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Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Enjoy Better Specificity for Conversion Disorders in ICD-10

Hint: Look into documentation to identify the type of deficits.

When your clinician diagnoses a patient with conversion disorder, you will need to check on the type of symptoms or deficits that the patient is experiencing, as this will affect your code choice in ICD-10.

ICD-9: When your psychiatrist diagnoses a patient with conversion disorder with motor symptoms or deficit, you report it with the ICD-9 code, 300.11 (Conversion disorder). You report the same diagnosis code when your clinician diagnoses the patient with conversion hysteria or reaction; hysterical paralysis, blindness, or deafness; or hysterical astasia-abasia.

You cannot report 300.11 when your clinician diagnoses the patient with adjustment reaction. You report this from the ICD-9 code range, 309.0-309.9. When your clinician diagnoses a patient with psychophysiological disorders, you report it from the ICD -9 range 306.0-306.9 instead of 300.11. If your clinician's diagnosis is hysterical personality, you report from the range, 301.50-301.59 instead of 300.11. For gross stress reaction, you report from the range, 308.0-308.9.

ICD-10: When you switch to using ICD-10 codes, you report F44.4 (Conversion disorder with motor symptom or deficit) instead of 300.11 for a patient with this particular condition. Unlike ICD-9, ICD-10 has very specific codes for reporting a conversion disorder with particular symptoms or deficits. So, you will have to look through documentation to check if the patient has signs of motor deficit or sensory deficit or is just experiencing seizures and convulsions as your code choice in ICD-10 will depend on it.

If the patient shows signs of sensory deficit, you report it with F44.6 (Conversion disorder with sensory symptom or deficit). For a diagnosis of conversion disorder with seizures or convulsions, you report F44.5 (Conversion disorder with seizures or convulsions).

"Note that if the patient has mixed symptom presentation, you can use F44.7 (Conversion disorder with mixed symptom presentation)," points out **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "If the patient has a specified conversion disorder that does not fit any of these categories, you can resort to F44.89 (Other dissociative and conversion disorders), and if the clinician does not specify the conversion disorder, you are left with F44.9 (Dissociative and conversion disorder, unspecified)."

You will also use F44.4 if your clinician diagnoses the patient with dissociative motor disorder; psychogenic aphonia; or psychogenic dysphonia. As with ICD-9, F44- can be used for a diagnosis of conversion hysteria or reaction and also for hysterical psychosis.

Brush up on These Basics Briefly

Documentation spotlight: Your clinician will arrive at a diagnosis of conversion disorder with motor symptoms or deficit 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.

Some of the findings that your clinician would most likely record in a patient diagnosed with conversion disorder with motor deficits will include presence of deficits that affect voluntary motor function, which are suggestive of a neurological condition or some other systemic condition. Your clinician will note that these deficits or symptoms are not caused intentionally by the patient, and this will help your clinician differentiate this condition from other conditions, such as factitious disorder or malingering.

Your clinician might note that the patient had experienced some form of stress that might be contributing to the occurrence of the symptoms or deficits that are observed in the patient. Your clinician might also note a history of previous sexual or physical abuse.

Upon physical examination and mental status examination, your clinician will not be able to find any explanation to the occurrence of the symptoms or deficits that are found in the patient. If your clinician suspects conversion disorder, he will want to differentiate it from other similar disorders, such as factitious disorder, somatoform disorder, or malingering. He might also want to check if the symptoms are occurring secondary to any other psychiatric condition, such as depression or anxiety.

Tests: Due to the presence of symptoms or deficits that seem to be occurring as a result of a neurological disorder or some other systemic condition, your clinician will order diagnostic tests, such as complete blood count, erythrocyte sedimentation rate (ESR), thyroid tests, and urinalysis. He might also order imaging studies, such as MRI of the brain, EEG, ECG, and holter monitoring. All these tests are aimed at understanding if there are any neurological conditions or other medical conditions that are causing the symptoms. When the presence of any such condition is ruled out, your clinician will be able to clinch the diagnosis of conversion disorder.

Your clinician might also undertake hypnosis or narcosynthesis with sodium amytal to help gather information and to confirm the diagnosis of conversion disorder. Your clinician might also use the sodium amytal interview to help the patient overcome the psychogenic motor weakness.

The care planning will include consultation with other specialists, behavioral therapy to help the patient overcome the symptoms, insight oriented supportive therapy to help the patient identify triggers that might be responsible for the symptoms, and psychodynamic therapy to help in the treatment of the condition. Your clinician might also plan family therapy to help the family members get better knowledge of the condition and to help them understand how their behavior and interactions can help in the therapy.