ICD-10-CM: MENTAL HEALTH
PART II

AGENDA

Goal: Participants will be able to understand the principles of ICD-10-CM coding related to mental health

• Chapter 5: Mental and Behavioral Disorders
• Chapter 12: Diseases of the Skin and Subcutaneous Tissue
• Chapter 18: Signs and Symptoms
• Chapter 19: Injury and Poisonings
• Chapter 20: External Causes
• Chapter 21: Factors Influencing Health Status and Contact with Health Services

CHAPTER 5

MENTAL AND BEHAVIORAL DISORDERS
• Includes psychological disorders, but excludes signs and symptoms
• Many exclude1 and exclude2 notes
• Important to distinguish between disorder and behavior
  • Example: Hallucinations (R44) and hallucinations in a psychotic disorder (F20-F29).

ICD-10 AND MENTAL HEALTH CODING
• Changes were made to code titles to replaced anachronistic terminology
• Terminology and concepts harmonized with DSM-IV-TR
  • Because of timing, some new disorders in DSM-5 may not be specifically indexed or have unique codes in ICD-10-CM
  • ICD-10 and DSM-5 “should be thought of as companion publications” – American Psychiatric Association
• 5th digit sub-classification for schizophrenia has been eliminated

CODING FOR SUBSTANCE ABUSE
• Substance abuse no longer classified as continuous or episodic
• Unique codes for alcohol and drug use, abuse, and dependence
• Combination codes for alcohol/substance abuse and associated conditions
• “Other disorders” with substance abuse/dependence refer only to psychological disorders, not physical ones
SUBSTANCE ABUSE/USE/DEPENDENCE

When the provider documentation refers to use, abuse, and dependence of the same substance, only one code should be assigned:

- Use + abuse = assign code for abuse
- Abuse + dependence = assign code for dependence
- Use + dependence = assign code for dependence
- Use + abuse + dependence = assign code for dependence

Coding Note:
For categories F70-F79, Intellectual Disabilities, code first any physical or developmental disorders.

ICD-10-CM

ORGANIZATION OF CHAPTER 5

- F01-F09: Mental disorders due to physiological conditions
- F03-F09: Disorders due to substance use
- F20-F20: Schizophrenia, schizotypal, delusional, other non-mood psychotic disorders
- F30-F39: Mood (affective) disorders
- F40-48: Anxiety, dissociative, stress-related, somatoform, other nonpsychotic disorders
- F50-F59: Behavioral syndromes with physical factors
- F60-F69: Adult personality disorders
- F70-79: Intellectual disabilities
- F80-89: Specific developmental disorders
- F90-98: Disorders with onset in childhood & adolescence
F01-F03: DEMENTIA

- Vascular, classified elsewhere, or unspecified
- With or without behavioral disturbance
- Code first underlying condition
- Excludes1: dementia with Parkinsonism (G31.83)
- Excludes2: dementia in alcohol and psychoactive substance disorders
- F03: Senile dementia NOS

F30-F39: MOOD DISORDERS

- Bipolar and depression subdivided into mild, moderate, severe, or unspecified
- Severe with or without psychotic features
- Bipolar classified by current episode
  - Manic
  - Depressed
  - Mixed
  - In remission
- Depression classified by single episode, recurrent, or in remission

SCENARIO 11

Code for counseling for nicotine dependence (cigarettes).

Z71.6 Counseling, for, tobacco use

F17.210 Dependence, nicotine—see dependence, drug, nicotine, cigarettes.
SCENARIO 12
Multiple vitamin deficiencies due to anorexia nervosa
F50.0 Anorexia
E56.9 Deficiency, vitamin (multiple)

SCENARIO 13
Patient is a recovering alcoholic with generalized anxiety disorder
F10.21 Dependence, alcohol, with, remission
F41.1 Disorder, anxiety, generalized

SCENARIO 14
Patient has anxiety disorder due to alcohol abuse.
F10.180 Abuse, alcohol, with, anxiety disorder
SCENARIO 15
Attempted suicide, Cymbalta. Patient was treated for acute symptoms in ER. This is a follow-up appointment. On Cymbalta for severe MDD (recurrent)

T43.212D Table of Drugs and Chemicals, antidepressant, selective serotonin and norepinephrine reuptake inhibitor, poisoning, intentional self-harm, subsequent encounter

F33.2 Disorder, depressive, recurrent, severe

SCENARIO 16
Weekly counseling appointment for rape victim with PTSD.

