

# Psychiatry Coding & Reimbursement Alert

## ICD-10 Update: F90 Adds More Specificity to ADHD in ICD-10

### Combined type can now be separately reported from predominantly hyperactive types.

When you begin using ICD-10 code sets, you will have more specific options when reporting a diagnosis of attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD), especially for combined type. Read on to know more as to how your coding options will change when ICD-10 comes into force beginning Oct. 1, 2014.

Under the ICD-9 coding system, you have two general codes for these conditions:

- 314.00 -- Hyperkinetic syndrome of childhood; Attention deficit disorder without mention of hyperactivity (includes a diagnosis of predominantly inattentive type)
- 314.01 -- Hyperkinetic syndrome of childhood; Attention deficit disorder with hyperactivity (includes a diagnosis of ADHD of predominantly hyperactive/impulsive type, combined type, and overactivity NOS).

Although these two coding options mention "childhood," the same diagnosis codes are used even when the condition is found in adults.

### Look to Type for ICD-10 Assignment

With ICD-10, you'll find that your diagnosis coding options are expanded and require more specificity. Your new coding options will be:

- F90.0 -- Attention-deficit hyperactivity disorder, predominantly inattentive type
- F90.1 -- Attention-deficit hyperactivity disorder, predominantly hyperactive type
- F90.2 -- Attention-deficit hyperactivity disorder, combined type
- F90.8 -- Attention-deficit hyperactivity disorder, other type
- F90.9 -- Attention-deficit hyperactivity disorder, unspecified type

Key term: "Under ICD-9, the key to choosing the correct code is whether or not there is a mention of hyperactivity," states **Kent Moore**, Senior Strategist for Physician Payment at the American Academy of Family Physicians. "Under ICD-10, typology becomes much more important. You need to know if the condition is predominantly inattentive, hyperactive, a combination, or of some other type. Otherwise, you will be left to code the unspecified type on a routine basis, which may be problematic," Moore adds. >> >> >> >> >>>>

Documentation: With ICD-10, you have a specific code to tell the insurer that the patient has both ADD and ADHD (F90.2, combined type). Therefore, the documentation should clearly reflect the specific condition that your psychiatrist diagnoses, whether it's ADD, ADHD, combined type, or another type.

Practice tips: For unspecified ADHD diagnoses, you'll have to report F90.9, but this code will most likely only apply if you do not document enough information to allow you to report a more specific code. If you find that you're reporting F90.9 frequently, get to know the specifics of the new ADD and ADHD codes, so you can ensure that your claims are as specific as possible. Also, if your psychiatrist is not specifically mentioning the type of ADHD in the documentation, you can go back and check with him to see which type the patient's condition falls into so that you can avoid F90.9 and report a more specific diagnosis code based on the type.

Example: Your psychiatrist assesses an 11-year-old boy brought in by his parents with complaints of restlessness and hyperactivity. The parents explain that he was having problems with discipline in school, was often disruptive during his classes, and was not able to keep up with the rest of the children in his studies. He was often rebellious at home, too, and was a source of tension and friction for the parents.

The parents first noticed this behavior of hyperactivity and restlessness when it was brought to their attention by the school authorities when he was about 10 years old, and his behavior was becoming more erratic and difficult by the day, which finally made the parents try and seek help.

Your psychiatrist conducts a thorough physical examination and a complete mental status examination, a complete psychiatric and medical history of the patient and family, and a thorough review of systems. Your psychiatrist also assesses the patient for anxiety and other learning disabilities. You report the initial evaluation services performed by your psychiatrist using 90801 (Psychiatric diagnostic interview examination).

Your psychiatrist also conducts interviews with the child's parents and sends out standard evaluation forms to be filled in by his teachers at school.

Based on the signs and symptoms, observations of the child, assessment of the interviews conducted, and the assessment of the evaluation forms filled by his teachers, your psychiatrist arrives at a diagnosis of ADHD of predominantly hyperactive type. You report the diagnosis using 314.01 if you're using ICD-9 and F90.1 if you are using ICD-10 code sets.