

Coding Training without Leaving the Office

Outreach Training Series



Session Date: Tuesday, July 21, 2015
8:00 AM Pacific Time OR 12 Noon Pacific time
(be sure to note correct start time for your time zone)

Ten Minutes Prior to Training Time:

1. Join the meeting using the confirmation email you received after you reserved your seat. The subject line of the email says: "Dr. #12 Psych: Depression & Anxiety Webinar".
2. Join by clicking on the link in #1 that says "Click here to join the webinar".
3. You will be given the telephone call-in number once you are in the webinar.

If you encounter problems, call Kerri Robbins at Brown Consulting Associates: 208-736-3755

Training presented by Brown Consulting Associates, Inc. in cooperation with:

Community Health Plan of Washington
Idaho Medical Association
Iowa Medical Society
Montana Medical Association
Ohio Association of Community Health Centers
West Virginia Primary Care Association
Indiana Primary Health Care Association
Kansas Primary Care Association
Missouri Primary Care Association
Central Valley Health Network (California)

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Bonnie R. Hoag, RN, CCS-P, is a private practice reimbursement consultant who has served as a national physician office consultant and seminar speaker for a variety of firms, including St. Anthony Publishing and Consulting in Alexandria, Virginia and Medical Learning Inc. in Minneapolis, Minnesota. Bonnie currently presents approximately 30 seminars each year with the Idaho Medical Association, Montana Medical Association, Iowa Medical Society, National Association of Community Health Centers and other groups. She continues to present seminars and workshops for the Northwest Regional Primary Care Association, Center for Health Training and other groups. Brown Consulting Associates, Inc. has developed and presents live, web-based certification training for the Northwest Regional Primary Care Association. Bonnie is honored to serve as a board of directors' member at the Community Health Center in her community. For eleven years, Bonnie taught a three-semester course for students aspiring to become certified coders at the College of Southern Idaho. During years 2005-2007 Bonnie also served on the AHIMA national Physician Practice Council Group. On occasion Bonnie is called upon to work with health care legal defense attorneys to assist physicians in resolving third-party-payer coding actions.

Sixteen years of clinical experience combined with twenty-one years of coding consulting and training provides an exceptional skill base for application to the challenging and changing medical coding environment. Bonnie graduated from Los Angeles County-USC Medical Center School of Nursing in 1973. Her nursing experience includes office nursing and hospital nursing in the areas of surgery, ER, ICU and home health. She served as an Air Force Flight Nurse.

Bonnie has worked in physician office nursing and management, dealing directly with reimbursement issues in Las Vegas, Nevada; Salt Lake City, Utah; and Twin Falls, Idaho. She has been teaching and consulting since 1989 and has worked in 41 states. As a physician reimbursement consultant, Bonnie visits physician offices, clinics and ERs to assess the issues that directly and indirectly affect reimbursement and CMS compliance.

Shawn R. Hafer, CCS-P, CPC, Senior consultant and co-owner of Brown Consulting with more than 20 years of physician coding and reimbursement experience in a variety of specialties. She holds coding certifications from both the American Health Information Management Association (AHIMA) and the American Academy of Professional Coders (AAPC) and is a member of both organizations. Her background provides an excellent foundation for the demanding medical coding environment.

Shawn has been with Brown Consulting for 16 years, and is uniquely qualified due to her diverse management skills and experience, as well as her coding and billing expertise. Shawn also serves as a senior auditor conducting hundreds of medical record audits each year providing both clinician and coder training in all facets of coding and documentation. She has been involved in small rural health clinic projects served by visiting providers to large inner-city clinics with more than 100 providers. Shawn has worked with healthcare defense attorneys on behalf of physicians involved in third party payer audits. Shawn authors and presents coding seminars and webinars for our many workshop/seminar partners including the Idaho Medical Association, Montana Medical Association, Iowa Medical Society, West Virginia Primary Care Association and many other regional and national groups.

For ten years, Shawn served as a coding instructor at the College of Southern Idaho and for Northwest Regional Primary Care Association, and was a long term member of the Advisory Committee for Coding Education at the College of Southern Idaho. Shawn attended the College of Southern Idaho in Twin Falls, ID and Pima College in Tucson, AZ.

Mitzi A. Snell, BS, CPC, brought 10 years' experience in medical coding, billing, auditing, contracting, compliance and management to the Brown Consulting Associates team upon her 2012 employment. Her multi-specialty background includes urgent care, internal medicine, family practice, spine surgery and mental health. During seven years with Boise's St. Alphonsus Medical Group, she supervised coding and billing for primary care and internal medicine physicians as well as helping develop a preceptor program for new coders and heading a pilot chart auditing project involving clinician coding, compliance and reimbursement training. She also taught a 12-month Health Care Billing and Coding course at Milan Institute (Boise), providing instruction in medical software, medical terminology, anatomy and physiology, ICD-9, CPT, and HCPCS coding, and billing for government and private payers.

Mitzi holds a Bachelor of Science degree in Health Information Management from Boise State University; her professional designation is a Certified Professional Coder (CPC) of the American Academy of Professional Coders (AAPC). She is a member of both AHIMA and AAPC. She devotes her free time to the Allies Linked for the Prevention of HIV and AIDS (ALPHA), a non-profit organization providing free services and testing to teens and adults. She and her husband, a US Air Force Tech Sergeant, live in Boise with their three children.

Meri Harrington, CPC, CEMC, brings with her 12 years of coding and auditing experience with a multispecialty rural health clinic that led the way in the rural residency training program. Meri has audited both inpatient and outpatient clinician records and coded a wide range of surgical encounters. She was responsible for writing the E&M coding policy for the organization, as well as conducting multiple clinician and peer audits and education sessions. Meri assisted in researching denials for accuracy and rebilling when appropriate. More recently, she pioneered the organization's journey towards ICD-10 implementation.

Meri has spent multiple hours working alongside clinicians and peers on projects aimed at improving the user-friendliness of electronic medical records programs. She has also assisted with internal audits to assure Meaningful Use implementation and attestations.

