

## Clinical overview

### Definition

A mental health disorder is characterized by clinically significant disturbance in an individual's cognition, emotion regulation or behavior.<sup>1</sup>

### Types<sup>2</sup>

- 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

### Causes/risk factors<sup>3</sup>

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

### Diagnostic tools<sup>4</sup>

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

### Treatment<sup>4</sup>

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

## Best documentation practices for healthcare providers

### Subjective<sup>5</sup>

- The History of Present Illness (HPI) sets the background for the patient's presenting problem, from when first diagnosed until this encounter.
- May include Review of Systems (ROS), Past, Family, and/or Social History (PFSH) Active Problems List.
- Document the presence or absence of any current symptoms related to the clinically significant disturbance in an individual's cognition, emotion regulation or behavior.

### Objective<sup>5</sup>

Document any objective data, including flat affect, agitation, flight of ideas, etc. and results of any evaluation(s).

### Assessment/Impression

- 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<sup>5</sup>

- Document a clear and concise treatment plan for the disorder(s) (e.g., therapy, counseling, etc.).
- Document details of referrals and consultation requests, orders for evaluation, and medications prescribed with clear linkage to the diagnosis.
- Address any additional steps being taken to treat the patient.

### ICD-10-CM coding tips<sup>6</sup>

- The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Official Guidelines for Coding and Reporting, Section I.A.9.a, titled “Other and unspecified codes,” advises: “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.”

There are “other/other specified” and “unspecified” codes for the following types of mental health diagnoses:

- ADHD (Attention Deficit Hyperactivity Disorder)
  - Bipolar
  - Depression
  - Eating disorders
  - Manic episodes
  - Personality disorders
  - Phobic anxieties
  - Schizophrenia
- 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

- Initial notation of a diagnosis should be spelled out in full, followed by the abbreviation in parentheses [e.g., “major depressive disorder (MDD)” or “generalized anxiety disorder (GAD)"]. Subsequent mention of the condition can be made using the abbreviation.
- 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”
- **Note:** The 2025 update of ICD-10-CM, Chapter 5 – Mental and Behavioral Disorders adds type and severity to eating disorders and two new codes for mental and behavioral conditions in adults:
  - Sixth character to quantify severity of restricting type anorexia nervosa (F50.01-)\*, binge eating/purging type anorexia nervosa (F50.02-)\*, and binge eating disorder (F50.81-) ranging from mild to extreme.
  - Fifth character to quantify bulimia nervosa (F50.2-) ranging from mild to extreme.

- \* The codes for anorexia nervosa (F50.01- and F50.02-) and the five levels of specificity, each of those specific levels are determined by the patient's body mass index (BMI). A provider does not need to document severity, as it is directly identified by the BMI.<sup>7</sup>
  - Mild – for a BMI greater than or equal to 17 kg/m<sup>2</sup>
  - Moderate – for a BMI of 16.0—16.99 kg/m<sup>2</sup>
  - Severe – for a BMI of 15.0—15.99 kg/m<sup>2</sup>
  - Extreme – for a BMI of less than 15.0 kg/m<sup>2</sup>
- In remission –
  - Full remission (i.e., no criteria have been met for a sustained period)
  - Partial remission (i.e., low body weight criterion met but others still present)

## Coding examples

Example 1	
<b>Medical record documentation</b>	<p>HPI: 44-year-old male presents for evaluation of schizophrenia diagnosis. States for past two weeks he has been staying up all night playing chess on the computer; then, two days ago he became obsessed with the idea that his coworkers are conspiring to kill him. He is now having trouble concentrating on anything else.</p> <p>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.</p> <p>Assessment/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 two days.</p>
<b>ICD-10-CM code</b>	<b>F20.0</b> Paranoid schizophrenia
<b>Rationale</b>	ICD-10-CM does not include codes for exacerbation of schizophrenia. <sup>8</sup>

Example 2	
<b>Medical record documentation</b>	<p>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.</p> <p>Assessment: Passive-aggressive personality disorder</p>
<b>ICD-10-CM code</b>	<b>F60.89</b> Other specific personality disorders
<b>Rationale</b>	<p>The inclusion notes in the tabular list under ICD-10-CM code F60.89 include these conditions.<sup>6</sup></p> <ul style="list-style-type: none"> <li>• Eccentric personality disorder</li> <li>• 'Haltlose' type personality disorder</li> <li>• Immature personality disorder</li> <li>• Passive-aggressive personality disorder</li> <li>• Psychoneurotic personality disorder</li> <li>• Self-defeating personality disorder</li> </ul>

Example 3	
Medical record documentation	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	<b>F20.89</b> Other schizophrenia
Rationale	The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Official Guidelines for Coding and Reporting, Section I.A.9.a, titled "Other and unspecified codes," advises: "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." <sup>6</sup>

## References

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