Mental Health
ICD 10

WVUPC
Laura Sullivan, MSW, CPC
ICD10 Quick Facts

• ICD-10 international version
  – Adopted by WHO in 1990
  – Most countries other than the US currently use ICD-10
  – ICD-10 (International version) ~ 12,500 diagnostic codes
  – ICD-10 used for mortality reporting in the US - 1999
• ICD-10-CM (US version)
  – ~ 69,000 diagnostic codes
  – Final rule published – 2012
  – Compliance date – Oct 1, 2015
ICD-9 Diagnosis Codes vs. ICD-10-CM (Diagnosis Codes)

• ICD-9-CM Diagnosis Codes  →  ICD-10-CM Diagnosis Codes
• 3 to 5 digits  →  7 digits
• Alpha “E” and “V” on 1st character  →  Alpha or numeric for any character
• No place holder characters  →  Include place holder characters (‘x’)
• Terminology Index and Tabular Structure  →  Similar
• Coding Guidelines  →  Some what similar
• Approximately 14,000 codes  →  Approximately 69,000 codes
• Severity parameters limited  →  Extensive severity parameters
• Does not include laterality  →  Common definition of laterality
• Combination codes limited  →  Combination codes common

WVU Physicians of Charleston
ICD9 Comparison to ICD10
Diagnosis Codes – Clinical Example

A patient is evaluated for a [drug induced] [sleeping disorder] that is related to [dependance] on a [sedative drug].

<table>
<thead>
<tr>
<th>ICD9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>29285</td>
<td>Drug induced sleep disorders</td>
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<table>
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<tr>
<th>ICD10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F13282</td>
<td>Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder</td>
</tr>
</tbody>
</table>
A patient is evaluated for a [drug induced] [sleeping disorder] that is related to [dependance] on a [sedative drug].

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“There are too many Codes”

- There are lots of words in the dictionary, but that doesn’t seem to trouble authors…
- 34,250 (50%) of all ICD-10CM codes are related to the musculoskeletal system
- 17,045 (25%) of all ICD-10CM codes are related to fractures
- ~25,000 (36%) of all ICD-10-CM codes to distinguish ‘right’ vs. ‘left’
- Only a very small percentage of the codes will be used most providers
<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>ICD-9 Codes</th>
<th>ICD-10 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fractures</td>
<td>747</td>
<td>17099</td>
</tr>
<tr>
<td>Poisoning and toxic effects</td>
<td>244</td>
<td>4662</td>
</tr>
<tr>
<td>Pregnancy related conditions</td>
<td>1104</td>
<td>2155</td>
</tr>
<tr>
<td>Brain Injury</td>
<td>292</td>
<td>574</td>
</tr>
<tr>
<td>Diabetes</td>
<td>69</td>
<td>239</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>27</td>
<td>47</td>
</tr>
<tr>
<td>Autism Spectrum Disorders</td>
<td>6</td>
<td>4</td>
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<tr>
<td>Mood related disorders</td>
<td>75</td>
<td>71</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>56</td>
<td>11</td>
</tr>
<tr>
<td>Hypertensive Disease</td>
<td>33</td>
<td>14</td>
</tr>
<tr>
<td>End stage renal disease</td>
<td>11</td>
<td>5</td>
</tr>
</tbody>
</table>
Good Clinical Documentation is Not a New

• The number and type of new concepts required for ICD-10 are not foreign to clinicians
• The focus of documentation is **good patient care**
• Patients deserve to have accurate and complete documentation of their conditions
• If other industries understand the value of accurate and complete documentation of data about encounters; shouldn’t we?
New concepts supported by ICD-10

- Drug “use” vs “dependence” vs “abuse”
- Bipolar II
- Recurrent depressive disorder
- Mood disorder related to physiologic condition
- Adjustment insomnia
- Adjustment reaction with withdrawal
- Asperger's syndrome
- Rett's syndrome
- Distinguishes between current episode and most recent episode for bipolar disorders
Dependence, Abuse or Use?

Get ready to change your mindset when choosing a diagnosis code for substance use, abuse, or dependence under ICD-10.