Meri's education includes several years volunteering as an EMT in her local community. Meri attended the Community Colleges of Spokane – Colville IEL. She attended an HRAI Coding Boot Camp in 2002 and CPC Solution's E&M Auditing Clinic in 2006. She maintains a CPC and a CEMC credential. Meri lives in northeastern Washington with her husband, Mike, and their two small children. She enjoys outdoor activities with her family, reading, and gardening. She volunteers at her church and loves to go on field trips with her children.

Ginger Avery, CPC, CPMA, brings almost 20 years of experience in medical coding and billing to the Brown Consulting team. She began her career performing home health billing for a rural county hospital and went on to work for an ASC where she became instrumental in administrative tasks that significantly improved the revenue cycle process. After obtaining her coding certification in 2005, she worked for the medical practice division of a large hospital, and while she specialized in cardiology, she also worked closely with hospitalists and family practice clinicians. She performed internal audits and provider education, and worked closely with projects aimed at improving the use of electronic medical record programs.

Ginger served as a member of the compliance committee and was responsible for writing policies and procedures related to billing, coding and auditing. Ginger obtained her Certified Professional Medical Auditor (CPMA) credential in 2014, while serving as the Vice President of her local American Academy of Professional Coders (AAPC) chapter; Ginger now serves as the chapter's 2015 President.

Our Commitment

Brown Consulting Associates, Inc. has provided national physician training services since 1989. BCA recognizes the increasing and constantly changing demands placed on the physician office by federal and state government, CMS, Medicare, the Peer Review Organization, private insurance carriers and hospitals. In addition to serving physician offices, Brown Consulting Associates provides specialized training for various third party payers, Military Treatment Facilities, and Federally Qualified Health Care Centers. Brown Consulting Associates offers physician and staff education designed and customized to enhance operations and federal compliance.

Our association with the American Health Information Management Association, American Academy of Professional Coders, Medical Group Management Association well as other groups, helps to keep us current in the field of coding, documentation and reimbursement. Our programs and services are designed to assist physicians and their staff to meet the new demands and challenges of coding, documentation, compliance and reimbursement. Customized in-office services and live web-based programs designed to educate physicians and their staff regarding coding, documentation and billing issues will continue to be our focus.

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BCA Coding Workshop Series Partners

- Community Health Plan of Washington
- Central Valley Health Network (California)
- Idaho Medical Association
- Indiana Primary Health Care Association
- Iowa Medical Society
- Kansas Primary Care Association
- Missouri Primary Care Association
- Montana Medical Association
- Ohio Association of Community Health Centers
- West Virginia Primary Care Association

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Today's Agenda



1. Major Depressive Disorder - Categories F32-F33
2. Anxiety Disorders - Categories F41-F43
3. Substance Abuse and Dependence
4. Improved ICD-9 DM Coding = Easier ICD-10 Coding
5. Small Documentation Improvements = Big Results
6. Make Your EMR User Friendly
Perfection in Your Assessment & Plan!
7. Coding Tools for You

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Brown's 25 Year of Study of Physician Service ICD-9 DX Coding

1. Typically clinicians are the coders!
2. Brown's experience reveals Psychiatric & Behavioral Health clinicians assign diagnosis coding more accurately in ICD-9 than the general clinician population (Approximately 82% accuracy at initial educational evaluations)
3. Often, clinics do not optimize the potential value of the EMR as a tool.
4. ICD-10 raises the bar and potentially increases the risk of timely/accurate 3rd party payment.

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Real-Life Dx Coding Challenges

1. The EMR, has not delivered on promises of "easier" "quicker" or "better quality documentation."
2. Clinicians identify difficulty finding accurate codes within the EMR.
3. Clinicians are frustrated by time consumed in search process - without helpful findings.
4. Coders have difficulty helping because they are not familiar with clinician process in the EMR or clinician EMR screens.

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BCA's ICD-10 Suggestions for Clinicians

Documentation Improvement & ICD-10

1. **Improve** diagnosis code choices now, in ICD-9, to make your transition to ICD-10 easier.
2. **Assign** diagnoses that accurately represent the complexity of the patient you are seeing... every patient, every visit.
3. **Write** your Assessment & Plan to represent a digital picture of your concerns for the patient.
4. **Realize** how details required in ICD-10 code selection will improve your medical record quality.

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ICD-10 Contains 65,000 Codes *However...*

Clinicians use the same 50 codes 80 percent of the time.

Focus on what matters to you!

50 Codes
80%

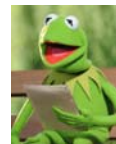
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Refresher: HIPAA Mandated “Rules”

Section IV ICD Guidelines

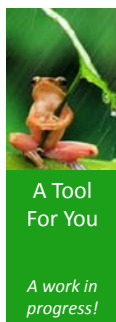
1. **1st listed** dx identifies condition requiring the greatest work effort today, as determined by the clinician and supported in the medical record.
2. Code all conditions that **require/affect care**.
3. Code **reasons** for all studies.
4. Code to the highest level of **specificity** known.
 - MDD, recurrent episode, severe, w/o psychotic sx – *ICD-10 F33.2*
 - Post traumatic stress disorder, chronic – *ICD-10 F43.12*
 - Adjustment disorder, mixed mood – *ICD-10 F43.23*
5. **No “rule out”** or unconfirmed diagnoses; instead report known signs and symptoms.
 - Excessive crying – *ICD-10 R45.83*



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Depression & Anxiety Diagnoses

A Tool
For YouA work in
progress!

