

A stethoscope is draped over a binder with colorful tabs. The binder is open, showing several pages with text and numbers.

ICD-10-CM Specialized Coding Training

<http://publichealth.nc.gov/lhd/icd10/training.htm>

Behavioral Health Course

For Local Health Departments and Rural Health

Unit 1





Behavioral Health Training Objectives

- Develop a general understanding of the coding guidelines for those chapters in ICD-10-CM that will be utilized by health department staff for coding encounters in Behavioral Health
- Demonstrate how to accurately assign ICD-10-CM codes to conditions that are seen in behavioral health

NOTE: Basic ICD-10-CM Coding training is a prerequisite for this course

A background image showing a medical setting with a stethoscope, a clipboard with colorful charts, and a pen.

Chapter 21

Factors influencing health status and contact with health services

Instructional Notes

- **Code Range: Z00~Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00~Y89 are recorded as ‘diagnoses’ or ‘problems’
 - This can arise in two main ways:
 - When a person who may or may not be sick encounters health services for some specific purpose
 - Examples: Encounter for issue of repeat prescription
 - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
 - Example: Personal history of physical and sexual abuse



Chapter 21

Factors influencing health status and contact with health services

Content

Chapter 21 contains the following block – 1st character is Z

Z00-Z13	Persons encountering health services for examinations	Z40-Z53	Encounters for other specific health car
Z14-Z15	Genetic carrier and genetic susceptibility to disease	Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z16	Resistance to antimicrobial drugs	Z66	Do not resuscitate status
Z17	Estrogen receptor status	Z67	Blood type
Z18	Retained foreign body fragments	Z68	Body mass index (BMI)
Z20-Z28	Persons with potential health hazards related to communicable diseases	Z69-Z76	Persons encountering health services in other circumstances
Z30-Z39	Persons encountering health services in circumstances related to reproduction	Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Screening**

- Testing for disease or disease precursors in seemingly well individuals so early detection and treatment can be provided for those who test positive for the disease (**Z13.4 Encounter for screening for certain developmental disorders in childhood**)
- Screening code may be a first-listed code if the reason for the visit is specifically the screening exam
 - Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis
- Screening code may also be used as an additional code if the screening is done during an office visit for other health problems
- Screening code is not necessary if the screening is inherent to a routine examination
- In addition to the Z code, a procedure code is required to confirm that the screening was performed

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Observation**
 - **Two observation Z code categories:**
 - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
 - Z04 Encounter for examination and observation for other reasons
 - Example: **Z04.6 Encounter for general psychiatric examination, requested by authority**
 - Except: Z04.9 Encounter for examination and observation for unspecified reason
 - Used in very limited circumstances
 - Person is observed for suspected condition that is ruled out
 - Administrative and legal observation status
 - Observation codes are not for use if an injury or illness or any signs or symptoms related to the suspected condition are present
 - In such cases, the diagnosis/symptom code is used



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Follow-up**
 - Codes used to explain continuing surveillance following completed treatment of a disease, condition, or injury
 - They imply that the condition has been fully treated and no longer exists
 - Example, Z09 can be used for an examination following the completion of psychotherapy
 - Follow-up codes may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment
 - Follow-up code is sequenced first, followed by the history code
 - A follow-up code may be used to explain multiple visits
 - Should a condition be found to have recurred on the follow-up visit, then the diagnosis code for the condition should be assigned in place of the follow-up code



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Counseling**
 - Client/family member receives assistance in aftermath of illness/injury, or support is required in coping with family/social problems
 - Not used with a diagnosis code when counseling component is considered integral to standard treatment
- **Counseling Z codes/categories:**
 - Z30.0- Encounter for general counseling and advice on contraception
 - Z31.5 Encounter for genetic counseling
 - Z31.6- Encounter for general counseling and advice on procreation
 - Z32.2 Encounter for childbirth instruction
 - Z32.3 Encounter for childcare instruction
 - Z69 Encounter for mental health services for victim and perpetrator of abuse
 - Z70 Counseling related to sexual attitude, behavior and orientation
 - Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified
 - Z76.81 Expectant mother prebirth pediatrician visit



