

Schizophrenia

Diagnosis	ICD-10 Code
Schizophrenia: Paranoid Disorganized Catatonic Undifferentiated Residual Other and unspecified	F20.x
Schizotypal disorder	F21
Schizoaffective disorders: Bipolar type Depressive type Other and unspecified	F25.x

Parametersⁱ

DSM 5 diagnostic criteria for schizophrenia

- Two or more of the following, each present for a significant portion of time during a one month period
 - Delusions
 - Hallucinations
 - Disorganized speech (e.g. frequent derailment or incoherence)
 - Grossly disorganized or catatonic behavior
 - Negative symptoms (e.g. diminished emotional expression or avolition)
- For a significant portion of time since the onset of the disturbance, level of functioning in one or more major area such as work, interpersonal relationships, or self-care is markedly below the level prior to onset.
- Continuous signs of the disturbance persist for at least six months. This period must include at least one month of symptoms from the above listed and may include periods of prodromal or residual symptoms.
- Schizoaffective, depressive or bipolar disorder with psychotic features have been ruled out because either 1) no major depressive or manic episodes have occurred concurrently with active-phase symptoms or 2) if mood episodes have occurred during active-phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.
- The disturbance is not attributable to the physiological effects of a substance or another medical condition.
- If there is a history of autism spectrum disorder or a communication disorder of childhood onset, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations, in

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addition to the other required symptoms of schizophrenia, are also present for at least one month.

DSM 5 diagnostic criteria for schizotypal disorder

- A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:
 - Ideas of reference (excluding delusions of reference)
 - Odd beliefs or magical thinking that influences behavior and is consistent with subcultural norms
 - Unusual perceptual experiences, including bodily illusions
 - Odd thinking and speech (e.g. vague, circumstantial, metaphorical, overelaborate, or stereotyped)
 - Suspiciousness or paranoid ideation
 - Inappropriate or constricted affect
 - Behavior or appearance that is odd, eccentric, or peculiar
 - Lack of close friends or confidants other than first-degree relatives
 - Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgements about self
- Does not occur exclusively during the course of schizophrenia, bipolar, or depressive disorder with psychotic features, another psychotic disorders, or autism spectrum disorder.

DSM 5 diagnostic criteria for schizoaffective disorder

- An uninterrupted period of illness during which there is a major mood episode concurrent with first bullet point of schizophrenia.
- Delusions or hallucinations for two or more weeks in the absence of a major mood episode during the lifetime duration of the illness.
- Symptoms that meet criteria for a major mood episode are present for the majority of the total duration of the active and residual portions of the illness.
- The disturbance is not attributable to the effects of a substance or another medical condition.

Documentation requirements

To ensure accurate coding of schizophrenia, the documentation must clearly indicate:

- The type, if known (e.g. Paranoid, Disorganized, Bipolar or Depressive, etc.)
- If the episode was first or multiple, if known.
- If the condition is acute, in partial remission or in full remission.
- Document in the note any evidence that supports the DSM 5 diagnosis.

Documentation example

HPI: Patient is here for evaluation of their schizophrenia. They have been experiencing delusions, grossly disorganized and disorganized speech. This has been affecting their relationship with family members and work, it is not attributed to major depression, bipolar or substance use. These behaviors have been present for the last two months per patient's family

PE: Vitals: 135/78, HR 86, RR 16, BMI 38.5; PE: WNL, obese;

A: **F20.9 Schizophrenia, unspecified**

P: Patient on Seroquel. Referred to behavioral health for further evaluation and clarification of specific type of schizophrenia. Follow up in two months with PCP after completion of behavioral health evaluation.

ⁱ *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Fifth ed., American Psychiatric Publishing, 2013.