness for software upgrades
- Assess quality of medical record documentation
- Complete tasks identified during planning process
- Deploy codes and software changes
- Conduct training of coding staff
- Convert any superbills or other forms where coding is captured
- Conduct internal and external testing (clearinghouses and payers)
  - TEST, TEST, TEST, make changes and TEST again!
Polling Question #3

WHEN WILL YOU BE READY TO CONDUCT EXTERNAL TESTING?

Answer:
1. Already started
2. Not started, but plan to do so during First Quarter 2014
3. Second Quarter 2014
4. Third Quarter 2014
5. Not sure, don’t know
What Are the GEMS?

- General Equivalence Maps (GEMs) are reference mappings to assist users in navigating the complexity of translating meaning from the contents of one code set to the other code set
- GEMs are not a straightforward “crosswalk”
- GEMs are not the solution for all data conversion projects
When Should the GEMs Be Used?

- To convert databases such as:
  - Payment systems
  - Payment and coverage edits and policies
  - Risk adjustment logic
  - Quality measures
  - Disease management programs
  - Utilization/case management systems
  - Financial modeling
  - Variety of research applications involving trend data
- To translate coded data for comparing data across transition period
When Should the GEMs Not Be Used?

- When you have access to the medical record
- When you have access to text descriptions or clinical terms describing the diagnosis or procedure
- When a small number of codes are being converted
- GEMs should not be used for coding medical records
Preparation Checklist: Post-Implementation and On-Going Evaluation

- Evaluate software upgrades
- Review quality of coded data
- Conduct additional staff training
- Reinforce physician documentation training
- Assess impact on reimbursement
Coding for Mental Health and Substance Abuse
Mental Disorders

• Classified to chapter 5 of ICD-9-CM and ICD-10-CM.
  – Chapter name changed from “Mental Disorders” to “Mental and Behavioral Disorders.”
• Psychiatrists ordinarily state diagnoses in accordance with the nomenclature used in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association.
• Most of the DSM codes are the same as those used in ICD-10-CM, but the terminology may be somewhat different.
Example:

<table>
<thead>
<tr>
<th>DSM-5 Disorder</th>
<th>ICD-9-CM Code</th>
<th>ICD-9-CM Title</th>
<th>ICD-10-CM Code</th>
<th>ICD-10-CM Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoarding disorder</td>
<td>300.3</td>
<td>Obsessive-compulsive disorders</td>
<td>F42</td>
<td>Obsessive-compulsive disorders</td>
</tr>
</tbody>
</table>

New code proposal presented by the American Psychiatric Association for October 2015 implementation.
Schizophrenic Disorders—Category F20

• Fourth character indicates the type of schizophrenia:
  – F20.0, Paranoid schizophrenia
  – F20.1, Disorganized schizophrenia
  – F20.2, Catatonic schizophrenia
  – F20.3, Undifferentiated schizophrenia
  – F20.5, Residual schizophrenia
  – F20.8, Other schizophrenia
    • F20.81, Schizophreniform disorder
    • F20.89, Other schizophrenia
  – F20.9, Schizophrenia, unspecified

Schizophrenia concepts in ICD-9-CM, removed from ICD-10-CM:

5th digit sub-classification

0 Unspecified
1 Subchronic
2 Chronic
3 Subchronic with acute exacerbation
4 Chronic with acute exacerbation
5 In remission
Changes in Schizophrenic Disorders Coding

**ICD-9-CM**
- 295.0 - Simple Type
- 295.5 - Latent schizophrenia
- 295.7 - Schizoaffective disorder

**ICD-10-CM**
- F20.89 - Other schizophrenia
- F21 - Schizotypal disorder
- F25 - Schizoaffective disorders
  - F25.0 - Schizoaffective disorder, bipolar type
  - F25.1 - Schizoaffective disorder, depressive type
  - F25.8 - Other schizoaffective disorders
  - F25.9 - Schizoaffective disorder, unspecified

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Affective Disorders

- Affective disorders are common mental diseases characterized by mood disturbance.
  - F30-F39
- Major depressive disorders:
  - F32-, Major depressive disorder, single episode
  - F33-, Major depressive disorder, recurrent

Similar to ICD-9-CM

Subdivided with the current severity of the disorder:
- mild
- moderate
- severe without psychotic features
- severe with psychotic features
- in partial or unspecified remission
- in full remission

