

Chapter 5
Mental, Behavioral and
Neurodevelopmental Disorders
F01-F99

Presented by
Jennifer Kurkulonis

MENTAL DISORDERS DUE TO KNOWN PHYSIOLOGICAL CONDITIONS F01-F09

- ❖ Categories **F01** through **F09** include a range of mental disorders grouped together on the basis of having a demonstrable etiology in cerebral disease, brain injury, or other insult leading to cerebral dysfunction. The cerebral dysfunction may be primary or secondary.
- ❖ Code first the underlying physiological condition as noted, for categories **F02** through **F09**, except category **F03**, Unspecified dementia.
- ❖ Category **F01**, Vascular dementia, has an instructional note to code first the underlying physiological condition or sequelae of cerebrovascular disease.

F01.-	Vascular dementia
F02.-	Dementia in other diseases classified elsewhere
F03.-	Unspecified dementia
F04	Amnestic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06.-	Other mental disorders due to known physiological condition
F07.-	Personality and behavioral disorders due to known physiological condition
F09	Unspecified mental disorder due to known physiological condition

ORGANIC BRAIN SYNDROME

- ❖ Organic brain syndrome is an older general term used to describe decreased mental function due to a medical disease other than a psychiatric illness.
- ❖ In general, organic brain syndromes cause agitation; confusion; long-term loss of brain function (dementia); and severe, short-term loss of brain function (delirium).
- ❖ Organic brain syndrome is common in the elderly but is not part of the normal aging process.
- ❖ Organic brain syndrome, not otherwise specified, is coded to **F09, Unspecified mental disorder due to known physiological condition**. The underlying physiological condition should be coded first.
- ❖ Posttraumatic organic brain syndrome is coded to **F07.81, Postconcussional syndrome**, with an additional code to identify any associated posttraumatic headache.

ORGANIC ANXIETY DISORDER

- ❖ Organic anxiety disorder is a transient organic psychosis characterized by clinically significant anxiety.
- ❖ It is considered to be the direct physiological effect of a general medical condition.
- ❖ The code for the general condition is sequenced first, with an additional code of **F06.4, Anxiety disorder due to known physiological condition.**

DEMENTIA

- ❖ Dementia is characterized by the development of multiple cognitive deficits such as memory impairment and cognitive disturbances including aphasia, apraxia, and agnosia.
- ❖ When the cause of the dementia is not specified, the dementia is classified to subcategory **F03.9**, Dementia, unspecified. The fifth digit specifies without behavioral disturbance **F03.90** or with behavioral disturbance **F03.91**. This includes behavior described as aggressive, combative, or violent.
- ❖ Subcategory **F02.8**, Dementia in other diseases classified elsewhere, specifically identifies the presence or absence of behavioral disturbances such as aggressive behavior, violent behavior, wandering off, or combative behavior. The dementia classified in subcategory **F02.8** is due to direct physiological effects of a general medical condition.
- ❖ When assigning codes **F02.80** and **F02.81**, code first the underlying physiological condition associated with the dementia, such as Alzheimer's disease **G30.-** or Parkinson's disease **G20**.
- ❖ If the patient has a tendency to wander off, code **Z91.83**, **Wandering in diseases classified elsewhere**, may be assigned in addition to code **F02.81** or **F03.91**.

ALTERED MENTAL STATE

- ❖ An alteration in level of consciousness not associated with delirium or another identified condition is classified to category **R40.-** in chapter 18 of ICD-10-CM.
- ❖ Category **R40.-** is further subdivided to indicate the altered mental state is:
 - R40.0** somnolence
 - R40.1** stupor
 - R40.2-** coma
 - R40.3** persistent vegetative state
 - R40.4** transient alteration of awareness
- ❖ An altered mental status, or a change in mental status, of unknown etiology is coded to **R41.82, Altered mental status, unspecified.**
- ❖ If the condition causing the change in mental status is known, do not assign code **R41.82**; code the condition instead.

TRANSIENT GLOBAL AMNESIA

- ❖ Transient global amnesia is a distinct form of amnesia of unknown etiology, characterized by a sudden loss of memory function. During an episode, the patient is unable to form memories or remember recent events and may ask the same question over and over because no memories of previous answers are formed. The episode usually lasts for a few hours, followed by total or near-total resolution of the memory loss, although the patient will remain amnesic for the event itself.
- ❖ Transient global amnesia is not psychotic in nature, and it is not considered to be due to ischemia; rather, it is a distinct cerebrovascular condition with its own code, **G45.4**.

SCHIZOPHRENIC DISORDERS F20-

- ❖ Schizophrenia is a severe mental illness characterized by a variety of symptoms including, but not limited to: loss of contact with reality; bizarre behavior; disorganized thinking; disorganized speech; decreased emotional expressiveness; diminished or loss of contact with reality; diminished to total social withdrawal.

