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## ICD-10-CM: MENTAL HEALTH PART I



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## AGENDA



Goal: Participants will be able to understand the principles of ICD-10-CM coding related to mental health

- From ICD-9 to ICD-10: Major Changes
- Sequencing and Guidelines
- Practice: Finding the Key Term
- Chapter 1: Infectious Diseases
- Chapter 2: Neoplasms
- Chapter 4: Endocrine, Nutritional, and Metabolic Diseases

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## ORGANIZATION & STRUCTURE OF ICD-10-CM



**Alphabetic Index**  
*Index to Diseases and Injuries*

- Neoplasm Table
- Table of Drugs and Chemicals
- Index to External Causes
- Hypertension tables have been eliminated

**Manifestation Codes**  
Example: Disease, Alzheimer's G30.9 [F02.80]

**Tabular List**  
Reorganization, addition, and expansion of chapters

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## BASIC STEPS TO CODING DISEASES

1. Locate main term in Index to Diseases
2. Follow directional terms
  - e.g., see, see also, see category
3. Review diagnostic statement to locate essential modifiers (sub-terms) in Index to Diseases
4. Select and verify code in Tabular List of Diseases

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## BASIC CODING TIPS

- Start looking up the codes from the top down
- Looking up codes from the middle of the page will lead you the **WRONG** way!
- Use colored tabs to mark the alphabet and the sections



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## ICD-10-CM

### CODING CONVENTIONS



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## CODING IN ICD-10-CM

Always at least 3 characters but can be up to seven

1<sup>st</sup> Character is always a letter. All letters used except U

2<sup>nd</sup> Character is always a number.

3<sup>rd</sup> through 7<sup>th</sup> characters can be numbers or letters.

First 3 characters = category. Decimal goes after category (XXX.XXXX)

Not case-sensitive. First character is often capitalized.

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## CODING AND THE 7<sup>TH</sup> CHARACTER EXTENSIONS

Alpha (Except U)      3 – 7 Numeric or Alpha      Additional Character

T   4   3   .   0   1   2   D

Category      Etiology, anatomic site, severity      Obstetrics, injuries, and external causes

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## ICD-9 TO ICD-10 COMPARISON

ICD-9-CM

7   2   9   .   5

ICD-10-CM

M   7   9   .   6   2   1

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## HOW MANY MORE CODES? >>

Code Type	ICD-9-CM	ICD-10-CM
Diagnosis	14,315 codes	69,101 codes

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## MAJOR MODIFICATIONS IN ICD-10 CM >>

- The 7<sup>th</sup> Character
- Placeholders
- Episode of Care
- Abbreviations
  - NEC
  - NOS
- Punctuation
- Instructional Notes
- Excludes Notes
- Relational Terms
- V/E Codes?
- Chapter Layout
- Default Code

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## SEVENTH CHARACTER >>

- Some categories require a **seventh character** to provide further specificity about the condition being coded.
- May be a number or a letter
- Must **always** be in the **seventh position**

Examples:

T42.4x5A Adverse effect, Xanax, initial encounter

T23.391D Third degree burn, multiple sites, right hand, subsequent encounter

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## PLACEHOLDER

 ICD-10-CM utilizes a **Placeholder Character** – “X” for codes that may require a 7<sup>th</sup> character, but do not have 6 preceding characters.

**S06.2x1D**, Follow-up for diffuse traumatic brain injury with loss of consciousness less than 30 minutes

**V13.5xxA**, Bicyclist injured in collision with car, pick-up truck, or van in traffic accident

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## EPISODE OF CARE DEFINITIONS

- A patient may see new and/or different providers over the course of treatment for an injury
- Assignment of the 7<sup>th</sup> character is based on whether patient is undergoing active treatment, not whether the provider is seeing the patient for the first time.

