

# Molina Healthcare Coding Education Bipolar Disorder



## DSM-5 Diagnostic Criteria:

### **Bipolar I disorder, manic episode**

- A. A distinct period of abnormally and persistently elevated, expansive or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day.
  - B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:
    1. Inflated self-esteem or grandiosity.
    2. Decreased need for sleep.
    3. More talkative than usual or pressure to keep talking.
    4. Flight of ideas or subjective experience that thoughts are racing.
    5. Distractibility, as reported or observed.
    6. Increase in goal-directed activity (socially, at work or school, or sexually) or psychomotor agitation.
    7. Excessive involvement in activities that have high potential for painful consequences.
  - C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.
  - D. The episode is not attributable to the physiological effects of a substance or to another medical condition.
- NOTE:** A manic episode that emerges during antidepressant treatment, but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a manic episode and, therefore, a bipolar I diagnosis.

## Documentation Example:

### **Initial Diagnosis:**

29 year old married mother (child age 2) presents with a history of mood swings, recurrent and disabling depression, and headaches. Weeks prior to presentation, she became severely depressed with difficulty moving, diminished appetite, crying spells, and felt suicidal. She's on Prozac 20 mg/day, and describes getting "manicky" on the Prozac, "rushing around, laughing a lot with more anxiety." Past trial with Wellbutrin was poorly tolerated due to sweating episodes, insomnia and agitation. Her depression is worsening despite the Prozac treatment.

Family history revealed severe mood swings in both her father and paternal grandmother. Grandmother at times would take to bed for long spells, and she had been hospitalized for "unknown reasons".

**Assessment:** Diagnosis of major depressive disorder is suspect, given poor response to antidepressants. Prozac was discontinued because it appeared to worsen the mood swings. Diagnosis of Bipolar Disorder, single episode, manic can be made given patient's symptoms and family history.

**Plan:** Discontinue Prozac. Patient placed on Seroquel 100 mg at bedtime. Also referred to supportive psychotherapy.

- **ICD-10 Code:** F30.11, Bipolar disorder, manic episode without psychotic symptoms, mild

### **The *Mood Disorder Questionnaire (MDQ)***

is an effective screening tool for bipolar disorder. It is not diagnostic, but indicative of bipolar disorder. A positive screen must be followed by a clinical assessment to determine diagnosis.

*\*The codes used in this document are for illustrative purposes only*

## **Have Questions?**

Contact: [Ramp@MolinaHealthcare.com](mailto:Ramp@MolinaHealthcare.com)