F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.81	Schizophreniform disorder
F20.89	Other schizophrenia
F20.9	Schizophrenia, unspecified

DEPRESSION/MAJOR DEPRESSIVE DISORDER

- ❖ Affective (mood) disorders are common mental diseases with multiple aspects, including biological, behavioral, social, and psychological factors. Major depressive disorder, bipolar disorders, and anxiety disorders are the most common affective disorders, symptoms can range from the mild and inconvenient to the severe and life threatening.
- ❖ Major depressive disorder (MDD) is also known as monopolar depression or unipolar affective disorder. MDD causes prolonged periods of emotional, mental, and physical exhaustion. Patients suffering from this condition have a considerable risk of self-destructive behavior, sometimes leading to suicide.

F32.- Major Depressive Disorder, Single Episode 4th Character	F33.- Major Depressive Disorder, Recurrent Episode 4th Character	F33.4- 5th Character
0 Mild	0 Mild	
1 Moderate	1 Moderate	
2 Severe, without psychotic features	2 Severe, without psychotic features	
3 Severe with psychotic features	3 Severe with psychotic features	
4 In partial remission	4 In remission	0 Unspecified 1 Partial remission 2 Full remission
5 In full remission	8 Other	
8 Other	9 Unspecified	
9 Unspecified - *Depression, NOS		

BIPOLAR AFFECTIVE DISEASES

- ❖ Bipolar affective diseases are divided into various types according to the symptoms displayed. Other names for bipolar affective disease include manic-depressive disorder and cyclothymia.
- ❖ Patients suffering from bipolar diseases experience periods of manic (hyper-excitability) episodes alternating with periods of deep depression. These disorders are chronic and recurrent with varying degrees of severity. Severe crises can lead to suicide attempts during depressive episodes or to physical violence against oneself or others during manic episodes.
- ❖ In many patients, however, episodes are mild and infrequent.
- ❖ Mixed states may also occur with elements of mania and depression simultaneously present. Some people with bipolar affective disorders show a rapid cycling between manic and depressive states.

F30.-	Manic episode - includes bipolar disorder, single manic episode, and mixed affective episode
F31.-	Bipolar disorder - includes manic-depressive illness, manic-depressive psychosis, and manic-depressive reaction
F34.-	Persistent mood [affective] disorders - includes cyclothymic disorder and dysthymic disorder
F39	Unspecified mood [affective] disorder

EXERCISE 5.1

1. Schizoaffective psychosis, depressive type
2. Depressive disorder, recurrent, current episode severe with psychotic symptoms
3. Catatonic schizophrenia
4. Bipolar affective disorder, most recent episode mixed, in partial remission

EXERCISE 5.1 ANSWERS

1. Schizoaffective psychosis, depressive type

F25.1

2. Depressive disorder, recurrent, current episode severe with psychotic symptoms

F33.3

3. Catatonic schizophrenia

F20.2

4. Bipolar affective disorder, most recent episode mixed, in partial remission

F31.77

NONPSYCHOTIC MENTAL DISORDERS F40-F48

Anxiety Disorders - common psychiatric disorders which are considered to be one of the most undertreated and overlooked health problems. Among their common manifestations are panic disorders, phobias, chronic generalized anxiety disorder, obsessive-compulsive disorder, and posttraumatic disorder.

F40.- Phobic anxiety disorders

F41.- Other anxiety disorders

F42.- Obsessive-compulsive disorder

REACTION TO SEVERE STRESS AND ADJUSTMENT DISORDERS F43

Acute stress reaction - the result of a person experiencing or witnessing a traumatic event that causes the individual to experience extreme, disturbing, or unexpected fear, stress, or pain and involves or threatens serious injury or death to self or someone else. **F43.0**

Posttraumatic stress disorder (PTSD) - a severe anxiety disorder that can develop after exposure to any event resulting in psychological trauma. As an effect of psychological trauma, PTSD is less frequent and more enduring than the more commonly seen acute stress response. Symptoms of PTSD include re-experiencing the original trauma(s) through flashbacks or nightmares; avoiding stimuli associated with the trauma; and experiencing increased arousal, such as difficulty falling or staying asleep, anger, and hypervigilance. These symptoms last more than one month and cause significant impairment in social, occupational, or other important areas of functioning. **F43.1-**

Adjustment disorders - psychological response to an identifiable stressor or group of stressors that cause(s) significant emotional or behavioral symptoms. They differ from acute stress disorder and PTSD in that adjustment disorders are usually associated with a less intense stressor. **F43.2-**

Dissociative and Conversion Disorders

- ❖ **Dissociative disorders** - conditions that involve disruptions or breakdowns of memory, awareness, identity, and/or perception.

