

# Psychiatry Coding & Reimbursement Alert

## ICD-10 Update: Gear up For These 5 Proposed ICD-10 Changes Affecting Psychiatry in 2017

Check documentation as you now have "specific" codes for many more conditions.

If you are aware, you will know that the Centers for Disease Control and Prevention (CDC) has recently posted a preliminary list of ICD-10-CM changes for October 1 (aka ICD-10-CM 2017). If you scan through the list, you will have to face up to the voluminous task of looking through more than 2,000 new, deleted, or revised codes, which is why we've narrowed down the list to five main areas that will affect psychiatry practice.

**Be warned:** The list is not yet final. "The code lists that have been posted on the CMS [Centers for Medicare & Medicaid Services] and CDC websites are NOT the final list. The Addenda to be published in June is the complete, final list of code changes going into effect this October," says **Sue Bowman, MJ, RHIA, CCS, FAHIMA**, Senior Director of Coding Policy and Compliance at the American Health Information Management Association. The CDC will post the final addendum in June.

**Resource:** To review the complete list, head to [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Publications/ICD10CM/2017/NewICD10CMCodes\\_FY2017.txt](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2017/NewICD10CMCodes_FY2017.txt).

### 1. Get Specific Code for Premenstrual Dysphoric Disorder

Currently, you report F32.8 (Other depressive episodes) when you are reporting atypical depression, post-schizophrenic depression, or a single episode of masked depression not otherwise specified. According to the proposed changes, you will no longer have F32.8 in your ICD-10 list of codes. Instead, you will have to use an expanded form of this code to report these above mentioned forms of depression.

When the proposed changes go into effect, you will need to report F32.89 (Other specified depressive episodes) instead of F32.8. This change has been made to facilitate a new code that has been introduced to report premenstrual dysphoric disorder.

Premenstrual dysphoric disorder is a type of mood affective disorder where in a woman experiences symptoms of severe depression and gets very irritable. These symptoms occur prior to menstruation and cease when menstruation begins.

If your psychiatrist arrives at a diagnosis of premenstrual dysphoric disorder now, you do not have any specific code to report the condition. You have to settle for F32.8. But, when the ICD-10-CM 2017 changes go into effect, you can report this with F32.81 (Premenstrual dysphoric disorder).

### 2. Add New Code for Disruptive Mood Dysregulation Disorder

Presently, when reporting episodes of mood affective disorders, you report F34.- (Persistent mood [affective] disorders). This code has four expansions, namely:

- F34.0 (Cyclothymic disorder)
- F34.1 (Dysthymic disorder)
- F34.8 (Other persistent mood [affective] disorders)
- F34.9 (Persistent mood [affective] disorder, unspecified)

Disruptive mood dysregulation disorder is a type of mood affective disorder that occurs in children. The children affected by this disorder are constantly in a state of being irritable or angry and also suffer from periodic episodes of extreme loss of temper. Currently, if your clinician arrives at a diagnosis of a mood affective disorder such as disruptive mood dysregulation disorder, you will be reporting it with F34.8, as there is no specific code in the present list to report this condition. But, when the proposed changes go into effect, this is set to change.

According to the proposed changes, you will no longer have F34.8 on your list of codes. You will instead be using an expanded form of this code that has been created to accommodate "disruptive mood dysregulation disorder." When your clinician arrives at a diagnosis of this disorder, you will be reporting the condition with the newly created ICD-10 code, F34.81 (Disruptive mood dysregulation disorder).

Instead of F34.8, you will have another code to report "other persistent mood disorders." So, when your clinician diagnoses a persistent mood disorder other than cyclothymia, dysthymia, or disruptive mood dysregulation disorder, you will now have to reach out to F34.89 (Other specified persistent mood disorders).

### **3. Nix F42 for Diagnosis of Obsessive Compulsive Disorders**

As a psychiatry coder, you will definitely be seeing a fair share of patients with obsessive compulsive disorder (OCD). This being the case, you might have had many opportunities to reach out for F42 when your clinician arrived at a diagnosis of OCD. However, until now, you did not have any specific options apart from F42 when your clinician diagnosed patients with specific types of OCD, such as hoarding, excoriation (skin-picking) disorder, or mixed obsessional thoughts and acts.

If the proposed changes come into effect, you will no longer be reaching out to F42 as this code will be eliminated from your ICD-10 lists. Instead, you will have new and specific options to report for all the above mentioned conditions.

