

Clinical overview

Definition

A mental health disorder is characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior. (American Psychiatric Association, 2022)

Types

- Anxiety Disorders
- Bipolar Disorder
- Eating Disorders
- Dementia - More detailed information regarding dementia can be found in the *Dementia - Mental health disorders addendum*
- Disruptive Behavior and Dissocial Disorders
- Major Depression
- Neurodevelopmental Disorders
- Personality Disorders
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia

(World Health Organization, 2022)

Causes

- Alcohol and substance use
- Biological factors [e.g., hormonal and brain chemical (neurotransmitters) imbalances]
- Genetics/inherited traits
- Loneliness and social isolation
- Situational life events
- Traumatic brain injury (TBI)

Diagnostic tools

- Lab testing to evaluate for underlying medical conditions
- Psychological evaluation

Treatment

- Psychotherapy/mental health counseling
- Medications (linked to diagnosis)

Best documentation practices for healthcare providers

Subjective

Within the subjective section of the office note, document current symptoms or patient complaints related to the clinically significant disturbance in an individual's cognition, emotion regulation, or behavior.

Objective

Document the presence of objective findings such as flat affect, agitation, flight of ideas, etc. and any results of diagnostic testing.

Assessment

- Specificity: Describe each final diagnosis clearly, concisely and to the highest level of specificity. Use all applicable descriptors and include the following:
 - Severity – mild, moderate, severe
 - Remission – partial or full
 - Specific type, such as particular type of schizophrenia or personality disorder
 - Underlying cause – use linking terms such as “due to”
 - All related symptoms/conditions, such as with psychotic features, delusions, hallucinations, delirium, dementia, sleep disturbance, etc.

Plan:

- Document a clear and concise treatment plan.
- List details of medication therapy, clearly linking each medication to the condition it is treating.
- Document details of referrals and consultation requests, orders for diagnostic testing.

Coding tips

- If a patient is admitted to an inpatient acute care hospital or other inpatient facility setting with dementia at one severity level and it progresses to a higher severity level, assign one code for the highest severity level reported during the stay.
- ICD-10-CM Official Guidelines for Coding and Reporting, Section I.A.9.a titled “Other and unspecified codes” advises as follows: Codes titled “other” or “other specified” are for use when the information in the medical record provides detail for which a specific code does not exist. Alphabetic Index entries with Not Elsewhere Classified (NEC) in the line designate “other” codes in the Tabular List. These Alphabetic Index entries represent specific disease entities for which no specific code exists, so the term is included within an “other” code. (AAPC, 2023)
- Due to the volume of additional instructional notes (e.g., code first or use additional code) under this category, for higher specificity, please refer to the current ICD-10-CM coding manual to ensure most accurate code assignment.

Additional reminders

- BPD is a commonly accepted medical abbreviation for bipolar disorder, this abbreviation also can be used to represent borderline personality disorder, which classifies to a different diagnosis code.
- While MDD is a commonly accepted medical abbreviation for major depressive disorder, this abbreviation also can be used to represent manic depressive disorder, which classifies to a different diagnosis code.
- When the mental health disorder is being followed and managed by a different provider, it is appropriate to include the diagnosis in the final assessment when the condition has impact on patient care, treatment and management.

Example: “Severe recurrent major depression, on bupropion, managed by psychiatrist, Dr. Ben Jones”

Coding examples

Example 1	
HPI	44-year-old male presents for evaluation of schizophrenia diagnosis. States for past 2 weeks he has been staying up all night playing chess on the computer; then 2 days ago he became obsessed with the idea that his co-workers are conspiring to kill him. He is now having trouble concentrating on anything else.
Exam	Psychiatric exam: Oriented x 3. Speech: normal rate and tone. Thought content: auditory hallucinations and paranoid ideation, but no suicidal or homicidal ideation. Attention and concentration seem impaired – having trouble repeating phrases.
Assessment and Plan	Paranoid schizophrenia with acute exacerbation perhaps brought on by lack of sleep. Will increase antipsychotic medication and have him return to see me in 2 days.

ICD-10-CM code	F20.0 Paranoid schizophrenia
Comments	ICD-10-CM does not include codes for exacerbation of schizophrenia. (Leon-Chisen, 2023)

Example 2	
HPI	67-year-old female presents for follow up of chronic conditions including mental health behaviors observed by the family. Her daughter is present today and states patient has been demonstrating the silent treatment by ignoring her caretakers when she does not want to do what is suggested. Patient is stubborn, often complains and blames others instead of taking accountability for her actions and words.
Assessment	Passive-aggressive personality disorder
ICD-10-CM code	F60.89 Other specific personality disorders
Comments	The inclusion notes in the tabular list under ICD-10-CM code F60.89 include these conditions. <ul style="list-style-type: none"> ▪ Eccentric personality disorder ▪ 'Haltlose' type personality disorder ▪ Immature personality disorder ▪ Passive-aggressive personality disorder ▪ Psychoneurotic personality disorder ▪ Self-defeating personality disorder (AAPC, 2023)

Example 3	
HPI	85-year-old female brought to the primary care physician's office by her daughter. Has lived alone for past 5 years. Daughter reports patient used to cope with being alone by interacting with six baby dolls that were always seated in a row on her living room sofa, considering them her grandbabies. She also enjoyed baking and shared her treats with her neighbors. Daughter reports that over the past year, patient has stopped all these interactions, becoming even more socially withdrawn with difficulty in interpersonal and family relationships.
Assessment	Simple schizophrenia
ICD-10-CM code	F20.89 Other schizophrenia
Comments	ICD-10-CM Official Guidelines for Coding and Reporting, Section I.A.9.a titled "Other and unspecified codes" advises as follows: Codes titled "other" or "other specified" are for use when the information in the medical record provides detail for which a specific code does not exist. Alphabetic Index entries with Not Elsewhere Classified (NEC) in the line designate "other" codes in the Tabular List. These Alphabetic Index entries represent specific disease entities for which no specific code exists, so the term is included within an "other" code. (AAPC, 2023)

References

AAPC. (2023). *ICD-10-CM Complete Code Set 2024*. AAPC.

American Psychiatric Association. (2022). *Diagnostic And Statistical Manual Of Mental Disorders (5th-TR)*. American Psychiatric Association.

Leon-Chisen, N. (2023). *ICD-10-CM and ICD-10-PCS coding handbook with answers*. Health Forum, Inc.

World Health Organization. (2022, June 8). *Mental disorders*. World Health Organization; World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>