ICD-10-CM coding update for practicing neuropsychologists

Corwin Boake, PhD, MP, ABPP
TIRR/Memorial Hermann Healthcare System, Houston
Jefferson Neurobehavioral Group, Metairie, LA
Dept. of Physical Medicine & Rehab.
Baylor College of Medicine, Houston

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I have no financial relationships to disclose:

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Honoraria from: none
objectives

1. To have working knowledge of ICD-10-CM diagnosis coding as relevant to billing of neuropsychological services, with a focus on payer coverage policies.

2. To understand how the American Psychiatric Association is changing ICD-10-CM to correspond with DSM-5.

Texas: Use DSM-5 instead of ICD-10

https://www.dshs.texas.gov/ICD-10/DSM-5.aspx
Texas: use ICD-10-CM codes that are compatible with DSM-5

<table>
<thead>
<tr>
<th>Axis</th>
<th>ICD-10 Code</th>
<th>ICD-10 Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>E669</td>
<td>Obesity, unspecified</td>
</tr>
<tr>
<td>1</td>
<td>F0150</td>
<td>Vascular dementia without behavioral disturbance</td>
</tr>
<tr>
<td>1</td>
<td>F0150</td>
<td>Vascular dementia without behavioral disturbance</td>
</tr>
<tr>
<td>1</td>
<td>F0151</td>
<td>Vascular dementia with behavioral disturbance</td>
</tr>
<tr>
<td>1</td>
<td>F0151</td>
<td>Vascular dementia with behavioral disturbance</td>
</tr>
<tr>
<td>1</td>
<td>F0280</td>
<td>Dementia in other diseases classified elsewhere without behavioral disturbance</td>
</tr>
<tr>
<td>1</td>
<td>F0280</td>
<td>Dementia in other diseases classified elsewhere without behavioral disturbance</td>
</tr>
</tbody>
</table>

Texas: don’t use ICD-10-CM codes that are incompatible with DSM-5

<table>
<thead>
<tr>
<th>ICD10_DX_CD</th>
<th>ICD10_DX_DESC</th>
</tr>
</thead>
<tbody>
<tr>
<td>F03.90</td>
<td>Unspecified dementia without behavioral disturbance</td>
</tr>
<tr>
<td>F03.91</td>
<td>Unspecified dementia with behavioral disturbance</td>
</tr>
<tr>
<td>F04</td>
<td>Amnestic disorder due to known physiological condition</td>
</tr>
<tr>
<td>F06.30</td>
<td>Mood disorder due to known physiological condition, unspecified</td>
</tr>
<tr>
<td>F07.81</td>
<td>Postconcussional syndrome</td>
</tr>
<tr>
<td>F07.89</td>
<td>Other personality and behavioral disorders due to known physiological condition</td>
</tr>
<tr>
<td>F07.9</td>
<td>Unspecified personality and behavioral disorder due to known physiological condition</td>
</tr>
</tbody>
</table>
Example of ICD-10 coding in dementia NP evaluation

1. G30.0  Alzheimer’s disease w/ early onset
2. F02.80  Dementia in other diseases classified elsewhere, w/o behavioral disturbance

(thanks to Tresa Spencer, PhD, ABPP)

“Code first” rule

• Note that appears in the Tabular List under manifestations codes.
• Two codes are required when one disease (etiology) produces another condition (manifestation)
• In most cases the manifestation codes will have in the code title, 'in diseases classified elsewhere.'
• These codes are never first-listed or principal diagnosis codes, always are additional codes.
Rule: primary dx code first

F02.8x  Dementia in other diseases classified elsewhere

- F02.80 and F02.81 are secondary dx (i.e., manifestation)
- secondary dx must be used with primary dx (i.e., cause)
- “code first the underlying physiological condition”

(thanks to Tresa Spencer, PhD, ABPP)

Mild neurocognitive disorder crosswalk

<table>
<thead>
<tr>
<th>DSM-IV</th>
<th>DSM-5/ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>(no DSM code assigned) Mild neurocognitive disorder Instruction to code as: 294.9 Cognitive disorder NOS</td>
<td>331.83 Mild neurocognitive disorder</td>
<td>G31.84 Mild cognitive impairment</td>
</tr>
</tbody>
</table>
Mild Cognitive Impairment

American Academy of Neurology
John Hart, Jr., M.D.

