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Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Enjoy A Smooth Transition to F42 For Obsessive Compulsive Disorder

Observe minor changes to the list of inclusions and exclusions.

When your psychiatrist treats a patient with obsessive compulsive disorder (OCD), you'll need to know how to report the condition and the associated comorbid conditions when you begin using ICD-10 codes. Read our advice that follows to gear up for these changes when ICD-10 codes come into effect.

Observe That ICD-9 Code Includes Neurosis Type

When reporting a diagnosis of obsessive compulsive disorder, you will have to use 300.3 (Obsessive-compulsive disorders) if you are reporting the condition using ICD-9 codes. You can use the same codes when reporting a diagnosis of certain forms of neurosis, such as anancastic neurosis, compulsive neurosis, and any forms of obsessional phobias. But you cannot use this code to report a diagnosis of the obsessive-compulsive type of symptoms seen in conditions such as endogenous depression or schizophrenia or in organic states such as encephalitis.

ICD-10 Nixes Obsessional Phobias

When you begin using ICD-10 codes, 300.3,which you use to report a diagnosis of obsessive compulsive disorder in ICD-9 codes, crosswalks to F42 (Obsessive-compulsive disorder) under the ICD-10 code set. The descriptors to the codes in ICD-9 and ICD-10 remain the same.

The inclusions and exclusions under both the code sets are very similar. However, obsessional phobias that were included in ICD-9 have been eliminated in ICD-10, and the exclusions in ICD-10 also include obsessive-compulsive personality disorders which you have to report using a different code (F60.5).

Example: A 26-year-old female patient arrives at your psychiatrist's office accompanied by her husband. She complains of being overwhelmed by extreme anxiety concerning the safety of her house and family. She says that she is constantly checking over the family's whereabouts and ensuring their safety and is constantly checking the house to see if all the locks are secure. She complains that she knows that many of her thoughts are irrational, but she is not able to do much about it.

These complaints are substantiated by her husband, who also adds that her behavior is affecting their family life as well as creating problems at her workplace. A recent incident, where she just left her workplace to check on their son at day school without informing anyone, initiated her husband to take action and consult your psychiatrist for help.

Based on the assessment of symptoms on Y-BOCS and interpretations of PET scans, your psychiatrist confirms a diagnosis of obsessive compulsive disorder. He decides to provide periodic sessions of cognitive behavioral therapy along with medical management of the condition with selective serotonin reuptake inhibitors (SSRI). Your psychiatrist spent 50 minutes with the patient.

You report the psychotherapy along with evaluation and management of the patient with 90807 (Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services). You report the diagnosis of the condition with F42.