Codify
BY AAPC

Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Hit Your BDD Dx Target With F45.22

Hint: Use different diagnosis code for delusional dysmorphophobia.

When reporting a diagnosis of body dysmorphic disorder (BDD), you'll have a specific code for this condition in the ICD-10 coding system which will help you to clearly differentiate the condition from other hypochondriacal disorders.

ICD-9: When your psychiatrist arrives at a diagnosis of body dysmorphic disorder, you report the diagnosis with 300.7 (Hypochondriasis) if you are using ICD-9 codes. This code includes hypochondriasis as well as body dysmorphic disorder.

You cannot report 300.7 if your clinician's diagnosis is hypochondriasis in:

- hysteria (300.10-300.19)
- manic-depressive psychosis, depressed type (296.2-296.3)
- neurasthenia (300.5)
- obsessional disorder (300.3)
- schizophrenia (295.0-295.9)

Reminder: You do not have a distinct code to identify body dysmorphic disorder in ICD-9. You use the same diagnosis code for both hypochondriasis and body dysmorphic disorder.

ICD-10: When you begin using ICD-10 codes, 300.7 that you report for a diagnosis of hypochondriasis or body dysmorphic disorder crosswalks to F45.2_ (Hypochondriacal disorders). Unlike ICD-9, which does not have specific codes that you can use to differentiate body dysmorphic disorder from hyochondriasis, you have a very specific code for each condition in ICD-10.

- F45.2 further expands into the following codes:
- F45.20 □ Hypochondriacal disorder, unspecified
- F45.21 □ Hypochondriasis
- F45.22 □ Body dysmorphic disorder
- F45.29 □ Other hypochondriacal disorders

As you can observe, you have a specific code to identify a diagnosis of body dysmorphic disorder. You report this condition with F45.22. You also report the same ICD-10 code if your clinician's diagnosis is dysmorphophobia (nondelusional) and nosophobia.

Caveat: You can use F45.22 for non-delusional type of dysmorphophobia but if your clinician's diagnosis is delusional type of dsymorphophobia, you have to report this with F22 (Delusional disorders). You also cannot use F45.22 if the diagnosis that your clinician arrives at is fixed delusions about bodily functions or shape. You will again report this diagnosis with F22.

Check on These Basics Briefly

Documentation spotlight: Your psychiatrist will arrive at a diagnosis of body dysmorphic 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 evaluation questionnaires.

Some of the findings that your clinician would most likely record in a patient with body dysmorphic disorder will include a constant worry about a part(s) of the body (such as hair, nose, face, ears, breasts, or muscularity) and assuming that

part to be with some defect, compulsive checking in the mirror, paying excessive attention to grooming, comparing their body to another person's body with respect to the perceived defect, mood disturbances, and homicidal or suicidal tendencies. Your clinician might also note that the patient has poor social contact and fears associating with anyone due to the perceived defect.

When performing a mental status examination, your clinician might note no insight in a non-delusional patient. The patient will generally not accept that there is no defect in the perceived body part and will not generally be willing to consult a psychiatrist for the problem that they are facing. Some patients might even have the feeling that their problem is slowly becoming worse by the day and other people are becoming aware of it and fear that others are often staring at the defect that is in the particular body part.

When assessing the patient for body dysmorphic disorder, your clinician will also assess the patient for any other co-morbid conditions, such as bipolar disorder or schizophrenia that might be present. Your clinician will also try to rule out other conditions, such as OCD, delusional disorders, or eating disorders that might have some similar symptoms.

Tests: There are no specific tests that your clinician might order to help arrive at the diagnosis of body dysmorphic disorder. However, your clinician will subject the patient to rating scales such as the Yale-Brown Obsessive Compulsive Scale Modified for Body Dysmorphic disorder (BDD-YBOCS) that will help your clinician in the diagnosis of the condition as well as in assessing the severity of the problem.

Your clinician might also get the patient to answer a questionnaire such as the Multi-dimensional Body-Self Relations questionnaire that will help your clinician assess the severity of the condition and to what extent the patient perceives the body part(s) to be defective.

The care planning will include medication management with selective serotonin reuptake inhibitors (SSRIs) and cognitive and behavioral psychotherapy. Your clinician might also counsel the family members to help them cope with the patient's condition and to improve their relationship with the patient, so their interactions will be beneficial in the treatment of the patient.

Example: Your psychiatrist recently reviewed a 30-year-old female patient who was referred to him by a cosmetic surgeon whom the patient had approached for corrections to her breasts, because she felt that they were malformed, unshapely, and ugly. The patient had a previous history of approaching another cosmetic surgeon in the past and had undergone corrective surgery, but she said that she had been unsatisfied with the results and had even threatened to sue the surgeon for deforming her more than what she had been previously.

When the cosmetic surgeon examined her and noted that there was nothing wrong with her breasts, she became agitated and said that if he was not willing to perform the corrective surgery, she would approach some other doctor.

Suspecting her to be suffering from body dysmorphic disorder, he said that he would be willing to care for her if she agreed to undergo some tests, and he suggested some tests that included a referral to your psychiatrist.

Upon questioning, the patient told your psychiatrist that she was totally dissatisfied with her breasts right from her childhood days when she began developing them and that she would often spend hours together thinking how bad and ugly they were and how she could get them to be of a correct shape and size. She also said that her previous surgeon had spoilt their shape even worse, and she now hesitated to step out, as she felt that everyone was staring at her unshapely and ugly breasts.

Your clinician asked the patient to take the BDD-YBOCS and the Multi-dimensional Body-Self Relations questionnaire, saying that it was part of the evaluation for the surgical correction that she was contemplating.

Based on history, signs and symptoms, observations of physical and mental status examination, and the interpretation of the rating scales, your clinician arrives at a diagnosis of body dysmorphic disorder.

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 300.7 if you are using ICD-9 codes or report F45.22 when reporting the diagnosis with ICD-10 codes.