

## Psychiatry Coding & Reimbursement Alert

### ICD-10 Update: Train Your Sights on F60.0 For Paranoid Personality Diagnosis in ICD-10

**Hint: Do not use same diagnosis codes for paranoid schizophrenia or paranoid states.**

When your psychiatrist diagnoses a patient with paranoid personality disorder, you have a specific code that you can use for the condition as in ICD-9. However, you should be aware of some of the other diagnoses for which you cannot use this ICD-10 code.

**ICD-9:** When reporting a diagnosis of paranoid personality disorder with the ICD-9 system of codes, you report it with 301.0 (Paranoid personality disorder). Some of the other diagnoses for which you will report 301.0 will include fanatic personality, paranoid personality (disorder), and paranoid traits.

**Reminder:** You cannot use 301.0 if your clinician's diagnosis is acute paranoid reaction. You report this with 298.3 (Acute paranoid reaction). You also cannot use 301.0 if your psychiatrist diagnoses the patient with paranoid states. You report paranoid states from the ICD-9 code range, 297.0-297.9 depending on the type of paranoid state diagnosed.

If your clinician diagnoses the patient with paranoid schizophrenia, you will not report it with 301.0. You will use the ICD-9 code, 295.3x (Schizophrenic disorders; Paranoid type) instead.

Even a diagnosis of alcoholic paranoia cannot be reported with 301.0. You report it with 291.5 (Alcohol-induced psychotic disorder with delusions) instead.

**ICD-10:** When you begin using ICD-10 codes instead of ICD-9, you will switch from 301.0 to F60.0 (Paranoid personality disorder) for a diagnosis of paranoid personality disorder. In addition to this diagnosis, you will report F60.0 when your clinician diagnoses a patient with any of the following:

- Expansive paranoid personality (disorder)
- Fanatic personality (disorder)
- Querulant personality (disorder)
- Paranoid personality (disorder)
- Sensitive paranoid personality (disorder)

**Limitations:** As in ICD-9, you cannot report F60.0 for some of the following conditions. You cannot report this ICD-10 code for a diagnosis of paranoia; paranoia querulans; paranoid psychosis; or paranoid state. You report all the above mentioned conditions with the ICD-10 code, F22 (Delusional disorders). You also cannot report F60.0 for a diagnosis of paranoid schizophrenia. You report it with the ICD-10 code, F20.0 (Paranoid schizophrenia).

#### Focus on These Basics Briefly

**Documentation spotlight:** Your psychiatrist will arrive at a diagnosis of paranoid 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 paranoid personality disorder will include extreme suspicion (without basis) about friends and family members that they will cheat or harm the person; doubting the loyalty and trust of family members and friends; and doubting the fidelity of their spouse or partner. These types of doubts and suspicions are so extreme that they harm interpersonal and professional relationships. They also

cause these patients to have difficulties in developing close relationships with others.

Some of the other findings might include the patient trying to search for hidden meanings within conversations. They will assume that other people are out to harm them and are generally hypervigilant because of this. They do not take criticism lightly and will remain very unforgiving about any insults that are meted out to them. This will cause them to be excessively argumentative or become withdrawn.

When your clinician examines the patient, he might not find any important relevant findings that will help in arriving at a definitive diagnosis of paranoid 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:** There are no specific diagnostic tests that your psychiatrist will order or perform to arrive at a diagnosis of paranoid 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 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 paranoid 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:** Your psychiatrist reviews a 32-year-old male patient who has been brought in by his mother. She complains that her son suffers from excessive paranoia about people around him. She says that her son has had this trouble for sometime in the past. It seemed to have increased once his wife of three years left after he began to pick fights with her regularly on the basis of his suspicion of her fidelity.

His mother says that he is always suspicious of people at home and his friends seem to have deserted him because of this problem. He also had lost his job, because he was constantly starting arguments with people whom he suspected to be plotting behind his back to get him fired. She said that he also became very argumentative at home whenever someone chided him over his tardiness.

She said that his behavior was alienating him from his family and friends and he was having difficulties in retaining a job.

Your clinician found no abnormalities during physical or mental status examination. Your clinician then subjected 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 paranoid 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). You report the diagnosis with F60.0 if you are using ICD-10 codes or report 301.0 when reporting with the ICD-9 coding system.