Mental Health Coding Tips



Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed

Intake Period: Members ages 6 as of March 1 of the year prior to the measurement year to 12 as of the last calendar day of February of the measurement year Index Prescription Start Date (IPSD): The earliest prescription dispensing date for an ADHD medication in which the date is in the Intake Period and there is a Negative Medication History

Two rates reported:

Initiation Phase	Continuation and Maintenance (C&M) Phase
Members ages 6–12 as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase	Members ages 6–12 as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner
NOTE: Do not count the Initiation Phase visit that occurred on the same day the ADHD	within 270 days (9 months) of the end of the Initiation Phase
medication was dispensed.	NOTE: Only one of the two visits during the C&M Phase may be a <i>telehealth visit*</i>
*Do not count visits billed with a telehealth modifier/POS code.	(during days 31–300)

ADHD Medications					
Description	Prescription				
CNS stimulants	Amphetamine-dextroamphetamine				
Alpha-2 receptor agonists	Clonidine Guanfacine				
Miscellaneous ADHD medications	Atomoxetine				

Follow-Up Visits						
Visit Type	CPT®	HCPCS	Modifier	POS		
Outpatient visit	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255			03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72		
Behavioral health outpatient visit	99201-99205, 99211-99215, 99241-99245, 99341-993435, 99347-99349, 99381-99385, 99391-99395, 99401-99402	H0034, H2000, H2011, H2014, H2015, H2016, H2017, H2019, H2020, T1015				
Observation visit	99217, 99218, 99219, 99220					
Intensive outpatient encounter or partial hospitalization	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255	H0035, S0201		52		
Community mental health center visit	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255			53		
Telehealth visit*	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255		GT, 95	02		

Major Depressive Disorder

Patients who experience a depressive episode lasting two or more weeks with at least five of the following symptoms, resulting in significant distress or impairment not caused by substance abuse or another condition can be diagnosed with clinical depression.1

- Depressed mood*
 Loss of interest or pleasure in most or all activities*
- Feelings of worthlessness or guilt

- Suicidal ideation or self-harm
- Poor concentration
- Fatigue or low energy

- or appetite change
- Significant weight Insomnia or hypersomnia
- Psychomotor retardation or agitation

*One of the five symptoms must be either depressed mood or loss of interest.

Depression not otherwise specified — F32.9²

The condition is often more severe than the code suggests. Avoid broad terms and unspecified codes for a better awareness about the disease and the population it affects.

Document to highest degree and code to the highest specificity

Include condition details

Severity — Mild, moderate, severe **Episode** — Single, recurrent, in remission

- Patient does not have to be actively involved in treatment
- Depression is considered recurrent after the first single episode
- Depression is recurrent if they are currently on prescribed medication or receiving therapy services
- Consider "in remission" rather than "history of" if previously diagnosed with depression but currently without symptoms
- Document additional DSM-5 depression classifications (if applicable)
 - With mixed features Manic symptoms are present but do not meet all criteria for a manic episode
 - With anxious distress Presence of anxiety that affects prognosis, treatment and patient response

Depression Screening Tools³

Mental Health America (MHA) has a number resources that focus on prevention, early identification and intervention for adults 18 and older. The PHQ-9 questionnaire4 can be given to patients during a primary care encounter to screen for the presence and severity of depression.

PHQ-9 Depression Scoring, Plan & Diagnosis						
SCORE	SEVERITY	PROPOSED TREATMEN	PROPOSED TREATMENT			
0-4	None- Minimal	None: Not depressed/n depression	N/A			
		In remission*: Patient is for depression but cond symptoms no longer madepression	See below			
	*If patient has been <i>previously diagnosed with</i> In partial remission					
1 '	depression (regardless of severity), document as either in partial or full remission.					
5-9	Mild	Watchful waiting: repea	F32.0, F33.0			
10-14	Moderate	Treatment plan: consident medication, follow up v	F32.1, F33.1			
15-19	Moderately Severe	Active treatment: pharr psychotherapy, follow u	F32.1, F33.1 F32.2, F33.2			
20-27	Severe	Immediate initiation of expedited referral to me for psychotherapy and/management	F32.2, F33.2 F32.3, F33.3			

- 1 American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 5th edition, 2013
- 2 ICD-10-CM Official Guidelines for Coding and Reporting

- 3 https://screening.mentalhealthamerica.net
- 4 PHQ-9 © 2002-2019 Pfizer, Inc. PHQ Screeners site is expressly exempt from Pfizer's general copyright restrictions; content found on PHQ Screeners is free to use and download.

