

Psychiatry Coding & Reimbursement Alert

Review These OCD Reporting Basics

Your psychiatrist will arrive at a diagnosis of obsessive compulsive disorder 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.

The physician will assess the patient for other comorbid conditions, such as the following:

- Depression (e.g. F32._ and F33._);
- Anorexia nervosa (F50.0_);
- Tourette syndrome (F95.2);
- Trichotillomania (F63.3);
- Asperger's syndrome (F84.5);
- Obsessive compulsive personality disorder (F60.5);
- Body dysmorphic disorder (F45.22); and
- Other anxiety disorders (F41._) such as anxiety states due to substance or drug abuse and sexual dysfunction (e.g. F10.980, Alcohol use, unspecified with alcohol-induced anxiety disorder).

You may report CPT® code 90801 (Psychiatric diagnostic interview examination) to capture the psychiatric diagnostic/evaluative interview services.

Symptoms that you will often see in patients suffering from OCD will include history of symptoms of obsession (such as with cleanliness, safety, symmetry, sexual thoughts, and doubts) and compulsion (such as constantly washing, checking, re-arranging, touching and hoarding).

Upon examination, your psychiatrist might record signs of hair loss (due to pulling), skin eruptions (due to constant washing), and excoriations from skin picking.

To assess the symptoms, your psychiatrist will use a rating system called Yale-Brown obsessive compulsive scale (Y-BOCS) wherein all the obsessions and compulsions are rated depending on various factors such as time, resistance, interruptions experienced to normal life, and anxiety caused.

Once your psychiatrist suspects the patient to be suffering from OCD, he will order imaging tests such as PET scan or an MRI and will also order tests like urinalysis to check for substance abuse. These tests will help in the diagnosis and also in assessing the presence of comorbid conditions.

The care planning may include medical management and cognitive behavioral psychotherapy, both individual and family therapy.

Since management typically occurs as an outpatient, you will usually report the subsequent psychotherapy with 90804-90809 (Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility...). The specific code will depend on the time spent with the patient for the psychotherapy sessions and whether or not the psychiatrist also provided medical evaluation and management services during the encounter.