DEPRESSION/ANXIETY DIAGNOSIS CODING ICD-10 and ICD-9					
MDD EMR ICD-10 Search Tips: Search by episode, e.g. single or recurrent, & by severity, e.g. mild, moderate or severe; & then if history status is in remission, partial or full.			Anxiety EMR ICD-10 EMR Search Tips: Search anxiety considering qualifying descriptors such as, generalized, mixed, panic, etc.		
Major depressive disorder (MDD)	ICD10	ICD9	Anxiety	ICD10	ICD9
single episode			generalized	F41.1	300.00
mild	F32.0	296.21	mixed (symptoms features of other disorders)	F41.3	
moderate	F32.1	296.22	panic disorder w/o panic attacks	F41.0	300.01
severe w/o psychotic symptoms	F32.2	296.23	with agoraphobia	F40.01	300.21
severe with psychotic symptoms	F32.3	296.24	vegetation, abnormal (of childhood)	F93.0	300.23
in partial remission	F32.4	296.25	other specified	F41.8	300.09
in full remission	F32.5	296.26	unspecified (avoid)	F41.9	300.00
other single	F32.8	296.82	Obsessive compulsive disorder (OCD)	F40.10	300.23
unspecified (avoid)	F32.9	311	acute stress reaction	F43.0	300.3
recurrent episode	F33.0	296.30	Post traumatic stress disorder (PTSD)	F43.10	300.81
mild	F33.1	296.31	acute	F43.11	
moderate	F33.2	296.32	chronic	F43.12	
severe w/o psychotic symptoms	F33.3	296.33	Adjustment disorder	F43.20	300.9
severe with psychotic symptoms	F33.4	296.34	depressed mood (grief reaction)	F43.21	300.0
in partial remission	F33.5	296.35	anxiety	F43.22	300.24
in full remission	F33.6	296.36	mixed mood (anxiety and depression)	F43.23	300.28
other recurrent	F33.8	296.38	disturbance of conduct	F43.24	300.3
Cyclothymic disorder	F34.0	301.13	mixed disturbance (anxious/conduct)	F43.25	300.4
Dysthymic disorder	F34.1	300.4	with other symptoms	F43.29	300.89
Unspecified mood disorder (avoid)	F39	296.90			
Signs and Symptoms					
	ICD10	ICD9	Substance Dependence Basic Codes	ICD10	ICD9
Uterine pain	R61.1	780.03	Alcohol depend w/o complication	F10.20	303.90
Crying, excessive	R45.83	780.95	in remission	F10.21	303.90
Altered mental status	R41.82	780.97	with current intoxication uncomplicated	F10.220	303.01
Orn. general symptoms (not on list)	R68.89	780.99	Opioid depend w/o complication	F11.20	304.00
Lack of coordination	R27.9	781.3	in remission	F11.21	304.00
Abnormal weight gain	R63.5	783.1	with current intoxication uncomplicated	F11.220	
Abnormal weight loss	R63.4	783.2	Canabine depend w/o complication	F12.20	304.33
Speech disturbance (other w/o code)	R47.89	784.59	in remission	F12.21	304.33
Senility w/o mention psychosis	R41.81	787	with current intoxication uncomplicated	F12.220	
Insomnia	R51	784.1	Controlled Substance Dependence (e.g. Opioid Depend) w/o complication		
Sleep disturbance	G47.9	780.50	Lack of adequate food/safe water	Z59.4	V60.2
Hallucinations	R44.3	780.1	Homelessness	Z59.0	V60.0
Dizziness/dizziness	R42	780.4	Inadequate housing	Z59.1	V60.1
Libido, decreased	R68.82	799.81	Low income	Z59.6	V60.2
Fatigue	R63.85	780.79	Extreme poverty	Z59.5	V60.2
Night terrors (child)	F51.4	307.48	Concurrent Substance Dependence		
Personality IX mental disorder			Visit for therapeutic drug monitoring	Z51.81	V58.83
Affective disorders	Z86.59	V11.1	Long term (current) use of hi-risk medication	Z79.899	V58.89
Neurosis	Z86.59	V11.2	Behaviorism	Z83.4	V80.82
Combat and operational stress	Z86.51	V11.4	Insomnia	G47.00	V80.52
Other mental disorders	Z86.59	V11.8	Hypersomnia	F51.11	V37.44
Unspecified mental dis. (avoid)	Z86.59	V11.9	Failure Noncompliance or Underdosing of Prescribed Medication		
Family IX mental/behavioral disorder	Z81.5	V17.0	Noncompliance with treatment	Z91.19	V15.81
Screening, not definite or if full			Underdosing (by patient) of SSRI	X44.00	
Screening for behavioral/mental dis.	Z13.89		Intentional underdosing due to financial hardship	Z91.120	V15.81

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Major Depressive Disorder (F32-F33 Categories)



Major depressive disorder (MDD)	ICD10	ICD9
single episode		
mild	F32.0	296.21
moderate	F32.1	296.22
severe w/o psychotic symptoms	F32.2	296.23
severe with psychotic symptoms	F32.3	296.24
in partial remission	F32.4	296.25
in full remission	F32.5	296.26
other single	F32.8	296.82
unspecified (avoid)	F32.9	311
recurrent episode	F33.9	296.30
mild	F33.0	296.31
moderate	F33.1	296.32
severe w/o psychotic symptoms	F33.2	296.33
severe with psychotic symptoms	F33.3	296.34
in partial remission	F33.41	296.35
in full remission	F33.42	296.36
other recurrent	F33.8	296.99
Cyclothymic disorder	F34.0	301.13
Dysthymic disorder	F34.1	300.4
Unspecified mood disorder (avoid)	F39	296.90

Document in the A/P:

1. Episode
2. Severity
3. Today's status

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MDD Episodes Defined

DSM-5 (Diagnostic and Statistical Manual of Mental Disorders
Fifth edition), Page 162

“Single Episode”

Diagnosed with MDD and receive ongoing treatment with no break in symptoms. Degree of severity may change during episode.

“Recurrent Episode”

Must be interval of at least two consecutive months between separate episodes in which criteria are not met for MDD.