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Bipolar Disorders

- Divided into various types according to the symptoms displayed, as follows:
  - F30-, Manic episode
    - Further subdivided to identify the severity of the current episode and to indicate that psychotic symptoms are involved.
  - F31-, Bipolar disorder
    - Further subdivided to specify the severity of the current episode and whether psychotic features are involved.
  - F34-, Persistent mood [affective] disorders
  - F39, Unspecified mood [affective] disorder
Nonpsychotic Mental Disorders

- A variety of anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders are classified in categories F40-F48.
- These include such conditions as phobic anxiety disorders, reaction to stress, dissociative and conversion disorders, somatoform disorders, and other nonpsychotic mental disorders.
Anxiety Disorders

- Common manifestations include panic disorders, phobias, chronic generalized anxiety disorder, obsessive-compulsive disorder, and post-traumatic disorder.
- Assign categories:
  - F40, Phobic anxiety disorders
  - F41, Other anxiety disorders
  - F42, Obsessive-compulsive disorder
Reactions to Stress

• ICD-10-CM provides category F43 for reaction to severe stress and adjustment disorders.
  – Code F43.0 classifies acute reaction to stress:
    • A result of experiencing or witnessing a traumatic event that causes extreme fear, stress, or pain.
  – Subcategory F43.1 for post-traumatic stress disorder:
    • Fifth character for unspecified, acute, or chronic;
    • Effect of an event that results in psychological trauma that is more enduring than commonly seen acute stress response.

• Subcategory F43.2 for adjustment disorders:
  – Fifth character for nature of reaction;
  – Usually associated with a less intense stressor.
Dissociative Disorders

• Involve disruptions or breakdowns of memory, awareness, identity, and/or perception:
  – F44.0, Dissociative amnesia
  – F44.1, Dissociative fugue
  – F44.2, Dissociative stupor
  – F44.81, Dissociative identity disorder
Conversion Disorders

- Involve neurological symptoms with exclusion of neurological disease or feigning, and the determination of a psychological mechanism:
  - F44.4, Conversion disorder with motor symptom or deficit
  - F44.5, Conversion disorder with seizures or convulsions
  - F44.6, Conversion disorder with sensory symptom or deficit
  - F44.7, Conversion disorder with mixed symptom presentation
Somatoform Disorders

• Mental disorders characterized by physical symptoms that mimic physical disease or injury for which there is no identifiable physical cause.

• Caused by mental factors.

• Assign category F45, Somatoform disorders:
  – F45.41, for pain that is exclusively related to psychological factors.
    • Do not assign a code from category G89, Pain, not elsewhere classified, with code F45.41.
  – F45.42, for when there is a documented psychological component for the acute or chronic pain.
    • A code from category G89 may be assigned.
Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors

- Categories F50-59
- These codes are not assigned when the conditions are present due to a mental disorder classified elsewhere or are of organic origin:
  - F50, Eating disorders
  - F51, Sleep disorders not due to a substance or known physiological condition
  - F52, Sexual dysfunction not due to a substance or known physiological condition
  - F53, Puerperal psychosis
– F54, Psychological and behavioral factors associated with disorders or diseases classified elsewhere:
  • Code first the associated physical disorder when the condition is psychogenic in origin.
– F55, Abuse of non-psychoactive substances
– F59, Unspecified behavioral syndromes associated with physiological disturbances and physical factors
Substance Abuse Disorders

- Classified as mental disorders in categories F10-F19.
- Although the terms “abuse” and “dependence” may be used interchangeably in certain treatment programs, they are actually quite different conditions and are coded differently in ICD-10-CM.
Alcohol Dependence, Abuse and Use

- F10.1 is assigned for alcohol abuse.
  - Y90- may be assigned as an additional code for the blood alcohol level.
- F10.2 is assigned for alcohol dependence.
  - Alcohol dependence is differentiated from alcohol abuse by the presence of symptoms such as tolerance and withdrawal.
- F10.9 is assigned if alcohol use is documented without further specificity as to abuse or dependence.
Uncomplicated intoxication
Intoxication delirium
Unspecified delirium
Alcohol-induced mood disorder
Alcohol-induced psychotic disorder
- With delusions
- With hallucinations
- Unspecified
Other alcohol-induced disorders
- Alcohol-induced anxiety disorder
- Alcohol-induced sexual dysfunction
- Alcohol-induced sleep disorder
Polling Question #4

ICD-10-CM provides subcategory F10.9, Alcohol use, unspecified. When should a code from this subcategory be assigned?