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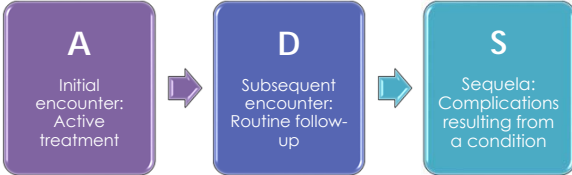
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## EPISODE OF CARE



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graph LR
    A["A  
Initial encounter:  
Active treatment"] --> D["D  
Subsequent encounter:  
Routine follow-up"]
    D --> S["S  
Sequelae:  
Complications resulting from a condition"]
  
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## EPISODE OF CARE EXAMPLES

Case #1: Pt treated for acute alcohol poisoning in ER. Upon discharge, he follows up with his PCP.

- Code as SUBSEQUENT: routine care during healing phase

Case #2: Pt with displaced fracture goes to ER. They ice it and immobilize, but due to excessive swelling, are unable to cast it. Goes next day to PCP, who puts on cast.

- Code as INITIAL: PCP is providing the active treatment

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## ABBREVIATIONS - NEC

**NEC = Not Elsewhere Classified**

- For use when the provider documents a **specific condition** but the ICD-10 does not have a code for it
- Alphabetic Index uses NEC for a code description that will direct the coder to the Tabular List showing an Other Specified or Not Elsewhere Classified code description

Examples:  
F60.89, Other specific personality disorders  
Z62.890, Parent-child estrangement not elsewhere classified

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## ABBREVIATIONS – NOS

**NOS = Not Otherwise Specified**

- Unspecified
- Available for use when the documentation of the condition identified by the provider is insufficient to assign a more specific code

Example:  
F79 Unspecified intellectual disabilities  
F63.9 Impulse disorder, unspecified

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## PUNCTUATION

( ) Parentheses – Nonessential Modifiers

- Supplementary words that may be present or absent in the disease or procedure which do not affect the code assignment

Examples: *Alphabetic Index*

- Depression** (acute) (mental)
- Excess, excessive** drinking (alcohol) NEC (without dependence)

Examples: *Tabular List*

- F40.2**, Specific (isolated) phobias
- F60.4**, Hysterical personality (disorder)

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## PUNCTUATION

[ ] Brackets

Alphabetic Index: Identify Manifestation Codes

- Disease, Alzheimer's G30.9 [F02.80]
- Nephrosis, in amyloidosis E85.4 [N08]

Tabular List: Encloses synonyms

- F51.4, Sleep terrors [Night terrors]
- R94.01, Abnormal electroencephalogram [EEG]

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## PUNCTUATION

: Colons

- Used in Tabular List after an incomplete term which needs at least one of the modifiers following the code to make it assignable
- Used with instructional notes

**F41 Other anxiety disorders**  
Excludes2 Anxiety in:

- acute stress reaction
- transient adjustment reaction
- neurasthenia
- psychophysiological disorders

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## INSTRUCTIONAL NOTES

**"Code First" & "Use Additional Code"**

- Used for Sequencing Priority – Found in Tabular
- When a particular disease or condition has many manifestations that go along with it, always code the underlying disease first, followed by the manifestation.

Example:  
**F02 Dementia in other disorders classified elsewhere**

- **Code first** the underlying physiological disease
- **Use additional code**, if applicable, to identify wandering in dementia (Z91.83)

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## INSTRUCTIONAL NOTES

**Inclusion Notes**

- Inclusion Notes are used to clarify the conditions included within a particular chapter, section, category, subcategory or code
- **Not Exhaustive**

Example:  
**F16 Hallucinogen related disorders**  
Includes: ecstasy  
PCP  
phencyclidine

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## EXCLUDES1

**Excludes1: NOT CODED HERE**

- The code excluded should never be used with the code above the Excludes1 note
- Used when two codes cannot occur together

**F32 Major depressive disorder, single episode**  
**Excludes1** Bipolar disorder (F31.-)  
Manic episode (F30.-)  
Recurrent depressive disorder (F33.-)

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## EXCLUDES1 UPDATE

If the two conditions are not related to one another, it is permissible to report both codes despite the presence of an Excludes1 note.