9/30/05 AAN proposal to CDC ICD-9-CM Coordination & Maintenance Committee
www.cdc.gov/nchs/ppt/icd9/att_mci_sep05.ppt

- No other specific code captures
- Code needed as significant number diagnosed and diagnosis has profound implications
- General dementia diagnoses (290.x) not accurate since MCI has cognitive deficits but not impaired daily functions
- Memory loss (780.93) not capture since MCI does not have to be memory impairment

9/30/05 AAN proposal to CDC ICD-9-CM Coordination & Maintenance Committee
Mild Cognitive Impairment

• Would recommend coding in 331.x series (331.8)
  − Is not simply memory loss
  − Is a significant clinical change in cognitive status
  − Mild Cognitive Impairment (331.83)

9/30/05 AAN proposal to CDC ICD-9-CM Coordination & Maintenance Committee

2016_I9gem.txt

MCI coding crosswalk

331.83 converts to G31.84
Medicare Sept 2015 draft LCD
Medicare LCD draft Sept 2015:
codes that support medical necessity

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E66.01*</td>
<td>Morbid (severe) obesity due to excess calories</td>
</tr>
<tr>
<td>F01.50</td>
<td>Vascular dementia without behavioral disturbance</td>
</tr>
<tr>
<td>F01.51</td>
<td>Vascular dementia with behavioral disturbance</td>
</tr>
</tbody>
</table>

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G31.84 omitted from codes supporting medical necessity

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G21.0</td>
<td>Malignant neuroleptic syndrome</td>
</tr>
<tr>
<td>G21.11</td>
<td>Neuroleptic induced parkinsonism</td>
</tr>
<tr>
<td>G21.19</td>
<td>Other drug induced secondary parkinsonism</td>
</tr>
<tr>
<td>G21.2</td>
<td>Secondary parkinsonism due to other external agents</td>
</tr>
<tr>
<td>G21.3</td>
<td>Postencephalitic parkinsonism</td>
</tr>
<tr>
<td>G21.8</td>
<td>Other secondary parkinsonism</td>
</tr>
<tr>
<td>G24.01</td>
<td>Drug induced subacute dyskinesia</td>
</tr>
<tr>
<td>G24.02</td>
<td>Drug induced acute dystonia</td>
</tr>
<tr>
<td>G24.09</td>
<td>Other drug induced dystonia</td>
</tr>
<tr>
<td>G24.2</td>
<td>Idiopathic nonfamilial dystonia</td>
</tr>
<tr>
<td>G24.4</td>
<td>Idiopathic orofacial dystonia</td>
</tr>
<tr>
<td>G24.8</td>
<td>Other dystonia</td>
</tr>
<tr>
<td>G25.0</td>
<td>Essential tremor</td>
</tr>
<tr>
<td>G25.1</td>
<td>Drug-induced tremor</td>
</tr>
<tr>
<td>G25.2</td>
<td>Other specified forms of tremor</td>
</tr>
<tr>
<td>G25.71</td>
<td>Drug induced akathisia</td>
</tr>
<tr>
<td>G25.79</td>
<td>Other drug induced movement disorders</td>
</tr>
<tr>
<td>G25.89</td>
<td>Other specified extrapyramidal and movement disorders</td>
</tr>
<tr>
<td>G26</td>
<td>Extrapyramidal and movement disorders in diseases classified elsewhere</td>
</tr>
<tr>
<td>G30.0</td>
<td>Alzheimer's disease with early onset</td>
</tr>
<tr>
<td>G30.1</td>
<td>Alzheimer's disease with late onset</td>
</tr>
<tr>
<td>G31.1</td>
<td>Senile degeneration of brain, not elsewhere classified</td>
</tr>
<tr>
<td>G44.209</td>
<td>Tension-type headache, unspecified, not intractable</td>
</tr>
<tr>
<td>G47.52</td>
<td>REM sleep behavior disorder</td>
</tr>
<tr>
<td>G47.53</td>
<td>Recurrent isolated sleep paralysis</td>
</tr>
</tbody>
</table>

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Medicare revised LCD 2016:
G31.84 added to codes supporting medical necessity

2016_I9gem.txt

Memory disorder crosswalk

780.93 memory loss converts to
R41.2 retrograde amnesia
R41.3 other amnesia
Medicare revised LCD 2016:
R-codes added to codes supporting medical necessity

