

Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Enjoy Simple Crosswalk for Tourette Syndrome With F95.2

Hint: Use different codes if your clinician diagnoses tics of organic origin.

When your clinician reviews a patient with Tourette syndrome, you report it in a similar way as you did in ICD-9. While there is a one-to-one crossover code for this syndrome, you need to use other codes for isolated tics and for tics of organic origin.

ICD-9: If your psychiatrist's diagnosis is Tourette syndrome, you report it with the ICD-9 code, 307.23 (Tourette's disorder). You report the same diagnosis code if your clinician diagnoses a patient with motor-verbal tic disorder. A note to this ICD-9 code states that "this category [307] is intended for use if the psychopathology is manifested by a single specific symptom or group of symptoms which is not part of an organic illness or other mental disorder classifiable elsewhere."

Caveat: Thus, you cannot use 307.23 if your clinician diagnoses the condition as "tics of organic origin." You report this with 333.3 (Tics of organic origin). You also cannot use 307.23 for a diagnosis of stereotypes such as head banging and body rocking occurring in isolation. You report this with 307.3 (Stereotypic movement disorder). Also, when the patient exhibits isolated tics such as thumb sucking, nail biting or hair plucking, you cannot report 307.23. You report these with 307.9 (Other and unspecified special symptoms or syndromes not elsewhere classified).

ICD-10: When you begin using ICD-10 codes after Oct. 2015, you report a diagnosis of Tourette syndrome with F95.2 (Tourette's disorder). You report the same diagnosis code if your clinician's diagnosis is Tourette's syndrome or combined vocal and multiple motor tic disorder [de la Tourette].

F95.2 is in the category of disorders whose onset usually occurs in childhood or adolescence. However, even though these conditions begin either during the childhood or adolescence, you can still use these codes throughout the patient's life as the condition might not be diagnosed until much later in life.

Caveat: As with ICD-9 codes, if your clinician diagnoses a patient with tics of organic origin, you report this with G25.69 (Other tics of organic origin). If the patient exhibits a tic such as hair plucking, you report it with F63.3 (Trichotillomania) instead of F95.2.

Review These Basics Briefly

Documentation spotlight: Your psychiatrist will arrive at a diagnosis of Tourette's syndrome 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 Tourette's syndrome will include that the patient exhibits motor or phonic tics (involuntary or partially voluntary abnormal movements or vocalization). Some types of tics that your clinician might record in a patient suffering from Tourette's syndrome will include:

- Simple motor tics (repeated blinking of eyes, rolling the eyes, head jerking, abnormal neck movement, contracting the stomach, etc.)
- Complex motor tics (touching things, touching oneself or others, jumping, kicking, making gestures or imitating others, etc.)
- Simple phonic tics (coughing, clearing up the throat often, making grunting noises, etc.)

- Complex phonic tics (cursing, repeating other people's words, making loud sounds, hurling obscenities, etc.)

Your clinician might note in the patient's documentation that these tics may be occurring concurrently, although this is not necessarily so. When recording history, your clinician will note that these tics will typically have an onset during childhood or adolescence. Also, he might note that the severity of the tics and the type of tics that the patient has been exhibiting may differ at different times.

Upon examination, your clinician might note that the patient may not exhibit the tics, and your clinician might have to resort to getting a family member to record these tics and ask them to provide the video, so he can assess the patient better.

From history and assessment of the signs and symptoms, if your clinician suspects a diagnosis of Tourette's syndrome, he or she would also want to assess the patient for other conditions, such as obsessive-compulsive disorder (OCD) and attention deficit hyperactivity disorder (ADHD). Your psychiatrist might want to assess for these conditions, because they occur concurrently in many patients suffering from Tourette's disorder.

Tests: Your clinician usually diagnoses Tourette's syndrome based on history and assessment of the patient's mental status and the signs and symptoms. Some of the tests that your clinician might want to perform in a patient suspected to be suffering from Tourette's syndrome include a slit lamp examination and imaging studies.

Apart from these tests, your clinician might also want to evaluate the patient through questionnaires such as the Yale Global Tic Severity Scale (YGTSS), which will help your clinician assess the severity of the condition. This scale will also help your clinician in assessing the various treatment options that can be considered for the particular patient.

The care planning will include pharmacological treatment with antipsychotic drugs. Your clinician will also plan to perform behavioral psychotherapy.