

Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Switch to F44.81 for Dissociative Identity Disorder in ICD-10

Hint: Use other specific codes for other dissociative disorders.

If your clinician arrives at a diagnosis of dissociative identity disorder or multiple personality disorder, you will need to report it with a specific code that exists for the condition in ICD-10. Your reporting for this condition will not be much different from what you did when you used ICD-9 codes.

ICD-9: When your psychiatrist diagnoses a patient with dissociative identity disorder, you report it with the ICD-9 code, 300.14 (Dissociative identity disorder). However, you cannot report 300.14 if the diagnosis is adjustment reaction (309.0-309.9); gross stress reaction (308.0-308.9); hysterical personality (301.50-301.59); or psychophysiological disorders (306.0-306.9).

ICD-10: When you begin using ICD-10 codes, a diagnosis of dissociative identity disorder, which you report using the ICD-9 code 300.14, will crosswalk to F44.81 (Dissociative identity disorder). You will have to use the same ICD-10 code if your clinician diagnoses the patient with multiple personality disorder.

Note: You will report dissociative identity disorder under the parent code, F44.8- (Other dissociative and conversion disorders). You have a specific code for dissociative personality disorder. But, there are a few other dissociative and conversion disorders that will be covered under the same parent code. F44.8- has another fifth digit expansion, namely, F44.89 (Other dissociative and conversion disorders), which covers other conditions such as Ganser's syndrome, psychogenic confusion, psychogenic twilight state, and trance and possession disorders.

Focus on These Basics Briefly

Documentation spotlight: Your clinician will arrive at a diagnosis of dissociative identity 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.

Some of the findings that your clinician would most likely record in a patient with multiple personality disorder will include the person behaving like two or more individuals with traits of one personality existing at one time, and each personality will have no clue of the existence of the other.

Your clinician will note that personality transitions can occur suddenly and are often triggered by stress. The patient will have amnesia episodes and no recollection of what has transpired during this period. Your clinician might note that the patient has experiences like sleepwalking and fugue, which will point him towards dissociative disorders. Your psychiatrist might also note that the patient experiences auditory hallucinations.

Many of these patients will have a past history of either physical or sexual abuse. Upon examination, your clinician might be able to identify that the patient has been a victim of such abuse. Your clinician might also note signs and symptoms of anxiety and depression.

Tests: Your clinician will usually arrive at a diagnosis of dissociative identity disorder based on the signs and symptoms and past history. There are no specific tests that your clinician will want to undertake to confirm a diagnosis of

dissociative identity disorder. However, sometimes, your clinician might ask for screening tests to rule out substance abuse. In some patients, your clinician might also want to undertake certain screening tests or imaging studies to rule out or to confirm physical and sexual abuse.

The care planning will include identification of suicidal or homicidal tendencies and performance of crisis management for such tendencies. Your clinician will also undertake behavioral psychotherapy to help the patient develop an ability to control any impulsive behavior that can cause anxiety. The therapy will also be directed towards helping the patient develop healthy behavior to deal with anger and depression issues and to help control the dissociative behavior.