Antidepressant Medication Management (AMM)

Members 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment

Two rates reported:

Effective Acute Phase Treatment	Effective Continuation Phase Treatment		
Members who remained on an antidepressant medication for at least 84 days (12 weeks)	Members who remained on an antidepressant medication for at least 180 days (6 months)		

Antidepressant Medications				
Description	Prescription			
Miscellaneous antidepressants	Bupropion			
Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine • Selegiline • Tranylcypromine			
Phenylpiperazine antidepressants	Nefazodone Trazodone			
Psychotherapeutic combinations	Amitriptyline-chlordiazepoxide Amitriptyline-perphenazine Fluoxetine-olanzapine			
SNRI antidepressants	Desvenlafaxine Duloxetine Levomilnacipran Venlafaxine			
SSRI antidepressants	Citalopram			
Tetracyclic antidepressants	Maprotiline Mirtazapine			
Tricyclic antidepressants	• Amitriptyline • Desipramine • Imipramine • Nortriptyline • Trimipramine • Amoxapine • Clomipramine • Doxepin (>6 mg) • Protriptyline			

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

Children and adolescents ages 1–17 who were treated with antipsychotic medications and were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year

NOTE: A lower rate indicates better performance. The goal is to limit multiple concurrent antipsychotic use in children and adolescents.

Antipsychotic Medications				
Description	Prescription			
Miscellaneous antipsychotic agents (oral)	 Aripiprazole Asenapine Brexpiprazole Cariprazine Clozapine Haloperidol Iloperidone Quetiapine fumarate Risperidone Ziprasidone 			
Phenothiazine antipsychotics (oral)	• Chlorpromazine • Fluphenazine • Perphenazine • Perphenazine-amitriptyline • Prochlorperazine • Thioridazine • Trifluoperazine			
Thioxanthenes (oral)	• Thiothixene			
Long-acting injections	Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate • Risperidone			

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Children and adolescents ages 1–17 who had two or more antipsychotic prescriptions and had metabolic testing

Three rates reported:

Blood Glucose or HbA1c Testing	Cholesterol Testing	Both Glucose and Cholesterol Testing
Children and adolescents on antipsychotics who received	Children and adolescents on antipsychotics who received	Children and adolescents on antipsychotics who received
blood glucose testing	cholesterol testing	both blood glucose and cholesterol testing

	APM Antipsychotic Medications					
Description		Prescription				
Miscellaneous antipsychotic a (oral)	igents	 Aripiprazole				
Phenothiazine antipsychotics	(oral)	• Chlorpromazine •	Fluphenazine	• Pe	rphenazine • Thioridazine • Trifluoperazine	
Thioxanthenes (oral)		Thiothixene				
Long-acting injections		• Aripiprazole • Flup	phenazine decano	ate	• Haloperidol decanoate • Olanzapine • Paliperidone palmitate • Risperidone	
			Antipsychot	ic C	Combination Medications	
Description		Prescription				
Psychotherapeutic combinati	ons	• Fluoxetine-olanzapine	e • Perphenazii	ne-a	mitriptyline	
			Prochlo	orpe	erazine Medications	
Description	escription Prescription					
Phenothiazine antipsychotics		Prochlorperazine				
		Diabetes M	onitoring: An H	bA1c	test performed during the measurement year	
Test Type	CPT®		CPT® II	LOI	NC®	
HbA1c Lab Test	83036	3		1785	56-6, 4548-4, 4549-2	
HbA1c Test Result or Finding			3044F, 3046F			
Glucose Lab Test		47, 80048, 80050, 80053, 69, 82947, 82950, 82951 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 6749-6, 9375-7				
Cardiovascular Monitoring: An LDL-C or cholesterol test performed during the measurement year						
Test Type	CPT®	CPT® II LOINC®				
Cholesterol/LDL-C Lab Test	Test 80061, 82465, 83700, 83701, 83704, 83718, 83721, 84478 12773-8, 13457-7, 18261-8, 18262-6, 2085-9, 2089-1, 2093-3, 2571-8, 3043-7, 18261-8, 18262-6, 2085-9, 2089-1, 2093-3, 2571-8, 3043-7, 18261-8, 18262-6, 2085-9, 2089-1, 2093-3, 2571-8, 3043-7, 18261-8, 18262-6, 2085-9, 2089-1, 2093-3, 2571-8, 3043-7, 18261-8, 18262-6, 2085-9, 2089-1, 2093-3, 2571-8, 3043-7, 18261-8, 18262-6, 2085-9, 2089-1, 2093-3, 2571-8, 3043-7, 18261-8, 18262-6, 2085-9, 2089-1, 2093-3, 2571-8, 3043-7, 2093-1, 2093-3, 2571-8, 3043-7, 2093-1, 2093-3, 2571-8, 3043-7, 2093-1, 2093-3, 2571-8, 3043-7, 2093-1, 2093-3, 2571-8, 3043-7, 2093-1, 2093-3, 2571-8, 3043-7, 2093-1, 2093-3, 2571-8, 2093-1, 2093-1, 2093-3, 2571-8, 2093-1, 20		12773-8, 13457-7, 18261-8, 18262-6, 2085-9, 2089-1, 2093-3, 2571-8, 3043-7, 49132-4, 55440-2, 9830-1			
LDL-C Test Result or Finding	LDL-C Test Result or Finding 3048F, 3049F, 3050F					

