

Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Be Prepared For a Simple One-to-One Transition For Dissociative Amnesia

Hint: Don't use same ICD-10 code when amnesia is just an associated symptom.

When reporting a diagnosis of dissociative amnesia with ICD-10 codes, you'll report it in the same way as you did using ICD-9 codes but resort to using a totally different code when the condition is caused due to another physiologic condition.

ICD-9: When your clinician arrives at a diagnosis of dissociative amnesia, you'll report this diagnosis with the ICD-9 code, 300.12 (Dissociative amnesia). You'll use the same diagnosis code if your psychiatrist's diagnosis is hysterical amnesia.

Reminder: You are not allowed to use 300.12 if your clinician's diagnosis is adjustment reaction (300.9-309.9); anorexia nervosa (307.1); gross stress reaction (308.0-308.9); hysterical personality (301.50-301.59); or psychophysiological disorders (306.0-306.9).

ICD-10: When you start to use ICD-10 codes on Oct.1, 2014, you'll use F44.0 (Dissociative amnesia) instead. As in ICD-9, you cannot use F44.0 for certain other mutually exclusive diagnoses (Excludes1) that your psychiatrist makes such as:

- Amnesia NOS (R41.3)
- Anterograde amnesia (R41.1)
- Retrograde amnesia (R41.2)

Other, separately reportable diagnoses that are distinct (Excludes2) from dissociative amnesia include:

- Alcohol-or other psychoactive substance-induced amnesic disorder (F10, F13, F19 with .26, .96)
- Amnesic disorder due to known physiological condition (F04)
- Postictal amnesia in epilepsy (G40.-)

Brush Up on These Basics Briefly

Documentation spotlight: Your psychiatrist will arrive at a diagnosis of dissociative amnesia 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.

Some of the findings that your clinician would most likely record in a patient with dissociative amnesia will include the patient experiencing difficulty in recollecting some vital personal information that cannot be attributed to forgetfulness of a normal nature. This forgetfulness of important information would probably lead to clinical distress along with inability to function normally in social and occupational circles.

When noting history, your clinician will usually probe to see if the patient has been the subject of physical or sexual abuse or has had disturbing and traumatic events during childhood or in the recent past.

When performing a physical and mental status examination, your clinician might note that the patient is alert and oriented with limited attention and concentration. Your clinician might also note that the patient is able to maintain limited eye contact and might also take note of lack of insight with limited judgment and reasoning. Finally, your psychiatrist might observe impairment of recent memory.

Tests: Although there are no specific diagnostic tests available for your clinician to clinch a diagnosis of dissociative

amnesia, he might still perform or order some tests to rule out other conditions or to check for substance or drug abuse. Some such tests that your psychiatrist might want to take include blood tests, urinalysis to rule out substance abuse, neuroimaging to rule out injury, and electroencephalogram (EEG) to rule out other conditions that might be causing similar symptoms.

In addition, your psychiatrist might employ structured interview and assessment questionnaires, such as the Dissociative Disorders Interview Schedule (DDIS) or the Dissociative Experiences Scales (DES), to help arrive at the diagnosis of dissociative amnesia.

The immediate care planning will include assessment of the patient for suicidal or homicidal tendencies that might require rapid attention and crisis psychotherapy. At later dates, your clinician might include planned psychotherapy to help them cope with the stressful experience that has resulted in the condition and also to help them recollect what they do not remember. Your clinician might also plan hypnotherapy to instill confidence in the patient and to help retrieve lost memory to some extent.

Example: Your psychiatrist reviews a 23-year-old female who experienced memory loss when on an educational trip to a different state. The police found her wandering around after a friend who accompanied her on the trip filed a missing persons report. When found, she appeared listless and did not have any knowledge about who she was or where she was from, nor could she remember anything about herself.

The doctor who examined her at the time found no signs of structural or neurologic abnormalities or alcohol or chemical consumption. The police found that the girl had shown some signs of physical and sexual abuse, but she was not able to recollect anything. The girl was brought home by her friend, and her family approached your psychiatrist for help.

Based on the history and signs and symptoms, your psychiatrist suspected a diagnosis of dissociative amnesia. He ordered imaging and EEG to rule out the possibility of any trauma that might have induced the symptoms. He also asked for a urinalysis to check for substance or drug abuse. When all the results of tests returned negative, your clinician performed a structured interview based on DDIS and DES that helped prove the presence of dissociative symptoms. Your clinician also assessed the patient for any suicidal tendencies.

Based on history, signs and symptoms, results of tests, and the findings of the structured interviews, your clinician was able to arrive at the diagnosis of dissociative amnesia. He planned for a series of psychotherapy sessions to help the patient and also for hypnotherapy at a later point in time.

What to report: You will report the initial diagnostic evaluation that the psychiatrist provided with 90792 (Psychiatric diagnostic evaluation with medical services). You report the diagnosis with 300.12 if you are using ICD-9 codes or report F44.0 when reporting the diagnosis with ICD-10 codes.