

# Mental, Behavioral and Neurodevelopmental Disorders (F01-F99) ICD-10-CM



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## Chapter 5: “Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)”

Currently mental health professionals use two classification systems for coding mental disorders: the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM-5® offers diagnostic codes solely for mental disorders while the ICD-10-CM has codes for both physical and mental disorders.

- **Specificity, detail and expansion of some codes:**  
The classification improves with more subchapters, categories, subcategories and more codes that provide greater clinical detail. Most notable are other isolated or specific phobias and alcohol and substance abuse.
- The codes in this chapter are to be assigned with provider documentation of a mental or behavioral disorder based on their clinical judgment not just founded upon symptoms, signs and abnormal clinical laboratory findings.
- **Combination codes for mental and behavioral health:** Combination codes have been generated for drug and alcohol use and associated conditions such as withdrawal, sleep disorders or psychosis. A code for blood alcohol level (Y90.-) can be assigned as a supplementary code when documentation supports its use.
- **Certain diseases have been reclassified to reflect up-to-date medical knowledge:** Changes in names and definitions of disorders have been made to reflect more current clinical terminology and to regulate the terms used to diagnose mental, behavioral and substance use disorders.
- **Pain disorders linked to psychological factors (F45.4-):** Code F45.41 should be assigned for somatoform pain disorder, indicating psychological pain that is not supported by another medical condition and code F45.42 designated for genuine medical pain with related psychological factors. When using F45.42, report the associated acute or chronic pain (G89.-) as well. Note that pain not otherwise specified (NOS) is reported with R52, and this code should not be used with category F45.4-.
- **Sequencing of the intellectual disability codes (F70 - F79):** When coding in ICD-10-CM, the connected physical or developmental disorder should be coded first followed by the intellectual disability code.

- Category of mood disorders, code range F30-F39, includes conditions such as manic episode, bipolar disorder, major depressive disorder and persistent mood disorders.
- If insomnia is due to a mental health illness/behavioral condition, code F51.05 should be assigned followed by a code reporting the exact mental disorder.
- When hearing loss causes a delay in a patient’s development of speech and language, code F80.4, the type of hearing loss should be identified as an additional code.
- If delirium is due to an identified physiological condition, the underlying condition should be coded first followed by code F05, delirium due to known physiological condition.

### Depression

When diagnosing depression, according to DSM-5, five or more of the symptoms listed below must be present during the same two-week time period that denotes changes in functioning. At least one symptom is either a depressed mood or loss of interest.

Recurrence	Symptoms
Most of the day	<ul style="list-style-type: none"> <li>• Depressed mood as indicated in the subjective report or in remarks made by others</li> </ul>
Nearly every day	<ul style="list-style-type: none"> <li>• Markedly diminished interest in pleasure in all/almost all, activities</li> </ul>
Nearly every day	<ul style="list-style-type: none"> <li>• Significant weight loss when not dieting or weight gain or changes in appetite</li> <li>• Insomnia or hypersomnia</li> <li>• Psychomotor agitation or retardation</li> <li>• Fatigue or loss of energy</li> <li>• Diminished ability to think or concentrate, or indecisiveness</li> <li>• Feelings of worthlessness, excessive or inappropriate guilt</li> <li>• Recurrent thoughts of death</li> </ul>

### Major depressive disorder (MDD)

Documentation of MDD should specify the severity, if known, such as:

- Episode: single versus recurrent
- Severity: mild, moderate or severe
- With or without psychotic features
- Remission status: partial or full

### Recurrent depressive disorder:

Repeated episodes of depression without any history of independent episodes of mood variations or mania. There has been at least one previous episode lasting at least two weeks and separated by the present event for two months minimum. No hypomanic or manic episodes in the past. (e.g., MDD, recurrent, severe with psychotic features [33.3]).

### Severe episodes include:

MDD, recurrent, severe without psychotic features (F33.2) and major depressive disorder, recurrent, severe with psychotic features (F33.3).

- The appropriate codes for in remission are assigned only on the basis of documentation by the provider (as defined in the *ICD-10-CM Official Guidelines for Coding and Reporting I.C.5.b.1*). For a classification of n in remission, the patient has to have two or more depressive episodes in the past but be free from depressive symptoms for several months. This category can still be used if the patient is receiving treatment to reduce the risk of further episodes.
- Major depressive disorder, single episode, in full remission (F32.5); major depressive disorder, recurrent, in partial remission (F33.41)

#### Example:

Patient presents with symptoms of depression for the past year including feelings of sadness, loss of energy, difficulty sleeping, etc. No significant medical issues. Her symptoms began when her relationship of eight years ended. Patient scored a 24 on the Beck Depression Inventory (BDI) and was diagnosed with moderate MDD.

