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Psychiatry Coding & Reimbursement Alert

ICD-10 Update: F40 Takes the Anxiety Out of Your Agoraphobia Reporting

Tip: Occurrence or absence of panic attack is still the key to accurate reporting.

When you begin using ICD-10 codes to report agoraphobia, there is no need to panic if your psychiatrist or clinical psychologist has not made any mention of a panic attack. Although you need to base your choice on this, you can use an additional unspecified code to bail you out.

Zero in on Panic Attacks in ICD-9

Depending on the occurrence of panic attacks, you will report a diagnosis of agoraphobia using one of the following two ICD-9 codes:

300.21 (Agoraphobia with panic disorder)

300.22 (Agoraphobia without panic attacks)

Reminder: A diagnosis of panic disorder without any symptoms of agoraphobia should not be reported using 300.21. Instead, you will have to report this using 300.01 (Panic disorder without agoraphobia).

Hook up With an Additional Unspecified Code in ICD-10

When you switch to using ICD-10 codes, 300.2 (Phobic disorders) in ICD-9 will crosswalk to F40 (Phobic anxiety disorders) in ICD-10. The same method of using the occurrence of panic attacks while reporting a diagnosis of agoraphobia will help decide the code that you will have to report.

Depending on the noted presence or absence of panic attacks, you will have the following two codes, one of which you may use to report a diagnosis of agoraphobia, namely, F40.01 (Agoraphobia with panic disorder) and F40.02 (Agoraphobia without panic disorder).

So, if your psychiatrist or clinical psychologist makes a diagnosis of agoraphobia, you can report from the above mentioned two codes based on the noted occurrence or absence of panic attacks.

No panic? Do this: If there is no specific mention of whether or not panic attacks occurred, you should, instead, report a different code, which is an additional option in ICD-10. Specifically, in this situation, you have the option of reporting F40.00 (Agoraphobia, unspecified) to report a diagnosis of agoraphobia with no mention of the occurrence of panic attacks. However, prior to opting for F40.00, it is best to try checking with your clinician about the occurrence of panic attacks.

"ICD-10 essentially divides 300.22 into two codes: F40.00 and F40.02," states **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "F40.02 means you know that the agoraphobia does not include panic disorder. By comparison, F40.00 means you don't know whether the agoraphobia includes panic disorder or not. That's why it's labeled 'unspecified,'" adds Moore.

Observe These Basics Briefly

Your psychiatrist will arrive at a diagnosis of agoraphobia based on a complete history and an evaluation of the person's signs and symptoms. The diagnosis will usually be made when the patient seeks medical attention for other physical or emotional health problems. Your psychiatrist will perform a complete mental status examination, a complete psychiatric

and medical history of the patient and family, a review of systems, and ordering and interpreting diagnostic tests.

Your psychiatrist might note any of these symptoms in the patient documentation. Some of the symptoms that you may encounter in the patient's notes might include intense fear and avoidance of situations or surroundings that are unfamiliar or from which the person perceives he cannot escape or control. Some situations that the person might avoid and fear include being in large open spaces (such as a mall) or crowded places (such as a subway station or some other public place). The person might also fear traveling even for a short distance by using some means of transport.

The fear might also be accompanied by panic attacks that are intense, and the person might experience palpitations, dizziness, disorientation, and increased heart rate. Many a times, the patient might mistake these symptoms for a heart attack and might try to seek treatment for the same in an emergency department.

Based on the patient's history, signs and symptoms, and observations made by asking relevant questions, your psychiatrist will arrive at the diagnosis of agoraphobia.

The care planning will include medical management with serotonin selective reuptake inhibitors. Your psychiatrist will also use cognitive behavioral therapy and relaxation techniques to help overcome the feelings of fear and avoid the occurrence of panic attacks.

Example: Our psychiatrist recently reviewed a 31-year-old female patient who had been referred from the emergency department of the hospital. The patient had got herself admitted there several times in the past for heart palpitations and flushing that she feared to be heart attacks. Upon examination of the patient and recording of the vitals, the emergency department had concluded that the patient had suffered from a panic attack.

Based on the patient's history, the emergency department physician referred the patient to our psychiatrist for further assessment and management.

Our psychiatrist conducted a thorough physical examination and a complete mental status examination. Based on the history, present complaints, and assessment of the patient, our psychiatrist arrived at the diagnosis of agoraphobia with panic disorder. The patient was advised to start off on sertraline and advised to return after 2 weeks for review. Our psychiatrist also planned cognitive behavioral therapy at that juncture.

What to report: You will report the initial diagnostic evaluation that the psychiatrist provided with 90792 (Psychiatric diagnostic evaluation with medical services) and the diagnosis with 300.21 if you're using ICD-9 codes and F40.01 if you are using ICD-10 code sets.