ArkansasTotalCare.com 4 1-866-282-6280 (TTY: 711)

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

Children and adolescents ages 1–17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment on or between January 1 and December 1 of the measurement year

APP Antipsychotic Medications						
Description	Prescription					
Miscellaneous antipsychotic agents (oral) • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Loxapine • Lurisadone • Molindone • Clozapine • Paliperidone • Pimozide • Quetiapine • Quetiapine				·		
Phenothiazine antipsychotics (oral)		Chlorpromazine Fluphenazine	• Perphenazine • Thioridazine • Triflu	operazine		
Thioxanthenes (oral)		Thiothixene				
Long-acting injections		 Aripiprazole Fluphenazine decanoate Haloperidol decanoate Olanzapine Paliperidone palmitate 				
		Antipsychotic Coml	oination Medications			
Description	Prescri	ption				
Psychotherapeutic combinations	• Fluoxe	xetine-olanzapine • Perphenazine-amitriptyline				
	Pyschosocial Care					
Visit Type CPT®			HCPCS	Modifier		
		90832-90834, 90836-90840, 90846- 90847, 90849, 90853	H0035, H0038, H2000, H2011, H2014, H2017, H2018, H2020			

For additional resources, contact our quality improvement team at QI_AR_HEDIS@centene.com

HEDIS® Volume 2 Technical Specifications by NCQA

Follow-Up After Hospitalization for Mental Illness (FUH)

Members ages 6 years and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses, and who had a follow-up visit with a mental health practitioner on or between January 1 and December 1 of the measurement year

Two rates reported:

7-Day Follow-Up	30-Day Follow-Up
Members who received a follow-up visit with a mental health practitioner within 7 days	Members who received a follow-up visit with a mental health practitioner within 30 days
of being discharged	of being discharged
NOTE: Do not include visits that occur on the date of discharge	NOTE: Do not include visits that occur on the date of discharge

Follow-Up Visits							
Visit Type	CPT®	HCPCS	POS				
Outpatient visit with a mental health practitioner	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99201-99205, 99211-99215, 99221-99223, 99231-99233, 99238, 99241-99245, 99251-99255, 99341-99343, 99347-99349, 99381-99385, 99391-99395, 99401, 99402	H0034, H2000, H2011, H2014, H2015, H2016, H2017, H2019, H2020, T1015	03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72				
Intensive outpatient encounter or partial hospitalization with a mental health practitioner	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255	H0035	52				
Community mental health center visit with a mental health practitioner	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255		53				
Electroconvulsive therapy with a mental health practitioner	90870		03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72				
Telehealth visit with a mental health practitioner	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255		02				
Observation visit with a mental health practitioner	99217, 99218, 99219, 99220						