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R40.0</td>
<td>Somnolence</td>
</tr>
<tr>
<td>R40.1</td>
<td>Stupor</td>
</tr>
<tr>
<td>R41.0</td>
<td>Disorientation, unspecified - Neurologic neglect syndrome</td>
</tr>
<tr>
<td>R41.4</td>
<td>Disorientation, unspecified - Neurologic neglect syndrome</td>
</tr>
<tr>
<td>R41.81</td>
<td>Age-related cognitive decline - Borderline intellectual functioning</td>
</tr>
<tr>
<td>R41.83</td>
<td>Age-related cognitive decline - Borderline intellectual functioning</td>
</tr>
<tr>
<td>R41.840</td>
<td>Attention and concentration deficit - Frontal lobe and executive function deficit</td>
</tr>
<tr>
<td>R41.844</td>
<td>Attention and concentration deficit - Frontal lobe and executive function deficit</td>
</tr>
<tr>
<td>R41.89</td>
<td>Other symptoms and signs involving cognitive functions and awareness</td>
</tr>
<tr>
<td>R41.9</td>
<td>Unspecified symptoms and signs involving cognitive functions and awareness</td>
</tr>
</tbody>
</table>

**NAN Newsflash April 2016**
Slides about Capital Blue coverage policy for neuropsychological services

Slides about Aetna coverage policy for neuropsychological services
October 2014

Letter to Cigna from IOPC, AAN and BIA of America

Cigna changes its national policy for neuropsychological testing

The new policy covers testing for some previously excluded conditions.

By Legal & Regulatory Affairs Staff

Major health insurer Cigna has changed its national policy on neuropsychological testing following New York Attorney General Eric T. Schneiderman’s settlement with Cigna to remove blanket limitations on coverage for neuropsychological testing in New York.

Cigna’s new national policy eliminates the prior exclusions for: "psychiatric disorders," autism spectrum disorders, pervasive development disorders, concussion and mild cognitive impairment.
R codes in ICD-10-CM

Symptoms and signs involving cognition, perception, emotional state and behavior (R40-R46)

Excludes: symptoms and signs constituting part of a pattern of mental disorder (F01-F09)

R40 Somnolence, stupor and coma

Excludes: neonatal coma (P91.5)
- somnolence, stupor and coma in diabetes (E08-E13)
- somnolence, stupor and coma in hepatic failure (K72.7)
- somnolence, stupor and coma in hypoglycemia (nondiabetic) (E15)

R40.0 Somnolence
Drowsiness

Excludes: coma (R40.2)

R40.1 Stupor
Catatonic stupor
Semicoma

Excludes: catatonic schizophrenia (F20.2)
- coma (R40.2)
- depressive stupor (F31-F33)
- dissociative stupor (F44.2)
- manic stupor (F30.2)

R41 Other symptoms and signs involving cognitive functions and awareness

Excludes: dissociative (conversion) disorders (F44.3)
- mild cognitive impairment, so stated (G31.84)

R41.0 Disorientation, unspecified
Confusion NOS
Delirium NOS

R41.1 Anterograde amnesia

R41.2 Retrograde amnesia

R41.3 Other amnesia
Amnesia NOS
Memory loss NOS

Excludes: amnestic disorder due to known physiologic condition (F04)
- amnestic syndrome due to psychoactive substance use (F10-F19 with 5th character .6)
- mild memory disturbance due to known physiological condition (F06.8)
- transient global amnesia (G45.4)

R41.4 Neurologic neglect syndrome
Asomatognosia
Hemi-algesia
Hemi-anesthesia
Hemispatial neglect
Left-sided neglect
Sensory neglect
Visual-spatial neglect

Excludes: visual-spatial deficit (R41.842)

R41.8 Other symptoms and signs involving cognitive functions and awareness
R41.81 Age-related cognitive decline
Slightly NOS

R41.82 Altered mental status, unspecified
Change in mental status NOS

Excludes: altered level of consciousness (R40.1)
 altered mental status due to known condition - code to condition delirium NOS (R41.0)

R41.83 Borderline intellectual functioning
IQ level 71 to 84

Excludes: Intellectual disabilities (F79-F79)

R41.84 Other specified cognitive deficit

Excludes: cognitive deficits as sequelae of cerebrovascular disease (I69.01-, I69.11-, I69.81-, I69.91-)

R41.840 Attention and concentration deficit

Excludes: attention-deficit hyperactivity disorders (F90.-)

R41.841 Cognitive communication deficit

R41.842 Visuospatial deficit

R41.843 Psychomotor deficit

R41.844 Frontal lobe and executive function deficit

R41.89 Other symptoms and signs involving cognitive functions and awareness
Anosognosia