Current ICD-9 codes focus on the patterns of use (episodic, continuous, or unspecified), but you'll need to define acute or chronic use to pinpoint the right code under ICD-10.
Drug Use

“A pattern of psychoactive substance use that is causing damage to health.”
Drug Use

The damage may be physical (as in cases of hepatitis from the self-administration of injected drugs) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of alcohol).

The diagnosis requires that actual damage should have been caused to the mental or physical health of the user.
Drug Abuse

“Desire to have the drug”
Drug Abuse

**Drug abuse** refers to an individual who continues to use drugs even though they know it is having an adverse affect on their health and well being.

Drug abusers will continue to use even though their social life is falling apart and their financial stability is collapsing.

The Diagnostic and Statistical Manual of Mental Disorders, describes drug abuse as a "maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances."

A diagnosis of substance dependence supersedes a diagnosis of substance abuse, therefore if the criteria for substance dependence are met, then the additional diagnosis of substance abuse is not applied.
Defining Drug Abuse

• Use of the drug in question has led to poor performance at school or on the job.

• The individual uses the drug in situations that are potentially harmful to himself or others (i.e., while driving, caring for children, etc.).

• The individual incurs legal problems as a result of the drug use.

• The individual experiences considerable social problems as a result of the drug use (i.e., losing old friends, martial difficulty, etc.)
Dependence

“A physiological need to have the drug”
Dependence

Drug dependence occurs when an individual has built up a tolerance to a particular drug or drugs. With tolerance comes the need to take more and more of the drug in order to achieve a “high”.

Those with a drug dependence problem are also likely to experience withdrawal symptoms when they stop taking the drug in question. Just as in drug abuse, a person with a drug dependence experiences similar counterproductive patterns of substance use which causes significant impairment or distress.

To diagnose dependence, however, additional criteria must be met. These criteria include developing tolerance to the drug; experiencing withdrawal symptoms upon cessation of the drug; taking more of the drug than intended; unsuccessful attempts to cut down usage; spending a great deal of time obtaining the drug; foregoing important activities because of drug use; and continued use of the drug despite knowing its harmful effects.
Dependence

- Building a tolerance for the drug. This may included the need to take more and more of the drug to get its desired effect, or a lessening of the effect one gets when they continue to take the same amount of the drug.

- Withdrawal symptoms. These may include physical and psychological symptoms such as nausea, sleeplessness, irritability, muscle aches, etc. The length of time that withdrawal symptoms are experienced varies according the individual and the intensity of the drug addiction, but as a general rule, they will last between two to five days.

- The inability to stop taking the drug(s) in question

- The individual takes more and more of the drug over time. More than he or she originally had intentioned.

- The individual becomes obsessed with the drug, and the pursuit of it begins to overtake their life.
Alcoholism

• In remission
• Without remission
• Affecting newborn
• Complicating pregnancy
• Fetal damage
• In family
• Korsakov’s
• Screening

If in pregnancy must state the following:
- Weeks of gestation
- Current use or past use
- Dependence or Abuse
  - Any associated disorders
- Trimester
- Delivered
  - Outcome of delivery
    - Single, twins
    - Live, stillborn
Alcohol Level

- Less than 20mg/100ml
- 20-39 mg/100ml
- 40-59 mg/100ml
- 60-79 mg/100ml
- 80-99 mg/100ml
- 100-119 mg/100ml
- 120-199 mg/100ml
- 200-239 mg/100ml
- More than 240 mg/100ml
Alcohol NOS Codes

When the alcohol use is not specified as dependent or abuse the code selected should be the F10.9 series; which states Alcohol Use NOS.