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Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Members ages 6 and older who went to the emergency department (ED) with a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit for mental illness on or between January 1 and December 1 of the measurement year

Two rates reported:

7-Day Follow-Up	30-Day Follow-Up
Members who had a follow-up visit with any practitioner within 7 days of the ED visit	Members who had a follow-up visit with any practitioner within 30 days of the ED visit
(8 total days)	(31 total days)
NOTE: Can Include visits that occur on the date of the ED visit	NOTE: Can include visits that occur on the date of the ED visit

Follow-Up Visits						
Visit Type	CPT®	HCPCS	POS			
Outpatient visit with a principal diagnosis of mental health disorder	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99201-99205, 99211-99215, 99221-99223, 99231-99233, 99238, 99241-99245, 99251-99255, 99341-99343, 99347-99349, 99381-99385, 99391-99395, 99401, 99402	H0034, H2000, H2011, H2014, H2015, H2016, H2017, H2019, H2020, T1015	03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72			
Intensive outpatient encounter or partial hospitalization with a principal diagnosis of mental health disorder	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255	H0035	52			
Community mental health center visit with a principal diagnosis of mental health disorder	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255		53			
Electroconvulsive therapy with a principal diagnosis of mental health disorder	90870		03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72			
Telehealth visit with a principal diagnosis of mental health disorder	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255		02			
Observation visit with a principal diagnosis of mental health disorder	99217, 99218, 99219, 99220					

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Schizophrenia

This condition affects the way a person thinks, feels and acts. It makes it difficult to differentiate between what is real and what is not. Symptoms may vary by severity and type. All symptoms may or may not be present in individuals with the condition.

Schizoaffective Disorders

These disorders are characterized by having symptoms of both schizophrenia and mood disorders (e.g., depression, bipolar disorder) alternating from delusions or hallucinations to the predominant mood disorder symptoms during the active period of the condition. ICD-10 codes are categorized by the manifestation.

Schizophrenia Symptoms¹				
Hallucinations	Lack of focus	Disorganized thoughts		
Delusions	Impaired memory	Unmodulated speech		
Task completion difficulty	Movement disorders			

¹ www.nimh.nih.gov National Institute of Mental Health Schizophrenia Signs & Symptoms

Detailed documentation is necessary for accurate ICD-10 assignment.

Schizophrenia		Schizoaffective Disorders		
ICD-10	9-10 Manifestation		Туре	
F20.0	Paranoid	F25.0	Bipolar type	
F20.1	Disorganized			
F20.2	Catatonic	F25.1	Depressive type	
F20.3	Undifferentiated			
F20.5	Residual	F25.8	Other schizoaffective disorders	
F20.81	Schizophreniform disorder			
F20.89	Other schizophrenia	F25.9	Schizoaffective disorder, unspecified	
F20.9	Schizophrenia, unspecified			

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Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period

Long-Acting Injections HCPCS: C9037, J0401, J1631, J2358, J2426, J2680, J2794					
Description	Prescription				
Long-acting injections — 14-day supply	• Risperidone				
Long-acting injections — 28-day supply	Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate				
Long-acting injections — 30-day supply	Risperidone (Perseris)				
Dementia Medications					
Description	Prescription				
Cholinesterase inhibitors	Donepezil Galantamine Rivastigmine				
Miscellaneous central nervous system agents	• Memantine				
Oral Antipsychotic Medications					
Description	Prescription				
Miscellaneous antipsychotic agents (oral)	 Aripiprazole				
Phenothiazine antipsychotics (oral)	• Chlorpromazine • Fluphenazine • Perphenazine • Prochlorperazine • Thioridazine • Trifluoperazine				
Psychotherapeutic combinations (oral)	Amitriptyline-perphenazine				
Thioxanthenes (oral)	• Thiothixene				

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Diabetic Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Members ages 18-64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year