- Patient with residual effects of a stroke (I69.-) and a current traumatic brain injury (S06.-)
- Patient with recurrent depression (F33.-) is experiencing vertigo (R42)

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## EXCLUDE2

**Excludes2: NOT INCLUDED HERE**

- Indicates that the Excludes2 condition is not part of the above code, but it is acceptable to use both codes if the patient has both conditions and there is appropriate supporting documentation for both conditions.

F34.1 Dysthymic disorder  
*Excludes2* anxiety depression (mild or not persistent)

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## EXCLUDES NOTES

**Excludes1 & Excludes2 Tip:**

**Excludes1:**  
There can be only **1**

**Excludes2:**  
There can be possibly **2**



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## RELATIONAL TERMS

**“AND”** should be interpreted to mean either **“and”** or **“or”**

F43.23, Adjustment disorder with anxiety and depression

- Adjustment disorder with anxiety
- Adjustment disorder with depression
- Adjustment disorder with anxiety and depression

**“With,” “associated with,” “in,” “due to”** are used as synonyms

Example: F02, Dementia in other diseases

- Dementia with other disease
- Dementia associated with other disease
- Dementia due to other disease

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## V/E CODES: WHERE ARE THEY NOW?

E codes = Chapter 20: External Causes of Morbidity

V codes = Chapter 21: Factors Influencing Health Status and Contact With Health Services

**Examples:**

**X80.xxxA**, Intentional self harm, jumping from a high place

**V71.6**, Tobacco abuse counseling

**V47.52xA**, Driver of car injured in collision with stationary object

**Z81.8**, Family history of mental and behavioral disorders

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## DEFAULT CODE

The default code is the code listed next to the main term in the Alphabetic Index

**Depression (acute) (mental) F32.9** ←

- agitated (single episode) F32.2
- anacitic —see Disorder, adjustment
- anxiety F41.8
- persistent F34.1
- arches —see also Deformity, limb, flat foot
- atypical (single episode) F32.8
- basal metabolic rate R94.8
- bone marrow D75.89
- central nervous system R09.2
- cerebral R29.818
- newborn P91.4
- cerebrovascular I67.9
- chest wall M95.4
- climacteric (single episode) F32.8

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## ICD-10 CM CHAPTER LAYOUT

Chapter	Chapter Title
1	Certain Infectious and Parasitic Diseases (A00-B99)
2	Neoplasms (C00-D48)
3	Disease of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
4	Endocrine, Nutritional, and Metabolic Diseases (E00-E89)
5	Mental and behavioral disorders (F01 - F99)
6	Diseases of Nervous System and Sense Organs (G00-G99)
7	Diseases of Eye and Adnexa (H00-H59)
8	Diseases of Ear and Mastoid Process (H60-H95)
9	Diseases of Circulatory System (I00-I99)
10	Diseases of Respiratory System (J00-J99)
11	Diseases of Digestive System (K00-K94)

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## ICD-10 CM CHAPTER LAYOUT

Chapter	Chapter Title
12	Diseases of Skin and Subcutaneous Tissue (L00-L99)
13	Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)
14	Diseases of Genitourinary System (N00-N99)
15	Pregnancy, Childbirth, and the Puerperium (O00-O9A)
16	Certain Conditions Originating in the Perinatal Period (P00-P96)
17	Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)
18	Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)
19	Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)
20	External Causes of Morbidity (V01- Y99)
21	Factors Influencing Health Status And Contact With Health Services (Z00-Z99)

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## CODING GUIDELINES



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## MAJOR MODIFICATIONS IN ICD-10 CM GUIDELINES >>

- Level of Detail
- Integral Parts of Disease
- Combination Code
- Sequela (Late Effects)
- Borderline Diagnosis
- Chapter-Specific Coding Guidelines

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## LEVEL OF DETAIL >>

When reporting a diagnosis code, **report the code to the highest number** of characters available

- The 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> characters provide greater detail
- A code is not valid if it has not been coded to the full number of characters required for that code, including the 7<sup>th</sup> character

F40 Phobic anxiety disorders  
F40.0 Agoraphobia  
F40.01 Agoraphobia with panic disorder

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## INTEGRAL PARTS OF DISEASE >>