Options:
1. If a patient drinks beer every day
2. If a patient drinks wine more than 3 times a week
3. If a patient drinks socially
4. If a patient’s alcohol use is documented as being associated with a mental/behavioral disorder, such as anxiety
ICD-10-CM provides codes for psychoactive substance use:
- F10.9, F11.9, F12.9, F13.9, F14.9, F15.9, and F16.9

Assigned only based on provider documentation, and only when they meet the definition of a reportable diagnosis.

Used only when the psychoactive substance use is associated with a mental/behavioral disorder and when a relationship is documented by the provider.
Drug Dependence and Abuse

- Classified by class of drug:
  - F11, Opioid
  - F12, Cannabis
  - F13, Sedative, hypnotic or anxiolytic
  - F14, Cocaine
  - F15, Other stimulant
  - F16, Hallucinogen
  - F17, Nicotine
  - F18, Inhalant
  - F19, Other psychoactive substance

- Fourth characters indicate:
  - Nondependent abuse (1)
  - Dependence (2)
  - Unspecified (9)

  For example: F11.1- Opioid abuse

- Fifth and sixth characters indicate additional complexity:

  For example: F11.151 Opioid abuse with opioid-induced psychotic disorder with hallucinations
More Specific Drug Dependence, Abuse and Use Combination Codes in ICD-10-CM

Example for opioid:

- Uncomplicated
- With intoxication
  - Intoxication delirium
  - With perceptual disturbance
  - Unspecified intoxication
- Opioid-induced mood disorder
- Opioid-induced psychotic disorder
  - With delusions
  - With hallucinations
  - Unspecified
- Other opioid-induced disorders
  - Opioid-induced sexual dysfunction
  - Opioid-induced sleep disorder
  - Other opioid induced disorder

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Only one code should be assigned for pattern of use, abuse, and dependence of the same substance based on the following hierarchy:

- Assign only code for abuse when both use and abuse are documented.
- Assign only code for dependence when both abuse and dependence are documented.
- Assign only code for dependence when use, abuse, and dependence are documented.
- Assign only code for dependence when use and dependence are documented.
Coding of Poisoning, Adverse Effects and Underdosing
Location of Codes Associated with Poisoning, Adverse Effects and Underdosing

- Locate codes by referring to the ICD-10-CM Table of Drugs and Chemicals.
- Alphabetical listing of drugs and other chemicals on the far left of the table:
  - First column on the right lists the accidental poisoning code for the substance.
  - Remaining columns provide codes for poisoning for the other external circumstances (intentional self-harm, assault and undetermined), for adverse effect and for underdosing.
# ICD-10-CM Table of Drugs and Chemicals

<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning, Accidental (unintentional)</th>
<th>Poisoning, Intentional self-harm</th>
<th>Poisoning, Assault</th>
<th>Poisoning, Undetermined</th>
<th>Adverse effect</th>
<th>Underdosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-propanol</td>
<td>T51.3X1</td>
<td>T51.3X2</td>
<td>T51.3X3</td>
<td>T51.3X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2-propanol</td>
<td>T51.2X1</td>
<td>T51.2X2</td>
<td>T51.2X3</td>
<td>T51.2X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2,4-D(dichlorophen-oxyacetic acid)</td>
<td>T60.3X1</td>
<td>T60.3X2</td>
<td>T60.3X3</td>
<td>T60.3X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2,4-toluene diisocyanate</td>
<td>T65.0X1</td>
<td>T65.0X2</td>
<td>T65.0X3</td>
<td>T65.0X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2,4,5-T(trichloro-phenoxyacetic acid)</td>
<td>T60.1X1</td>
<td>T60.1X2</td>
<td>T60.1X3</td>
<td>T60.1X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>14-hydroxydihydro-morphinone</td>
<td>T40.2X1</td>
<td>T40.2X2</td>
<td>T40.2X3</td>
<td>T40.2X4</td>
<td>T40.2X5</td>
<td>T40.2X6</td>
</tr>
<tr>
<td>ABOB</td>
<td>T37.5X1</td>
<td>T37.5X2</td>
<td>T37.5X3</td>
<td>T37.5X4</td>
<td>T37.5X5</td>
<td>T37.5X6</td>
</tr>
<tr>
<td>Abrine</td>
<td>T62.2X1</td>
<td>T62.2X2</td>
<td>T62.2X3</td>
<td>T62.2X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Abrus(seed)</td>
<td>T62.2X1</td>
<td>T62.2X2</td>
<td>T62.2X3</td>
<td>T62.2X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Absinthe</td>
<td>T51.0X1</td>
<td>T51.0X2</td>
<td>T51.0X3</td>
<td>T51.0X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>- beverage</td>
<td>T51.0X1</td>
<td>T51.0X2</td>
<td>T51.0X3</td>
<td>T51.0X4</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

