

## Psychiatry Coding & Reimbursement Alert

### ICD-10 Update: Shrink Your Schizophrenia Reporting Challenges in ICD-10

#### Latent schizophrenia is now reported under schizotypal disorders.

If coding schizophrenia diagnoses under ICD-9 has got you in a straight jacket, you'll find respite with ICD-10. The good news is you'll no longer have to identify the schizophrenia state when these codes come into effect in Oct. 2014.

#### Capture State of Schizophrenia When Using ICD-9

When your psychiatrist arrives at a diagnosis of schizophrenia, you will start with 295 (Schizophrenic disorders). Depending on the type of schizophrenia, use a 4th digit classification as follows:

- 295.0 -- Simple type schizophrenia
- 295.1 -- Disorganized type schizophrenia
- 295.2 -- Catatonic type schizophrenia
- 295.3 -- Paranoid type schizophrenia
- 295.4 -- Acute schizophrenic episode
- 295.5 -- Latent schizophrenia
- 295.6 -- Residual schizophrenia
- 295.7 -- Schizo-affective type schizophrenia
- 295.8 -- Other specified types of schizophrenia
- 295.9 -- Unspecified schizophrenia

Note that childhood type schizophrenia is reported with 299.9 (Unspecified pervasive developmental disorder).

Each of the above mentioned types is further expanded into a 5th digit classification depending on the state of the schizophrenia (unspecified, subchronic, chronic, subchronic with acute exacerbation, chronic with acute exacerbation, and in remission). For example, paranoid schizophrenia is sub-classified into the following types:

- 295.30 -- Paranoid type schizophrenia unspecified state
- 295.31 -- Paranoid type schizophrenia subchronic state
- 295.32 -- Paranoid type schizophrenia chronic state
- 295.33 -- Paranoid type schizophrenia subchronic state with acute exacerbation
- 295.34 -- Paranoid type schizophrenia chronic with acute exacerbation
- 295.35 -- Paranoid type schizophrenia in remission

#### Observe Simplified Reporting Based Only on Type in ICD-10

When reporting a diagnosis of schizophrenia using ICD-10 codes, you will have to use the parent code F20 (Schizophrenia). As in ICD-9, you will again have to use a further 4th digit classification to identify the type of schizophrenia. So based on the type of schizophrenia, you will have to choose from the following set of ICD-10 codes:

- F20.0 -- Paranoid schizophrenia
- F20.1 -- Disorganized schizophrenia
- F20.2 -- Catatonic schizophrenia
- F20.3 -- Undifferentiated schizophrenia
- F20.5 -- Residual schizophrenia
- F20.8 -- Other schizophrenia

- F20.9 -- Schizophrenia, unspecified

F20.8 further uses a 5th digit classification to help report the following types of schizophrenia:

- F20.81 -- Schizophreniform disorder
- F20.89 -- Other schizophrenia (includes cenesthopathic schizophrenia and simple schizophrenia)

Note that you do not have to worry about the schizophrenia state when reporting the condition using ICD-10 codes. So this simplifies your reporting using ICD-10 codes to a large extent. Also, it is important to note that latent schizophrenia that is reported with 295.5 using ICD-9 is reported using F21 (Schizotypal disorder) under ICD-10 codes.

### **Review These Basics Briefly**

Your psychiatrist will arrive at a diagnosis of schizophrenia 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.

Depending on the schizophrenia type, the patient may experience a wide range of symptoms such as delusions, hallucinations, agitation, social withdrawal, anxiety, depression, speech disturbances, catatonia, reduced appetite, and lack of overall hygiene.

Document tests: When your psychiatrist suspects a diagnosis of schizophrenia, he will ask for diagnostic tests such as routine blood tests, brain scans and EEG to rule out other conditions. He might also undertake urinalysis to check for substance abuse. These tests will also help your psychiatrist assess the patient for other co-morbid conditions.

The care planning will include medical management with anti-psychotic medications. The effects of these medications will be checked by your psychiatrist at later dates. Once the patient's symptoms have stabilized, your psychiatrist will include group therapy (90853, Group psychotherapy [other than of a multiple-family group]) and individual cognitive behavioral therapy (e.g. 90804-90809, Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility...) to help reduce hallucinations and delusions that the patient experiences.

Example: Our psychiatrist recently saw a 35-year-old male patient who was accompanied by his wife. The patient was agitated and appeared withdrawn. Our psychiatrist took complete history and recorded social withdrawal for the past three months. He had a history of alcohol and cannabis abuse and had been unemployed for the past one year or so. The patient complained of hearing voices and expressed anxiety over unknown elements plotting to cause him harm.

Our psychiatrist conducted a thorough physical examination and a complete mental status examination and asked for an EEG, CT brain scan, and a complete blood test, all of which came back as normal.

Based on the history, present complaint, assessment of the patient and interpretation of diagnostic tests, our psychiatrist diagnosed the patient with paranoid schizophrenia. The patient was put on olanzapine. The patient was placed under observation and released with instructions to come back after two weeks. You report the session with 90801 (Psychiatric diagnostic interview examination). You report this diagnosis with 295.30 (Schizophrenic disorders; paranoid type; unspecified) under ICD-9 and F20.0 (Paranoid schizophrenia) under ICD-10.

Editor's note: For charts that crosswalk ICD-9 and ICD-10 codes for schizophrenia, please email the editor, SachinThimmaiah at [sthimmaiah@codinginstitute.com](mailto:sthimmaiah@codinginstitute.com).