Psychiatry Coding & Reimbursement Alert

ICD-10 Update: Zoom Into More Options For Reporting Factitious Disorder in ICD-10

Hint: Use type of symptoms feigned as clue to arrive at the right code.

When reporting a diagnosis of factitious disorder, you will base your code selection on whether the patient is pretending to have a psychological illness or a physical illness. This is similar to the way you reported the condition in ICD-9 but you have additional choices in ICD-10 to report a condition wherein the patient feigns a combined physical and psychological illness.

ICD-9: When your clinician arrives at a diagnosis of factitious disorder, you will have to look into documentation to check whether the symptoms that the patient is feigning are predominantly physical or psychological in nature. Based on this, you have two different ICD-9 codes that you can report for a diagnosis of factitious disorder:

- 300.16 (Factitious disorder with predominantly psychological signs and symptoms)
- 300.19 (Other and unspecified factitious illness)

Per ICD-9, 300.19 may be reported for either factitious disorder with predominantly physical signs or symptoms or factitious disorder with combined psychological and physical signs and symptoms.

If the patient repeatedly presents with fictitious illness with physical symptoms, then you may want to look at code 301.51 (Chronic factitious illness with physical symptoms). You also report 301.51 for a diagnosis of hospital addiction syndrome, multiple operations syndrome,or Munchausen syndrome. For a diagnosis of compensation neurosis or Ganser's syndrome (hysterical), you will have to report it with 300.16.

Caveat: You cannot report 300.16 for a diagnosis of adjustment reaction. You report this with the ICD-9 range, 309.0-309.9. For a diagnosis of hysterical personality, you report 301.50-301.59 instead of 300.16. For psychophysiological disorders, you report 306.0-306.9 rather than using 300.16. When your clinician diagnoses gross stress reaction, you use an appropriate code from 308.0-308.9. You cannot report hysterical neurosis with 301.51; if any other neurosis or psychosis is identified by your clinician, you will have to report it separately in addition to the ICD-9 code for the chronic factitious illness.

ICD-10: When switching over to ICD-10 codes, you will again base your code choice on the type of symptoms that the patient is pretending to be having. However, you have a code choice in ICD-10 wherein you can identify combination of both physical and psychological symptoms separate from just physical symptoms. The four code choices that you have to report a diagnosis of factitious disorder in ICD-10 include:

- F68.10 (Factitious disorder, unspecified)
- F68.11 (Factitious disorder with predominantly psychological signs and symptoms)
- F68.12 (Factitious disorder with predominantly physical signs and symptoms)
- F68.13 (Factitious disorder with combined psychological and physical signs and symptoms)

As with ICD-9, you report from the above mentioned code choices for a diagnosis of compensation neurosis. You may also report it for a diagnosis of elaboration of physical symptoms for psychological reasons, hospital hopper syndrome, Münchausen's syndrome, and peregrinating patient. However, you will have to use other diagnosis codes for a diagnosis of factitial dermatitis. For this condition, you will report L98.1 instead of F68.1- set of codes. For a diagnosis of a person feigning illness with obvious motivation, you use Z76.5 (Malingerer [conscious simulation]) rather than F68.1-.

Have a Look at These Basics Briefly

Documentation spotlight: Your psychiatrist will arrive at a diagnosis of factitious 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 factitious disorder will include a long term history of an illness for which the patient seeks constant medical help from one practitioner to another, receipt of many different treatment options for the supposed illness including surgeries, and a habit of changing practitioners when the old practitioner says that there is nothing wrong with the person.

Patients with this condition will lie about the symptoms that they are experiencing and will even pretend to demonstrate that the symptoms are aggravated during an examination. Your clinician will suspect a diagnosis of factitious disorder if the patient presents with an atypical presentation and provides details to your clinician that look like they have obtained the information from somewhere and are simply presenting rather than actually experiencing them.

When your clinician questions them about the illness and if they are unable to substantiate the inconsistencies between history and findings on examination, these patients will usually give vague details and will try to avoid any questions. Many times, the patients with factitious disorders will go to the extent of taking medications or trying other means to bring about the symptoms of the illness.

Tests: Even though there are no actual tests that can be performed to confirm a diagnosis of factitious disorder, based on necessity, your clinician might order for certain tests to actually find out whether or not the patient is suffering from the condition and symptoms that they are claiming to be suffering from. But otherwise, many times, your clinician might not want to order any tests or invasive procedures as these might have already been previously performed with no positive findings of the condition.

The care planning may include medical management (if there are any other psychiatric issues that need to be managed) along with cognitive behavioral psychotherapy that includes individual and family therapy.