Oral Antipsychotic Medications						
Description Prescription						
Miscellaneous antipsychotic agents (oral) • Aripiprazole • Loxapine • Risperidone			ne • Lurisadone • Molindone • Olanzapine • Paliperidone • Quetiapine • Quetiapine fumarate			
Phenothiazine antipsychotics (oral) • Chlorpromazine • Fluphenazine • Perphenazine • Prochlorperazine • Thioridazine • Trifluopera			ohenazine • Prochlorperazine • Thioridazine • Trifluoperazine			
Psychotherapeutic combination	Amitriptyline-perphena:	zine				
Thioxanthenes (oral)	Thioxanthenes (oral) • Thiothixene					
			ong-Acting Inject J0401, J1631, J2358, J			
Description	scription Prescription					
Long-acting injections — 14-day supply • Risperidone						
Long-acting injections — 28-day supply • Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidol		Haloperidol decanoate Olanzapine Paliperidone palmitate				
Long-acting injections — 30-c	-day supply • Risperidone (Perseris)					
			Diabetes Monitor	ing		
Test Type	CPT®		CPT® II	LOINC®		
HbA1c Lab Test	83036			17856-6, 4548-4, 4549-2		
HbA1c Test Result or Finding	sult or Finding		3044F, 3046F			
Glucose Lab Test 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951			10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518 0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7			

For additional resources, contact our quality improvement team at QI_AR_HEDIS@centene.com

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Bipolar Disorder¹

Bipolar disorder and depression should not be coded together. Depression is considered inclusive of bipolar disorder per ICD-10 Excludes1 guidelines.²

Differential Diagnosis

Clinical Features and Symptoms

Bipolar 1		Bipolar 2		Mania	Hypomania	Depression
Marked by manic episodes Marked by hypomanic e		oomanic episodes	• Flight of ideas or racing thoughts	Difficulty	• Lasting sad, anxious, and/or	
Hospitali	Hospitalization due to mania likely		n due to <i>hypomania</i> less	• Constant changes in plans	concentrating	empty mood
		likely		Inflated self-esteem	Difficulty making	• Thoughts, plans, or attempts of suicide
1 -	s may occur during <i>manic</i>	Psychosis unlikely to occur during		Overconfidence	decisions • Over-familiarity	Thoughts, plans, or attempts of
episodes	3	hypomania			• Changes in	self-harm
	nore <i>manic</i> episodes often	One or more <i>hypomanic</i> episodes			psychomotor	• Changes to appetite, eating,
	anied by depressive episodes;	accompanied by at least one major			activity	weight
may be a	accompanied by psychosis	depressive ep	isode	1		Disturbances to sleep/wake cycle
Cycloth	nymia	Mixed				Feelings of guilt and
Two-yea	r period of cycling hypomanic	Meets criteria for manic and				worthlessness
	and depressive symptoms that fail		isodes almost every day	Increased	Increased	Increased
to meet DSM-5 criteria for major		for at least one week		Activity or restlessness	• Energy and	Tiredness
	depressive disorder		T	Energy and irritability	activity	Restlessness and irritability
ICD-10	Description	ICD-10	Description	• High-risk, reckless behavior	• Sociability/	
F31.0	Hypomanic	F31.6-	Mixed features	Talkativeness and rate of speech	talkativeness	
F31.1-	F31.1– Manic without psychotic featur		In remission	Distractability	• High-risk,	
F31.2-	Manic severe with psychotic	F31.81	Bipolar Type 2	Poor attention span Cool dispersed activities	reckless behavior	
	features			Goal-directed activityPsychomotor agitation	Sexual energyDistractability	
F31.3-	Depressed, mild or moderate severity	F31.89	Other bipolar disorder	Decreased	Decreased	Decreased
F31.4-	Depressed, severe, without		Recurrent manic	Normal social inhibitions	Need for sleep	Energy and activity
	psychotic features		episodes, NOS	Need for sleep		Enjoyment, interest and
F31.5-	Depressed, severe, with psych	otic F31.9	Manic depression unspecified	1		concentrationMood (varies by day and circumstances)
	features			with Psychotic Features		
				Grandiose ideas	1	Self-esteem and self-confidence
				Delusions/hallucinations		

Bipolar and related mood disorder due to known physiological condition:

- With manic features (F06.33) With manic- or hypomanic-like episodes (F06.34)
- With mixed features (F06.34) Unspecified (F06.30)

Hypomania (Bipolar Type 2)

Symptoms same as mania, but episodes do **not**:

- Cause marked impairment and/or disruption to work Require hospitalization
- 1 American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 5th edition, 2013
- 2 ICD-10-CM Official Guidelines for Coding and Reporting