ICD-10-CM: major depressive disorder, single episode, moderate (F32.1)

### Persistent mood disorder

- Cyclothymic disorder (F34.0)
- Dysthymic disorder (F34.1)

### Certain anxiety and stress-related disorders

- Social phobia (F40.1-)
- Specific (isolated) phobias (example: animal type [F40.21-])
- Panic disorder (F41.0)
- Generalized anxiety disorder (GAD) (F41.1)
- Obsessive-compulsive disorder (OCD) (F42.-)
- Post-traumatic stress disorder (PTSD) (F43.1-)
- Adjustment disorder (F43.2-)

### Schizophrenia

Codes are in category F20 and are broken down by subtype:

- Paranoid schizophrenia (F20.0)
- Disorganized schizophrenia (F20.1)
- Catatonic schizophrenia (F20.2)
- Undifferentiated schizophrenia (F20.3)
- Residual schizophrenia (F20.5)
- Schizophreniform disorder (F20.81)
- Other schizophrenia (F20.89)

#### Example:

Patient who suffers from paranoid schizophrenia comes in for a check-up. He is doing well on medication and continuing with his psychotherapy but has started to gain weight. Labs were ordered to check his possible side effects of medication, and weight control was discussed.

ICD-10-CM: paranoid schizophrenia (F20.0); abnormal weight gain (R63.5)

### Other conditions

- **Vascular dementia:** two common types include vascular dementia without behavioral disturbance (F01.50) and vascular dementia with behavioral disturbance (F01.51)
- **Eating disorders:** such as anorexia nervosa, restricting type (F50.01); anorexia nervosa, binge eating/purging type (F50.02); bulimia nervosa (F50.2)
- **Pervasive developmental disorders:** such as autism (F84.0) and Asperger's syndrome (F84.5)

### Bipolar disorder

Patient suffers dramatic mood swings from mania to depression. In ICD-10, it is classified by the following parameters:

- Type: type I or type II
- Current episode: hypomanic, manic, depressed, mixed
- Severity: mild, moderate or severe
- With or without psychotic features
- Remission status: partial or full

#### Example:

Patient recently began feeling depressed and comes in for a check-up on her bipolar disorder. She admits to being noncompliant with taking her antipsychotic medication. Importance of taking medication as indicated discussed. Medication will be increased for a short period, and the patient will return in one week.

ICD-10-CM: bipolar disorder (F31.9), under dosing of unspecified antipsychotics and neuroleptics, initial encounter (T43.506A) and patient’s intentional under dosing of medication regimen for other reason (Z91.128)

## Substance use, abuse and dependence

In ICD-10, the classification of terms substance use, abuse and dependence are not interchangeable; they are separate conditions. According to the *Official Coding Guidelines*, when the provider documentation refers to use, abuse and dependence of the same substance (e.g., alcohol or opioid), only one code should be assigned based on the following hierarchy:

Code only	When documented
<b>Abuse</b>	Use and abuse
<b>Dependence</b>	Abuse and dependence
	Use and dependence
	Use, abuse and dependence

The ICD-10-CM classification system does not provide separate “history” codes for alcohol and drug dependence. A patient with a personal history of drug or alcohol dependence is coded as “in remission.”

## Alcohol use, abuse and dependence

- Alcohol abuse (F10.0-)
- Alcohol dependence (F10.2-)
- Alcohol use, unspecified (F10.9-)

Alcohol abuse and dependence codes no longer identify continuous or episodic use.

Those codes are further broken down into the following:

- Uncomplicated
- With intoxication, withdrawal, alcohol-induced psychotic disorder and persisting amnestic disorder; alcohol-induced persisting dementia; other alcohol-induced disorder; and unspecified alcohol induced disorder.

## Nicotine use and dependence

Codes related to nicotine in ICD-10-CM include:

- Tobacco use (Z72.0)
- Personal history of nicotine dependence (Z87.891)
- Exposure to environmental tobacco smoke (Z77.22)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Exposure to tobacco smoke in the perinatal period (P96.81)

- Nicotine dependence that is further classified by tobacco type (e.g., cigarettes and chewing tobacco) and whether there is an associated complication (e.g., withdrawal or nicotine induced disorder) (F17.-)

## Drug use, abuse and dependence

Drug use, abuse and dependence categories are further broken down identifying:

- With intoxication (e.g., uncomplicated, delirium, perceptual disturbances)
- With induced psychotic disorder (e.g., delusions, hallucinations, other)
- With other induced disorder (e.g., anxiety disorder, sexual dysfunction, sleep disorder, other disorder, unspecified)

*Examples:*

Patient presents to the office with personal history of alcohol dependence.

ICD-10-CM: alcohol dependence, in remission (F10.21)

Patient presents with an anxiety disorder due to cocaine abuse.

ICD-10-CM: cocaine abuse with cocaine-induced anxiety disorder (F14.180)

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