Still must document if the patient has any complications:
- Psychotic disorder
  - with delusions
  - with hallucinations
- Mood disorder
- Intoxication
  - with delirium
  - Alcohol level must also be coded
- Dementia
- Anxiety
- Sexual Dysfunction
- Sleep disorder
- Delirium
Use and/or Dependence

- Alcohol (use=dependence)
- Amphetamine
- Caffeine
- Cannabis
- Cocaine
- Hallucinogen
- Hypnotic
- Inhalant
- Methadone
- Non-prescription
- Opioid
- Patent Medications
- Polysubstance (indiscriminate drug use)
- Psychoactive
- Sedative
- Tobacco
- Volatile solvent

While to the provider the word “use” is not the interchangeable with “dependence” in coding they can be the same.
Dependence

- Intoxication
  - Perceptual disturbance
  - Delirium
- Withdrawal
- Induced disorder
  - Mood disorder
  - Psychotic disorder
    - Hallucinations
    - Delusions
- Sleep disorder
- Sexual dysfunction
- Pre-existing psychiatric disorder/s
  - Anxiety
  - Depression
- Specify drug and category
Uncomplicated Dependence

F1220 - Cannabis dependence uncomplicated
F1420- Cocaine dependence uncomplicated
F1120- Opioid dependence uncomplicated

Uncomplicated defined as:
- No delirium
- No delusions
- No intoxication
- No mood disorder
- No perceptual disturbance
- No psychotic disorder
- No sexual dysfunction
- No sleep disorder
- No withdrawal
Abuse of

Alcohol
Amphetamine (code as stimulant)
Anxiolytics (barbiturates, phenobarbital, tranquilizers
Caffeine (code as stimulant)
Cannabis, cannabinoids
Cocaine
Hallucinogen (LSD, mescaline, peyote)
Inhalants
Multiple drugs
Non-prescribed substance, non dependence
Opioids (codeine, heroin, methadone, morphine)
Patent medicines, maternal, affecting newborn
Phencyclidine (PCP)
Stimulant
Volatile solvents
Use of:

**Cannabis**
- Anxiety disorder
- Delirium
- Delusions
- Hallucinations
- Intoxication
- Perceptual disturbance
- Psychosis

**Caffeine aka Stimulant**
- Anxiety disorder
- Delirium
- Delusions
- Hallucinations
- Intoxication
- Mood disorder
- Perceptual disturbance
- Psychotic disorder
- Sexual dysfunction
- Sleep disorder
- Withdrawal

**Hallucinogen**
- Anxiety
- Delirium
- Delusions
- Flashbacks
- Hallucinations
- Intoxication
- Mood disorder
- Persisting perceptual disorder
- Psychotic disorder
Tobacco

Complicating pregnancy
- Last menstrual period
- Weeks of gestation
- Other complications

History of nicotine and/or dependence
- Follow up after completion of treatment
- Personal history of self harm

Dependence
- Chewing Tobacco
- Cigarettes

Use
Lifestyle problems (see next slides)
- Education and/or literacy problems
- Employment problems
- Life management difficulty
- Occupational exposure to risk factors
- Problems with housing/economic circumstances
- Problems with family
- Psychosocial problems
- Social environment problems
## Lifestyle issues in Tobacco Use

### Lifestyle problems
- Education and/or literacy problems
- Failed exams
- Low level literacy
- Maladjustment with teachers
- School unavailable
- Underachievement in school

### Employment problems
- Change of job
- Discord with boss and/or workmates
- Environment
- Military deployment status
- Sexual harassment
- Stress
- Threat of job loss
- Unemployment

### Life management difficulty
- Occupational exposure to risk factors
- Problems with housing/economic circumstances
- Problems with family
- Psychosocial problems
- Social environment problems

### Occupational risk
- Dust
- Environment tobacco smoke
- Extreme temperature
- Noise
- Radiation
- Toxic agents
- Vibration
Lifestyle issues in Tobacco Use

Housing and/or economic issues
- Boarding school resident
- Discord with neighbors/landlord
- Extreme poverty
- Foreclosure on loan
- Homelessness
- Inadequate drinking water supply
- Inadequate housing
- Insufficient social insurance/welfare
- Isolated dwelling
- Lack of adequate food
- Lack of heating
- Low income
- Problems related to living in residential institution
- Problems with creditor
- Restriction of space
- Technical defects in home
- Unsatisfactory Surroundings