Signs and symptoms that **are associated** routinely with a disease process should not be assigned as additional codes, unless instructed to do so

- Anorexia, extreme weight loss, amenorrhea: Code for anorexia

Signs and symptoms that **may not be associated** routinely with a disease process should be coded when present

- Anorexia, extreme weight loss, and ear pain: Code for anorexia and ear pain

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## COMBINATION CODE

A **combination code** is used for

- Two diagnoses
- A diagnosis with an associated manifestation
- A diagnosis with an associated complication or symptom

F40.01      Agoraphobia with panic disorder  
F16.283    Hallucinogen dependence with flashbacks  
G47.411    Narcolepsy with cataplexy

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## SEQUELA (LATE EFFECTS)

A **sequela** is the condition produced, or the *late effect*, after the acute phase of an illness or injury has terminated. There is no time limit.

**Two codes required:**

- *First code* – The Sequela
- *Second code* – Originating Condition of the Sequela

Example: **Scar after burn**

- *First Code:* **Scar** (Sequela)
- *Second Code:* **Burn** (Originating Condition)

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## BORDERLINE DIAGNOSIS

- Any "borderline diagnosis" documented at discharge is treated as a confirmed diagnosis
- If there is a specific code available (borderline diabetes, borderline hypertension), that code should be used
- Borderline ≠ Suspected. In the outpatient setting, we cannot code for anything labeled "suspected," "probable," "rule out," etc.

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CHAPTER-SPECIFIC CODING GUIDELINES



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LOOKING UP GUIDELINES

- Beginning of Codebook
- Section I. Conventions, general coding guidelines and chapter specific guidelines
- C. Chapter-Specific Coding Guidelines
- Number after the C tells you which chapter you are in
- Other characters indicate categories, subcategories, etc.

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CHAPTER 5: MENTAL AND BEHAVIORAL DISORDERS

I.C.5.a: Pain disorders related to psychological factors

- Assign code F45.41 for pain that is exclusively related to psychological disorders. A code from category G89, Pain NEC, should *not* be assigned with F45.41
- Code F45.42, Pain disorders with related psychological factors, should be used with a code from category G89 if there is documentation of a psychological component for a patient with acute or chronic pain

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CHAPTER 5: MENTAL AND BEHAVIORAL DISORDERS

**I.C.5.b.1: In Remission**

- Selection of codes for "in remission" for categories F10-F19 requires the provider's clinical judgment. The appropriate codes for in remission are assigned only on the basis of provider documentation

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CHAPTER 5: MENTAL AND BEHAVIORAL DISORDERS

**I.C.5.b.2: Psychoactive substance use, abuse, and dependence**

When the provider documentation refers to use, abuse, and dependence of the same substance, only one code should be assigned:

Use + abuse = assign code for abuse

Abuse + dependence = assign code for dependence

Use + dependence = assign code for dependence

Use + abuse + dependence = assign code for dependence

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CHAPTER 5: MENTAL AND BEHAVIORAL DISORDERS

**I.C.5.b.3: Psychoactive substance use**

As with all other diagnoses, the codes for psychoactive substance use should be only assigned based on provider documentation and when they meet the definition of a reportable diagnosis. The codes are to be used only when the psychoactive substance abuse is associated with a mental or behavioral disorder, and such a relationship is documented by the provider.

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## Conventions and Guidelines Review



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1. The ICD-10-CM code for assault by bodily force is Y04.8 and requires the use of a seventh character to identify the encounter. Which of the following is the correct code for a follow-up encounter to treat the assault?

- A. Y04.8D
- B. Y04.8xD
- C. Y04.8xxD
- D. Y04.8xxx

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2. Nonessential modifiers are enclosed in:

- A. Boxes
- B. Brackets
- C. Parentheses
- D. Colons

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3. True or false? When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together.

A. True  
B. False

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4. The first character of an ICD-10-CM code is:

A. Always a number  
B. Always a letter  
C. Can be either a number or letter  
D. None of the above

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5. A(n) \_\_\_\_\_ note means "not coded here."

