

Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Shift Focus to F48.2 For Reporting Pseudobulbar Affect in ICD-10

Hint: Don't forget to report associated neurological or traumatic brain injury first.

If your clinician's diagnosis is pseudobulbar affect (PBA), you will have to just use a simple crossover code to report this diagnosis in ICD-10. In addition, the list of inclusions and exclusions are strikingly similar, so you will not have to alter your reporting much from the way you reported the condition using ICD-9.

ICD-9: When your psychiatrist arrives at a diagnosis of pseudobulbar affect, you report the condition with the ICD-9 code, 310.81 (Pseudobulbar affect). You report the same diagnosis code if your clinician confirms a diagnosis of involuntary emotional expression disorder. Since this condition manifests with other neurological disorders or as a sequel to trauma to the brain, you will have to code these associated conditions first. Some of the conditions where you will find pseudobulbar affect as an associated condition include:

- Amyotrophic lateral sclerosis (335.20)
- Multiple sclerosis (340)
- Late effect of traumatic brain injury (907.0)
- Late effect of cerebrovascular accident (438.89)

Caveat: You cannot use 310.81 when reporting neuroses, personality disorders, or other nonpsychotic conditions occurring in a form similar to that seen with functional disorders but in association with a physical condition. You use the code ranges, 300.0-300.9 and 301.0-301.9 to report this.

ICD-10: When you begin using ICD-10 codes instead of ICD-9, you will have to switch to using F48.2 (Pseudobulbar affect) in lieu of 310.81. Just like ICD-9, you use the same diagnosis code if your psychiatrist arrives at a diagnosis of involuntary emotional expression disorder. Again, as in ICD-9, you have to report the associated neurological disorder or the traumatic disorder first when reporting a diagnosis of PBA. In ICD-10, the associated disorders are reported with the following codes:

- Amyotrophic lateral sclerosis (G12.21)
- Multiple sclerosis (G35)
- Sequelae of cerebrovascular disease (I69.-)
- Sequelae of traumatic intracranial injury (S06.-)

Check Out These Basics Briefly

Documentation spotlight: Your clinician will arrive at a diagnosis of pseudobulbar affect 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, along with ordering some lab tests.

Some of the findings that your clinician would most likely record in a patient with PBA will include involuntary and uncontrolled episodes of crying or laughing. Generally, these episodes of crying or laughing that the patient experiences occur due to some trigger or spontaneously and last from a few seconds to a few minutes. These episodes of emotional

incontinence can repeat several times in a day. Usually, the trigger that the patient experiences will not be congruent to the mood they might be experiencing. For instance, the patient need not be sad to experience the uncontrollable crying episode, or they need not be happy to laugh involuntarily. On the other hand, they might also experience an exaggerated response to a stimulus. For instance, the patient might laugh uncontrollably to a mild humorous circumstance.

Due to these emotional outbursts, the patient might experience the feeling of being exhausted. Since these outbursts can happen anywhere and at any time, your clinician might note that the patient has the tendency to isolate himself from social circles as these outbursts could be the source of embarrassment.

Based on history and signs and symptoms present, your clinician will rule out other conditions such as depression, post-traumatic stress disorder (PTSD), and anxiety, as some of the symptoms can be similar to those in PBA. Sometimes, some of these above mentioned conditions might coexist in a patient with PBA.

Tests: No specific tests are indicated in a patient suffering from pseudobulbar affect to help confirm the diagnosis. However, your clinician might use some assessment instruments to help understand if the patient is suffering from PBA and to assess the severity of the condition.

The assessment scales that your clinician will resort to in a patient suffering from PBA will include Center for Neurologic Study-Lability Scale (CNS-LS) and the Pathological Laughter and Crying Scale. These assessment scales will also help your clinician in identifying the triggers that are responsible for the emotional outbursts that they are experiencing.

The care planning may include pharmacological management with dextromethorphan and quinidine. Your clinician might also plan individual and family psychotherapy.