

Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Learn Age-Specific Options For Pica Reporting in ICD-10

Hint: Don't generalize the condition with other eating disorders.

If your clinician diagnoses a patient with "pica," you will have to delve into documentation to check the age of the patient, as this will affect your code selection in ICD-10. This differs from the way you reported the condition in ICD-9, where you had to report a single code for all age groups.

ICD-9: When reporting a diagnosis of pica, you report it with the ICD-9 code, 307.52 (Pica). This code can be used if your clinician mentions the diagnosis as "perverted appetite of nonorganic origin."

However, you cannot use 307.52 for a diagnosis of an eating disorder such as anorexia. If the diagnosis is anorexia, you report either 783.0 (Anorexia) or 307.1 (Anorexia nervosa). Likewise, overeating also should not be reported with 307.52. You should use 783.6 (Polyphagia) to report this.

If your clinician's diagnosis is psychogenic vomiting, you report 306.4 (Gastrointestinal malfunction arising from mental factors) instead of 307.52. Other likely diagnosis codes that you will use for vomiting instead of 307.52 include vomiting NOS reported with 787.03 (Vomiting alone), cyclical vomiting reported with 536.2 (Persistent vomiting) and migraine associated vomiting reported with 346.2x (Variants of migraine, not elsewhere classified...).

The note for category 307 mentions that, "This category is intended for use if the psychopathology is manifested by a single specific symptom or group of symptoms which is not part of an organic illness or other mental disorder that can be classifiable elsewhere."

ICD-10: When you shift to using ICD-10 codes for services on or after Oct. 1, 2015, you will need to focus on the age of the patient when your clinician arrives at a diagnosis of pica. You have two ICD-10 codes that you can use for this diagnosis depending on the age of the patient:

- F98.3 (Pica of infancy and childhood)
- F50.8 (Other eating disorders)

If your clinician arrives at a diagnosis of pica in infants or in young children, you can report this diagnosis using the ICD-10 code, F98.3. If your clinician diagnoses pica in an adult person, you should use F50.8. You can also use F50.8 if your clinician diagnoses a patient with psychogenic loss of appetite.

Focus on These Basics Briefly

Documentation spotlight: Your clinician will arrive at a diagnosis of pica 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.

Some of the findings that your clinician would most likely record in a patient with pica will include ingestion of non-nutritive substances (such as clay, sand, dirt, pebbles, hair, chalk, paint chips, wood, metallic objects, etc). Your clinician will note that this kind of eating behavior is not a one-off situation, has been persistent, and is not appropriate to the developmental level of the patient. Your clinician might note that the patient is not open about the consumption of the inedible substances by being elusive to questioning.

Your psychiatrist might note that the patient is irritable, lethargic, and has difficulties with coordination. The patient might also complain of headache and other neurological symptoms. If the patient has had the habit of ingesting

infectious agents, then your clinician might note that the patient suffers from general symptoms such as fever, malaise, cough, and other signs of infections.

Most of these patients will also suffer from gastrointestinal problems due to the ingestion of substances that cannot be digested. These manifestations can include bloating, pain, constipation, and blood in stools. Also, these patients suffer from dental problems such as surface tooth loss or attrition and abrasion due to chewing of non-food substances.

Since in many cases, pica occurs with other developmental disabilities, your clinician might want to assess the patient for any other systemic or mental disorders (such as autism or schizophrenia).

Tests: No specific tests are indicated in a patient suffering from pica to help confirm the diagnosis. However, your clinician might order for toxicology studies to check for lead poisoning (if the patient is eating substances that contain lead) or look at culture studies if the patient is consuming any infectious substances.

If gastrointestinal (GI) symptoms are present, your clinician might order GI imaging studies to check for obstructions, bleeding, perforation, or bezoar formation (hair casts if the patient has the habit of consuming hair). If any signs of GI problems are present, your clinician might refer the patient to a gastroenterologist for appropriate intervention.

The care planning will include behavioral and family psychotherapy in order to educate the patient to differentiate between food and non-nutritious substances. The family therapy is to educate the members about the condition and to let the family members know how to create an environment that is not conducive for the patient to have easy access to any of the inedible substance that he/ she is likely to consume. This is especially important if the patient is an infant or child.