



BlueCross BlueShield of Montana

DOCUMENTATION AND CODING

# Mental, Behavioral and Neurodevelopmental Disorders



Accurately coding and documenting mental, behavioral and neurodevelopmental disorders can help **capture our members' health status and promote continuity of care and better quality of life**. To code for these disorders, it's important to capture details relevant to a patient's condition. These may include an underlying medical condition, a substance abuse disorder on top of a psychiatric diagnosis or history codes indicating issues such as trauma and stress. Below is information for outpatient and professional services from the [ICD-10-CM Official Guidelines for Coding and Reporting](#).



## Coding for Mental, Behavioral and Neurodevelopmental Disorders

There are two primary categories under the ICD-10 code guidelines for behavioral health: **F and Z**.

**Category F (F01-F99):** These codes include disorders of psychological development.

They also have classification designations such as:

- With or without behavioral disturbance
- Complicated or uncomplicated
- In remission
- With withdrawal

These designations **require the provider’s clinical judgment**. The code specificity associated with the designations should only be captured when documented by the provider, such as with **withdrawal** or **in remission**.

**Category Z (Z00-Z99):** Z codes cover a range of stress factors and social needs that can contribute to behavioral health conditions. These social determinants of health (SDoH) may affect a patient’s ability or willingness to follow their recommended treatment plan.

- Z codes describe symptoms a patient displays that don’t point to a specific disorder but still warrant treatment.
- **To learn about using Z Codes for SDoH**, see our [tip sheet](#).

### Tips to Consider

- Include patient demographics, such as name, date of birth and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure providers **sign and date** all documents.
- Document how each diagnosis was **monitored, evaluated, assessed and/or treated**, as well as any complications on the date of service.
- Take advantage of the **Annual Health Assessment (AHA)** or other yearly preventative exam as an opportunity to capture conditions impacting member care.

### Resources

- [ICD-10-CM Official Guidelines for Coding and Reporting](#), Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01-F99) and Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)
- Centers for Disease Control and Prevention [Mental Health](#)

| ICD-10-CM Code Categories for Mental, Behavioral and Neurodevelopmental Disorders |  |
|---|--|
| F01-F09   | Mental disorders due to known physiological conditions                                       |
| F10-F19   | Mental and behavioral disorders due to psychoactive substance abuse                          |
| F20-F29   | Schizophrenia, schizotypal, delusional and other non-mood psychotic disorders                |
| F30-F39   | Mood [affective] disorders   |
| F40-F48   | Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders    |
| F50-F59   | Behavioral syndromes associated with physiological disturbances and physical factors         |
| F60-F69   | Disorders of adult personality and behavior  |
| F70-F79   | Intellectual disabilities  |
| F80-F89   | Pervasive and specific developmental disorders   |
| F90-F98   | Behavioral and emotional disorders with onset usually occurring in childhood and adolescence |
| F99   | Unspecified mental disorder  |
| Sample ICD-10-CM Z Codes  |  |
| Z56.x   | Problems related to employment and unemployment  |
| Z59.x   | Problems related to housing and economic circumstances                                       |
| Z64.x-Z65.x   | Psychosocial circumstances   |
| Z87.820   | Problems related to personal history of traumatic brain injury                               |

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their member guide or member contract for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.