

Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Enjoy One-to-One Crosswalk For Adjustment Disorder With F43.2

Hint: Use different ICD-10 codes for separation anxiety & PTSD.

When your psychiatrist diagnoses adjustment disorder, you will have to report from an expanded choice based on other mental health symptoms the patient is suffering from. You have one-to-one crossover codes from ICD-9 albeit with simplified choice for patients also suffering from depressed mood.

ICD-9: When reporting a diagnosis of adjustment disorder, you begin with the ICD-9 parent code 309 (Adjustment reaction). You report with an expansion of 309 depending on the presence of other associated symptoms such as depression, anxiety, disturbances of conduct and emotion. You can report from an expansion of 309.x even if your clinician diagnoses the patient with adjustment (reaction) to chronic stress or adjustment disorder. However, you cannot use 309.x if your clinician diagnoses the patient with acute reaction to major stress (308.0-308.9) or neurotic disorders (300.0-300.9).

The base ICD-9 code 309 expands into the following options depending on the presence of other mental health symptoms:

- 309.0 (Adjustment disorder with depressed mood)
- 309.1 (Adjustment reaction with prolonged depressive reaction)
- 309.2 (Adjustment reaction with predominant disturbance of other emotions)
- 309.3 (Adjustment disorder with disturbance of conduct)
- 309.4 (Adjustment disorder with mixed disturbance of emotions and conduct)
- 309.8 (Other specified adjustment reactions)
- 309.9 (Unspecified adjustment reaction)

Depending on the type of emotional disturbance, 309.2 expands into the following six choices using a 5th digit:

- 309.21 (Separation anxiety disorder)
- 309.22 (Emancipation disorder of adolescence and early adult life)
- 309.23 (Specific academic or work inhibition)
- 309.24 (Adjustment disorder with anxiety)
- 309.28 (Adjustment disorder with mixed anxiety and depressed mood)
- 309.29 (Other adjustment reactions with predominant disturbance of other emotions)

The ICD-9 code, 309.8 also expands using a fifth digit into the following four choices:

- 309.81 (Posttraumatic stress disorder)
- 309.82 (Adjustment reaction with physical symptoms)
- 309.83 (Adjustment reaction with withdrawal)
- 309.89 (Other specified adjustment reactions)

ICD-10: When you begin using ICD-10 codes on or after Oct. 1, 2015, and your psychiatrist diagnoses adjustment disorder, you will have to begin with the code F43.2- (Adjustment disorders). You will use the same ICD-10 code if your clinician diagnoses the patient with culture shock, grief reaction, or hospitalism in children.

As in ICD-9, based on the presence of other mental health symptoms, F43.2- expands into the following seven choices:

- F43.20 (Adjustment disorder, unspecified)
- F43.21 (Adjustment disorder with depressed mood)
- F43.22 (Adjustment disorder with anxiety)
- F43.23 (Adjustment disorder with mixed anxiety and depressed mood)
- F43.24 (Adjustment disorder with disturbance of conduct)
- F43.25 (Adjustment disorder with mixed disturbance of emotions and conduct)
- F43.29 (Adjustment disorder with other symptoms)

ICD-10 change: You cannot use F43.2- for reporting separation anxiety, emancipation disorder or specific academic or work inhibition. You will report separation anxiety with F93.0 (Separation anxiety disorder of childhood). For emancipation disorder and specific academic or work inhibition, you will report it F94.8 (Other childhood disorders of social functioning).

For patients suffering from depressive symptoms along with adjustment disorder, you will no longer have to worry about how long these depressive symptoms have been present. The two ICD-9 codes, 309.0 and 309.1 crosswalks to a single ICD-10 code, F43.21. So, you will now have a simplified choice in ICD-10.

You cannot report posttraumatic stress disorder (PTSD) or adjustment reaction with physical symptoms or withdrawal with F43.2-. You report PTSD with F43.1- (Post-traumatic stress disorder [PTSD]) and adjustment reaction with physical symptoms or withdrawal with F43.8 (Other reactions to severe stress).

Focus on These Basics Briefly

Documentation spotlight: Your psychiatrist will arrive at a diagnosis of adjustment disorder 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 and interpretation of screening and evaluation questionnaires.

Some of the findings that your clinician would most likely record in a patient with adjustment reaction will include anxiety, worry, depressed mood, insomnia, disturbances to sleep, sadness, irritability, lack of self esteem, and decreased levels of concentration. Your clinician will usually note a history of stressful experience in the recent past.

Your clinician might also note the presence of suicidal tendencies in the patient and will address this as a priority if such tendencies are present.

Tests: Your psychiatrist will not find any important findings of note from a physical examination that will help distinguish a patient with adjustment disorder. Also, there are no specific tests that will help identify a diagnosis of adjustment disorder.

However, your clinician will make use of screening tools like the impact thermometer and distress thermometer to help arrive at a diagnosis of adjustment disorder.

The care planning will include crisis psychotherapy if the patient has suicidal tendencies. Apart from this, your clinician might plan on cognitive and interpersonal psychotherapy. Your psychiatrist might also plan on family and group psychotherapy. Along with this, the patient might also be prescribed medication such as benzodiazepines or SSRIs to help alleviate anxiety and symptoms of insomnia.