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Routine and administrative examinations**
 - Includes encounters for routine examinations and examinations for administrative purposes (e.g., a pre-employment physical)
 - Do not use these codes if the examination is for diagnosis of a suspected condition or for treatment purposes; in such cases the diagnosis code is used
 - During a routine exam, any diagnosis or condition discovered during the exam should be coded as an additional code
 - Pre-existing and chronic conditions and history codes may be included as additional codes as long as the examination is for administrative purposes and not focused on any particular condition
 - Some codes for routine health examinations distinguish between “with” and “without” abnormal findings
 - Code assignment depends on the information that is known at the time the encounter is being coded
 - When assigning a code for “with abnormal findings,” additional code(s) should be assigned to identify the specific abnormal finding(s)



Behavioral Health Unit 1 – Review Questions

True/False

1. Z codes are procedure codes
2. Screening codes are used when you are seeing someone who has some signs or symptoms related to the reason for the screening
3. If the court orders you to evaluate someone for a suspected psychiatric condition and the suspected condition is confirmed, the observation code is not used – you code the diagnosis or symptom
4. If a pediatrician refers an 8 year old because of hyperactivity, disruptive behavior and impulsivity and following examination you determine they are ADHD, the primary reason for the visit will be the examination



Behavioral Health Unit 1

Coding Exercise

61 year old man is found by police wandering the streets and talking to himself. A judge has ordered a psychiatric evaluation. No mental disorders are identified. The gentleman is living in a shack outside of town that does not have heat and he has no means of support other than panhandling. He has history of MI 5 years ago and smokes cigarettes when he can find them. He is referred to Social Services.





Specialized ICD-10-CM Coding Training

Behavioral Health Course For Local Health Departments and Rural Health *Unit 2*





Behavioral Health Unit 1 – Review Questions

True/False

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Behavioral Health Unit 1

Coding Exercise

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Chapter 5

Mental, Behavioral, Neurodevelopmental disorders Instructional Notes and Content

- **Code Range: F01-Z99**

Includes: disorders of psychological development

Excludes2: symptoms, signs and abnormal clinical laboratory findings, not elsewhere classified (R00-R99)

Chapter 5 contains the following blocks – 1st character is E

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



Chapter 5

Mental, Behavioral, Neurodevelopmental disorders Content

- Mental disorders due to known physiological conditions (F01~F09)
 - Range of mental disorders grouped together on the basis of their having in common a demonstrable etiology in:
 - cerebral disease
 - brain injury
 - other insult leading to cerebral dysfunction
 - The dysfunction may be:
 - » Primary (as in diseases, injuries, and insults that affect the brain directly and selectively); or
 - » Secondary (as in systemic diseases and disorders that attack the brain only as one of the multiple organs or systems of the body that are involved)
 - This etiology can also lead to forms of dementia



Chapter 5

Mental, Behavioral, Neurodevelopmental disorders Content

- Mental and behavioral disorders due to psychoactive substance use (F10-F19)
 - Includes mental disorders related to excessive use of substances
 - Codes in this section identify the drug of choice and level of abuse or dependence
 - Selection of codes in this category for “in remission” require clinical judgment and must be included in the clinician’s documentation
 - There are no separate “History” codes for alcohol and drug abuse
 - These conditions are identified as “in remission”
 - Codes for psychoactive substance use (F10.9~, F11.9~, F12.9~, F13.9~, F14.9~, F15.9~, F16.9~) should only be assigned based on provider documentation
 - These codes are to be used only when the psychoactive substance use is associated with a mental or behavioral disorder, and such a relationship is documented by the provider



Chapter 5

Mental, Behavioral, Neurodevelopmental disorders Psychoactive Substance Use, Abuse & Dependence

- When clinician 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 of use based on the following hierarchy:
 - If both use and abuse are documented, assign only the code for abuse
 - If both abuse and dependence are documented, assign only the code for dependence
 - If use, abuse and dependence are all documented, assign only the code for dependence
 - If both use and dependence are documented, assign only the code for dependence.
- There is a code for blood alcohol level (Y90.~) that can be assigned as an additional code when documentation indicates its use