Z69.81 Counseling (for), rape victim

F43.10 Disorder, post-traumatic stress

SCENARIO 17
Patient brought in by his sister. He was hearing voices and says he figured out it was people wearing clothing that made them invisible. His e-mail is now being monitored by the CIA, and people in the stores are really agents spying on him. He refused to go to his PCP, because she wants to steal his DNA. Based on patient’s history (significant contributions from sister), dx is paranoid schizophrenia.

F20.0 Schizophrenia, paranoid (type)
SCENARIO 18

Mother brings in her nine-year-old son for monitoring of Ritalin dose. Has ADHD (inattentive) and oppositional defiance disorder.

- Z51.81 Monitoring, therapeutic drug level
- F90.0 Disorder, attention-deficit hyperactivity, inattentive type
- F91.3 Disorder, oppositional defiance

SCENARIO 19

43-year-old male is being treated for alcohol dependence. He is receiving treatment from his PCP for chronic alcohol-related gastritis. Also has a history of cocaine dependence, but hasn’t used in 3 years.

- F10.20 Dependence, (on) (syndrome), alcohol (ethyl)(methyl) (without remission)
- K29.20 Gastritis (simple), alcoholic
- F14.21 Dependence, (on) (syndrome), drug, cocaine, in remission

SCENARIO 20

This 14-year-old male patient is brought in by his mother. She reports he has been abnormally withdrawn and depressed for a period of 8 weeks. About that time, the mother lost her job and the family had to relocate from New England to Florida for work. He is not fitting in at school. Diagnosis of depression due to adjustment disorder.

- F43.21 Disorder, adjustment, with, depressed mood.
SCENARIO 21

The 35-year-old patient comes in about her episodes of intense fear. She will be out in public when she suddenly feels closed in. She experiences palpitations, feeling like she can’t breathe, sweating, shakiness and the strong urge to flee. Dx: panic disorder with agoraphobia

F40.01 Disorder, panic, with agoraphobia

SCENARIO 22

Persistent anxiety depression in a patient with systemic lupus. She has made improvements in breaking things up into small, manageable tasks on those days she is having flares. We are continuing to work on avoiding negative self-talk.

F34.1 Depression, anxiety, persistent

M32.9 Lupus, systemic—see Lupus, systemic

SCENARIO 23

Patient has dementia due to Parkinson’s disease. He will sometimes wander from home.

G20 Dementia, with, Parkinson’s disease

[F02.81 Dementia in other diseases classified elsewhere, with behavioral disturbance]

Z91.83 Wandering, in diseases classified elsewhere
CHAPTER 12

DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

Contact dermatitis specific to:
- allergic versus irritant/substance
- Use additional code to identify drug for adverse effects
- Does not include injuries to the skin and burns (except sunburn)
- Dermatitis and eczema are used interchangeably

Coding Note: An instructional note appears in the Tabular, under codes L27.0 and L27.1, stating to use additional code for adverse effects, if applicable, to identify substance (T36-T56.)
SCENARIO 24

The patient is being treated for excessive scabbing on her hands and arms. She admits to picking her skin when she’s stressed or anxious, and can’t seem to stop. Diagnosis: skin damage due to excoriation.

R23.4 Scabs
L98.1 Excoriation, neurotic

SCENARIO 25

Patient just started on a tricyclic for depression. She has been taking it as prescribed. She states she was outside for about 15 minutes when her skin started to blister and burn. Diagnosis: drug-induced phototoxicity.

L56.0 Drug, photoxic
T43.015A Table of Drugs and Chemicals, tricyclic antidepressant, adverse effect, initial encounter
F39.0 Depression

SCENARIO 26

Patient is being seen to help with her kleptomania. When she arrives, her face is blotchy and red. She confesses that she stole make-up, and it’s what’s made her face break out. Irritant contact dermatitis and kleptomania.

L24.3 Dermatitis, contact, irritant, due to, cosmetics
T49.8x5A Table of Drugs and Chemicals, cosmetics, adverse effect
F63.2 Kleptomania
CHAPTER 18

SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS

Includes symptoms, signs, or abnormal results of clinical or other investigative procedures, and ill-defined conditions that do not have their own codes in other chapters

- Unable to establish final diagnosis
- Points equally to two or more diseases or two or more systems of the body
- Could be designated: Not Otherwise Specified, Unknown Etiology, or Transient

I.C.18.a
- Codes that describe signs and symptoms are acceptable when a definitive diagnosis has not been established by the provider.