A. Includes  
B. Excludes2  
C. Excludes1  
D. None of the above

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6. Codes titled "other" or "other specified" are to be used:

- A. When the record itself is not available for review
- B. When the information in the medical record provides detail for which a specific code does not exist
- C. When only outpatient diagnostic records are being coded
- D. When the information in the medical record is insufficient to assign a more specific code

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7. True or false? Similar to ICD-9-CM, in ICD-10-CM all categories are three characters.

- A. True
- B. False

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8. True or false? When the term "and" is used in a narrative statement it is interpreted to mean only "and."

- A. True
- B. False

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**9. True or false? In ICD-10-CM all inclusion notes contain all conditions for which a particular code number is to be used, and are considered to be exhaustive.**

A. True  
B. False

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**10. True or false? In ICD-10-CM a "code also" note provides sequencing guidance to the coding professional.**

A. True  
B. False

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**DETERMINE THE MAIN TERM, THEN LOOK UP THE CODE**

Severe recurrent depression	
Second degree burn of right shoulder, initial encounter	
Amphetamine dependence	
Family history of alcoholism	
"Hospital hopper syndrome"	
Encounter for autism testing	

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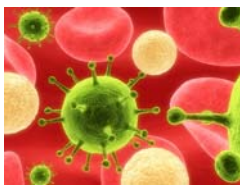
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CHAPTER 1



CERTAIN INFECTIOUS AND PARASITIC DISEASES

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Chapter 1

Infectious Diseases

- Includes: Diseases generally recognized as communicable or transmissible
- Excludes1: certain localized infections
- Excludes2
  - Carrier or suspected carrier of infectious disease
  - Infections complicating pregnancy
  - Infections in the perinatal period
  - Influenza and other acute respiratory infections
- Use additional code for any associated drug resistance to antimicrobial drugs (Z16-)

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Chapter 1

Infectious Diseases

- Categories B90-B94 are to be used to indicate conditions in categories A00-B89 as the cause of sequela, which are themselves classified elsewhere
- Code first condition resulting from (sequela) the infectious or parasitic disease

Example:  
R27.0 Ataxia  
B94.1 Sequelae of viral encephalitis

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**Chapter 1**  
Infectious Diseases

Categories B95-B97

- Used as supplementary or additional codes to identify the infectious agent(s) in diseases classified elsewhere
- Code first underlying disease
- Infection, bacterial, as cause of disease classified elsewhere

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**GUIDELINES: HIV**

- Code only confirmed cases; provider's statement is considered confirmation
- Pregnant patient: Code first O98.7-
- Encounter for HIV-related condition
  - B20, HIV
  - Condition that is the reason for the encounter
  - Any other HIV-related condition(s)
- Encounter for unrelated condition
  - Code first condition being treated
  - B20, HIV
  - Any other HIV-related condition(s)

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**SCENARIO 1**

This 34-year-old male is HIV positive. He reports confusion, memory problems, and forgetfulness. The provider diagnoses him with HIV-associated dementia.

**B20** Human, immunodeficiency virus (HIV) (infection)

**F02.80** Dementia in (due to), human immunodeficiency virus (HIV) disease

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## SCENARIO 2

15-year-old hetero female with sexually transmitted chlamydia. Does not always use protection, has multiple partners. Often has sex while high (amphetamines.) I discussed the dangers of high risk sex.

**A56.8** Chlamydia, sexually-transmitted infection NEC

**Z72.51** Problem with, life-style, high-risk sexual behavior

**F15.90** Use of, amphetamines—*see* Use, stimulant NEC

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## SCENARIO 3

Male nursing home resident, 73, with chief complaint of altered mental status. He mentioned that he's had to urinate more frequently. Testing confirmed UTI due to E. coli.