Problems related to upbringing
- Abuse
- Altered pattern of family relationships
- Custody and/or support proceedings
- Emotional neglect of child
- Frightening experience
- Hostility towards and/or scapegoating of child
- In foster care/welfare custody
- Inappropriate parental pressure
- Institutional upbringing
- Living in orphanage or group home
- Loss of relationship/self esteem
- Parent child conflict
- Parent child estrangement
- Parental overprotection
- Physical abuse
- Removal from home
- Sexual abuse
- Sibling rivalry
Lifestyle issues in Tobacco Use

**Problems with family**
- Absence
- Alcoholism and/or drug addiction
- Anxiety about normal sick person
- Death and/or disappearance
- Divorce and/or separation
- High expressed emotional level
- In-laws
- Isolated family
- Return of a family member from military deployment
- Spouse and/or partner

**Social Environment problems**
- Acculturation difficulty
- Adjustment to life-cycle transitions
- Adjustment to retirement
- Atypical parenting
- Empty nest syndrome
- Exclusion and/or rejection
- Living alone
- Migration
- Phase of life
- Target of perceived adverse discrimination/persecution
- Transplantation

**Psychosocial Problem**
- Arrest
- Child custody and/or support proceedings
- Conviction in civil and/or criminal matter w/o prison
- Discord with counselors, probation officer, social worker
- Exposure to disaster, war or other
- Imprisonment and/or incarceration
- Litigation and/or prosecution
- Multiparity
- Release from prison
- Seeking and/or accepting known hazard
- Unwanted pregnancy
- Victim of crime terrorism/torture
- Other legal issues
Basics to remember

- Dependence v Use v Abuse
- Name of drug used
- Associated Complications
- Lifestyle Issues
- Type of use, current, remission, history of, or withdrawal
- Alcohol level if intoxicated or in withdrawal
- In pregnancy, LMP and weeks of gestation
- Contributing Factors
Coding Tip

When the provider documentation refers to use, abuse and dependence of the same substance (e.g., alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern based on hierarchy:

1. If both use and abuse are documented, assign only the code for abuse
2. If both abuse and dependence are documented, assign only the code for dependence
3. If both use and dependence are documented, assign only the code for dependence
4. If use, abuse, and dependence are all documented, assign the code for dependence.

Many drug users take more than one type of drug, but the diagnosis of the disorder should be classified, whenever possible, according to the most important single substance (or class of substances) used.

This may usually be done with regard to the particular drug, or type of drug, causing the presenting disorder. When in doubt, code the drug or type of drug most frequently misused, particularly in those cases involving continuous or daily use.
Removed concepts from ICD-9

- Substance dependence
  - continuous
  - episodic
- Amphetamine
  - Dependence
  - Abuse
- Bipolar I
- Passive-aggressive personality
- Pervasive Disorders
  - current or active state
  - residual state
Removed concepts from ICD-9

- Schizophrenia
  - Latent
  - Simple Type
  - Sub-chronic
  - Chronic
  - Subchronic with acute exacerbation
  - Chronic with acute exacerbation
  - In remission
ICD-10-CM

Key coding changes relevant to behavioral health
Changes in detail and content

Code Examples – Substance related sleep disorders:

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<tbody>
<tr>
<td>F11182</td>
<td>Opioid abuse with opioid-induced sleep disorder</td>
</tr>
<tr>
<td>F11982</td>
<td>Opioid use, unspecified with opioid-induced sleep disorder</td>
</tr>
<tr>
<td>F11282</td>
<td>Opioid dependence with opioid-induced sleep disorder</td>
</tr>
<tr>
<td>F14182</td>
<td>Cocaine abuse with cocaine-induced sleep disorder</td>
</tr>
<tr>
<td>F14282</td>
<td>Cocaine dependence with cocaine-induced sleep disorder</td>
</tr>
<tr>
<td>F14982</td>
<td>Cocaine use, unspecified with cocaine-induced sleep disorder</td>
</tr>
<tr>
<td>F13182</td>
<td>Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder</td>
</tr>
<tr>
<td>...</td>
<td><em>Multiple other substances</em></td>
</tr>
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### Changes in detail and content

