# Psychiatry Coding & Reimbursement Alert

## ICD-10 Update: Separate Hypochondriasis From BDD Diagnosis With F45.21

**Hint: Use different diagnosis code for delusional dysmorphophobia.**

When your psychiatrist diagnoses hypochondriasis with ICD-10, you should be aware that you will have a specific, distinct code choice for the condition. Thus, you won't have to worry about reporting a common code for it and body dysmorphicdisorder, like you do in ICD-9.

**ICD-9:** When your psychiatrist arrives at a diagnosis of hypochondriasis, you report the diagnosis with 300.7 (Hypochondriasis) if you are using ICD-9 codes. This code is the same for 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); or schizophrenia (295.0-295.9).

**Reminder:** You do not have specific codes to differentiate hypochondriasis from a diagnosis of 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, which you report for a diagnosis of hypochondriasis or body dysmorphic disorder, crosswalks to F45.2 (Hypochondriacal disorders). However, unlike ICD-9, you have specific codes that you can use to differentiate hypochondriasis from other hyochondriacal disorders and body dysmorphic disorder 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 hypochondriasis. You report this condition with F45.21. You also report the same ICD-10 code if your clinician's diagnosis is hypochondriacal neurosis.

**Caveat:** You cannot use F45.21 if your clinician's diagnosis is delusional type of dsymorphophobia. You have to report this with F22 (Delusional disorders). You also cannot use F45.21 if the diagnosis that your clinician arrives at is fixed delusions about body functions or shape. You will also report this diagnosis with F22.

**Check on These Basics Briefly**

**Documentation spotlight:** Your psychiatrist will arrive at a diagnosis of hypochondriasis 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 hypochondriasis will include a constant worry or fear about the person suffering from some disease. The person is not convinced or reassured, even if he/ she has undergone a thorough evaluation for the condition and has been ruled out negative for that condition.

Upon examination, your clinician might note that the person is well groomed and constantly appears anxious or agitated, with frequent alteration of body posture. The patient usually acquires thorough knowledge of the disease condition that he is worrying about and is not easily reassured, even though there is significant evidence that the person does not have the condition.

The person is occupied with worry about the condition to an extent that it affects his social and professional life, but it is not to an extent that the patient is delusional.

**Tests:** There are no specific tests that your clinician might order to help arrive at the diagnosis of hypochondriasis. However,your clinician might evaluate the patient with laboratory tests to rule out the condition from which the patient suspects he/ she is apparently suffering.

Apart from this, your clinician might subject the patient to some screening questionnaires like the Whitely Index of Hypochondriasis to detect the condition and to assess severity; the Illness Attitude Scale, again for detection of the condition and to assess severity; the Somatoform Disorders Symptom Checklist, which helps screen the patient for somatoform disorders; or the Health Anxiety Inventory (HAI), which helps in ruling out other related conditions such as anxiety.

The care planning will include medication management with psychotropic medications and cognitive and behavioral psychotherapy.

**Example:** Your psychiatrist recently reviewed a 58-year-old male patient who was referred to him by a physician who suspects that he is suffering from hypochondriasis. The patient had approached the referring physician saying that he knows he is suffering from cancer of the colon. He also told the referring physician that he had previously been to a few more doctors in the past, and they had subjected him to several diagnostic procedures but hadn't found anything wrong with him. He then said that he believed that the doctors that he had previously consulted were wrong and that he wanted to undergo some more tests because his pain had returned and he knew that something was still wrong with him.

Since the physician found nothing wrong with him, he suspected the patient to be suffering from hypochondriasis and referred him to your psychiatrist for evaluation.

Your clinician examined the patient and noted that the patient was well groomed, appeared to be intelligent, and was quite knowledgeable about cancers of the digestive system. However, when he was questioned about the previous tests and said that he was ruled negative for the condition, he appeared restless and vague and tried to shift topics.

Your clinician then provided the patient with some assessment questionnaires to check if the patient was indeed suffering from hypochondriasis and, if so, to try and assess the extent of the condition.

Based on history, absence of any findings related to the colon cancer, and results from the interpretations of the screening questionnaires, your clinician confirms a diagnosis of hypochondriasis.

**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 F45.21 when reporting the diagnosis with ICD-10 codes.