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• If a specific drug cannot be located in the Table, it may usually be found by the generic name or the drug class or type.

• Codes should not be assigned directly from the Table of Drugs and Chemicals without verification in the Tabular List.
  – There may be important instructional notes in the Tabular List
Poisoning and Adverse Effects of Drugs

- Conditions due to drugs and medicinal and biological substances are classified to T36-T50.
- Combination codes that specify both the responsible substance and whether it is a poisoning (including the intent, e.g., accidental), an adverse effect, or an underdosing, with the fifth or sixth character used to specify the following:
  - 1 Poisoning, accidental (unintentional)
  - 2 Poisoning, intentional self-harm
  - 3 Poisoning, assault
  - 4 Poisoning, undetermined
  - 5 Adverse effect
  - 6 Underdosing
### Sample Tabular List

**T40** Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics [hallucinogens]

- Excludes2: drug dependence and related mental and behavioral disorders due to psychoactive substance use (F10.-
  - F10.-)

The appropriate 7th character is to be added to each code from category T40:
- A - initial encounter
- D - subsequent encounter
- S - sequela

#### T40.0 Poisoning by, adverse effect of and underdosing of opium

- **T40.0X** Poisoning by, adverse effect of and underdosing of opium
  - **T40.0X1** Poisoning by opium, accidental (unintentional) 
    - Poisoning by opium NOS
  - **T40.0X2** Poisoning by opium, intentional self-harm
  - **T40.0X3** Poisoning by opium, assault
  - **T40.0X4** Poisoning by opium, undetermined
  - **T40.0X5** Adverse effect of opium
  - **T40.0X6** Underdosing of opium

**7th character**

**Intent**
Poisoning and Adverse Effects of Drugs (cont.)

- Toxic effects of substances chiefly nonmedicinal as to source are classified to categories T51 through T65.
  - Combination codes that specify the responsible substance as well as the intent (e.g., accidental).
  - Adverse effect and underdosing are not applicable to toxic effects.
- Categories T30- through T65 require seventh-character values
  - “A” for initial encounter
  - “D” for subsequent encounter, and
  - “S” for sequela.
Poisoning and Adverse Effects of Drugs (cont.)

- If correct substance is administered as prescribed, the condition is classified as adverse effect.
- If substance is used incorrectly, classify as a poisoning (with the appropriate fifth or sixth character 1-4 depending on intent of the poisoning).
- The determination of poisoning versus adverse effect is based on how the substance was used.
• ICD-10-CM distinguishes between adverse effects of drugs administered correctly and poisoning.

• Using the prescribed medication less frequently than prescribed, in smaller amounts, or not using the medication as instructed by the manufacturer is not coded as poisoning, but as underdosing.

• When the drug is correctly prescribed and properly administered, sequence the nature of the adverse effect code first, followed by an additional code for the adverse effect of the drug (T36-T50 with fifth or sixth character 5).
• When the condition results from the interaction of two or more therapeutic drugs, each used correctly, code as an adverse effect.
  – Each drug is coded individually unless there is a combination code in the Table of Drugs and Chemicals.
• When the condition is a poisoning, the poisoning code is sequenced first, followed by additional codes for all manifestations.
• When no intent of poisoning is indicated, assign the code for accidental poisoning.
• Codes for undetermined poisoning (fifth or sixth character 4) are used when there is specific documentation that the intent of the poisoning cannot be determined.
• If there is also a diagnosis of abuse of or dependence on the substance, the abuse or dependence is also coded.
Poisoning

- The condition is coded as a poisoning, if the documentation states an error in dosage or administration.
- Terms indicating poisoning:
  - Wrong medication given or taken.
  - Error made in drug prescription.
  - Wrong dosage given or taken.
    - Unless specified as underdosing or lower dosage than prescribed
  - Intentional drug overdose.
  - Nonprescribed drug taken with correctly prescribed and properly administered drug.
Poisoning (cont.)