#### ICD-9 Code

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<tbody>
<tr>
<td>30550</td>
<td>(Non-dependent) Opioid abuse, unspecified</td>
</tr>
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<tr>
<td>F1110</td>
<td>Opioid abuse, uncomplicated</td>
</tr>
<tr>
<td>F11120</td>
<td>Opioid abuse with intoxication, uncomplicated</td>
</tr>
<tr>
<td>F11121</td>
<td>Opioid abuse with intoxication delirium</td>
</tr>
<tr>
<td>F11122</td>
<td>Opioid abuse with intoxication with perceptual disturbance</td>
</tr>
<tr>
<td>F1114</td>
<td>Opioid abuse with opioid-induced mood disorder</td>
</tr>
<tr>
<td>F11150</td>
<td>Opioid abuse with opioid-induced psychotic disorder with delusions</td>
</tr>
<tr>
<td>F11151</td>
<td>Opioid abuse with opioid-induced psychotic disorder with hallucinations</td>
</tr>
<tr>
<td>F11181</td>
<td>Opioid abuse with opioid-induced sexual dysfunction</td>
</tr>
<tr>
<td>F11182</td>
<td>Opioid abuse with opioid-induced sleep disorder</td>
</tr>
<tr>
<td>F11188</td>
<td>Opioid abuse with other opioid-induced disorder</td>
</tr>
<tr>
<td>F1119</td>
<td>Opioid abuse with unspecified opioid-induced disorder</td>
</tr>
</tbody>
</table>

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Code Examples – Substance related abuse:
Changes in detail and content

Code Examples – Schizophrenia:

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<tr>
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<tbody>
<tr>
<td>29530</td>
<td>Paranoid type schizophrenia, unspecified</td>
</tr>
<tr>
<td>29531</td>
<td>Paranoid type schizophrenia, subchronic</td>
</tr>
<tr>
<td>29532</td>
<td>Paranoid type schizophrenia, chronic</td>
</tr>
<tr>
<td>29533</td>
<td>Paranoid type schizophrenia, subchronic with acute exacerbation</td>
</tr>
<tr>
<td>29534</td>
<td>Paranoid type schizophrenia, chronic with acute exacerbation</td>
</tr>
<tr>
<td>29535</td>
<td>Paranoid type schizophrenia, in remission</td>
</tr>
</tbody>
</table>

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<tr>
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</tr>
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<tbody>
<tr>
<td>F200</td>
<td>Paranoid schizophrenia</td>
</tr>
</tbody>
</table>
### Changes in detail and content

**Code Examples – Schizoaffective disorder:**

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
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<tbody>
<tr>
<td>29570</td>
<td>Schizoaffective disorder, unspecified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F250</td>
<td>Schizoaffective disorder, bipolar type</td>
</tr>
<tr>
<td>F251</td>
<td>Schizoaffective disorder, depressive type</td>
</tr>
<tr>
<td>F258</td>
<td>Other schizoaffective disorders</td>
</tr>
<tr>
<td>F259</td>
<td>Schizoaffective disorder, unspecified</td>
</tr>
</tbody>
</table>
Changes in detail and content

Code Examples – Post traumatic Stress Disorder:

<table>
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<tbody>
<tr>
<td>30981</td>
<td>Posttraumatic stress disorder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F4310</td>
<td>Post-traumatic stress disorder, <em>unspecified</em></td>
</tr>
<tr>
<td>F4311</td>
<td>Post-traumatic stress disorder, <em>acute</em></td>
</tr>
<tr>
<td>F4312</td>
<td>Post-traumatic stress disorder, <em>chronic</em></td>
</tr>
</tbody>
</table>
# Changes in detail and content