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Major Depressive Disorder *DSM-5 Guidelines*

ICD-10 Category Code F32 (ICD-9 - 296.XX)

Five or more of the following nine

symptoms, present during the same 2-week period and represent a change from previous functioning; At least one symptom is depressed mood or, is, loss of interest or pleasure. *DSM-5*

1. Depressed mood most of the day, nearly every day (reported or observed)
2. Markedly diminished interest/pleasure most of each day (subjective/objective)
3. Significant weight loss/gain without dieting effort >5% of body weight in a month
4. Insomnia/hypersomnia nearly every day

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Major Depressive Disorder

ICD-10 Category Code F32 (ICD-9 - 296.XX)

Five or more of nine



5. Psychomotor agitation/retardation nearly every day
6. Fatigue or loss of energy every day
7. Feeling of worthlessness or excessive/inappropriate guilt, nearly every day
8. Diminished ability to think/concentrate or indecisiveness, nearly every day
9. Recurrent thoughts of death (not just fear of dying), recurrent SI w/o a plan

MDD = Five or more of nine

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Anxiety disorders (F41-F43)



Anxiety	ICD10	ICD9
generalized	F41.1	300.02
mixed (<i>w/prominent features of oth disorder</i>)	F41.3	
panic disorder w/o panic attacks	F41.0	300.01
with agoraphobia	F40.01	300.21
separation, abnormal (<i>of childhood</i>)	F93.0	309.21
other specified	F41.8	300.09
unspecified (<i>avoid</i>)	F41.9	300.00
Social anxiety disorder	F40.10	300.23
Obsessive compulsive disorder (OCD)	F42	300.3
Acute stress reaction	F43.0	308.9
Post traumatic stress disorder (PTSD)	F43.10	309.81
acute	F43.11	
chronic	F43.12	
Adjustment disorder	F43.20	309.9
depressed mood (<i>grief reaction</i>)	F43.21	309.0
anxiety	F43.22	309.24
mixed mood (<i>anxiety and depression</i>)	F43.23	309.28
disturbance of conduct	F43.24	309.3
mixed disturbance (<i>emotion/conduct</i>)	F43.25	309.4
with other symptoms	F43.29	309.89

Document in the A/P:

1. Qualifying descriptors and status.
2. Note other conditions with symptoms of anxiety.

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General Anxiety Disorder *DSM-5 Guidelines* ICD-10 - F41.1 (ICD-9 - 300.02)

Three of more of the six listed symptoms.

Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance)

DSM-5

1. Restlessness or feeling of keyed up or on edge
2. Being easily fatigued
3. Difficulty concentrating or mind going blank
4. Irritability
5. Muscle tension
6. Sleep disturbance (difficulty falling asleep/staying asleep, or restless.)

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Signs and Symptoms



1. Dx not yet confirmed, the PA is requesting a Psychiatric Diagnostic Evaluation.
PA codes today:
 1. **Sleep disturbance**
 2. **Fatigue**
 3. **Excessive crying**
2. Patient here for planned follow up of their chronic PTSD, with increase in meds and continued psychotherapy. In addition to PTSD, clinician coded:
 1. **PTSD chronic**
 2. **Hx of Combat and operational stress**

Signs and Symptoms	ICD10	ICD9
Memory loss	R41.3	780.93
Crying, excessive	R45.83	780.95
Altered mental status	R41.82	780.97
OTH. general symptoms (not on list)	R68.89	780.99
Lack of coordination	R27.9	781.3
Abnormal weight gain	R63.5	783.1
Abnormal weight loss	R63.4	783.2
Speech disturbance (other info code)	R47.89	784.99
Senility w/o mention psychosis	R41.81	797
Headache	R51	784.0
Sleep disturbance	G47.9	780.50
Hallucinations	R44.3	780.1
Dizziness/giddiness	R42	780.4
Libido, decreased	R68.82	799.81
Fatigue	R53.83	780.79
Pain, generalized	R52	780.96
Night terrors (child)	F51.4	307.46
Personal HX mental disorder		
Affective disorders	Z86.59	V11.1
Neurosis	Z86.59	V11.2
Combat and operational stress	Z86.51	V11.4
Other mental disorders	Z86.59	V11.8
Unspecified mental dis. (avoid)	Z86.59	V11.9
Family HX mental/behavioral disorder		
Screening not a definitive dx at this time		
Screening for behavioral/mental dis	Z13.89	

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Miscellaneous Diagnosis

Tips to Success:

1. When the main reason for the visit is med. management, list first Dx code Z51.81, if medications are high risk, (i.e. antipsychotics), report also Dx code Z79.899, in addition to the specific disorder.
2. Alcohol and/or Drug use, abuse, and dependence are coded as separate conditions in ICD-10, (see additional codes).

Special Social Influence Dx Codes - Add to tell your story		
Lack of adequate food/safe water	Z59.4	V60.2
Homelessness	Z59.0	V60.0
Inadequate housing	Z59.1	V60.1
Low income	Z59.6	V60.2
Extreme poverty	Z59.5	V60.2
Other/Miscellaneous Diagnoses		
Visit for therapeutic drug monitoring	Z51.81	V58.83
Long term (current) use of hi-risk med.	Z79.899	V58.69
Bereavement	Z63.4	V62.82
Insomnia	G47.00	780.52
Hypersomnia	F51.11	307.44

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ICD Required Guidelines Section I

Mental and Behavioral Disorders Chapter 5

Substance Use, Abuse And Dependence

When the provider 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:

1. If both use and abuse are documented, assign only the code for abuse
2. If both abuse and dependence are documented, assign only the code for dependence
3. If use, abuse and dependence are all documented, assign only the code for dependence
4. If both use and dependence are documented, assign only the code for dependence.

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ICD Required Guidelines Section I

Mental and Behavioral Disorders Chapter 5



Substance Dependence Basic Codes	ICD10	ICD9
Alcohol depend w/o complication	F10.20	303.90
in remission	F10.21	303.93
with current intoxication uncomplicated	F10.220	303.01
Opioid depend w/o complication	F11.20	304.00
in remission	F11.21	304.03
with current intoxication uncomplicated	F11.220	
Cannabis depend w/o complication	F12.20	304.30
in remission	F12.21	304.33
with current intoxication uncomplicated	F12.220	

Remission: Selection of codes for “in remission” for these codes are based on the clinician’s judgment. The appropriate codes for “in remission” are assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting).

