Behavioral Health

*Please note-this presentation is being live recorded

Risk Adjustment Programs for

Provider Engagement and Education

2023

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Disclaimer

This presentation is intended for both physicians and office staff. The information contained in this presentation and responses to the questions are not intended to serve as official coding or legal advice.

All Coding should be considered case by case basis and should be supported by medical necessity and the appropriate documentation reflected within the medical record.

Housekeeping

This Presentation will be available on the Blue Cross NC Provider's Risk Adjustment webpage for educational purposes only.

Please submit questions in the Q&A box

If we cannot answer your question during the session, the response will be emailed to you after the Webinar.

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Objectives

After this webinar participants will have/be able to:

- ✓ A foundational level of Behavioral Health including the disease process, treatments available, and potential complications
- ✓ Knowledge of frequently used ICD-10 coding sets related to Behavioral Coding
- ✓ Demonstrate knowledge of ICD-10 coding guidelines

On a scale from 1-5, How comfortable are you with Behavorial Health Coding?

| 1 Not comfortable | 2 Familiar | 3 Neutral | 4 Proficient | 5 Expert |

Substance Use, Abuse, Dependence, and Remission

Substance Use, Abuse, and Dependence Definitions

USE

Substance use is any consumption of alcohol or drugs.

Substance use may not be a problem or lead to abuse or dependency in some people.

ABUSE

Substance abuse is when someone continues to use drugs or alcohol even when it causes problems, such as trouble with work, family, or their health.

DEPENDENCE

Substance dependence is an addiction to alcohol or drugs.

You may be unable to stop drinking or using drugs and have physical withdrawal symptoms when you try to quit.

Types of Substance Abuse

Alcohol Dependence

Opioids

Tobacco/Cigarette

Cannabis

Sedative and hypnotics

Cocaine

Caffeine and other stimulants

Hallucinogen

Volatile Solvent

Substance Full and Partial Remission Definitions

Remission

Across mental health and medical fields, if a patient is deemed "in remission," the individual is not necessarily free of the illness; instead, the phrase implies that the illness has abated temporarily and may return.

Full remission occurs when two months have elapsed either without the patient experiencing significant symptoms or without the patient meeting DSM-5 criteria for the disorder.

Partial remission entails either of the above without two months elapsing, per NCCMH. **However, clinical determinations of partial and full remission should again be left up to your provider.**

Requires the provider's clinical judgement and documentation of "in remission" (cannot assume they are in remission-must be documented)

Alcohol-Related Disorders

Alcohol use disorders are medical conditions that are diagnosed when a person's drinking of alcohol causes major concerns or harm and a decrease in the ability to function. Alcohol use disorder can be mild, moderate or severe.

Risk factors:

- Family history
- Depression and other mental health problems
- History of trauma
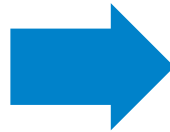
Symptoms:

- Unable to limit alcohol consumption
- Frequent hangovers
- Feeling irritable or upset when unable to drink alcohol
- Having problems at work, school, and relationships or with law due to drinking

Alcohol-Related Disorders

Alcohol use disorders are medical conditions that are diagnosed when a person's drinking of alcohol causes major concerns or harm and a decrease in the ability to function. Alcohol use disorder can be mild, moderate or severe.

Sequela:

- Liver disease
- Gastritis
- Pancreatitis
- Heart arrhythmias
- Diabetes complications
- Sexual dysfunction
- Osteoporosis
- Weakened Immune System
- Risk of cancer increases
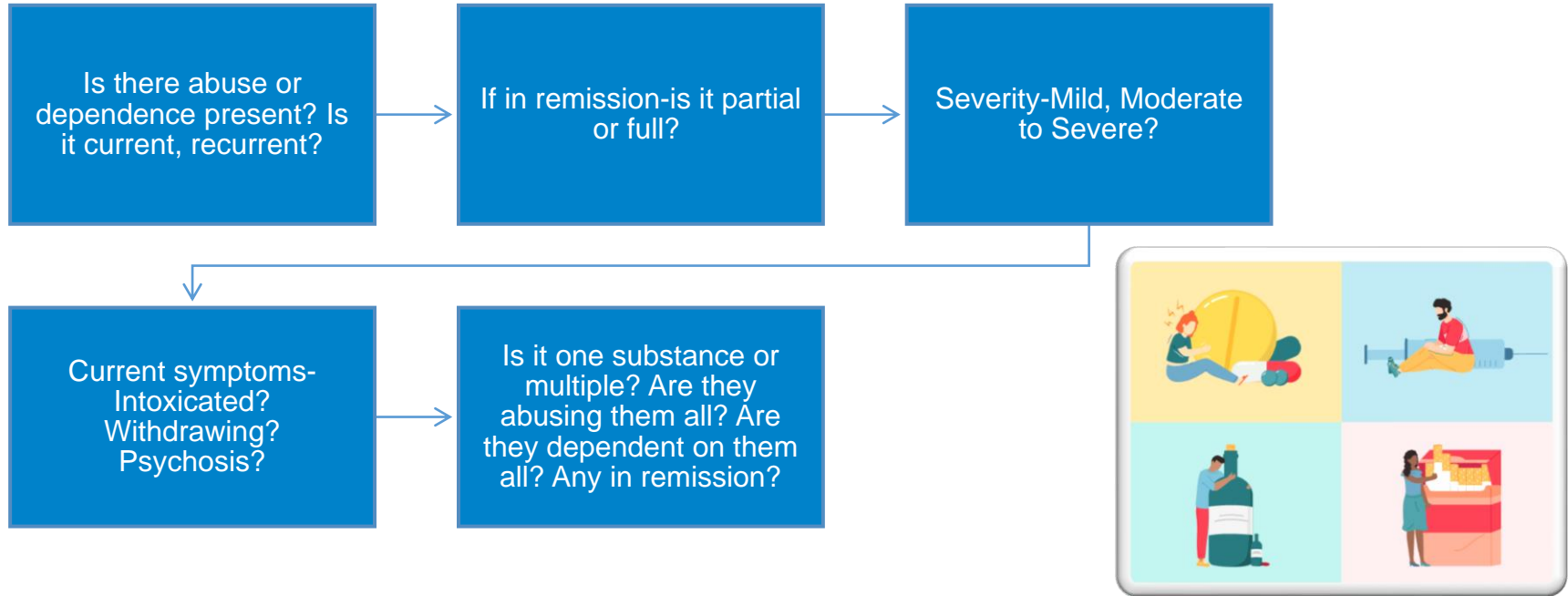- Medication and alcohol interactions
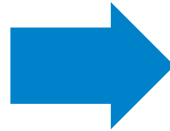
Treatments:

- Medications:
  - Naltrexone
  - Acamprosate
  - Topiramate
  - Gabapentin
- Behavioral therapies
  - Counseling
- Support groups (group meetings)
  - Alcoholics Anonymous

Substance Use, Abuse, Dependence and Remission

When coding diagnoses related to substance use remember to look for and encourage your providers to document:

Is there abuse or dependence present? Is it current, recurrent?

If in remission-is it partial or full?

Severity-Mild, Moderate to Severe?

Current symptoms- Intoxicated? Withdrawing? Psychosis?

Is it one substance or multiple? Are they abusing them all? Are they dependent on them all? Any in remission?

Psychoactive Substance Use, Abuse and Dependence Coding Guidance

Per Coding Guidelines-Ch.5, b.2

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:

- If both <u>use and abuse</u> are documented, assign only the code for <u>abuse</u>
- If both <u>abuse and dependence</u> are documented, assign only the code for <u>dependence</u>
- If <u>use, abuse and dependence</u> are all documented, assign only the code for <u>dependence</u>
- If both <u>use and dependence</u> are documented, assign only the code for <u>dependence</u>

Substance Use, Abuse, Dependence and Remission Coding

Scenario	Code	Description
Pt. presents with alcohol use	F10.90	Alcohol use unspecified, uncomplicated
Pt. presents with alcohol use & abuse	F10.10	alcohol abuse, uncomplicated
Pt. presents with alcohol abuse & dependence	F10.20	Alcohol dependence, uncomplicated
Pt. presents with alcohol use, abuse & dependence	F10.20	Alcohol dependence, uncomplicated
Pt. presents with alcohol abuse & dependence in remission	F10.21	When a patient who has previously been diagnosed with alcohol abuse or mild use disorder has stopped consuming alcohol recently or over an extended period of time

Medical Conditions Due to Psychoactive Substance Use, Abuse and Dependence

Per Coding Guidelines-Ch.5, b.4

Medical conditions due to substance use, abuse, and dependence are not classified as substance-induced disorders.

