

Psychiatry Coding & Reimbursement Alert

ICD-10 Coding: Clarify What Specific ICD-10 Code You Should Report for Claustrophobia

Hint: Don't confuse fear of flying for claustrophobia.

When your psychiatrist diagnoses claustrophobia, you will have to look through the ICD-10 codes for situational phobias to arrive at the correct code for this type of phobia. You should also be aware of other codes for other types of situational phobias, as most of these phobias are similar in their signs and symptoms.

Check for Specific Code Among Situational Phobias

When your clinician diagnoses claustrophobia, you will begin your ICD-10 code selection by first checking into F40.- (Phobic anxiety disorders) and then arrive at the specific diagnosis code you will have to report for the particular phobia. As the patient is suffering from claustrophobia, you will have to check through situational type of phobias by looking at F40.2- (Specific [isolated] phobias). This section of ICD-10 codes also covers animal phobias, phobias of natural environment, injury and blood related phobias and a few other specified phobias in addition to covering situational phobias.

For situational type of phobias, you will need to check under F40.24-. Among the code choices for situational type of phobias, you have the following ICD-10 codes to report:

- F40.240 (Claustrophobia)
- F40.241 (Acrophobia)
- F40.242 (Fear of bridges)
- F40.243 (Fear of flying)
- F40.248 (Other situational type phobia).

So, when your psychiatrist arrives at a diagnosis of claustrophobia, you will need to report F40.240. Some patients with claustrophobia have fear of airplanes, and they suffer anxiety attacks as they, because they need to be confined within the aircraft, but this should not be confused with fear of flying, which is reported with F40.243.

"Codes in the F40.- series represent fear induced anxiety disorders," notes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "If the psychiatrist determines that the anxiety disorder is not phobic in nature, he or she will want to look at the F41.- series (Other anxiety disorders) for possible diagnosis codes. This includes such things as panic disorder [episodic paroxysmal anxiety] without agoraphobia (F41.0) and generalized anxiety disorder (F41.1)," Moore adds.

Focus on These Basics Briefly

Documentation spotlight: Your clinician will arrive at a diagnosis of claustrophobia based on a complete history and a complete evaluation of the patient. Your psychiatrist will perform a complete mental status examination, a complete psychiatric and medical history of the patient and family, and a review of systems along with ordering of certain lab tests and interpreting the results of certain diagnostic questionnaires.

Some of the findings that your clinician would most likely record in a patient diagnosed with claustrophobia will include panic attacks, intense fear, and anxiety when the person is in an enclosed space. Due to the fear of being in the confined

space, the person begins to feel that he/ she may not have enough oxygen in that space to breathe and feels suffocated. Usually, these patients have a past history wherein they experienced some untoward incident associated with being confined to a small space.

Due to the fear of confined spaces, the person might avoid going into places with which they are not comfortable. Some of the places that a claustrophobic person might avoid include elevators, airplanes, buses, trains, public toilets, changing rooms, small rooms, rooms with no windows, basements of buildings, tunnels, and crowded places. Usually, these people also have intense fear of undergoing MRI scans as this procedure involves being inside the confines of the machine in a very small space for a long duration (usually around 45-50 minutes).

Your clinician might note that the patient experiences fear accompanied by panic attacks so intense that the person might experience palpitations, dizziness, sweating, disorientation, high blood pressure, and increased heart rate. Many times, the patient might mistake these symptoms for a heart attack and try to seek treatment for the same in an emergency department.

Your clinician might note that the patient understands that there is no proper justification for the anxiety and fear that he/she is experiencing. Despite knowing this, the person expresses that he/she is unable to control this intense anxiety and fear. Your clinician might note that the patient's mental status in other environments and situations is otherwise normal.

As the patient shows symptoms of extreme anxiety, your psychiatrist will want to rule out other medical conditions that can precipitate symptoms of anxiety. In order to rule out other conditions that can produce similar symptoms of anxiety, your clinician might subject the patient to certain tests.

Tests: Your clinician will arrive at the diagnosis of claustrophobia based on history, signs and symptoms, and physical and mental status examination of the patient. But, as mentioned earlier, your clinician might perform certain tests to rule out the occurrence of other medical conditions or comorbid conditions that can present with similar symptoms.

Some of the tests to which your clinician might subject the patient, depending on the type of symptoms the patient is experiencing, include thyroid function tests and blood and urine tests to check the levels of calcium and sugar. Your clinician might also check for drug or other substance abuse, as these can also precipitate the feelings of anxiety in the person.

Along with this, your clinician will also check and interpret the results of certain diagnostic questionnaires. Some of the questionnaires your clinician will get the patient to answer include the claustrophobia scale and the claustrophobia questionnaire. The results of these questionnaires will help your clinician decide if the patient is suffering from claustrophobia and if so, the level of anxiety that the patient is experiencing.