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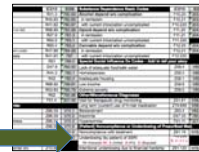
ICD-10 Special Lessons:

Underdosing & Episode of Care

Underdosing – as portion of diagnosis

'Taking less of a medication than was prescribed'

1. **Type of medication**
2. **Reason/cause underdosing**
Financial hardship
3. **Intent**
Accidental or Intentional



Underdosing of selective serotonin reuptake inhibitors (SSRI)

7th character of "T" code:

A=initial visit, D=FU, S=Sequala

Intentional underdosing due to financial hardship

Medication Episode of Care

T43.226 A,D, or E

Code = T43.226A

Patient's intent & reason

Z91.120

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Disclaimer!!

The following slides are for use during this diagnosis code assigning workshop. These are to be considered coding and documentation **scenarios** rather than full visit records.

While they have been created from actual clinic notes, they are not assumed to be the full content of today's visit.

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1. MDD, single, moderate

Training Scenario Only – Minimal Detail

S: 23 yo new patient for depression. He moved to the area about a month ago and needs care... He moved for work. For the last 3 wks he notes lack of motivation, trouble sleeping, loss of pleasure and indecision... His old records show significant depression and a hx of opiate addiction. He states he has been clean for 7 ½ months. – may be at risk now. Is a tobacco chewer. One can lasts two days. PHQ score 17.

O: VSS,admits to SI some days, but no plan, poor eye contact...

A: Depression ICD9 311 [Clinician coded]

P: Discussed meds. In light of his prior addiction, some options are not a good choice for him. We started him on formulary SSRI medication and will see him back in one week. Contracts with me for no self harm...

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1. MDD, single, moderate

S: 23 yo new patient for depression. He moved to the area about a month ago and needs to establish care. He moved for work. For the last 3 wks he notes lack of motivation, trouble sleeping, loss of pleasure and indecision. His old records show significant depression and a hx of opiate addiction. He states he has been clean for 7 ½ months, may be at risk. Tobacco chewer, one can lasts two days. PHQ score 17.

O: VSS, admits to SI some days but no plan, poor eye contact.

A: Depression ICD9 311 [Clinician coded]

P: Discussed meds. In light of his prior addiction, some options are not a good choice for him. We started him on formulary SSRI medication and will see him back in one week. Contracts with me for no self harm.

I10 Assessment

- | | |
|--|----------------|
| 1. Major depressive disorder, single episode, moderate | F32.1 |
| 2. Nicotine dependence, chewing tobacco, uncomplicated | F17.220 |
| 3. Dependence, opiates, in remission | F11.21 |

The coder would ask about coding SI?

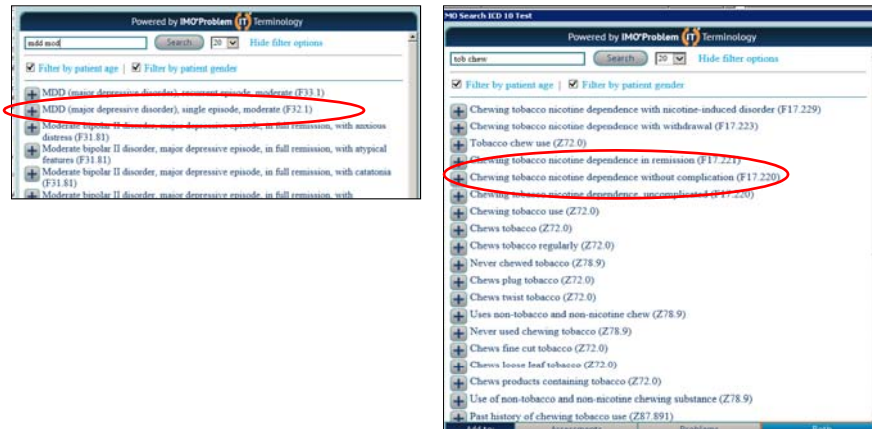
Search

1. MDD mod
2. tob chew
3. opi dep

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23

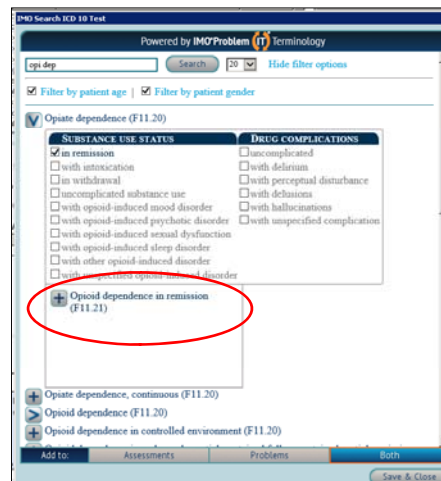
1. MDD, single, moderate



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1. MDD, single, moderate



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2. MDD, recurrent, mild

Training Scenario Only – Minimal Detail

S: 67 yo female presents for follow up recurrent depression. The pt reports functioning as somewhat difficult... GAF = 65. Back on Lexapro for 1 month. No change in symptoms. Continues to use marijuana...

O: Not anxious, appropriate mood and affect, no suicidal ideations.

A: Depression ICD9 311 [Clinician coded]

P: No med changes. F/U with therapist. Discussed risk of continued marijuana use. Return early part of September.

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2. MDD, recurrent, mild

S: 67 yo female presents for follow up recurrent depression. The pt reports functioning as somewhat difficult. GAF = 65. Back on Lexapro for 1 month... No change in symptoms. Continues to use marijuana...

O: Not anxious, appropriate mood and affect, no suicidal ideations...

A: Depression ICD9 311 [Clinician coded]

P: No med changes. F/U with therapist. Discussed risk of continued marijuana use. Return early part of September.