Chapter 5

Mental, Behavioral, Neurodevelopmental disorders

Content

- Mood [affective] disorders (F30-F39)
 - Characterized by abnormal emotional states such as Manic Episode, Bipolar Disorder, Major Depressive Disorder
 - Information needed may include
 - Current episode vs partial remission
 - Single or recurrent episode
 - Severity of the episode (e.g., mild, moderate, severe)
 - Associated psychotic symptoms
- Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (F40-F48)
 - Phobic and other anxiety disorders
 - Obsessive-compulsive disorder
 - Reaction to severe stress, and adjustment disorders
 - Dissociative and conversion disorders
 - Somatoform disorders
 - Other nonpsychotic mental disorders



Chapter 5

Mental, Behavioral, Neurodevelopmental disorders Pain Disorders

- If pain is exclusively related to psychological disorders, assign code F45.41, Pain disorder exclusively related to psychological factors
 - Codes in category G89, Pain, not elsewhere classified, cannot be used in conjunction with F45.41
- Code F45.42, Pain disorders with related psychological factors, should be used with a code from category G89, Pain, not elsewhere classified, if there is documentation of a psychological component for a patient with acute or chronic pain

F45.4 Pain disorders related to psychological factors

Excludes1: pain NOS (R52)

F45.41 Pain disorder exclusively related to psychological factors

Somatoform pain disorder (persistent)

F45.42 Pain disorder with related psychological factors

Code also associated acute or chronic pain (G89.-)



Chapter 5

Mental, Behavioral, Neurodevelopmental disorders

Content

- Behavioral syndromes associated with physiological disturbances and physical factors (F50~F59)
 - Eating disorders
 - Sleep disorders
 - Sexual dysfunction
 - Puerperal psychosis (postpartum depression)
 - Psychological and behavioral factors associated with disorders or diseases classified elsewhere
 - Code first – associated physical disorders
 - Unspecified behavior syndromes



Chapter 5

Mental, Behavioral, Neurodevelopmental disorders

Content

- Disorders of adult personality and behavior (F60-F69)
 - Specific personality disorders
 - Impulse disorders
 - Gender identify disorders
 - Paraphilias (sexual perversions or deviations)
 - Other sexual disorders (includes sexual maturation disorder and sexual relationship disorder)
 - Other disorders of adult personality and behavior
 - Unspecified disorder of adult personality and behavior

Chapter 5

Mental, Behavioral, Neurodevelopmental disorders Content

- Intellectual Disabilities (F70-F79)
 - Formerly Mental Retardation
 - Code first any associated physical or developmental disorders
 - Coding exercise: If you have an 8 year old child with an IQ of 52 who had an extremely low birth weight of 900 grams and premature gestational age of 22 weeks:
 - What is first-coded?
 - What are the codes?



Chapter 5

Mental, Behavioral, Neurodevelopmental disorders Content

- Pervasive and specific developmental disorders (F80-F89)
 - Developmental disorders of speech and language
 - Developmental disorders of scholastic skills (e.g., Reading disorder)
 - Developmental disorders of motor function
 - Pervasive developmental disorders (e.g., Autistic disorder)
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)
 - Codes in this range can be used regardless of client's age
 - Disorders may continue throughout client's life
 - May not be diagnosed until adulthood
 - Attention-deficit hyperactivity disorders
 - Conduct disorders
 - Tic disorders



Behavioral Health Unit 2 ~ Review Questions

True/False

1. If a client with a history of alcohol dependence completes a questionnaire during an encounter and states he has had nothing to drink for the past 6 months, the clinician could code this as history of alcohol dependence.
2. If a client recently lost their spouse and states they are depressed, clinicians should code this as F32.9, Major depressive disorder, single episode, unspecified.
3. Codes in category, Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98) can be assigned to adults.



Behavioral Health Unit 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
1	19 year old male seen for continued counseling for treatment of dependence on amphetamines.
2	30 year old male with dependence on chewing tobacco presents to the clinic requesting assistance for cessation of chewing tobacco. He has been a chronic user of chewing tobacco since age 13 and now he wants to quit. Counseling on the options for chewing tobacco cessation was provided to the client.
3	45 year old male is seen for individual psychotherapy as part of his long-term treatment for borderline personality disorder. The client has been taking Abilify and reports he feels it has helped him manage his impulsive, overly emotional, and erratic behavior and suicidal thoughts. The client has a history of alcohol dependence which is in remission.
4	27 year old female is referred by the Maternal Health clinic for evaluation for postpartum depression. She has a newborn and two other children under age 5 and is feeling overwhelmed. It is determined she has postpartum dysphoria. She is referred for childcare counseling.
5	43 year old female reports having episodes of increased forgetfulness including problems remembering recent events, the names of people and things, wandering off forgetting where she is going or how to return home. She is diagnosed with dementia due to early-onset Alzheimer's .
6	12 year old female is referred by her family physician for anxiety, depression and irritability. Following evaluation, it is determined the child has mixed anxiety and depressive disorder.