Assign the diagnosis code for the medical condition as directed by the Alphabetical Index along with the appropriate psychoactive substance use, abuse or dependence code.

*Code the medical condition separate from the substance use, abuse or dependence code

Example
For alcoholic pancreatitis due to alcohol dependence, assign the appropriate code from subcategory K85.2, Alcohol induced acute pancreatitis, and the appropriate code from subcategory F10.2, such as code F10.20, Alcohol dependence, uncomplicated

NC

Per Coding Guidelines-Ch.5, b.4

Substance/medication-induced mental disorders refer to depressive, anxiety, psychotic, or manic symptoms that occur as a physiological consequence of the use of substances of abuse or medications. It may occur during active use, intoxication or withdrawal

Example
Patient presents with cannabis dependence with cannabis-induced anxiety disorder.
F12.280

Coding Scenario

Assessment: Patient is alcohol dependent, in remission for 8 years.

Plan: Patient encouraged to continue abstinence and continue AA attendance.

What code would you assign?

Coding Scenario

Assign code F10.21, Alcohol dependence, in remission

Full remission occurs when two months have elapsed either without the patient experiencing significant symptoms or without the patient meeting DSM-5 criteria for the disorder

Remember "In remission" requires the provider's clinical judgement and documentation (can't assume they are in remission-must be documented)
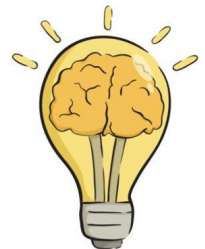
Mood Disorders

- F30 📝 Manic episode

- F31 📝 Bipolar disorder

- F32 📝 Depressive episode

- F33 📝 Major depressive disorder, recurrent

- F34 📝 Persistent mood [affective] disorders

- F39 📝 Unspecified mood [affective] disorder
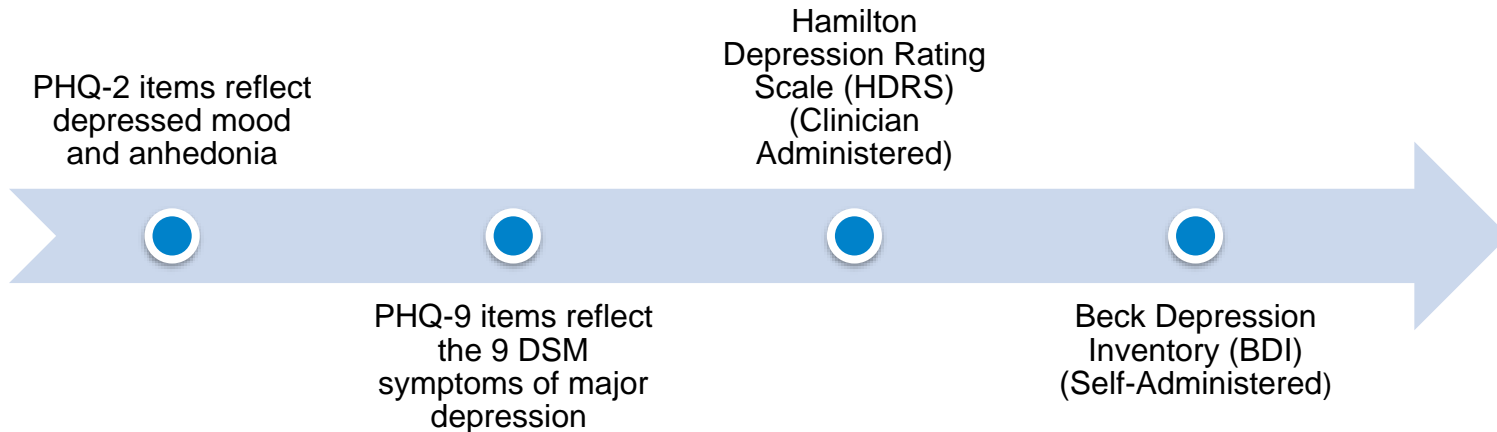
Common Mood Disorders

Depression F32

- Depressive disorders are characterized by sadness severe enough or persistent enough to interfere with function and often by decreased interest or pleasure in activities.

