

Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Schizotypal Disorder Enjoys a Smooth Transition to F21 in ICD-10

Pay heed to the inclusions list in ICD-10.

When your psychiatrist treats a patient with schizophrenia, you'll need to arm yourself with codes to report a diagnosis of Schizotypal disorder due to its close proximity to schizophrenia, to keep your claims from stalling once ICD-10 codes come into effect on Oct.1, 2014..

Note Exclusions in ICD-9 Codes

When reporting a diagnosis of schizotypal disorder using ICD-9 codes, you will use 301.22 (Schizotypal personality disorder). The list of exclusions includes all types of schizophrenia (295.0 -- 295.9) and non-psychotic personality disorders associated with organic brain syndromes (310.0 -- 310.9). This diagnosis code also includes character neurosis, and an additional code needs to be reported to identify the associated neurosis, psychosis, or physical condition.

Observe Comprehensive List of Inclusions in ICD-10

When using ICD-10 codes, 301.22 under ICD-9 crosswalks to code F21 (Schizotypal disorder). But, the list of exclusions under ICD-10 is Asperger's syndrome (F84.5) and schizoid personality disorder (F60.1).

However, some of the exclusions under ICD-9 codes will be in the list of inclusions for F21. One such example is latent schizophrenia, which is reported using 295.5X under ICD-9; it will be reported using F21 under ICD-10. The inclusions that were not covered under 301.22 in ICD-9 but are included in ICD-10 code F21 are:

- Borderline schizophrenia
- Latent schizophrenia
- Latent schizophrenic reaction
- Prepsychotic schizophrenia
- Prodromal schizophrenia
- Pseudoneurotic schizophrenia
- Pseudopsychopathic schizophrenia

Focus on These Basics Briefly

Your psychiatrist will arrive at a diagnosis of schizotypal disorder based on a complete history and an evaluation of the person's signs and symptoms. This service would include 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. Your psychiatrist will also assess the patient for co-morbid conditions such as depression and anxiety.

Your psychiatrist might note any of this wide range of symptoms in the patient documentation. Some of the symptoms that you might often note include isolation in social circles, excessive anxiety in social situations, paranoia, excessive belief in superstitions, odd behavior and speech, excessive behavior of suspicion, ideas of reference (thinking that everyone is talking about the person), and total lack of close associations with any friends or others.

There are no specific tests that your psychiatrist will use to arrive at the diagnosis of schizotypal disorder. Instead, he will rely on the patient history, signs and symptoms and assessment of the patient to arrive at the diagnosis of schizotypal disorder.

The care planning will include medical management with anti-psychotic medications. Your psychiatrist will also use cognitive behavioral therapy, group therapy, and interpersonal therapy to help the patient overcome feelings of mistrust and to improve social behavior. Your psychiatrist might also perform family therapy to help the family understand the needs of the condition and to cope with the patient.

Example: Our psychiatrist recently evaluated a 26-year-old male patient who had been referred to by his family physician. The patient was accompanied by his mother, who said that she had first taken him to his family physician due to his symptoms of extreme anxiety when he stepped into any social surroundings. He seemed to be getting increasingly distant from his friends and family members during the past year and a half. His behavior was seemingly erratic, and he seemed to have suddenly delved into superstition.

Our psychiatrist conducted a thorough physical examination and a complete mental status examination. You report the initial evaluation of the patient with 90801 (Psychiatric diagnostic interview examination). Based on the history, present complaints, and assessment of the patient, our psychiatrist arrived at the diagnosis of schizotypal disorder. The patient was prescribed antipsychotic medications and asked to return for review after two weeks.

You report the diagnosis with 301.22 if you are using ICD-9 codes and F21 if you are using the ICD-10 system of codes.