R45 Symptoms and signs involving emotional state

R45.0 Nervousness
Nervous tension

R45.1 Restlessness and agitation

R45.2 Unhappiness

R45.3 Demoralization and apathy

Excludes: anhedonia (R45.84)

R45.4 Irritability and anger

R45.5 Hostility

R45.6 Violent behavior

R45.7 State of emotional shock and stress, unspecified

R45.8 Other symptoms and signs involving emotional state

R46.81 Low self-esteem

R46.82 Worries

R46.83 Excessive crying of child, adolescent or adult

Excludes: excessive crying of infant (baby) R68.11

R46.84 Anhedonia

R46.85 Homicidal and suicidal ideations
Changes to ICD-10-CM made at request of American Psychiatric Association

• Coding updates to DSM-5
• Codes and descriptive labels added to ICD-10-CM

Slide about DSM-5 coding updates from American Psychiatric Association
Slide about American Psychiatric Association webpage for ICD-10-CM changes

Slide about American Psychiatric Association webpage for ICD-10-CM changes in FY 2017
Sept 2013 proposal by American Psychiatric Association to CDC:
Social pragmatic communication disorder
**“Inclusion term”**

- List of medical diagnoses under some codes in the Tabular List.
- Conditions for which the code is to be used
- Terms may be synonyms with the code title
- Not an exhaustive list of alternative terms; other terms may be in appendix
“Excludes1”

• List of conditions that cannot be used at the same time as the code above it.
• Not possible to code both conditions at the same time.

Inclusion terms proposed by APA

<table>
<thead>
<tr>
<th>Additional Tabular List Inclusion Terms for ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>F01  Vascular dementia</td>
</tr>
<tr>
<td>Add   F01.5  Vascular dementia without behavioral disturbance</td>
</tr>
<tr>
<td>Add   F01.50 Vascular dementia with behavioral disturbance</td>
</tr>
<tr>
<td>Add   F01.51 Vascular dementia with aggressive behavior</td>
</tr>
<tr>
<td>Add   Major neurocognitive disorder with combative behavior</td>
</tr>
<tr>
<td>Add   Major neurocognitive disorder with violent behavior</td>
</tr>
<tr>
<td>F02  Dementia in other diseases classified elsewhere</td>
</tr>
<tr>
<td>Add   F02.8 Dementia in other diseases classified elsewhere without behavioral disturbance</td>
</tr>
<tr>
<td>Add   F02.80 Dementia in other diseases classified elsewhere with behavioral disturbance</td>
</tr>
<tr>
<td>Add   Major neurocognitive disorder in other diseases classified elsewhere with aggressive behavior</td>
</tr>
<tr>
<td>Add   Major neurocognitive disorder in other diseases classified elsewhere with combative behavior</td>
</tr>
<tr>
<td>Add   Major neurocognitive disorder in other diseases classified elsewhere with violent behavior</td>
</tr>
</tbody>
</table>
ICD-10-CM Tabular List (FY 2016)

F01 Vascular dementia
Vascular dementia as a result of infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease.
Includes: arteriosclerotic dementia
Code first the underlying physiological condition or sequelae of cerebrovascular disease.
F01.5 Vascular dementia
  F01.50 Vascular dementia without behavioral disturbance
  F01.51 Vascular dementia with behavioral disturbance
    Vascular dementia with aggressive behavior
    Vascular dementia with combative behavior
    Vascular dementia with violent behavior
  Use additional code, if applicable, to identify wandering in vascular dementia (291.83)

ICD-10-CM Tabular List (FY 2017)

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Vascular dementia as a result of infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease.
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  F01.51 Vascular dementia with behavioral disturbance
    Major neurocognitive disorder due to vascular disease, with behavioral disturbance
    Major neurocognitive disorder with aggressive behavior
    Major neurocognitive disorder with combative behavior
    Major neurocognitive disorder with violent behavior
    Vascular dementia with aggressive behavior
    Vascular dementia with combative behavior
    Vascular dementia with violent behavior
  Use additional code, if applicable, to identify wandering in vascular dementia (291.83)
Conclusions: top issues about ICD-10-CM for neuropsychologists

1. Need the ICD-10-CM codes that meet payer’s medical necessity criteria for neuropsychological services.
2. Option to use R codes in ICD-10-CM to represent symptoms or syndromes instead of diagnosis.

Top ICD-10-CM issues cont’d

4. Advocacy to change payer medical necessity coverage policies for neuropsychological procedures.
Questions?