

## Psychiatry Coding & Reimbursement Alert

### ICD-10 Update: Shift Your Focus to F60.5 For OCPD Diagnosis in ICD-10

**Hint: Don't get confused between OCPD and OCD.**

When your psychiatrist diagnoses obsessive-compulsive personality disorder (OCPD), you should not make the error of reporting it with a code for obsessive-compulsive disorder (OCD) as these two conditions are similar but different. As you did in the ICD-9 coding system, you have a very specific code for the condition in ICD-10.

**ICD-9:** When you are using the ICD-9 coding system, you report a diagnosis of obsessive-compulsive personality disorder with 301.4 (Obsessive-compulsive personality disorder). You report the same ICD-9 code when your psychiatrist diagnoses the patient with anankastic personality disorder or obsessional personality disorder. This ICD-9 code will also include a diagnosis of character neurosis.

**Caveat:** You cannot use 301.4 if your clinician diagnoses the patient with obsessive-compulsive disorder. You report this with the ICD-9 code, 300.3. Also, you cannot use 301.4 for a diagnosis of phobic state. You report this from the ICD-9 code range, 300.20-300.29. If your clinician is providing a diagnosis of non-psychotic personality disorder associated with organic brain syndromes, you report this from the ICD-9 code range 310.0-310.9 instead of 301.4. As with all codes in the 301 series, you will use an additional code to identify any associated neurosis or psychosis or physical condition.

**ICD-10:** When you switch to using ICD-10 codes on and after Oct.1, 2015, you report a diagnosis of obsessive-compulsive personality disorder with F60.5 (Obsessive-compulsive personality disorder). As in ICD-9, you use the same ICD-10 code when your psychiatrist's diagnosis is anankastic personality disorder or obsessional personality disorder. In addition, you can use the same ICD-10 code when your clinician mentions the diagnosis as compulsive personality disorder.

Again, as in ICD-9, you cannot report F60.5 when your clinician's diagnosis is obsessive-compulsive disorder. You report this with the ICD-10 code, F42, instead.

#### Pay Attention to These Basics

Documentation spotlight: Your psychiatrist will arrive at a diagnosis of obsessive-compulsive personality disorder 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 and interpretation of screening and evaluation questionnaires.

Some of the findings that your clinician would most likely record in a patient with obsessive-compulsive personality disorder will include a severe preoccupation with rules, schedules and details to an extent that the major point of the activity is lost; attempts to show perfectionism that cause difficulties in completing any task; an overzealous devotion to work that affects interpersonal relationships; inflexibility about matters of morality, ethics, or values; reluctance to delegate work to others unless they show the ability to match the expected way of doing things; rigidity and stubbornness; and miserly behavior and hoarding things even though they have no value.

When your clinician examines the patient, he might not find any important relevant findings that will help in clinching a diagnosis of obsessive-compulsive personality disorder. Even mental status findings will not have direct relevance in arriving at the diagnosis. Usually, these patients have normal thought processes, and they will generally have no problems with cognitive functioning. However, your clinician might note limitations of insight.

**Tests:** Your clinician will not order for any specific diagnostic tests to arrive at a diagnosis of obsessive-compulsive personality disorder. Instead, he might want to undertake some tests to rule out other problems that might present with

the similar kind of findings.

Your psychiatrist might ask for a toxicology screening to rule out substance abuse. In some cases, your clinician might order for a CT scan or other imaging studies to rule out any other systemic conditions or trauma.

For evaluating the patient, your clinician might resort to psychological tests such as the Minnesota Multiphasic Personality Inventory (MMPI). Some of the other tests that your clinician might resort to when he suspects a diagnosis of obsessive-compulsive personality disorder include the Eysenck Personality Inventory, the Structured Clinical Interview for DSM-IV-TR for Axis II Disorders (SCID-II) or the Personality Diagnostic Questionnaire.

The care planning may include medical management and cognitive behavioral psychotherapy that includes individual and family therapy.

**Example:** A family physician refers a 45-year-old male patient for suspicion of diagnosis of obsessive-compulsive personality disorder. The patient had first seen the FP with complaints of excessive fatigue because of which he was becoming irritable and angry with people in his workplace.

When your psychiatrist reviews the patient history, it shows that he has had such instances many times in the past. The patient attributed his fatigue to his excessive dedication to his work and because his coworkers were not doing their duties and he had to take up their work, too. He complained to your psychiatrist that there was nothing wrong with his mental status and said that the FP was wrong in referring him.

When questioned about his family life, he said that his wife of 10 years had left him about two years back, as she was unable to cope with his work schedules because he often was away from home due to his work.

Your psychiatrist subjects the patient to some psychological tests such as the MMPI and the personality diagnostic questionnaire.

Based on the history, findings during examination, and the interpretation of the tests, your clinician arrives at a diagnosis of obsessive-compulsive personality disorder.

**What to report:** You report the psychodiagnostic evaluation of the patient with 90792 (Psychiatric diagnostic evaluation with medical services). You also report the psychological testing with an appropriate code, such as 96101 (Psychological testing [includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS], per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report) since your psychiatrist administered the testing himself. You report the diagnosis with F60.5 if you are using ICD-10 codes or report 301.4 when reporting with the ICD-9 coding system.