I.C.18.b
- If the patient has a symptom not routinely found with the final diagnosis, code first the definitive diagnosis, followed by the code for the symptom.
- Signs or symptoms that are routinely found with a disease process should not be assigned as additional codes.
SYMPTOMS, SIGNS, AND ABNORMAL LABORATORY FINDINGS, NEC (R00-R99)

1. No more specific diagnosis can be made even after all facts have been investigated.
2. Signs or symptoms existing at time of initial encounter - transient and cause not determined.
3. Provisional diagnosis in patient failing to return.
4. Referred elsewhere before diagnosis made.
5. More precise diagnosis not available.
6. Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.

Patient says she feels a crawling, tingling sensation on her skin. It causes her to itch extensively, to the point of skin damage. Infectious agents and allergens were ruled out. Diagnostic paresthesia of unknown origin, itching.

R46.1 Bizarre personal appearance
R20.2 Paresthesia—see also Disturbance(s), sensation, skin, paresthesia
L29.9 Pruritus, unspecified
SCENARIO 28

Patient presents with shortness of breath, headache, heart palpations, and excessive sweating. Suspected panic attack.

R06.02 Shortness of breath
R00.2 Palpitations
R51 Headache
R61 Sweating, excessive

SCENARIO 29

Patient comes in with complaints of heartburn. He also has an elevated blood pressure reading. He says he has been under a lot of stress at work because they’re talking about laying people off. Possible hypertension. AMI and GERD are ruled out.

R12 Heartburn
R03.0 Elevated, blood pressure, reading, no diagnosis of hypertension
Z56.2 Problem (with) (related to) employment, threat of job loss

CHAPTER 19

INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES
INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES (S00- T88)

Encompasses 2 alpha characters

S: Injuries related to body region
T: Injuries to unspecified region, burns, poisonings

- Use secondary code(s) from Chapter 20 to indicate cause of injury
- Codes within T section that include the external cause do not require an additional external cause code

CHAPTER 19: INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES

I.C.19.f: Adult and child abuse, neglect, and other maltreatment

- Sequence first the appropriate code from categories T74.- or T76.-, followed by any accompanying mental health or injury code(s).
- For cases of confirmed abuse or neglect, external cause code from the assault section (X92-Y08) should be added to identify the cause of any physical injuries. A perpetrator code (Y07) should be added when the perpetrator is known. For suspected cases of abuse and neglect, do not report external cause or perpetrator code.

I.C.19.f, continued

- If a suspected case of abuse, neglect, or mistreatment is ruled out during an encounter, use a code from Z04.7-, not a code from T76.-
- If a suspected case of rape or sexual abuse is ruled out during an encounter, use a code from Z04.4-, not a code from T76.-
INITIAL ENCOUNTER

The patient is receiving active treatment for the condition:
- Surgical treatment
- Emergency department encounter
- Evaluation and treatment by a new physician

SUBSEQUENT ENCOUNTER

Patient receiving routine care during healing or recovery phase:
- Cast change or removal
- Removal of external or internal fixation device
- Medication adjustment
- X-ray to check healing status
- Other aftercare and follow-up visits following injury treatment

SEQUELA

- Complications or conditions that arise as a direct result of an injury
- "S" added only to injury code, not the code that describes the sequela
- "S" identifies injury responsible for sequela.
- Specific type of sequela (like scar) should be sequenced first, followed by injury code
Combination codes for substance and intent

- All poisoning columns (accidental, self-harm, assault, undetermined), followed by adverse effects, underdosing
- Undetermined intent is only for use when there is specific documentation in record that intent cannot be determined
- When intent is not documented, code to accidental poisoning

### POISONING, ADVERSE EFFECT, UNDERDOSE

<table>
<thead>
<tr>
<th>Poisoning</th>
<th>Overdose, wrong substance, ingesting non-medicine/non-food, or interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse effect</td>
<td>Sensitivity or reaction to correct substance properly administered</td>
</tr>
<tr>
<td>Underdosing</td>
<td>Taking less of medication than is prescribed or instructed by manufacturer</td>
</tr>
</tbody>
</table>

### SCENARIO 30

Mental health evaluation for 14-y.o male pt., admitted for observation after suicide attempt: Tramadol and Ambien

- T40.4x1A Table of Drugs and Chemicals, Tramadol, poisoning, intentional self-harm, initial encounter
- T42.6x2A Table of Drugs and Chemicals: Zolpidem poisoning, intentional self-harm, initial encounter
SCENARIO 31

16-year-old girl, brought in by her mother. The daughter has been wearing long sleeves everywhere, even though temperatures have been in the 90s. She caught pt cutting up her arms with an X-acto. Pt has multiple shallow lacerations on both arms, some healed over and some fresh. Treatment options were discussed. Pt scheduled for initial counseling appt. in 72 hours.