So, if your clinician arrives at a diagnosis of mixed obsessional thoughts and acts on or after October 1, 2016, you will report F42.2 (Mixed obsessional thoughts and acts) instead of just reporting F42 like you do presently. For a diagnosis of hoarding, you will now report F42.3 (Hoarding disorder) instead of reaching out to F42.

Excoriation or skin picking disorder is a condition wherein the patient will repeatedly scratch at their skin and cause excoriation with scar formation and discoloration. The patient will resort to skin picking spontaneously without any cause or due to some minor cause such as acne or an insect bite. The patient might resort to the skin picking when he/ she experiences any feelings of stress or anxiety and the disorder might affect the social functioning of the individual and cause disturbances in family and work circles.

Earlier, for excoriation (skin-picking) disorder, you had to report it with an unspecified impulse disorder code as the condition is also considered to be a repetitive impulsive disorder similar to trichotillomania. So, you had to report this disorder with F63.89 (Other impulse disorders) or F63.9 (Impulse disorder, unspecified). However, now you will have a new ICD-10 code that is specific to report this disorder. You will now have to report the newly created code, F42.4 (Excoriation [skin-picking] disorder) when your clinician diagnoses the patient with this disorder.

When your clinician diagnoses the patient with other types of OCD such as primarily obsessional OCD, you will now have to report this condition using F42.8 (Other obsessive compulsive disorder). You also have an unspecified code if your clinician has not clearly demarcated which type of OCD the patient is suffering from. You will then have to report F42.9 (Obsessive-compulsive disorder, unspecified) in such a case.

### **4. Get New Option for Binge Eating Disorders**

Currently, you have to report one of the code expansions to F50.- (Eating disorders) when your clinician arrives at a diagnosis of an eating disorder. At present, you only have specific options to report a diagnosis of anorexia nervosa and

bulimia nervosa. But, if your clinician arrives at a diagnosis of any other eating disorder such as pica (adults); psychogenic loss of appetite; or binge eating disorder, you do not have any specific code to report these conditions. So, currently you will have to report these conditions using a non-specific code. You report F50.8 (Other eating disorders) for any specified eating disorder other than anorexia nervosa or bulimia nervosa.

When the fresh changes come into place, you will have to eliminate F50.8 from your list of codes. Instead, you will have to add these two new codes in its place. You will now have a specific option to report binge eating disorder. When your clinician diagnoses a patient with this condition, you will have to use the code, F50.81 (Binge eating disorder) to report the disorder.

For other eating disorders like psychogenic loss of appetite or pica in adults, you will now have to use another newly created ICD-10 code instead of reporting F50.8. You will report these eating disorders with F50.89 (Other specified eating disorder).

## 5. Separate "Transsexualism" From Other Gender Identity Disorders

Currently, according to the now available list of codes, you have to report all the gender identity disorders of adolescence and adulthood using F64.1 (Gender identity disorder in adolescence and adulthood). So, whether your clinician diagnoses a patient with transsexualism or dual role transvestism or any other gender identity disorder in adolescence or adulthood, you report it all under one common code irrespective of the type of identity disorder. For gender identity disorders of childhood, you report the diagnosis code as F64.2 (Gender identity disorder of childhood).

Transsexualism is a type of gender identity disorder wherein the affected person experiences conflict of thought between their existing gender and what he/she wants to be which causes the person to seek medical help to transform their existing gender to what they want to be. If you have a look at the edited list of codes, you will have a new code to report transsexualism. Under ICD-10-CM 2017, you will be able to report this gender identity disorder with the newly created code, F64.0 (Transsexualism).

Dual role transvestism is another type of gender identity disorder wherein the affected person tends to wear clothes of the opposite sex. Unlike in transsexualism, persons experiencing this gender identity disorder only like to experience being the opposite sex temporarily and do not seek any permanent means (hormone replacement treatments or surgical means of gender reassignment) of changing their gender. Since "transsexualism" has been separated out of F64.1, this code is being revised to specifically report "dual role transvestism." So, the descriptor to F64.1 will henceforth read "Dual role transvestism" instead of "Gender identity disorder in adolescence and adulthood."

"One of the advantages of ICD-10-CM that is cited by its proponents is a level of specificity that exceeds its predecessor, ICD-9-CM," observes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "It appears that ICD-10-CM 2017 is getting even more specific in the mental, behavioral, and neurodevelopmental disorders section."

**Stay tuned:** We'll keep you posted once the final addendum comes out and let you know if these decisions are final or there are any other changes.