Psychiatry Coding & Reimbursement Alert

ICD-10 Update: F34.0 Allows Straightforward Crossover For Cyclothymia in ICD-10

Hint: The inclusions and exclusions lists are also similar to corresponding ICD-9 code.

When you begin using ICD-10 codes on or after Oct.1, 2014, you will not need to sway away much from the way you have been reporting a diagnosis of cyclothymic disorder using the ICD-9 coding system.

ICD-9: You'll use 301.13 (Cyclothymic disorder) to report a diagnosis of cyclothymia. You will use the same diagnosis code if your clinician mentions the diagnosis as cycloid personality, cyclothymic personality, or, as noted, cyclothymic disorder. If your clinician diagnoses any associated neurosis, psychosis, or a physical condition, you'll have to report this separately using the appropriate additional code to identify it.

However, you cannot report 301.13 if the diagnosis is affective psychotic disorders (296.0x-296.9x), or neurasthenia (300.5) or neurotic depression (300.4).

ICD-10: When you begin using ICD-10 codes, a diagnosis of cyclothymic disorder that you report using ICD-9 code 301.13 will crosswalk to F34.0 (Cyclothymic disorder). The inclusions list is relatively the same and includes a diagnosis of affective personality disorder, cycloid personality, cyclothymia, and cyclothymic personality.

Focus on These Basics Briefly

Documentation spotlight: Your psychiatrist will arrive at a diagnosis of cyclothymic disorder based on a complete history and an evaluation of the person's signs and symptoms. Your psychiatrist will perform a complete mental status examination, a complete psychiatric and medical history of the patient and family, a review of systems, and ordering and interpreting diagnostic tests.

Your psychiatrist will note observations based on criteria specified by Diagnostic and Statistical Manual of Mental Disorders (DSM) in the patient documentation. Some of the criteria that will point your psychiatrist towards cyclothymic disorder will include:

- The patient has suffered periodic episodes of depression and hypomania (elevated mood) for a period of at least two years and stability of the mood in between is less than two months duration
- These mood shifts have affected the patient's performance in social surroundings and at work
- These mood shifts have not been caused due to any other physical or mental ailments or due to any form of substance abuse
- The mood shifts are not so extreme as to meet the criteria for major depression or mania

If your clinician suspects cyclothymic disorder, he will try to rule out other systemic conditions or mental health conditions that could cause similar symptoms. Your clinician will use the observations made during a physical exam, and use results of lab tests such as a complete blood count, thyroid tests and urinalysis to help rule out other conditions that might be causing these symptoms and also help rule out substance abuse.

Your psychiatrist will also get the patient and family members to fill out assessment questionnaires. Based on the replies to these questionnaires, history, observations made during physical exam and test results, your clinician will be able to arrive at a diagnosis of cyclothymic disorder.

The care planning will include medical management with lithium that helps stabilize mood, anti-psychotic drugs, and anti-anxiety medication to help reduce disturbance of sleep. Your psychiatrist will also use cognitive behavioral therapy

and group therapy to help overcome the feelings of negativity and to improve social skills and communication. Your clinician might also plan family therapy to help the family understand the person's mental health issue and to help identify and overcome issues that might be contributing to the problem.

Example: Our psychiatrist is called to review a 39-year-old male patient who was admitted in the emergency department of our hospital. The patient was admitted to the hospital after his mother called 911 because the patient had been talking about suicide, although he had not made any attempts to kill himself.

The mother explained to our psychiatrist that her son had been showing some signs of depression on and off. She said that he would be all cheery, energetic, and outgoing for sometime, and then, all of a sudden, he would appear withdrawn, have trouble sleeping, and show signs of anxiety. She said that his behavior had been reckless, with no regard to people or things, and that this was a reason why his wife of five years had left him about six months back.

When questioned, she replied that her son had been showing these cycles of being up and down for the past three years or so,was unemployed for the past year and a half, and had no friends or social circle in which he would mingle.

Our psychiatrist recorded a detailed history and examined the patient thoroughly. He also ordered a CBC, thyroid scan, and urinalysis. Suspecting cyclothymia, our psychiatrist asked the mother to fill out a detailed questionnaire. When reports of these tests all turned negative and he ruled out other causes for these symptoms, our psychiatrist arrived at a diagnosis of cyclothymia.

Our psychiatrist counseled the patient to help alleviate the suicidal thoughts in the patient and prescribed anti-psychotic medication and lithium to help stabilize the patient's mood. He also planned behavioral psychotherapy and group therapy at a later date.

Our psychiatrist spent a total of 115 minutes in providing services to the patient, which included recording history, physical, and mental status examination, review of lab test results, and review of the questionnaire filled by the patient's mother, and in the management of the patient.

What to report: Since your psychiatrist was involved in crisis management of the suicidal thoughts that the patient was harboring, you may report the services provided by your psychiatrist using the new psychotherapy for crisis codes 90839 for the first hour of services provided and +90840 x2 for services provided beyond the first hour.

You will report two units of +90840 as your psychiatrist spent 55 minutes beyond the first hour (30 minutes = one unit of +90840). Even though your psychiatrist spent only 25 minutes beyond the time claimed for the first unit of +90840, it is more than the half time of the minimum 15 minutes necessary to report +90840.

You will report the diagnosis with F34.0 if you are using the ICD-10 codes and 301.13 if you're using ICD-9 codes.