

# Home Health Coding and OASIS Expert

## ICD-10 Coding: 4 Tips to Perfect Your ICD-10 Psychiatric Coding

### Sequencing is key to correct coding for dementia.

ICD-10 will change some aspects of coding for your patients' psychiatric conditions, while other best practices will remain the same. Give your skills a quick tune-up before Oct. 1 to make sure you're ready for the transition.

### Get the Right Documentation

One thing that won't change for psych coding under ICD-10, is the need for physician verification of any psych codes, says **Judy Adams, RN, BSN, HCS-D, HCS-O**, with **Adams Home Care Consulting** in Asheville, N.C. As with any other diagnosis, you should never code a diagnosis of dementia or any other psychiatric condition unless you have physician documentation.

Don't be tempted to include a psychiatric diagnosis code based on OASIS responses, either. For example, listing a depression diagnosis code based on a positive depression screen in M1730 □ Depression Screening, isn't appropriate unless the physician confirms the diagnosis.

### Find Your Code

As in ICD-9, you'll need to reference the Alphabetic Index and then verify the code in the Tabular list for psychiatric codes as well as any other diagnoses you report, Adams says. And be sure to read all of the notes in the Tabular.

Your next step in coding accurately is to make certain that the diagnosis is supported and verified by the physician either within medical records from referral sources or through a documented query by the home care clinician, Adams says.

**Caution:** The plan of care must address interventions associated with any psychiatric disorders to support their impact on the POC, Adams says. Miss this essential step and you're risking a negative impact on your reimbursement because of lack of medical necessity.

**Tip:** Psych diagnoses don't provide case mix points as of Jan. 1, 2015. Even though these diagnoses are still technically considered "case mix diagnoses," they no longer earn points on the case mix variables table. The **Centers for Medicare & Medicaid Services** has not issued a new case mix variable table for ICD-10 yet.

### Mind Your Sequencing

Taking note of sequencing instruction in your coding manual is also important with coding for psych diagnoses like dementia. "There are many neurological and cerebral vascular diseases that are associated with dementia with the requirement that the underlying etiology of the dementia must be coded before the dementia code," Adams says.

Alzheimer's, Parkinson's, Parkinsonism, Lewy bodies, and a number of other chronic debilitating neurological conditions are causes of dementia codes in F02.8- □ Dementia in other diseases classified elsewhere. To keep track of when to list the underlying cause for your patient's dementia first, review the Includes list at category F02 □ Dementia in other diseases classified elsewhere.

### Take Note of Vascular Dementia Changes

Vascular dementia gets its own category in ICD-10 □ F01.5-. But you'll still need to list the underlying physiological condition first. Cerebral Atherosclerosis (I67.2) or other cerebrovascular disease (I67.89) or unspecified cerebrovascular disease (I67.9) could potentially be the etiology for vascular dementia if the physician or medical record support use of

these codes, and the patient has not had a cerebral infarction, Adams says.

If the patient has had a previous stroke has other specified sequela of stroke, you might report I69.398 □ Other sequelae of cerebral infarction followed by either F01.50 □ Vascular dementia without behavioral disturbance or F01.51 □ Vascular dementia with behavioral disturbance. These are the appropriate vascular dementia codes to report when the physician indicates that vascular dementia is associated with a stroke, Adams says. Using I69.31 for cognitive deficits as a sequela of a stroke may also be appropriate.

You may also need to list an "other sequela of cerebrovascular disease" code as the source of your patient's dementia. These include sequela due to one of the specific hemorrhage of cerebral or precerebral arteries (I69.098, I69.198, or I69.298) due to other cerebrovascular disease (I69.898). Before listing one of these codes, be certain the medical record and physician support these underlying causes as other sequela, Adams says.