Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Get Better Specificity For Schizoaffective Disorder With F25

More options will now help describe the diagnosis accurately.

When your psychiatrist arrives at a diagnosis of schizoaffective disorder a year from now, you'll need to delve deeper into documentation to assess type of mood disorder. That's because ICD-10 codes have more options to identify the type of schizoaffective disorder, a choice you don't have under ICD-9.

ICD-9: When your psychiatrist arrives at a diagnosis of schizoaffective disorder, you'll report it with 295.7_ (Schizoaffective disorder). An appropriate fifth digit will further classify the schizoaffective disorder as follows:

- 295.70 Schizoaffective disorder, unspecified
- 295.71 - Schizoaffective disorder, subchronic
- 295.72 - Schizoaffective disorder, chronic
- 295.73 - Schizoaffective disorder, subchronic with acute exacerbation
- 295.74 - Schizoaffective disorder, chronic with acute exacerbation
- 295.75 - Schizoaffective disorder, in remission

You'll use the same diagnosis category irrespective of the type of mood disorder from which the patient is suffering. The ICD-9 category 295.7_ can also be used if your clinician's diagnosis is cyclic schizophrenia; mixed schizophrenic and affective psychosis; schizo-affective psychosis; or schizo-phreniform psychosis, affective type.

But, you cannot use 295.7_ if your psychiatrist's diagnosis is childhood type schizophrenia (299.9_) or infantile autism (299.0_).

ICD-10: When you begin using ICD-10 codes, you'll have to get more specific about the kind of mood disorder the patient is suffering from in order to report the proper code for schizoaffective disorder. The ICD-9 code 295.7_ that you use to report a diagnosis of schizoaffective disorder crosswalks to F25 (Schizoaffective disorders) in ICD-10. You cannot use F25 if your clinician's diagnosis is mood affective disorders with psychotic symptoms (F30.2, F31.2, F31.5, F31.64, F32.3, F33.3) or schizophrenia (F20.-).

However, F25 expands into four different codes depending on the type of schizoaffective disorder:

- F25.0 (Schizoaffective disorder, bipolar type) also includes diagnosis of cyclic schizophrenia; schizoaffective disorder, manic type and mixed type; schizoaffective psychosis, bipolar type; and schizophreniform psychosis, manic type.
- F25.1 (Schizoaffective disorder, depressive type) also includes schizoaffective psychosis, depressive type and schizophreniform psychosis, depressive type
- F25.8 (Other schizoaffective disorders)
- F25.9 (Schizoaffective disorder, unspecified) also includes schizoaffective psychosis, NOS.

Check These Basics Briefly

Documentation spotlight: Your psychiatrist will arrive at a diagnosis of schizoaffective disorder based on a complete history and a complete evaluation of the patient. Your psychiatrist will perform a complete mental status examination, a complete psychiatric and medical history of the patient and family, and a review of systems; he or she will also order and interpret diagnostic tests, neurobehavioral tests, and other evaluation questionnaires.

Some of the findings that your clinician would most likely record in a patient with schizoaffective disorder will include

delusions, hallucinations, catatonia, paranoia, disorganized speech, disorganized thoughts, depression, suicidal and homicidal tendencies, attention and memory problems, irritability, sleep disturbances, and lack of overall hygiene.

Tests: If your clinician suspects a diagnosis of schizoaffective disorder, he will assess the patient's condition using scales such as Positive and Negative Symptom Scale for Schizophrenia [PANSS], Hamilton depression scales, etc.

He might also order imaging studies such as a CT or an MRI and perform other tests, such as an electroencephalogram (EEG) and other psychological testing, to confirm the diagnosis of schizoaffective disorder. Some lab tests that your clinician might order to help in aiding the diagnosis include CBC, thyroid tests, sequential multiple analysis, lipid profile, rapid plasma reagent, and HIV tests. He will also ask for urinalysis to rule out drug or substance abuse.

The care planning will include medical management with anti-psychotic medications, antidepressants and mood stablizers. The effects of these medications will be checked by your psychiatrist at later dates. Once the patient's symptoms have stabilized, your psychiatrist will include group therapy and individual cognitive behavioral therapy to help reduce hallucinations, delusions, and depression symptoms that the patient experiences.

Example: Your psychiatrist recently saw a 35-year-old female patient who was accompanied by her mother. The patient's mother complained that her daughter was experiencing hallucinations and delusions and had recently become violent and slapped her. This led the patient to being uncontrollable, and her brother had called in the police. Although the patient showed signs of depression and other symptoms of delusions, her mother said that she had never been violent in the past.

Your psychiatrist took a complete history, performed a complete mental status examination, and assessed the patient for memory deficits, orientation, attention deficits, sequencing abilities, level of consciousness, and suicidal and homicidal tendencies.

Based on observations from history, signs and symptoms, and physical examination, your psychiatrist suspected a diagnosis of schizoaffective disorder and assessed the patient using the PANSS. He also assessed level of depression using the Hamilton depression scale.

He also ordered an MRI and EEG and asked for lab studies and urinalysis. Based on the interpretations of these lab studies and evaluation of PANSS and Hamilton depression scale, your clinician was able to arrive at the diagnosis of schizoaffective disorder, depressive type.

What to report: You will report the initial diagnostic evaluation that the psychiatrist provided with 90792 (Psychiatric diagnostic evaluation with medical services). You report the diagnosis with 295.73 (Schizoaffective disorder, subchronic with acute exacerbation) if you're using ICD-9 codes and F25.1 if you are using ICD-10 codes.