I10 Assessment

- | | |
|---|---------------|
| 1. Major depressive disorder, recurrent episode, mild | F33.0 |
| 2. Cannabis use, unspecified, uncomplicated | F12.90 |

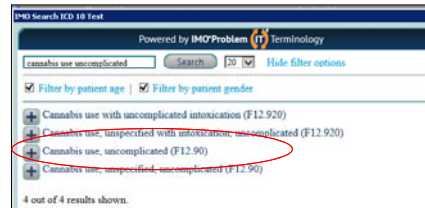
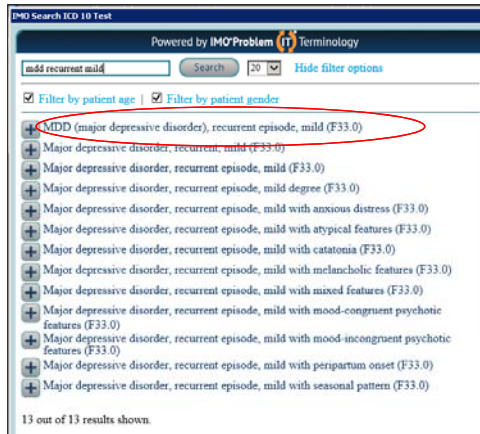
Search

1. MDD recurrent mild
2. cannabis use uncomplicated

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2. MDD, recurrent, mild



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3. MDD, single, severe w/o psychotic symptoms

Training Scenario Only – Minimal Detail

S: 53 yo here for scheduled follow up for major depressive disorder. Exhibiting some substantial reduction in symptoms after increasing duloxetine to 90 mg at his last visit. Mood is excellent w/o irritability or any manic-like symptoms.

O: Judgment, insight, memory, concentration, thought content all within normal limits

A: Depression ICD9 311 [Clinician coded]

P: Recommend he continue the duloxetine 90 mg daily. Continue use of Seroquil 200 mg at night for sleep. Return in one month.

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3. MDD, single, severe w/o psychotic symptoms

- S:** 53 yo here for scheduled follow up for major depressive disorder. Exhibiting some substantial reduction in symptoms after increasing duloxetine to 90 mg at his last visit. Mood is excellent w/o irritability or any manic-like symptoms.
- O:** Judgment, insight, memory, concentration, thought content all within normal limits
- A:** Depression ICD9 311 [Clinician coded]
- P:** Recommend he continue the duloxetine 90 mg daily. Continue use of Seroquil 200 mg at night for sleep. Return in one month.

I10 Assessment

1. Major depressive disorder, single, severe, w/o psychotic symptoms **F32.2**
2. Encounter for therapeutic drug Monitoring **Z51.81**
3. Long term use of high risk medication **Z79.899**

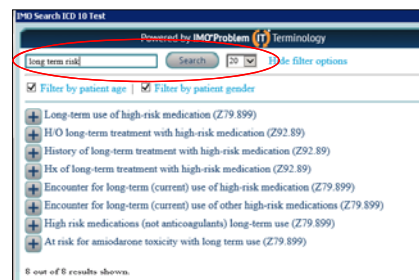
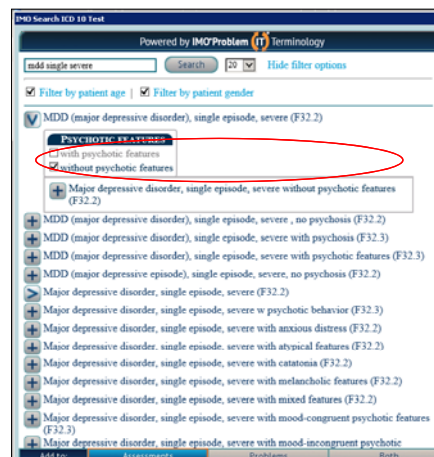
Search

1. mdd single severe
2. long term risk

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3. MDD, single, severe w/o psychotic symptoms



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4. Dysthymic disorder

Training Scenario Only – Minimal Detail

S: 28 yo male here for follow up dysthymic disorder. Improvement of initial symptoms. Comes in today with excessive worry, difficulty staying asleep and fatigue. Willing to try 12.5 mg Ambien CR for sleep. Depression rated 2.5 (worst 10). Family history of depression noted.

O: MSE is normal

A: Depression ICD9 311 [Clinician coded]

P: Increase Wellbutrin XL to 300 mg in the morning and try 12.5 mg Ambien CR at night. Call if problems. Treatment options reviewed. Return in 3 months.

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4. Dysthymic disorder

S: 28 yo male here for follow up dysthymic disorder . Improvement of initial symptoms. Comes in today with excessive worry, difficulty staying asleep and fatigue. Willing to try 12.5 mg Ambien CR for sleep. Depression rated 2.5 (worst 10). Family history of depression noted.

O: MSE is normal

A: Depression ICD9 311 Anxiety ICD9 300.00 [Clinician coded]

P: Increase Wellbutrin XL to 300 mg in the morning and try 12.5 mg Ambien CR at night. Call if problems. Treatment options reviewed. Return in 3 months.

I10 Assessment

- | | |
|--|--------------|
| 1. Dysthymic disorder | F34.1 |
| 2. Family history of psychiatric condition | Z81.8 |

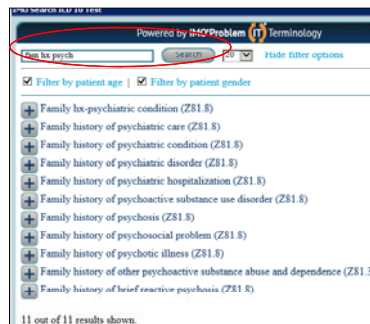
Search

1. dysthymic
2. fam hx psych

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4. Dysthymic disorder



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5. Adjustment disorder

Training Scenario Only – Minimal Detail

S: 41 yo presents to discuss recent anxiety. Father in law died suddenly and pt is grieving over loss and having anxiety... She states she continues to drink every night which helps her sleep...

O: BP: 142/90, Pulse: 75, Psych: Alert and orientated to person, place, and time, she has normal mood and affect...

A: Anxiety ICD9 300.00 [Clinician coded]

P: Rx given for Alprazolam 0.5 MG tablet-take 1 tab by mouth nightly at bedtime as needed for sleep. Follow up in two weeks. Consider treatment for her alcohol dependence.

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5. Adjustment disorder

S: 41 yo presents to discuss recent anxiety. Father in law died suddenly and pt is grieving over loss and having anxiety.... She states she continues to drink every night which helps her sleep....