## ICD-9 Code

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<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3130</td>
<td><strong>Overanxious</strong> disorder specific to childhood and adolescence</td>
</tr>
<tr>
<td>3131</td>
<td><strong>Misery and unhappiness</strong> disorder specific to childhood and adolescence</td>
</tr>
<tr>
<td>31321</td>
<td><strong>Shyness</strong> disorder of childhood</td>
</tr>
<tr>
<td>31322</td>
<td><strong>Introverted</strong> disorder of childhood</td>
</tr>
<tr>
<td>3133</td>
<td><strong>Relationship problems</strong> specific to childhood and adolescence</td>
</tr>
<tr>
<td>31382</td>
<td><strong>Identity disorder</strong> of childhood or adolescence</td>
</tr>
<tr>
<td>31383</td>
<td><strong>Academic underachievement</strong> disorder of childhood or adolescence</td>
</tr>
<tr>
<td>31389</td>
<td><strong>Other</strong> emotional disturbances of childhood or adolescence</td>
</tr>
<tr>
<td>3139</td>
<td><strong>Unspecified</strong> emotional disturbance of childhood or adolescence</td>
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</table>

## ICD-10 Code

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F930</td>
<td><strong>Separation anxiety</strong> disorder of childhood</td>
</tr>
<tr>
<td>F938</td>
<td><strong>Other</strong> childhood emotional disorders</td>
</tr>
<tr>
<td>F939</td>
<td>Childhood emotional disorder, <strong>unspecified</strong></td>
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</tbody>
</table>
Changes in detail and content

Code Examples – Conversion Disorders:

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<th>Description</th>
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<tbody>
<tr>
<td>30011</td>
<td>Conversion disorder</td>
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</table>

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F444</td>
<td>Conversion disorder with motor symptom or deficit</td>
</tr>
<tr>
<td>F445</td>
<td>Conversion disorder with seizures or convulsions</td>
</tr>
<tr>
<td>F446</td>
<td>Conversion disorder with sensory symptom or deficit</td>
</tr>
<tr>
<td>F447</td>
<td>Conversion disorder with mixed symptom presentation</td>
</tr>
<tr>
<td>F4489</td>
<td>Other dissociative and conversion disorders</td>
</tr>
<tr>
<td>F449</td>
<td>Dissociative and conversion disorder, unspecified</td>
</tr>
</tbody>
</table>
Changes in detail and content

Code Examples – Other substance abuse:

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30592</td>
<td>Other, mixed, or unspecified drug abuse, episodic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
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</tr>
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<tbody>
<tr>
<td>F550</td>
<td>Abuse of antacids</td>
</tr>
<tr>
<td>F551</td>
<td>Abuse of herbal or folk remedies</td>
</tr>
<tr>
<td>F552</td>
<td>Abuse of laxatives</td>
</tr>
<tr>
<td>F553</td>
<td>Abuse of steroids or hormones</td>
</tr>
<tr>
<td>F554</td>
<td>Abuse of vitamins</td>
</tr>
<tr>
<td>F558</td>
<td>Abuse of other non-psychoactive substances</td>
</tr>
</tbody>
</table>
## Changes in detail and content

### Code Examples – Attention Deficit Disorders:

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31400</td>
<td>Attention deficit disorder <strong>without mention of hyperactivity</strong></td>
</tr>
<tr>
<td>31401</td>
<td>Attention deficit disorder <strong>with hyperactivity</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F900</td>
<td>Attention-deficit hyperactivity disorder, predominantly <strong>inattentive type</strong></td>
</tr>
<tr>
<td>F901</td>
<td>Attention-deficit hyperactivity disorder, predominantly <strong>hyperactive type</strong></td>
</tr>
<tr>
<td>F902</td>
<td>Attention-deficit hyperactivity disorder, <strong>combined type</strong></td>
</tr>
<tr>
<td>F908</td>
<td>Attention-deficit hyperactivity disorder, <strong>other type</strong></td>
</tr>
<tr>
<td>F909</td>
<td>Attention-deficit hyperactivity disorder, <strong>unspecified type</strong></td>
</tr>
</tbody>
</table>
“ICD diagnosis codes are irrelevant to my business.”