F44.0 Dissociative amnesia

F44.1 Dissociative fugue

F44.2 Dissociative stupor

F44.81 Dissociative identity disorder

- ❖ **Conversion disorder** - a condition where the patient presents with neurological symptoms but with the exclusion of neurological disease or feigning, and the determination of a psychological mechanism. The symptoms can vary from weakness/paralysis of a limb or the entire body to impaired hearing or vision, loss of sensation, impairment of speech, seizures, syncope, and other neurological findings.

F44.4 Conversion disorder with motor symptom or deficit

F44.5 Conversion disorder with seizures or convulsions

F44.6 Conversion disorder with sensory symptom or deficit

F44.7 Conversion disorder with mixed symptom presentation

SOMATOFORM DISORDERS F45.-

- ❖ Somatoform disorders are mental disorders characterized by physical symptoms that mimic physical disease or injury for which there is no identifiable physical cause. Instead, the symptoms are caused by mental factors. A diagnosis of a somatoform disorder implies that mental factors are a large contributor to the symptoms onset, severity, and duration.

Examples of somatoform conditions:

F45.8 Psychogenic pruritis

F45.8 Psychogenic diarrhea

F45.20 Hypochondriac disorder

BEHAVIORAL SYNDROMES ASSOCIATED WITH PHYSIOLOGICAL DISTURBANCES AND PHYSICAL FACTORS F50-F59

- ❖ These categories are devoted to behavioral syndromes associated with physiological disturbances and physical factors. These codes are not assigned when the conditions are present due to a mental disorder classified elsewhere or are of organic origin.

F50.-	Eating disorders; anorexia nervosa and bulimia nervosa
F51.-	Sleep disorders not due to a substance or known physiological condition
F52.-	Sexual dysfunction not due to a substance or known physiological condition
F53.-	Puerperal psychosis (post partum depression)
F54	Psychological and behavioral factors associated with disorders or diseases classified elsewhere
F55.-	Abuse of nonpsychoactive substances
F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors

EXERCISE 5.2

1. Passive-aggressive personality
2. Adolescent adjustment reaction with severe disturbance of conduct and emotions
3. Depression anxiety and conversion disorder affecting motor function
4. Recurrent depression with current, severe episode

EXERCISE 5.2 ANSWERS

1. Passive-aggressive personality

F60.89

2. Adolescent adjustment reaction with severe disturbance of conduct and emotions

F43.25

3. Depression anxiety and conversion disorder affecting motor function

F41.8 + F44.4

4. Recurrent depression with current severe episode

F33.2

ALCOHOL DEPENDENCE AND ABUSE F10.-

Alcohol abuse - refers to the recurring use of alcoholic beverages despite negative consequences.

Alcohol dependence – is a psychiatric diagnosis describing a condition in which an individual uses alcohol despite significant areas of dysfunction, evidence of physical dependence, and/or related hardship.

- ✓ Dependence is differentiated from abuse by the presence of symptoms such as tolerance and withdrawal.

Additional characters are also provided to specify alcohol-induced mood disorder, psychotic disorder, and other alcohol-induced disorders.

An additional code from category **Y90.-** may be assigned to specify the blood alcohol level, if applicable.

F10.1- Alcohol abuse

5 th character	6 th character
0 Uncomplicated	
2 With intoxication	0 Uncomplicated 1 Delirium 9 Unspecified
4 W/alcohol induced mood disorder	
5 W/alcohol induced psychotic disorder	0 With delusions 1 With hallucinations 9 Unspecified
8 Other disorders	0 With anxiety 1 With sexual dysfunction 2 With sleep disorder 8 Other
9 Unspecified	

F10.2- Alcohol dependence

5 th character	6 th character
0 Uncomplicated	
1 In remission	
2 With intoxication	0 Uncomplicated 1 Delirium 9 Unspecified
3 With withdrawal	0 Uncomplicated 1 Delirium 2 Perpetual disturbance 9 Unspecified
4 W/alcohol induced mood disorder	
5 W/alcohol induced psychotic disorder	0 With delusions 1 With hallucinations 9 Unspecified
6 Persisting amnestic disorder	
7 Persisting dementia	
8 Other	0 Anxiety disorder 1 Sexual dysfunction 2 Sleep disorder 8 Other
9 Unspecified	

Drug Dependence and Abuse F11-F19

- ❖ ICD-10-CM classifies drug dependence and abuse in the following categories according to the class of drug.