- Diagnosis: Standardized questionnaires are used to help identify depression and determine how severe it is, but they cannot be used alone to diagnose depression. Doctors use specific lists of symptoms (criteria) to diagnose the different types of depressive disorders. To help distinguish depression from ordinary changes in mood, doctors determine whether the symptoms are causing significant distress or are impairing the person's ability to function. A previous history of depression or a family history of depression helps support the diagnosis.

Depression Assessment Scales

Multiple Assessments are available for use to determine severity and presence of depression

PHQ-2 items reflect depressed mood and anhedonia

Hamilton Depression Rating Scale (HDRS) (Clinician Administered)

PHQ-9 items reflect the 9 DSM symptoms of major depression

Beck Depression Inventory (BDI) (Self-Administered)

Doctors also use specific lists of symptoms or (criteria) to diagnose the different types of depressive disorders. To help distinguish depression from ordinary changes in mood, doctors determine whether the symptoms are causing significant distress or are impairing the person's ability to function. A previous history of depression or a family history of depression helps support the diagnosis.

Common Mood Disorders

Depression

- ○ Treatment depends on the severity and type of depression:
  - Mild depression: Support (including frequent doctor visits and education) and psychotherapy
  - Moderate to severe depression: Drugs, psychotherapy, or both and sometimes electroconvulsive therapy
  - Seasonal depression (SAD): Phototherapy
  - Prolonged grief disorder: Psychotherapy tailored to this disorder

Common Mood Disorders

MDD (Major Depressive Disorder)

Major depressive disorder (MDD)-People with major depressive disorder are depressed most days for at least 2 weeks

When coding and documenting for MDD, it's critical to capture the episode and severity with the most accurate diagnosis codes.
F32 codes are for MDD single episode
F33 codes are for MDD recurrent.

Documentation should include:
- Episode – single or recurrent
- Severity – mild, moderate, severe without psychotic features or severe with psychotic features
- Clinical status of the current episode – in partial or full remission

**F32.9 Major depressive disorder, single episode, unspecified, Major depression Not Otherwise Specified

**F32.A, Depression, Unspecified Depression Not Otherwise Specified (NOS), Depressive Disorder NOS.

These codes should rarely be used and only when nothing else, such as the severity or episode, is known about the disorder.

Common Mood Disorders

MDD (Major Depressive Disorder)

Major depressive disorder (MDD)

Major depressive disorder (MDD) is classified in ICD-10-CM to categories:
F32.- Major depressive disorder, single episode
F33.- Major depressive disorder, recurrent.

Categories F32 and F33 are further subdivided with third characters, and sometimes fourth characters, to provide information about the current severity of the disorders, as follows:
0 Mild
1 Moderate
2 Severe, without psychotic features
3 Severe with psychotic features
4 partial remission
5 full remission
8 Other depressive episodes
9 Unspecified
Third characters 1 through 5 are assigned only when provider documentation of severity is included in the medical record.

Commonly Mood Disorders

Bipolar Disorder (Manic Depression) F31

Bipolar disorder is a serious mental illness. People who have it go through unusual mood changes. They go from very happy, "up," and active to very sad and hopeless, "down," and inactive, and then back again. They often have normal moods in between. *The up feeling is called* **mania**. *The down feeling is* **depression**. <u>*The illness usually lasts a lifetime.*</u>

Treatment consists of medications and therapy (Fluoxetine, Risperidone, Haloperidol, Seroquel, Carbamazepine, Topiramate...)

Coding-Can be bipolar I or II ; with or w/o psychotic features, categorized as mild, moderate, severe or unspecified ; may include the most recent episode (manic or depressed), current, partial/full remission.

Manic Episodes and Bipolar Disorders

Manic/mania also falls within this code category. The codes in these categories require fourth and/or fifth digits to identify the severity of the current episode and whether or not psychotic symptoms are involved.

