Psychiatry Coding & Reimbursement Alert

ICD-10 Update: F50 Brings More Specificity to Anorexia Nervosa

Look to anorexia type to nail correct code.

Reporting anorexia nervosa under ICD-10 requires you to look for specifics on whether the disease type is restricting or purging. Rely on the advice below to guide you to the right codes when ICD-10 comes into effect.

Pinpoint Weight Loss Reason in ICD-9

If you are using ICD-9-CM codes to report a diagnosis of anorexia nervosa, you will have to report it with 307.1 (Anorexia nervosa). But it is essential to note that this code cannot be used to report loss of appetite (783.0, Anorexia), weight loss due to feeding problems (783.3, Feeding difficulties and mismanagement) or any other unspecified eating disorder (307.50, Eating disorder, unspecified). In ICD-9-CM, you have to report anorexia nervosa with 307.1, irrespective of the type of the condition that the person is suffering from.

Look for Anorexia Type in ICD-10

When ICD-10 comes into effect, you will have to report anorexia nervosa using one of three codes under F50.0 (Anorexia nervosa). But as in ICD-9, you cannot report conditions like loss of appetite (R63.0, Anorexia) and a psychogenic loss of appetite (F50.8, Other eating disorders) using this code. F50.0 expands to three other codes depending on the type of anorexia nervosa using a fifth digit expansion.

So if the patient is suffering from a restricting type of anorexia nervosa, you report the condition with F50.01 (Anorexia nervosa, restricting type), and you report F50.02 (Anorexia nervosa, binge eating/purging type) if the person is suffering from a purging type of anorexia nervosa. However, if the type of anorexia is not specified, you will turn to F50.00 (Anorexia nervosa, unspecified).

Check Out This Anorexia Nervosa with E/M Refresher

Your psychiatrist will arrive at a diagnosis of anorexia nervosa based on a complete and thorough history and an evaluation of the person's signs and symptoms. The diagnosis will also involve assessing the patient for other co-morbid conditions such as depression (F32._, Major depressive disorder, single episode -- F33._, Major depressive disorder, recurrent), other anxiety disorders (F41._, Other anxiety disorders), obsessive compulsive disorder (F42, Obsessive-compulsive disorder), obsessive compulsive personality disorders (F60.5, Obsessive-compulsive personality disorder), etc.

The most common signs and symptoms of anorexia nervosa that you will see include appearance of severe malnutrition and weight loss. You might see details such as the person being excessively conscious about calorie intake, undertaking strict diets despite being underweight and thin, constant thoughts about food and cooking although he/she resorts to eating in very limited quantities (much less than normal) and the feeling of being overweight although the person is severely underweight.

Your psychiatrist will usually ask for tests such as complete blood count (CBC) to assess malnutrition, glucose tolerance test to assess other conditions such as diabetes, liver function and blood urea nitrogen tests to assess for malnutrition, urinalysis to check for substance abuse, etc. These tests are conducted to rule out other conditions that might be causing the problem or to ascertain the reasons for the condition. These tests will also help your psychiatrist in assessing how the condition is affecting other major organ systems that might need treatment during management of the patient.

The care planning may include medical management, dietary counseling, and behavioral psychotherapy, both individual and family therapy.

Based on location and time spent with patient, you will have to report the psychotherapy with 90804-90809 (Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility...) if the patient is seen in your psychiatrist's office or 90816-90822 (Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting...) if therapy is provided in a hospital setting.

Example: Your psychiatrist sees a 16-year-old female patient, accompanied by her mother, in his office. The girl's mother tells that her daughter isn't eating well and has become extremely thin. The family physician who examined her before performed some tests that all came out normal. He then referred her to your psychiatrist.

Your psychiatrist, after a thorough evaluation and examination of the patient and review of previous tests performed, arrives at the diagnosis of anorexia nervosa. He then plans weekly behavioral therapy and proceeds to conduct the first session during the visit, which lasts for a period of 30 minutes. You report the visit with 90805 (Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services) as both E/M services and psychotherapy were provided to the patient.