S51.811A Laceration, forearm, right
S51.812A Laceration, forearm, left

EXTERNAL CAUSES OF MORBIDITY

CHAPTER 20

EXTERNAL CAUSES OF MORBIDITY (V00-Y99)

- Environmental events and circumstances as the cause of injury
- Can NEVER be primary diagnosis
- May be used with any code in range A00.0-T88.9, 200-299 that is a health condition due to external cause
- Assign external cause code with appropriate seventh character for each encounter for which injury or condition is being treated
  - initial encounter
  - subsequent encounter
  - sequela
**INDEX TO EXTERNAL CAUSES**

**W01.190A, Fall on same level from tripping, with subsequent striking against furniture**

**V95.42x/A, Forced landing of spacecraft injuring occupant, initial encounter.**
Y92-PLACE OF OCCURRENCE

Use with activity code
Only on initial encounter
Only one Y92 code on record
Do not use Y92.9 if place not stated

Y92.146 Place of occurrence, swimming pool of a prison

Y93- ACTIVITY

Must use with a code from Y92
Only on initial encounter
Only one Y93 code on record
Do not use Y93.9 if activity not stated
Not applicable to poisonings, adverse effects, misadventures, or late effects
**Y99 - EXTERNAL CAUSE STATUS**

- Indicates work status
- Only on initial encounter
- Must be used with a Y92 and a Y93 code
- Do not assign code Y99.9 if status is not stated

**SCENARIO 32**

Soldier presents for first counseling appointment for PTSD. Injured on deployment by an IED, which was on the road he was patrolling.

**WHAT HAPPENED?** Y36.230A War operations, explosion, improvised explosive device

**WHERE?** Y92.410 Place of occurrence, road

**ACTIVITY?** Y93.89 Activity, specified NEC

**WHY?** Y99.1 Military activity

**SCENARIO 33**

13-year-old male jumped from the roof of his middle school. He landed head first on the concrete surface of the open courtyard. Note found in his pocket confirms suicide attempt.

**X80.xxxA** Suicide, jumping, from high place

**Y92.212** Place of occurrence, middle school
FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES

CHAPTER 21

• Factors Influencing Health Status and Contact with Health Services (Z00-Z99)
• Z Codes represent reasons for encounters

When person who may or may not be sick encounters health services for some specific purpose i.e. to receive limited care or service for current condition, receive prophylactic vaccination, discuss problem

When some circumstance or problem is present which influences person’s health status but is not a current illness or injury

If the Z code is an encounter for a procedure, remember to use corresponding procedure code—CPT, HCPCS, ICD-10-PCS, E/M
Z CODES RELATED TO MENTAL HEALTH ENCOUNTERS

- Z04.6 Encounter for general psychiatric exam, requested by authority
- Z13.4 Encounter for screening for certain developmental disorders
- Z51.81 Encounter for therapeutic drug level monitoring
- Z69- Counseling for victims or perpetrators of abuse
- Z70- Counseling related to sexual attitude, behavior, orientation
- Z71- Encounters for other counseling and medical advice NEC
- Z72- Problems related to lifestyle
- Z79- Long term (current) use of drug therapy

Z CODES RELATED TO MENTAL HEALTH ENCOUNTERS

- Death in the family
- Family member with addiction
- Estrangement
- Stress due to family member on deployment
- Unwanted pregnancy
- History of abuse
- Problems related to employment

Z62.891, Sibling rivalry
SCENARIO 34

50-year-old woman comes in seeking advice. She is the caregiver for her elderly mother, who is becoming too much for her to handle. She thinks her mother has dementia, and wonders what she should do.

Z71.0 Counseling, non-attendant third party

SCENARIO 35

Patient presents today for counseling for his Vicodin addiction. He has chronic pain in right leg, which is a complication of surgery on same leg.

Z71.51 Counseling, substance abuse, drug
F11.20 Addiction—see dependence, drug, opioid
M79.661 Pain, leg—see pain, limb, lower, lower leg
G89.28 Pain, chronic, postprocedural NEC
M96.830 Complication, postprocedural, musculoskeletal structure, following musculoskeletal surgery

THANK YOU FOR ATTENDING!