- F30 📄 Manic episode
- F31 📄 Bipolar disorder
- F32 📄 Depressive episode
- F33 📄 Major depressive disorder, recurrent
- F34 📄 Persistent mood [affective] disorders
- F39 📄 Unspecified mood [affective] disorder

| Category	Description	
F30.-	Manic episode (includes bipolar disorder, single manic episode, and mixed affective episode)	Select appropriate fourth and fifth digits to identify the severity of the current episode to indicate whether psychotic symptoms are involved
F31.-	Bipolar disorder (includes manic-depressive illness, manic-depressive psychosis, and manic-depressive reaction)	Select appropriate fourth and fifth digits to identify the severity of the current episode and whether the current episode is hypomanic, manic, depressed or mixed, and with or without psychotic features.
F34.-	Persistent mood affective disorders (includes cyclothymic disorder and dysthymic disorder)	Includes, cyclothymic, dysthymic, and other specified mood disorders
F39	Unspecified mood affective disorder (includes affective psychosis not otherwise specified)	Include affective psychosis when not otherwise specified

Coding Scenario

Mr. Bell was diagnosed with bipolar disorder and major depressive disorder recurrent, mild.

What code is assigned when both conditions are documented?

Coding	Tip
Category F31, Bipolar disease, has an "Excludes1" note for "major depressive disorder, recurrent F33".	Category F33, Major depressive disorder, recurrent, has an "Excludes1" note for "bipolar disorder F31".

- Answer: Assign code F31.9, Bipolar disorder, unspecified.

- Bipolar disorder <u>includes both depression and mania</u>, and it is more important to capture the bipolar disorder. <u>*Therefore, a code for depression would not be reported separately*</u>.

- There was no type, severity or psychotic status documented regarding the bipolar, so an unspecified code must be used.
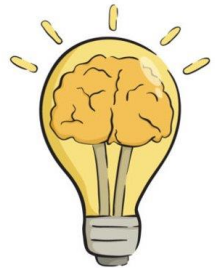
Dementia

What is it?

- Deterioration in cognitive function
- Loss of memory, cognitive ability severe enough to impair daily life and independent function
- Behavior changes may occur as well as changes in feelings and relationships

Stages of Dementia

Early Stage
Mild

- May last an average of two years
- Forgetfulness
- Struggling to find the right word in a conversation
- Becoming lost in familiar places

Middle Stage
Moderate

- Often the longest stage, may last from two to four years
- Confused while at home
- Requiring help with personal care
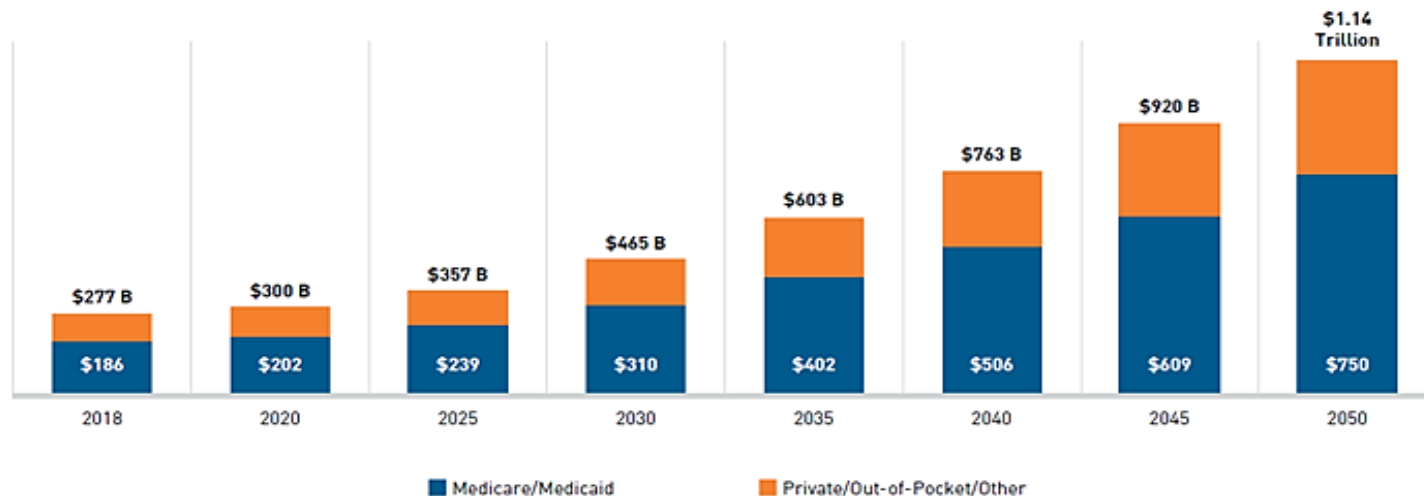- Behavior changes like wandering

