This month’s focus is “Understanding the ICD-10-CM draft guidelines for Mental and Behavioral Disorders.

Mental and Behavioral Disorder in ICD-10-CM range from F01 to F99. These codes are found in Chapter 5 of ICD-10-CM Tabular list. In most cases, Chapter 5 parallels codes found in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) published by the American Psychiatric Association.

This chapter contains the following blocks:

- F01-F09 Mental disorders due to known physiological conditions
- F10-F19 Mental and behavioral disorders due to psychoactive substance use
- F20-F29 Schizophrenia, schizotypal and delusional, and other nonmood psychotic disorders
- F30-F39 Mood [affective] disorders
- F40-F48 Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
- F50-F59 Behavioral syndromes associated with physiological disturbances and physical factors
- F60-F69 Disorders of adult personality and behavior
- F70-F79 Mental retardation
- F80-F89 Pervasive and specific developmental disorders
- F90-F98 Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- F99 Unspecified mental disorder

The drug and alcohol codes are multiaxial, combination codes that identify the substance, the type of use, abuse or dependence, and the complications and manifestations caused by the substance. The category level is the substance, such as, alcohol (F10) and other types of drugs, (F11-F19), including nicotine, (F17).

An instructional note in the Tabular List for F10 is applicable to this category:

- Use additional code for blood alcohol level, if applicable (Y90.-) F10.1 Alcohol abuse Excludes1: alcohol dependence (F10.2-) alcohol use, unspecified (F10.9-)

Review the comparison between ICD-9-CM and ICD-10-CM:

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>305.0 Nondependent alcohol abuse</td>
<td>F10.12 Alcohol abuse with intoxication</td>
</tr>
<tr>
<td>305.00 Nondependent alcohol abuse, unspecified</td>
<td>F10.120 Alcohol abuse with intoxication,</td>
</tr>
<tr>
<td></td>
<td>uncomplicated</td>
</tr>
<tr>
<td>305.01 Nondependent alcohol abuse, continuous</td>
<td>F10.121 Alcohol abuse with intoxication delirium</td>
</tr>
<tr>
<td>drunkennes</td>
<td></td>
</tr>
<tr>
<td>305.02 Nondependent alcohol abuse, episodic</td>
<td>F10.129 Alcohol abuse with intoxication,</td>
</tr>
<tr>
<td>drunkenness</td>
<td>unspecified</td>
</tr>
<tr>
<td>305.03 Nondependent alcohol abuse, in remission</td>
<td></td>
</tr>
</tbody>
</table>

The 4th character axis distinguishes abuse or dependence. The 5th and 6th characters indicate the complication, such as withdrawal or delusions. The types of complications and manifestations at the 5th and 6th character are specific to the type of drug.

Multiple codes from a single category from categories F10-F19 may be used together, if a patient has multiple complications from a single substance. Multiple codes from different categories from F10-F19 may be used together, if a patient has used more than one substance and has multiple complications associated with the use of the substances.

Example:

A 26-year old male was taken to the emergency room by the local sheriff after the patient became disruptive in a local nightclub. The patient tested positive for cocaine and the patient’s blood alcohol level was .21. The patient was suffering from alcohol abuse, which was uncomplicated, and cocaine abuse with cocaine induced mood disorder. The encounter would be reported with two codes:

F10.120 Alcohol abuse with intoxication, uncomplicated
F14.14 Cocaine abuse with cocaine-induced mood disorder
An additional code from category Y90, Evidence of alcohol involvement determined by blood alcohol level, should be used with a code from F10, Alcohol-related disorders, if the patient’s blood alcohol level is recorded. A code from Y90 should be recorded only once, at the initial blood alcohol level reading.

**Y90 Evidence of alcohol involvement determined by blood alcohol level. Code first any associated alcohol related disorders (F10)**

- Y90.0 Blood alcohol level of less than 20 mg/100ml
- Y90.1 Blood alcohol level of 20-39 mg/100ml
- Y90.2 Blood alcohol level of 40-59 mg/100ml
- Y90.3 Blood alcohol level of 60-79 mg/100ml
- Y90.4 Blood alcohol level of 80-99 mg/100ml
- Y90.5 Blood alcohol level of 100-119 mg/100ml
- Y90.6 Blood alcohol level of 120-199 mg/100ml
- Y90.7 Blood alcohol level of 200-239 mg/100ml
- Y90.8 Blood alcohol level of 240 mg/100ml or more
- Y90.9 Presence of alcohol in blood, level not specified

**Review these examples:**

1. A 22-year old college student is taken to the Emergency Room after excessive drinking at a fraternity party. The patient states that she had been drinking several glasses of wine. Patient complains of headache, excessive vomiting, nausea and fatigue, and loss of memory. A blood test indicated the patient was intoxicated. The physician examines the patient and diagnoses the patient with alcohol abuse, which is uncomplicated along with dehydration. The patient was given IV fluids and released two hours later.