- Poisoning code is sequenced first, followed by the code for the manifestation.
- Coding advice based on the chapter-specific guideline providing such direction.
- Advice applies even when the poisoning has already been addressed and patient transferred to another facility.
Poisoning (cont.)

• Code as poisoning when a condition results from interaction of a therapeutic drug used correctly with a nonprescription drug and/or alcohol.
  – Report poisoning codes for each drug.
• Coding example:
  – Coma due to adverse reaction to Valium taken correctly with two martinis:
    • T51.0x1A Poisoning due to alcohol, accidental
    • T42.4x1A Poisoning due to Valium, accidental
    • R40.20 Coma
• An acute condition due to a reaction resulting from the interaction of alcohol and a drug(s), or a drug involved in abuse or dependence, is classified as a poisoning.
• Assign additional codes for both the acute manifestation of the poisoning and dependence or abuse.
• Chronic conditions related to alcohol or drug abuse or dependence are not classified as poisoning.
• Sequence the code for the chronic condition first, followed by a code for the abuse or dependence. For example:
  – Alcoholic cirrhosis of the liver; chronic alcohol dependence: K70.30 + F10.20
  – Alcoholic hepatitis; chronic alcohol dependence, episodic: K70.10 + F10.20
  – Drug-induced depressive state due to cocaine abuse: F14.14
Polling Question #5

Using the sample page from the Tabular List on the next slide, what would be the code for a patient who is brought to the emergency department after having overdosed on Paregoric in a suicide attempt?

– (Hint: Poisoning, adverse effect and underdosing with Paregoric is classified to T40.0, opium)

Answer:
1. T40.0x2
2. T40.0x2A
3. T40.0x1
4. T40.0x2D
Sample Tabular List

T40 Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics [hallucinogens]

Excludes2: drug dependence and related mental and behavioral disorders due to psychoactive substance use (F10.- F19.-)

The appropriate 7th character is to be added to each code from category T40
A - initial encounter
D - subsequent encounter
S - sequela

T40.0 Poisoning by, adverse effect of and underdosing of opium

T40.0X Poisoning by, adverse effect of and underdosing of opium

T40.0X1 Poisoning by opium, accidental (unintentional)
Poisoning by opium NOS

T40.0X2 Poisoning by opium, intentional self-harm

T40.0X3 Poisoning by opium, assault

T40.0X4 Poisoning by opium, undetermined

T40.0X5 Adverse effect of opium

T40.0X6 Underdosing of opium
• When two or more drugs or medicinal or biological substances are responsible for a poisoning, adverse effect, underdoing or toxic effect:
  – Code each individually unless the same code would describe the causative agent for more than one adverse reaction, poisoning, toxic effect or underdosing.

• Coding example:
  – Supraventricular premature beats secondary to use of prescribed digitalis and Valium, initial encounter
    • I49.1 + T46.05x5A + T42.4x5A
Late Effect of Poisoning, Adverse Effects and Underdosing

- When coding the late effects of a poisoning, sequence the code for the drug or substance first:
  - T36-T65 with the seventh character “S” for sequela
  - Specify the sequela as an additional code
- When coding the late effects of an adverse effect, sequence the nature of the adverse effect first, followed by:
  - T36-T50 with the fifth or sixth character 5 with the seventh character “S” for sequela
AHA Resources

- ICD-10 audio-seminar series
- ICD-10 CEO Briefing
- ICD-10 Member Regulatory Advisories
- Coding Clinic for ICD-10-CM and ICD-10-PCS
- ICD-10-CM and ICD-10-PCS Coding Handbook
- AHA Central Office ICD-10 Resource Center

http://www.ahacentraloffice.org/ICD-10
Other ICD-10 Resources

Centers for Medicare & Medicaid Services (CMS)
http://www.cms.gov/ICD10/

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov/nchs/icd/icd10cm.htm

American Health Information Management Association (AHIMA)
www.ahima.org/icd10
Questions?