Specialized ICD-10-CM Coding Training

Behavioral Health Course

For Local Health Departments and Rural Health

Unit 3





Behavioral Health Unit 2 ~ Review Questions

True/False

1. If a client with a history of alcohol dependence completes a questionnaire during an encounter and states he has had nothing to drink for the past 6 months, the clinician could code this as history of alcohol dependence.

Answer: False (There are no ‘personal history of’ codes for substance use. Alcohol dependence in remission would be used. Selection of codes in this category for “in remission” require clinical judgment and must be included in the clinician’s documentation.)

2. If a client recently lost their spouse and states they are depressed, clinicians should code this as F32.9, Major depressive disorder, single episode, unspecified.

Answer: False (F43.21, Adjustment disorder with depressed mood (which includes grief reaction) would be more appropriate.)



Behavioral Health Unit 2 ~ Review Questions

True/False

3. Codes in category, Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98) can be assigned to adults.

Answer: True (Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98) ~ Codes in this range can be used regardless of client's age.)





Behavioral Health Unit 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
1	<p>19 year old male seen for continued counseling for treatment of dependence on amphetamines.</p> <p>Z71.51 (Key word Counseling, drug abuser); There is a coding note to “Use additional code for drug abuse or dependence” - F15.20 (Key word in Alphabetic Index is “Dependence”)</p>
2	<p>30 year old male with dependence on chewing tobacco presents to the clinic requesting assistance for cessation of chewing tobacco. He has been a chronic user of chewing tobacco since age 13 and now he wants to quit. Counseling on the options for chewing tobacco cessation was provided to the client.</p> <p>Z71.6 (Key word in Alphabetic Index is “Counseling”; In Tabular, states to use additional code for nicotine dependence); F17.220 (Key word in Alphabetic Index is “Dependence”, drug, nicotine, chewing tobacco)</p>
3	<p>45 year old male is seen for individual psychotherapy as part of his long-term treatment for borderline personality disorder. The client has been taking Abilify and reports he feels it has helped him manage his impulsive, overly emotional, and erratic behavior and suicidal thoughts. The client has a history of alcohol dependence which is in remission.</p> <p>F60.3 (Key word in Alphabetic Index is “Disorder” and then “Personality” and then “borderline”. There is a note to see also “Personality” but you do not have to go there since borderline personality is found under disorder); F10.21 (Key word “Dependence”, alcohol, in remission); Z79.899 (Key word “Therapy”, drug; Description: Other long term (current) drug therapy)</p>



Behavioral Health Unit 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
4	<p>27 year old female is referred by the Maternal Health clinic for evaluation for postpartum depression. She has a newborn and two other children under age 5 and is feeling overwhelmed. It is determined she has postpartum dysphoria. She is referred for childcare counseling.</p> <p>090.6 (Dysphoria); Use of Z60.0 – Problems of adjustment to life-cycle transitions – could also be justified but not required. You do not use Z00.8 Encounter for other general examination (Key word “Evaluation”, mental health) since the client had specific symptoms</p>
5	<p>43 year old female reports having episodes of increased forgetfulness including problems remembering recent events, the names of people and things, wandering off forgetting where she is going or how to return home. She is diagnosed with dementia due to early-onset Alzheimer’s .</p> <p>G30.0 Alzheimer’s disease with early onset; F02.81 – Dementia, in Alzheimer’s disease; Z91.83 – Wandering in diseases classified elsewhere</p>
6	<p>12 year old female is referred by her family physician for anxiety, depression and irritability. Following evaluation, it is determined the child has mixed anxiety and depressive disorder.</p> <p>F41.8 – Mixed anxiety and depressive disorder (key word “Disorder”, “mixed”). You do not use Z00.8 Encounter for other general examination (Key word “Evaluation”, mental health) since the client had specific symptoms</p>



Behavioral Health Unit 1 ~ Review Questions

True/False

1. Z codes are procedure codes

Answer: False (Procedure codes are CPT/HCPCS codes)

2. Screening codes are used when you are seeing someone who has some signs or symptoms related to the reason for the screening

Answer: False (Screening codes are used when you are seeing someone who has no signs or symptoms but you are evaluating for early detection.)