   **F10.120 Alcohol abuse with intoxication, uncomplicated**

   **Y90.9 Presence of alcohol in blood, level not specified**

2. A patient overdosed on cocaine and was taken by ambulance to the Emergency Room at a local hospital. The patient was diagnosed with cocaine abuse and cocaine poisoning. The patient indicated this is the first time he has used cocaine, was at a party and thought he would try it. The patient was treated and referred to a drug treatment program.

   **F14.129 Cocaine abuse with intoxication, unspecified**

   **T40.5x1a Poisoning by cocaine, accidental (unintentional)**

   Poisoning by cocaine NOS

   Instructional notes for T40 indicate a 7th character extension is required.

   The following 7th character extensions are to be added to each code for category T40:

   - a initial encounter
   - d subsequent encounter
   - q sequela

   **Dementia with Associated Behavioral Disorders**

   F02, Dementia in other diseases classified elsewhere, is a manifestation category that is for use with codes for specific types of dementia, such as Alzheimer’s disease (G30). The code for the specific type of dementia is sequenced first, followed by the appropriate code from category F02. The code from category F02 indicates whether the dementia has an associated behavioral disturbance.

   3. A patient with Alzheimer’s disease living in a nursing home wandered off the premise. The staff notified the police and the patient was found three hours later unharmed. The patient was taken to the infirmary where the physician examined the patient before returning her to her room.

   The service is reported with two codes. Since the type of dementia is not documented, the diagnosis is reported as Alzheimer’s disease unspecified with an additional code F02.81 to identify the dementia with the behavioral disturbance. Code F02.81 includes Dementia with wandering off.

   **G30.9 Alzheimer’s disease, unspecified**

   **F02.81 Dementia in other diseases classified elsewhere, with behavioral disturbance**

   - Dementia in other diseases classified elsewhere with aggressive behavior
   - Dementia in other diseases classified elsewhere with combative behavior
   - Dementia in other diseases classified elsewhere with violent behavior
   - Dementia in other diseases classified elsewhere with wandering off

Next month: A look at the ICD-10-CM Draft Guidelines for the Nervous System. (See info box continued on next page.)
Legislation to enact ICD-10-CM is still on hold, although the amount of legislation dealing with the transition in relation to electronic health capabilities indicates Congressional support of the diagnostic code set’s tenth revision. The legislature Congress is debating includes:

- HR. 4157 - Better Health System Information Act of 2006
- HR. 4147 - Health Information Technology Promotion Act of 2006

Among the other provisions, both resolutions direct the Secretary to provide by notice in the Federal Register for the replacement of the International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM) with both ICD-10-CM and ICD-10-PCS (Procedure Coding System). Applies such replacement to services furnished on or after October 1, 2010.

Other legislation directs the development of the electronic health record. For example, S. 1418, Wired for Healthcare Quality Act, promotes the effective and secure use of national system for interoperable health information technology.


E-mail your questions about ICD-10-CM to Deborah Grider at dgrider@sprynet.com.

---

CAREER FULFILLMENT

doesn’t only come from salaries and benefits. It comes from the feeling you get from working in a challenging environment alongside people that care as much as you.

Nowadays, our priorities are changing. At Staten Island University Hospital, we work tirelessly to offer our employees the best of everything. Whether it be state-of-the-art technologies, challenging working conditions or something as simple as peace of mind.

EMERGENCY DEPARTMENT CODER
FT, Mon-Sun, varied days
9am-5pm, varied hours w/rotation
Completion of a one year coding certification program and one year of coding experience in an acute care setting are required. Must have excellent knowledge of ICD-9 and CPT-4 coding, medical terminology, anatomy and physiology.

For consideration, please fax or email your resume and salary requirements to: Staten Island University Hospital, Attn: T. Booras. Fax: (718) 226-8631; Email: tbooras@siuh.edu. We are an equal opportunity employer with a smoke free work environment.

---

QUALITY • VALUE SERVICE

Look for Special Discounts on 2008 Books in April

Also Available: CPT® (Professional or Standard), Clinotes, The Expanded ICD-9-CM Table of Drugs & Chemicals

Channel Publishing, Ltd.
4750 Longley Lane, Suite 110
Reno, NV 89502-5977
1-800-248-2882
(775) 825-0880
Fax (775) 825-5633
www.channelpublishing.com