Late Stage
Severe

- Eventually may need full-time care
- Life expectancy lower despite type of Dementia
- Spoken language may be reduced to a few words or totally lost
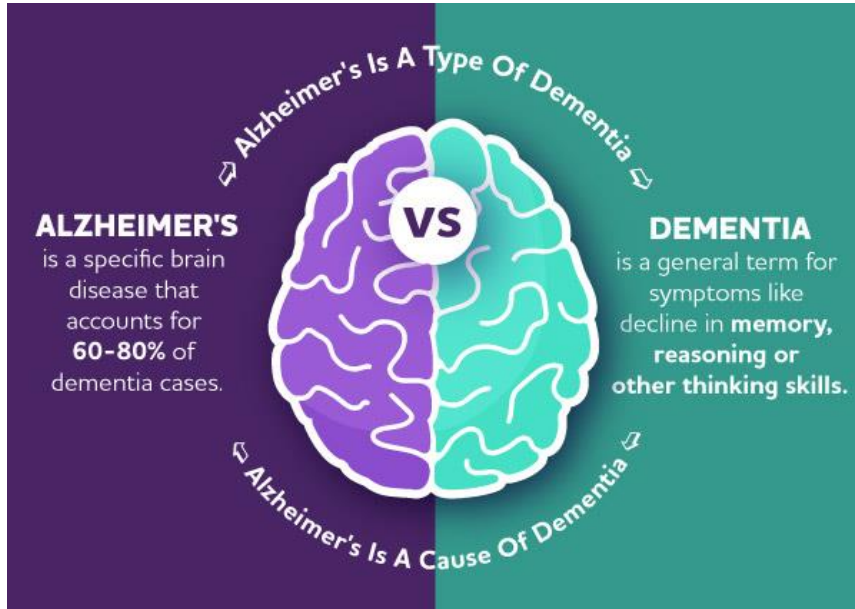
Economic Impact of Dementia

Total lifetime cost of care for patients with dementia is estimated at $412,936 in 2022 with as much as 70% of those costs carried by the family from unpaid caregiving and out of pocket expenses

**FIGURE 2.** Projected Alzheimer Disease Costs in Billions, 2018 Dollars[8]

Types of Dementia

Alzheimer's Disease

ALZHEIMER'S is a specific brain disease that accounts for **60-80%** of dementia cases.

VS

DEMENTIA is a general term for symptoms like decline in **memory, reasoning or other thinking skills.**

Alzheimer's Is A Type Of Dementia

Alzheimer's Is A Cause Of Dementia

- The most common form of Dementia
- Difficulty remembering newly learned information
- Disorientation
- Mood and behavior changes
- Suspicious about family and friends

Physiological Impact of Alzheimer's Disease
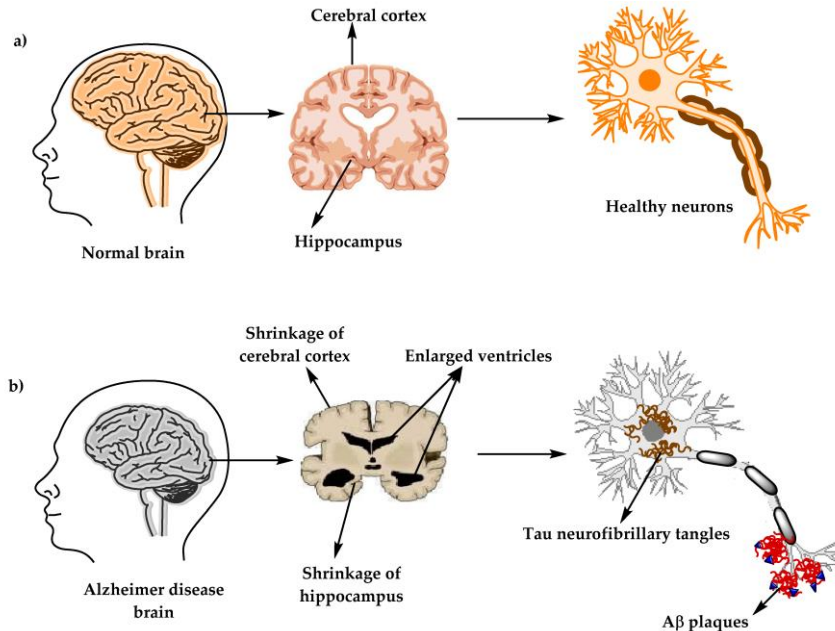
- Amyloid plaques are found along with a massive loss of neurons
- Plaques are noticed in the hippocampus and cortex
- Brain atrophy causing loss of brain volume