F11.-	Opioid related disorders
F12.-	Cannabis related disorders
F13.-	Sedative, hypnotic or anxiolytic related disorders
F14.-	Cocaine related disorders
F15.-	Other stimulant related disorders
F16.-	Hallucinogen related disorders
F17.-	Nicotine dependence
F18.-	Inhalant related disorders
F19.-	Other psychoactive substance related disorders

- ❖ In most cases, fourth characters indicate whether the disorder is nondependent abuse (1), dependence (2), or unspecified use (9).
- ❖ Patients with substance abuse or dependence often develop related physical complications or psychotic symptoms. These complications are classified to the specific drug abuse or dependence, with the fifth or sixth characters providing further specificity regarding any associated drug-induced mood disorder, psychotic disorder, withdrawal, and other drug-induced disorders (such as sexual dysfunction or sleep disorder).

SUBSTANCE WITHDRAWAL

- ❖ Patients dependent on alcohol, drugs, or both frequently experience withdrawal symptoms and require detoxification.
- ❖ Withdrawal most commonly refers to the group of symptoms that occurs upon the abrupt discontinuation/separation or a decrease in dosage of the intake of medications, recreational drugs, and/or alcohol.
- ❖ Symptoms and signs of withdrawal can vary based on the substance and from individual to individual. They include tremulousness, agitation, irritability, disturbed sleep, anorexia, autonomic hyperactivity, seizures, and hallucinations.
- ❖ A severe form of withdrawal known as delirium tremens is characterized by fever, tachycardia, hypertension or hypotension, hallucinations, agitation, confusion, fluctuating mental states, and seizures.
- ❖ ICD-10-CM provides combination codes that include both the alcohol or substance abuse/dependence and any associated complications.

F10.231 Alcoholic withdrawal delirium due to alcohol dependence

F11.250 Heroin dependence with heroin-induced psychosis and delusions

EXERCISE 5.3

1. Paranoid alcoholic psychosis with alcohol dependence
2. Alcoholic delirium tremens
3. Barbiturate dependence with sleep disorder
4. Acute alcohol intoxication with a blood alcohol level of 88 mg/100 mL

EXERCISE 5.3 ANSWERS

1. Paranoid alcoholic psychosis with alcohol dependence
F10.250
2. Alcoholic delirium tremens
F10.231
3. Barbiturate dependence with sleep disorder
F13.282
4. Acute alcohol intoxication with a blood alcohol level of 88 mg/100 mL
F10.129 + Y90.4

PERVASIVE AND SPECIFIC DEVELOPMENTAL DISORDERS F80-F89

❖ Because these conditions typically are identified in children around 3 years of age, they are called developmental disorders.

F80.- Specific developmental disorders of speech and language	Phonological, expressive, receptive-expressive, fluency disorders
F81.- Specific developmental disorders of scholastic skills	Reading, mathematics, written expression
F82.- Specific developmental disorder of motor function	Coordination, dyspraxia
F84.- Pervasive developmental disorders	Autistic, Rett's syndrome, Aspergers
F88 Other	Developmental agnosia
F89 Unspecified	Developmental disorder, NOS

PERVASIVE DEVELOPMENTAL DISORDERS F84

- ❖ Pervasive developmental disorders refers to a group of conditions that involve delays in the development of many basic skills. Most notable among them are the ability to socialize with others, to communicate, and to use imagination.
- ❖ Children with these conditions are often confused in their thinking and generally have problems understanding the world around them.

F84.0 Autism

F84.2 Rett's syndrome

F84.3 Childhood disintegrative disorder

F84.5 Asperger's syndrome

F84.8 Other PDD

F84.9 PDD Unspecified

BEHAVIORAL AND EMOTIONAL DISORDERS F90-F98

- ❖ Codes within these categories may be used regardless of the age of the patient.
- ❖ These disorders generally have onset within childhood or adolescent years, but may continue throughout life or not be diagnosed until adulthood.

F90.-	Attention-deficit hyperactivity disorders
F91.-	Conduct disorders
F93.-	Emotional disorders with onset specific to childhood
F94.-	Disorders of social functioning with onset specific to childhood and adolescence
F95.-	Tic disorder
F98.-	Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99	Mental Disorder, NOS

EXERCISE 5.4

1. Unspecified pervasive developmental disorder with mild intellectual disability
2. 8 year old female with developmental dyslexia
3. Oppositional defiant disorder
4. 37 year old male with attention deficit hyperactive disorder, combined type

EXERCISE 5.4 ANSWERS

1. Unspecified pervasive developmental disorder with mild intellectual disability

F84.9 + F70

2. 8 year old female with developmental dyslexia

F81.0

3. Oppositional defiant disorder

F91.3

4. 37 year old male with attention deficit hyperactive disorder, combined type

F90.2

**THANK YOU FOR ATTENDING
PLEASE CONTACT US WITH ANY
QUESTIONS, CONCERNS OR IDEAS**

Karen_Kuhr@cooley-dickinson.org

Jan_Halloran@cooley-dickinson.org

Jessica_Andrews@cooley-dickinson.org

Jennifer_Kurkulonis@cooley-dickinson.org

KEEP ON STUDYING! 😊