O: BP: 142/90, Pulse: 75, Psych: Alert and orientated to person, place, and time, she has normal mood and affect....

A: Anxiety ICD9 300.00 [Clinician coded]

P: Rx given for Alprazolam 0.5 MG tablet-take 1 tab by mouth nightly at bedtime as needed for sleep. Follow up in two weeks. Consider treatment for her alcohol dependence.

I10 Assessment

1. Adjustment d/o with anxiety **F43.22**
2. Alcohol dep. w/o complication **F10.20**

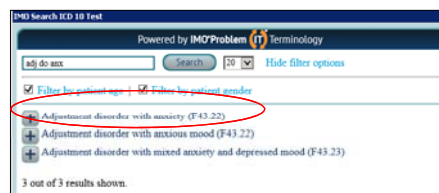
Search

1. adj do anx
2. alcohol dep

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5. Adjustment disorder



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6. PTSD

Training Scenario Only – Minimal Detail

- S:** 34 yo FU chronic PTSD with increased agitation, fatigue, problems sleeping and occasional panic attacks. Feels like he can't breathe... Retired from military and is struggling to find housing. Not taking medications as prescribed. States he can't afford them...
- O:** BP: 134/82, Pulse: 64, Psych: Alert and orientated to person, place, and time, mood and affect: within normal limits, other exam...
- A:** PTSD ICD9 309.81 [Clinician coded]
- P:** Increase Zoloft to 200 mg in the morning. Referral to BH for counseling and housing resources. Follow up in two weeks.

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6. PTSD

- S:** 34 yo FU chronic PTSD with increased agitation, fatigue, problems sleeping and occasional panic attacks. Feels like he cant breathe. Retired from military and is struggling to find housing. Not taking medications as prescribed. States he can't afford them.
- O:** BP: 134/82, Pulse: 64, Psych: Alert and orientated to person, place, and time, mood and affect: within normal limits
- A:** PTSD ICD9 309.81 [Clinician coded]
- P:** Increase Zoloft to 200 mg in the morning. Referral to BH for counseling and housing resources. Follow up in two weeks.

I10 Assessment

- | | |
|--|-------------------------------|
| 1. PTSD, chronic | F43.12 |
| 2. Underdosing d/t financial hardship | T43.226A & Z91.120 |
| 3. Homelessness | Z59.0 |
| 4. Hx of combat and operational stress | Z86.51 |

Search

1. ptsd
2. Underdosing
3. Homelessness

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Documentation Improvement Tips

1. Clearly label notes based on today's service "FU stable major depression" or, "Unscheduled appt. for..."
2. If new, who referred and why
3. Your observations and/or exam
4. Notation of pertinent therapeutic interaction
5. Skills used to produce therapeutic change
6. Patient's interpersonal/interverbal changes
7. Assessment with diagnosis(es) being treated today or that affect care today. [improved, worsening?]
8. Compliance with treatment plan
9. Functional status (Impairment, severity/complexity of illness)
10. Progress toward any established goals for treatment
11. Document face-to-face time if necessary and appropriate.

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Take Home - What Can You Do Now?

1. **Improve your ICD-9 Coding**, become familiar with details of MDD and anxiety coding.
2. Use **paper tools** to improve current Dx coding.
3. Improve your **Assessment/Plan**; - excellent detail, *e.g., stable, improving, worsening. Routinely document "without complications" when that is the case.*
4. Improve the quality of information in your EMR **Problem List**
5. Explore **search functions** in your EMR.
6. Work with **coders**. Determine a "work flow" whereby coders can help with "tricky" coding situations.

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*Any of Your Coding Questions
Any Time!*

codingquestions@codinghelp.com

General Disclaimer

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ICD-10 Coding Selection In the EMR

60 Minute Webinars for Clinicians
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The following disease-focused ICD-10-CM clinician training sessions have proven to be the most valuable for Family Practice, Pediatric and Internal Medicine clinicians. All sessions are presented in a live webinar format. Training material and pertinent coding tools are provided.

Clinicians are encouraged, but not required, to have electronic access to their EMR during training so that **ICD-10** codes can be searched.

All classes are 60 minutes. Start times are listed as **Pacific Time**, adjust for your time zone.

Space is limited for each session. Cost for training is \$69.00 per phone/computer line coming into training. The maximum charge, per training, per organization will be no more than \$276.00. Each site must pre-register - contact kerrirobbins@codinghelp.com - 208-736-3755.

Class Title - All 60 Minutes		June		July		August		September	
Dr1	ICD-10 Fundamentals for Clinicians	Thur 6/4	8 am Noon	Wed 7/15	8 am Noon	Tue 8/4	8 am Noon	September training schedule will be published based on need	
Dr2	Acute Illness			Wed 7/22	8 am Noon	Wed 8/5	8 am Noon		
Dr3	Asthma and COPD	Wed 6/24	8 am Noon	Tues 7/14	8 am Noon	Thur 8/6	8 am Noon		
Dr4	Diabetes	Wed 6/10	8 am Noon	Tues 7/7	8 am Noon	Tue 8/11	8 am Noon		
Dr5	Family Planning/STI			Thur 7/23	8 am Noon	Wed 8/12	8 am Noon		
Dr6	HTN/Cardiology			Wed 7/8	8 am Noon	Thur 8/13	8 am Noon		
Dr7	Fractures/Injuries/Burns			Wed 7/29	8 am Noon	Tue 8/18	8 am Noon		
Dr8	Obesity			Wed 7/1	8 am Noon	Wed 8/19	8 am Noon		
Dr9	Pediatrics			Thur 7/2	8 am Noon	Thur 8/20	8 am Noon		
Dr10	Pregnancy			Thur 7/9	8 am Noon	Tue 8/25	8 am Noon		
Dr11	Prevention and Wellness			Thur 7/16	8 am Noon	Wed 8/26	8 am Noon		
Dr12	Psych: Depression & Anxiety	Wed 6/17	8 am Noon	Tues 7/21	8 am Noon	Thur 8/27	8 am Noon		
Dr13	Substance Abuse and Chronic Pain			Thur 7/30	8 am Noon	Fri 8/28	8 am Noon		

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Evaluation Form

After webinar, scan & email to kerrirobbins@codinghelp.com or fax to 208-736-1946

Dr. #12 Psych: Depression & Anxiety Webinar Audience: Providers (coders & billers are encouraged to attend)

Program: **Dr. #12 Psych: Depression & Anxiety**

Date: **Tuesday, July 21, 2015**

Instructor: **Mitzi Snell, BS, CPC**

Thank you for attending our webinar training today. Please help us to assess today's training by filling out this evaluation form and returning it to us with your comments, thank you.