- **ICD-9 codes factor into:**
  - Payer processing rules
  - The determination of appropriateness
  - Measures of quality (pay for performance)
  - Compliance (meaningful use)
  - Contracting decisions
  - Risk adjustments
  - Fraud waste and abuse
  - Audits
  - Authorizations
“ICD diagnosis codes are irrelevant to my business.”

- ICD-10 codes are likely to factor into:
  - Changes in reimbursement based on both “what” was done and “why”
  - Managing financial risks for contracted populations (ACO’s)
  - Changes in reimbursement based on more robust models of payment adjusted for risk and severity
  - More sophisticated weighting of payments based on DRGs, episodes or other groupers of care.
Implementation

Getting your ducks in a row
Leveraging ICD-10
A changing world of cost containment

Accurate and complete documentation and coding provides opportunities to support the transition into a “value-based”, “accountable care” reimbursement environment.

- Better representation of severity and risk
- Recognition of varying levels of complexity
- Better claim information to support automated processing and more rapid reimbursement
- Opportunities to reduce audit risk exposure
- Improved business intelligence to support population risk management
- More accurate measures of quality and efficiency
Online Resources
Review of Q&A from Attendees

• CMS - [https://www.cms.gov/ICD10/](https://www.cms.gov/ICD10/)
  ✔ Coding Documentation (Indexes, Coding Guidelines, Code Files):
  ✔ General Equivalency Mapping [GEM] (Mapping files, Guidelines, Procedure and Diagnosis)
  ✔ Implementation Guides: [https://implementicd10.noblis.org](https://implementicd10.noblis.org)
Online Resources

Review of Q&A from Attendees

• CMS - [https://www.cms.gov/ICD10/](https://www.cms.gov/ICD10/) (Continued)
  ✓ Implementation Guides: [https://implementicd10.noblis.org](https://implementicd10.noblis.org)
Online Resources
Review of Q&A from Attendees

- CMS - [https://www.cms.gov/ICD10/](https://www.cms.gov/ICD10/) (Continued)
  - Medicare Reimbursement Mappings
    - 2014 Reimbursement Mappings – Diagnosis Codes and Guides
    - 2014 Reimbursement Mappings – Procedure Codes and Guides
    - Links to ordering the ICD-10 Pilot Version 31.0 Mainframe and PC version of the ICD-10 MS-DRGs and Medicare Code Editor (FY 2014 version) from NTIS have been placed on the CMS website under the Related Links section at [http://cms.hhs.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html](http://cms.hhs.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html)
  - FAQ, Coordination and maintenance Committee minutes
Online Resources
Review of Q&A from Attendees

• CDC - [http://www.cdc.gov/nchs/icd/icd10cm.htm](http://www.cdc.gov/nchs/icd/icd10cm.htm)
  - ICD-10-CM files (Alphabetic Indexes, Tabular List, Coding Guidelines, Codes and Descriptions Files, FY2014 Addenda)
  - General Equivalency Mapping [GEM] (Mapping files, Guidelines, Procedure and Diagnosis)
    - GEMs Crosswalk documents:
    - GEMs 2014 General Equivalence Mappings:
  - Detailed List of Codes Exempt from Diagnosis Present on Admission Requirements
  - Public Health Transition to ICD-10-CM/PCS
    [http://www.cdc.gov/nchs/icd/icd10cm_pcs.htm](http://www.cdc.gov/nchs/icd/icd10cm_pcs.htm)
Online Resources
Review of Q&A from Attendees

• WEDI - http://www.wedi.org/
  - List serves
  - Workgroups
  - White papers
  - Implementation forums
  - Industry advocacy and issue
  - Access to standards leaders

• AHIMA - http://ahima.org/
  - Training and certification
  - Extensive documentation libraries
  - Bookstore
  - Communities of practices
  - ICD-10 focused conferences
Good Documentation

- Notes must be signed and dated by ALL providers
- Clear and concise chief complaint
- Diagnosis and plan clearly outlined
- Use descriptors such as: stable, worsening, controlled, and unknown etiology etc...
- Reason for orders and referrals must be easily understood
- Medical necessity must be clear when requesting anything
- Everything documented should be medically necessary
Contact Information

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