**N39.0** Infection, urinary tract

**B96.20** Infection, Escherichia (E.) coli, as cause of disease classified elsewhere

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## CHAPTER 2

### NEOPLASMS



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## NEOPLASMS

Classifies neoplasm primarily by site (topography), with broad groupings for behavior

- Malignant
- Malignant Secondary
- Ca in situ
- Benign
- Uncertain
- Unspecified Behavior

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## USING THE NEOPLASM TABLE

	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
..thorax, thoracic cavity (organs NEC)	C76.1	C79.89	D09.8	D36.7	D48.7	D49.89
..duct	C48.3	C79.89	-	D21.3	D48.1	D49.2
..wall NEC	C76.1	C79.89	D09.8	D36.7	D48.7	D49.89
..throat	C14.0	C79.89	D02.08	D10.9	D37.05	D49.0
..thumb NEC	C76.4-	C79.89	D04.6-	D36.7	D48.7	D49.89
..thyroid(gland)	C37	C79.89	D09.3	D15.0	D38.4	D49.89
..thyroglossal duct	C73	C79.89	D09.3	D34	D44.0	D49.7
..thyroid(gland)	C73	C79.89	D09.3	D34	D44.0	D49.7
..cartilage	C32.3	C78.39	D02.0	D14.1	D38.0	D49.1
..liver(any part)	C40.2-	C79.51	-	D18.2-	-	-
..liver NEC	C76.5-	C79.89	D04.7-	D36.7	D48.7	D49.89

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## DEFINITIONS

Uncertain: the provider *cannot determine* if the neoplasm is malignant or benign

Unspecified: the provider *does not state* if the neoplasm is malignant or benign.

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Chapter 2

Neoplasms

- If the histological term is not documented, reference the Neoplasm Table, by site
- If the histological term is documented, the Alphabetic Index should be referenced first
- Some types of neoplasms are *not* in the Table

Examples:

- Small cell carcinoma of the right lower lobe: see Neoplasm Table, by site, malignant.
- Melanoma: melanoma, skin, by site

AHIMA

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SEQUENCING

Specific guidelines related to sequencing of:

- Encounter for therapy
- Treatment directed at secondary site
- Anemia due to therapy
- Anemia due to malignancy
- Management of neoplasm related pain
- Complications due to therapy
- Pathological fracture due to neoplasm

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SCENARIO 4

Patient here for counseling. She was recently diagnosed with breast cancer (stage I) and even though her prognosis is excellent, she feels overwhelmed and unable to focus on anything. Adjustment disorder with anxiety.

F43.22 Disorder, adjustment, with, anxiety

C50.919 Refer to Neoplasm Table, by site, breast, malignant, primary

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## SCENARIO 5

This patient has a malignant brain tumor of the frontal lobe. It is causing her to have major depressive episodes.

**C71.1** Refer to Neoplasm Table, by site, brain, frontal lobe, malignant, primary

**F06.32** Disorder, mood, due to, physiological condition, with, major depressive-like episode

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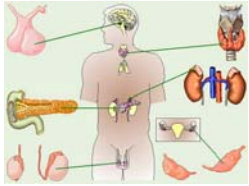
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## CHAPTER 4



### ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES

AHIMA

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## Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Combination codes for diabetes

- Type of diabetes
- Body system affected
- Specific complications affecting that body system

No longer classified as controlled or uncontrolled

- Inadequately controlled, out of control or poorly controlled: Coded by type **with hyperglycemia**

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### SCENARIO 8


This morbidly obese (BMI 42) adult male is depressed about his weight.

**F32.9** Depression (acute) (mental)

**E66.01** Obesity, morbid

**Z68.41** Body mass index, adult, 40.0-44.9

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### SCENARIO 9



15-year-old male presents for drug abuse counseling. He has been buying Adderall from classmates. It is causing his diabetes to go out of control.

**Z71.51** Counseling, drug abuse

**T43.621A** Table of drugs and chemicals, amphetamine NEC, poisoning, accidental

**E11.65** Diabetes, with, hyperglycemia

**F15.10** Abuse, stimulant, NEC

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### SCENARIO 10

8-year-old boy brought in by mother. He has been stealing chalk from the art room and eating it. He says it started "around Thanksgiving" (four months ago) and just shrugged when asked why he did it. Dx: pica.

Scheduled for blood test. Rule out iron deficiency.

**F98.3** Pica, infant or child

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