Alzheimer's Disease

Includes

Alzheimer's dementia (Senile and Presenile forms)

- G30.0 – Alzheimer's disease w/early onset
- G30.1 – Alzheimer's disease w/late onset
- G30.8 – Other Alzheimer's disease
- G30.9 – Alzheimer's disease unspecified

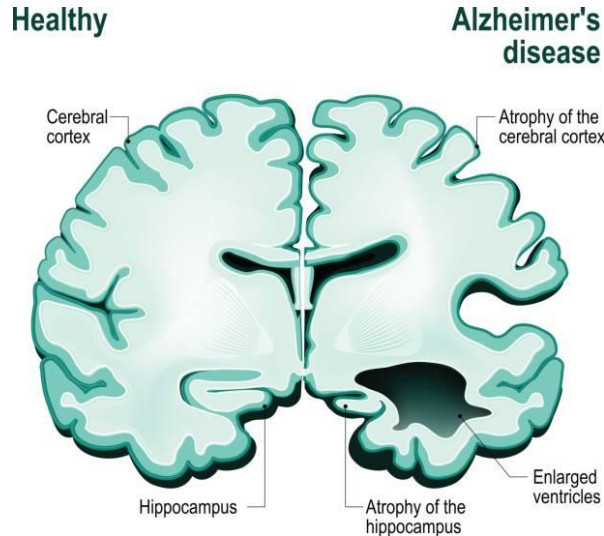## Use additional code, if applicable

F05-

- Delirium

F02.xx-

- Dementia w/Anxiety
- Dementia w/behavioral disturbance
- Dementia w/mood disturbance
- Dementia w/psychotic disturbance
- Dementia w/o behavioral disturbance

F06.7x-

- Mild neurocognitive disorder d/t known physiological condition

Lewy Bodies

Healthy — Cerebral cortex, Hippocampus

Alzheimer's disease — Atrophy of the cerebral cortex, Atrophy of the hippocampus, Enlarged ventricles
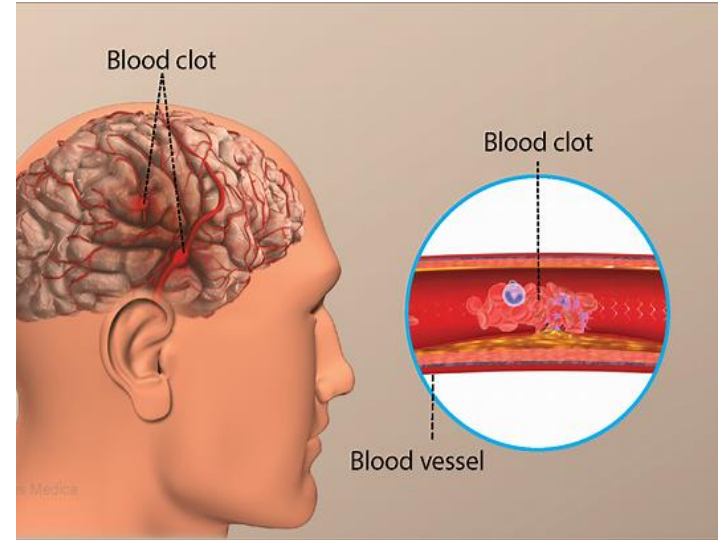
Characteristics

- Repeated Falls
- Syncope
- Transient Loss of Consciousness
- Hallucinations
- Systematic Delusions

Code G31.83 should be used to code Lewy Body Dementia.
Use an additional code from the F06.7 code set to identify mild neurocognitive disorders due to known physiological condition

Vascular Dementia

Characteristics

- Short-term memory loss
- Getting lost in known surroundings
- Inability to follow instructions
- Delusions
- Risk factors for Vascular disease include Hypertension, Diabetes, Hyperlipidemia, Smoking, Cardiac Arrhythmias

Blood clot

Blood clot

Blood vessel

Codes from F01 should be used to code vascular dementia. Encourage providers to include the severity of the condition. Code first the underlying physiological condition or sequelae of cerebrovascular disease.