3. If the court orders you to evaluate someone for a suspected psychiatric condition and the suspected condition is confirmed, the observation code is not used – you code the diagnosis or symptom

Answer: True

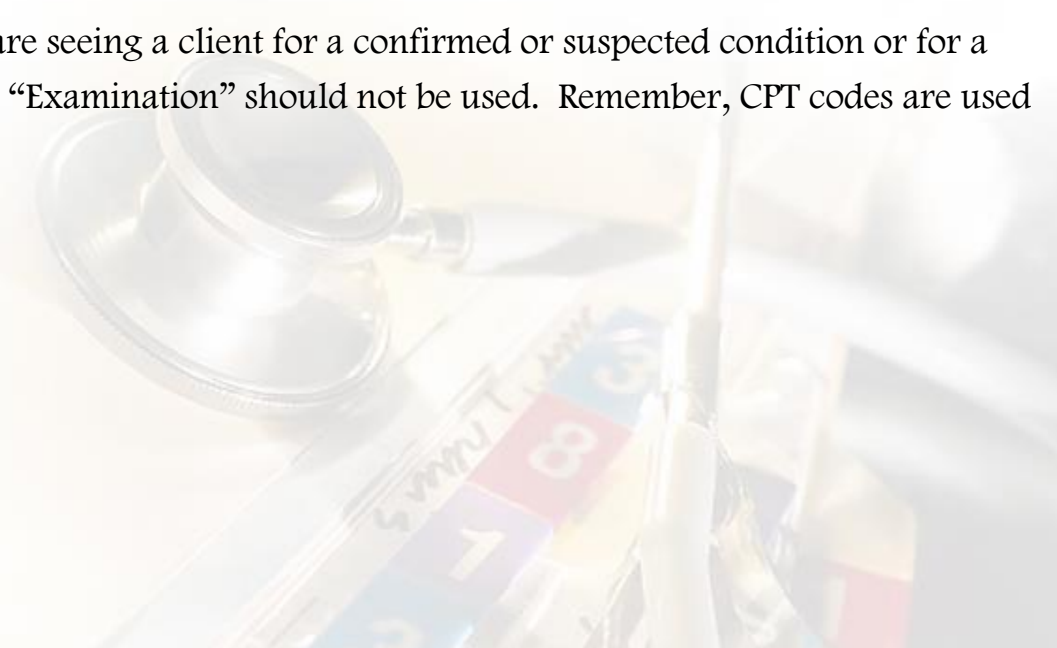


Behavioral Health Unit 1 ~ Review Questions

True/False

4. If a pediatrician refers an 8 year old because of hyperactivity, disruptive behavior and impulsivity and following examination you determine they are ADHD, the primary reason for the visit will be the examination

Answer: False (If you are seeing a client for a confirmed or suspected condition or for a specific treatment, then codes under “Examination” should not be used. Remember, CPT codes are used to specify the services rendered.)





Behavioral Health Unit 1

Coding Exercise

61 year old man is found by police wandering the streets and talking to himself. A judge has ordered a psychiatric evaluation. No mental disorders are identified. The gentleman is living in a shack outside of town that does not have heat and he has no means of support other than panhandling. He has history of MI 5 years ago and smokes cigarettes when he can find them. He is referred to Social Services.

Answer: Z04.6 Encounter for general psychiatric examination, requested by authority; I25.2 (History, personal, myocardial infarction); Z72.0 Tobacco use (if you look up Smoker, refers you to Dependence, drug, nicotine; however, when you look up in the tabular, there is Excludes1 note for Tobacco Use. Since clinician did not document tobacco dependence, cannot code this); Z59.1 Inadequate housing; Z59.5 Extreme poverty



Evaluation and Questions

Evaluation Forms are in the ICD-10- CM Specialized Coding Training Workbook and at:

<http://publichealth.nc.gov/lhd/icd10/docs/training>

Submit Evaluation Forms and Questions to:

Marty.Melvin@dhhs.nc.gov