Program Evaluation

Rate your experience.	Strongly Agree	Agree	Disagree	Strongly Disagree
My coding will improve as a result of this Webinar.				
The course met my expectations.				
The speaker was knowledgeable.				
The course material was helpful.				
Would you recommend this course to other medical professionals?	Yes	No		

Comments?

Contact Information

Please print clearly using black or blue ink.

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Last name	
Credential(s)	MD DO PA-C ARNP RN LPN CCS-P CPC CCS CHCS RHIT Other:
Clinic Name	
Phone	
Email	

My signature verifies my full attendance at this session.

Your signature

DEPRESSION/ANXIETY DIAGNOSIS CODING ICD-10 and ICD-9

MDD EMR ICD-10 Search Tips: Search by **episode**, e.g. single or recurrent, & by **severity**, e.g. mild, moderate or severe & then if today's status is in

Anxiety EMR ICD-10 EMR Search Tips: Search anxiety considering qualifying descriptors such as, generalized, mixed, panic, etc.

Major depressive disorder (MDD)	ICD10	ICD9	Anxiety	ICD10	ICD9
single episode			generalized	F41.1	300.02
mild	F32.0	296.21	mixed (w/prominent features of oth disorder)	F41.3	
moderate	F32.1	296.22	panic disorder w/o panic attacks	F41.0	300.01
severe w/o psychotic symptoms	F32.2	296.23	with agoraphobia	F40.01	300.21
severe with psychotic symptoms	F32.3	296.24	separation, abnormal (of childhood)	F93.0	309.21
in partial remission	F32.4	296.25	other specified	F41.8	300.09
in full remission	F32.5	296.26	unspecified (avoid)	F41.9	300.00
other single	F32.8	296.82	Social anxiety disorder	F40.10	300.23
unspecified (avoid)	F32.9	311	Obsessive compulsive disorder (OCD)	F42	300.3
recurrent episode			Acute stress reaction	F43.0	308.9
mild	F33.0	296.31	Post traumatic stress disorder (PTSD)	F43.10	309.81
moderate	F33.1	296.32	acute	F43.11	
severe w/o psychotic symptoms	F33.2	296.33	chronic	F43.12	
severe with psychotic symptoms	F33.3	296.34	Adjustment disorder	F43.20	309.9
in partial remission	F33.41	296.35	depressed mood (grief reaction)	F43.21	309.0
in full remission	F33.42	296.36	anxiety	F43.22	309.24
other recurrent	F33.8	296.99	mixed mood (anxiety and depression)	F43.23	309.28
Cyclothymic disorder	F34.0	301.13	disturbance of conduct	F43.24	309.3
Dysthymic disorder	F34.1	300.4	mixed disturbance (emotion/conduct)	F43.25	309.4
Unspecified mood disorder (avoid)	F39	296.90	with other symptoms	F43.29	309.89
Signs and Symptoms	ICD10	ICD9	Substance Dependence Basic Codes	ICD10	ICD9
Memory loss	R41.3	780.93	Alcohol depend w/o complication	F10.20	303.90
Crying, excessive	R45.83	780.95	in remission	F10.21	303.93
Altered mental status	R41.82	780.97	with current intoxication uncomplicated	F10.220	303.01
Oth. general symptoms (not on list)	R68.89	780.99	Opioid depend w/o complication	F11.20	304.00
Lack of coordination	R27.9	781.3	in remission	F11.21	304.03
Abnormal weight gain	R63.5	783.1	with current intoxication uncomplicated	F11.220	
Abnormal weight loss	R63.4	783.2	Cannabis depend w/o complication	F12.20	304.30
Speech disturbance (other w/o code)	R47.89	784.59	in remission	F12.21	304.33
Senility w/o mention psychosis	R41.81	797	with current intoxication uncomplicated	F12.220	
Headache	R51	784.0	Special Social Influence Dx Codes - Add to tell your story		
Sleep disturbance	G47.9	780.50	Lack of adequate food/safe water	Z59.4	V60.2
Hallucinations	R44.3	780.1	Homelessness	Z59.0	V60.0
Dizziness/giddiness	R42	780.4	Inadequate housing	Z59.1	V60.1
Libido, decreased	R68.82	799.81	Low income	Z59.6	V60.2
Fatigue	R53.83	780.79	Extreme poverty	Z59.5	V60.2
Pain, generalized	R52	780.96	Other/Miscellaneous Diagnoses		
Night terrors (child)	F51.4	307.46	Visit for therapeutic drug monitoring	Z51.81	V58.83
Personal HX mental disorder			Long term (current) use of hi-risk medication	Z79.899	V58.69
Affective disorders	Z86.59	V11.1	Bereavement	Z63.4	V62.82
Neurosis	Z86.59	V11.2	Insomnia	G47.00	780.52
Combat and operational stress	Z86.51	V11.4	Hypersomnia	F51.11	307.44
Other mental disorders	Z86.59	V11.8	[Patient] Noncompliance or Underdosing of Prescribed Med.		
Unspecified mental dis. (avoid)	Z86.59	V11.9	Noncompliance with treatment	Z91.19	V15.81
Family HX mental/behavioral disorder	Z81.8	V17.0	Underdosing (by patient) of SSRI	T43.226X	
Screening not a definitive dx at this time			7th character X= A (Initial) D (FU) S (Sequala)	X= A D or E	
Screening for behavioral/mental d/o	Z13.89		Intentional underdosing due to financial hardship	Z91.120	V15.81