Frontotemporal Dementia
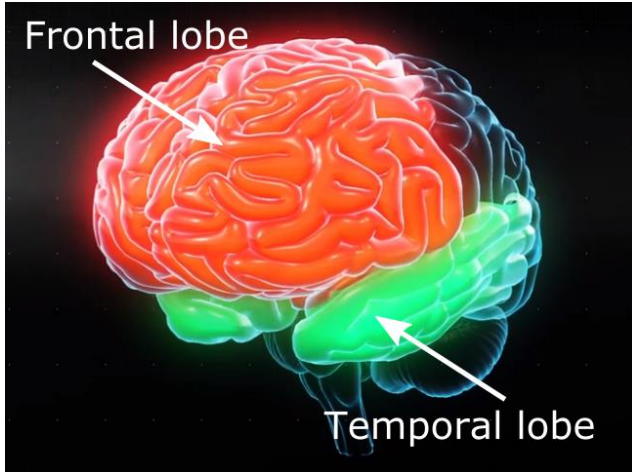
Characteristics

- Often misdiagnosed
- May begin as early as age 40
- Portions of the lobes shrink
- Personality changes often reported
- Others may lose their ability to use language properly
- Motor disorders

A code from G31 should be used to reflect a Frontotemporal Dementia diagnosis.
Code also: codes from F02 to reflect any behaviors such as anxiety, psychosis, behavioral disturbances.

Diagnosing Dementia

Cognitive/Psychiatric Assessments

- Memory Assessment
- Problem solving
- Language Skills
- Sensory Response
- Reflexes
- Psych evaluation for mood disorders

Brain Scans

- Computed Tomography
- Magnetic Resonance Imaging
- Positron Emission Tomography

Additional Tests

- Genetic Testing
- Cerebrospinal Fluid Tests
- Blood Tests

Important Safety Measures

Shower Handrails

Home Safety Tips

- Keep a list of emergency phone numbers/addresses for local police and fire departments

- Secure large furniture to prevent tipping. Utilize chairs with armrests for support

- Using handrails in the home for stairs and in the bathroom near the tib or shower are suggested for safety.

Grab Bars for Tubs

Social Determinants of Health

Code Set Z55-Z65:

Use these codes to accurately reflect challenges being experienced by the patient

Z58.x-Problems related to physical environment

Z58.8x-Other problems related to physical environment
• Unable to obtain internet service, due to unavailability in geographic area
• Unable to obtain telephone service, due to unavailability in geographic area
• Unable to obtain utilities, due to inadequate physical environment

Z59.xx-Inadequate housing
• Inadequate housing environmental temperature
• Lack of adequate food
• Insufficient social insurance and welfare support

Z60.2-Problems related to living alone

Z63.xx-Other problems related to primary support group, including family circumstances

Persons with potential health hazards related to socioeconomic and psychosocial circumstances, code assignment may be based on medical record documentation from clinicians involved in the care of the patient who are not the patient's provider since this information represents social information, rather than medical diagnoses.

Calendars for help with Routines

- Routines for dementia patients has proven to reduce anxiety and foster feelings of security
- Have established mealtimes, try placing meds next to their meals to keep medication times simple
- Keep important dates on a large calendar. Cross out yesterday so the first square always shows "today".

Treatments for Dementia

Medication

- Common medications are Aricept, Exelon, Aduhelm and Razadyne (Raz-a-dine) which boosts levels of a chemical messenger involved in memory and judgement.

- Namenda regulates the part of the brain for learning and memory

- Other medications may be prescribed for depression, sleep disturbances, hallucinations or agitations

A patient with known severe dementia due to late onset of Alzheimer's disease is admitted from a senior living facility due to increased agitation and combativeness over the past three days.

What is the appropriate code assignment for severe dementia in a patient with agitation and combativeness?

Assign codes G30.1, Alzheimer's disease with late onset, and F02.C11, Dementia in other diseases classified elsewhere, severe, with agitation.

Behavioral Health Coding Tips

When documenting behavioral disorders, the following descriptors apply:

- **Type**: Depressive, manic, or bipolar disorder

- **Episode**: Single or recurrent

- **Status**: Partial or full remission; identify most recent episode as manic, depressed, or mixed

- **Severity**: Mild, moderate, severe, or with psychotic elements.

- Use additional code, if applicable, to identify wandering in dementia in conditions classified elsewhere (Z91.83)

ANY QUESTIONS?

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