Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Rely On Separate Distinction for Asperger's Syndrome With F84.5

Single code removes the confusion of identifying active/residual states.

When you begin using ICD-10 codes instead of the ICD-9 system, you'll be relieved to know that there is a specific code in this system for Asperger's syndrome which eliminates the need to scour patient documentation for details on whether the condition is active or in the residual state.

ICD-9: When your clinician diagnoses Asperger's syndrome, you'll have to report this under the more generic code 299.8x (Pervasive developmental disorders;Other specified pervasive developmental disorders) as there is no specific code for this condition in ICD-9. Apart from Asperger's disorder, you can use 299.8x if your clinician diagnoses other "pervasive developmental disorders" such as atypical childhood psychosis or borderline psychosis of childhood.

When using ICD-9 codes for reporting Asperger's syndrome, you'll have to look through patient documentation to check if the condition is in current or active state or in the residual state, as this affects your reporting of the condition. Based on this, you have a fifth-digit sub-classification that you will identify whether the condition is in current/active state or residual. So, you have to report one of the two following codes using ICD-9 codes when your clinician diagnoses Asperger's syndrome:

- 299.80 ⬚ Current or active state
- 299.81 ⬚ Residual state

Watch out: You cannot report 299.8x if your clinician reports the diagnosis as an adult type of psychosis that is occurring in childhood such as affective disorders (296.0x-296.9x); manic depressive disorders (296.0x-296.9x), or schizophrenia (295.0x-295.9x).

Get Specific with Separate Code in ICD-10

When you shift over to using ICD-10 codes, an Asperger's disorder diagnosis will crosswalk from 299.8x to F84.5 (Asperger's syndrome). In addition to having a specific code to identify the condition, you will also benefit from not having to really dig deep into the patient documentation to check if the condition is in the active state or the residual state. Unlike in the ICD-9 coding system, you have a single ICD-10 code to report the condition, which you'll use irrespective of whether the symptoms are active or residual.

You'll also use F84.5 if your clinician's diagnosis is Asperger's disorder, autistic psychopathy, or schizoid disorder of childhood.

Don't forget: If your psychiatrist diagnoses any other associated medical conditions or intellectual disabilities of any sort, you'll have to identify and report these separately with an additional code.

Heed These Basics

Documentation spotlight: Your psychiatrist will arrive at a diagnosis of Asperger's syndrome 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, a review of systems, and ordering and interpreting diagnostic tests, neurobehavioral tests, and other evaluation questionnaires.

Some of the findings that your psychiatrist would most likely record in a patient with Asperger's syndrome will include lack of non-verbal communication skills, very limited social interaction, repetitive behavior, flapping hand movements,

clumsiness, abnormalities of the gait, abnormal body movements, abnormalities of speech and hearing, selective mutism, and sensory sensitivity.

Your psychiatrist will perform various assessments to arrive at the diagnosis of Asperger's syndrome. Many a time, this condition gets identified at preventive visits that are performed when a clinician is screening the child, and this screening is usually done when a child is 9, 18, 24 and 30 months old.

Your clinician will use the aid of diagnostic tools such as the Autism Diagnostic Interview-Revised (ADI-R) and the Autism Diagnostic Observation Schedule (ADOS) to arrive at the diagnosis of Asperger's syndrome. Your psychiatrist will also assess a person diagnosed with the condition for other co-morbid conditions and differential diagnosis of conditions such as depression, attention deficit hyperactivity disorder, obsessive compulsive disorder, Tourette's syndrome, schizophrenia, and bipolar disorder. Your clinician might also ask for genetic tests to assess the patient for dysmorphic features and fragile X syndrome.

The care planning will include cognitive and behavioral psychotherapy, training to improve social skills, speech therapy, physical therapy, and special education to the patient and to the parents to help them cope with the condition. If co-morbidities exist, your clinician might opt for medications such as anti-psychotics and selective serotonin reuptake inhibitors (SSRIs) to help treat them.

Example: A psychiatrist recently reviewed a six-year-old female patient who had been referred by her pediatrician. Her mother, who accompanied her, complained that her child would remain aloof and did not mingle with anyone in her school or with any other family members. She also complained that the child had difficulties with writing and other dexterous activities.

Our clinician examined the patient and noticed laxity of joints, flapping of the hands, rapidity of movements with repetition, and reduced motor skills. He noted that the child had no significant absence of general verbal communication or cognitive abilities. Our psychiatrist interviewed the parents on the basis of the ADI-R and interviewed the child using the guidelines of the ADOS.

Based on the assessment of the patient and the interviews of the parents and the child, our psychiatrist arrived at the diagnosis of Asperger's syndrome.

What to report: You will report the initial diagnostic evaluation that the psychiatrist provided with 90792 (Psychiatric diagnostic evaluation with medical services). Since there were communication difficulties during evaluation of the child, you also report +90785 (Interactive complexity [List separately in addition to the code for primary procedure]) with 90792. You can report the diagnosis with 299.80 if you're using ICD-9 codes and F84.5 if you are using the ICD-10 code set.