

Psychiatry Coding & Reimbursement Alert

ICD-10 Update: F84.0 Simplifies Autism Reporting in ICD-10

ICD-10 also reduces the list of exclusions for the condition.

If your psychiatrist specializes in treating patients with autism, you can rest easy when the ICD-10 coding system comes into effect, as you will no longer need to identify the active or residual state of the condition to report the diagnosis.

Check for Active Status in ICD-9

When you are reporting a diagnosis of autism using ICD-9 codes, you will have to use 299.0x (Autistic disorder). But if you are only identifying the diagnosis with 299.0, your reporting of the condition will not be complete, as this code further expands using a 5th digit classification based on active or residual forms of the condition into the following two codes:

299.00 ☐ Autistic disorder, current or active state

299.01 ☐ Autistic disorder, residual state

Note: The inclusions list for the code comprise childhood autism, infantile psychosis and Kanner's syndrome, while you can't use these codes to report a diagnosis of disintegrative psychosis (299.1x, Childhood disintegrative disorder), Heller's syndrome (also 299.1x) or schizophrenic syndrome of childhood (299.9x, Unspecified pervasive developmental disorder).

Capture Single Code in ICD-10

When you begin to use ICD-10 codes on Oct. 1, 2014, 299.0x in ICD-9 will crosswalk to F84.0 (Autistic disorder) in ICD-10. However, ICD-10 codes offer simplified reporting as you will no longer need to delve deep into the documentation or probe your clinician to know whether the condition is active state or residual state as you needed to do when reporting using ICD-9 codes. When you start using ICD-10, you will report F84.0 irrespective of whether the condition is active or residual.

Reminder: The inclusions list is the same as it is in ICD-9. However, the exclusions list for F84.0 only comprises Asperger's syndrome which you will have to report with F84.5 (Asperger's syndrome).

"Be aware that ICD-10 directs you to use an additional code to identify any associated medical condition and intellectual disabilities," states **Kent Moore**, Senior Strategist for Physician Payment. "Also be aware that if the patient is diagnosed with atypical autism, ICD-10 directs you to a different code. Specifically, atypical autism is an inclusion under F84.9 (Pervasive developmental disorder, unspecified)," points out Moore.

Focus on Documentation Basics

Some of the findings that your psychiatrist would most likely record in a patient with autism will include lack of communication skills, lack of social interaction even with family members, speech abnormalities, repetitive behavior, abnormal and awkward body movements, motor tics, and abnormal circumference of the head.

Your psychiatrist will perform various assessments to arrive at the diagnosis of autism. He might evaluate the child for autism by assessing the patient's level of communicative skills, ability to point at objects, ability to gaze towards an object, and other screening questionnaires. He will also order various diagnostic tests, such as genetic testing, MRI, CT scan of the head, and electroencephalography (EEG), to rule out many similar conditions, and he may order polysomnography to identify other co-existing conditions as well as ordering metabolic studies to check for

abnormalities. He might also undertake the use of neuropsychological tests such as the Wisconsin card sorting test to arrive at the diagnosis of autism.

The care planning will include cognitive and behavioral psychotherapy, speech therapy, physical therapy and special education. The patient will also be counseled for dietary changes and will be prescribed medications, as needed, to help improve behavioral problems and hyperactivity.

Example: A psychiatrist recently evaluated a 5-year-old male patient who had been referred by his pediatrician. The boy's mother complained that her child, who had previously been developing normally, suddenly appeared to be losing his communication skills. He seemed listless and preoccupied with some toy and would often not respond or interact with his siblings or any other family members. She also said that he would keep repeatedly throwing his toys, would often throw tantrums, and had a potential of showing aggressive behavior at many times.

Our psychiatrist asked the parents of the child to fill out an evaluation questionnaire. He assessed the child by asking him to point out to an object kept in the room and to look at a toy placed in the other corner. He asked the parents to leave the room and then re-enter and assessed the child's response to the parents' absence.

He also ordered an EEG, polysomnography studies, CT scan of the head, metabolic studies, and genetic testing to confirm a diagnosis of autism, to rule out other similar conditions, and to check for other co-existing conditions.

Based on the assessment of the patient, the evaluation and interpretation of the questionnaire completed by the parents, and evaluation of the diagnostic tests, our psychiatrist arrived at the diagnosis of autism.

What to report: You will report the initial diagnostic evaluation that the psychiatrist provided with 90792 (Psychiatric diagnostic evaluation with medical services). Since there were communication difficulties during evaluation of the child, you also report +90785 (Interactive complexity [List separately in addition to the code for primary procedure]) with 90792. You may also report the appropriate CPT® code(s), with modifier 26 (Professional component) appended, for any of the diagnostic tests that the psychiatrist interpreted and reported on himself.

For example, if he did the interpretation and report on the polysomnography, you might report 95782 (Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist) with the modifier 26 (Professional component), assuming 95782 describes the sleep study that was done and that another entity is billing the technical component of the test. You can report the diagnosis with 299.00 if you're using ICD-9 codes and F84.0 if you are using ICD-10 code sets.