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Billable coding for female sexual dysfunction disorders*

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Billable coding for general medical diagnoses and procedures is a complicated process. Within a subspecialty such as female sexual health, which lacks a clear consensus regarding diagnostic coding for sexual dysfunctions, the process can be even more challenging and frustrating. As such, some women's healthcare providers do not even treat patients with sexual dysfunction in their practices. The purpose of this very first article in the "Focus on sexual health" department is to shed light on the billable coding process for female sexual dysfunction disorders in order to clarify, if not simplify, this process.



DSM-5 categories

The World Health Organization's *International Classification of Diseases (ICD)* is utilized in the United States for diagnostic coding for most diseases and other health problems. However, female sexual dysfunction (FSD) diagnoses were developed through the American Psychiatric Association and are listed in the *Diagnostic and Statistical Manual (DSM)*. A text revision of the fourth edition, the *DSM-IV-TR*,¹ published in 2000, included five categories of FSD: hypoactive sexual desire disorder (HSDD), female sexual arousal disorder, female orgasmic disorder, dyspareunia, and vaginismus. With release of the fifth edition, the *DSM-5*,² desire and arousal disorders were merged into one unified diagnostic category—female sexual interest/arousal disorder—and vaginismus and dyspareunia were merged into genito-pelvic pain/penetration disorder (*Table 1*).^{1,2} A subcategory of HSDD, sexual aversion disorder, was removed.²

According to the *DSM-5*, in order to meet diagnostic criteria, a person must experience the FSD condition 75%-100% of the time for at least 6 months.² In addition, the condition must result in significant distress.

The disorder must not better be explained by a nonsexual mental disorder, a consequence of severe relationship distress such as domestic violence, or other significant stressors. Also, a new severity scale, which designates a condition as mild, moderate, or severe, was added to allow for more diagnostic specificity.

Current and future ICD diagnostic codes

With regard to the complicated matter of translating these defini-

tions into billable coding, women's healthcare providers must consider the landscape of the ninth edition, clinical modification, of the *ICD (ICD-9-CM)*.³ Diag-

Table 1. Comparison between DSM-IV-TR and DSM-5 diagnoses^{1,2}

DSM-IV-TR	DSM-5
Hypoactive sexual desire disorder	Female sexual interest/arousal disorder
Female sexual arousal disorder	
Female orgasmic disorder	Female orgasmic disorder
Dyspareunia	Genito-pelvic pain/penetration disorder
Vaginismus	

*Disclosure: Every reasonable effort has been made to ensure the accuracy of the billable coding information conveyed in this column. However, the ultimate responsibility for compliance with Medicare rules and regulations lies within the provider of the services.

Table 2. Translation of *DSM-5* definitions to *ICD-9-CM* codes³

<i>DSM-5</i>	<i>ICD-9-CM</i>
Female sexual interest/ arousal disorder	Hypoactive sexual desire disorder 302.71 Low libido 799.81
	Inhibited sexual excitement 302.71 Symptoms associated with female genital organs, NEC 625.8
Female orgasmic disorder	Female orgasmic disorder 302.73
Genito-pelvic pain/ penetration disorder	Psychogenic dyspareunia 302.76 Dyspareunia 625.0
	Vaginismus 625.1

Table 3. Comparison between *ICD-9-CM* and *ICD-10* codes*

<i>ICD-9-CM</i>	<i>ICD-10</i>
Hypoactive sexual desire disorder 302.71 Low libido 799.81	Hypoactive sexual desire disorder F52.0 Low libido R68.82
Psychosexual dysfunction, NEC 302.71	Sexual aversion disorder F52.1
Inhibited sexual excitement 302.71 Symptoms associated with female genital organs NEC 625.8	Female sexual arousal disorder F52.22 Vaginal dryness (other specified conditions a/w female genital organs) N94.89
Female orgasmic disorder 302.73	Female orgasmic disorder F52.31
Psychogenic dyspareunia 302.76 Dyspareunia 625.0	Dyspareunia not due to a substance or known physiological condition F52.6 Dyspareunia N94.1
Vaginismus 625.1	Vaginismus not due to a substance or known physiological condition F52.5 Vaginismus N94.2

**ICD-10* codes subject to change prior to official release in October 2015.

orders are typically covered through a separate division of a patient's healthcare plan or that they are not covered at all. To overcome this challenge, providers can find codes in other areas of the *ICD-9-CM* that cover symptoms of FSD such as *low libido* and *dyspareunia* (Table 2).³

To complicate matters further, the tenth edition of the *ICD* (*ICD-10*) is slated to be released in October 2015. Whereas previous revisions to the *ICD* were fairly easy to follow, *ICD-10* coding will not resemble the familiar *ICD-9* terrain at all. To begin, the first character of each code is a letter of the alphabet, not a number.⁴ F codes will cover mental, behavioral, and neurodevelopmental disorders. Other chapters of relevance to women's healthcare providers are E codes for endocrine, nutritional, and metabolic diseases; L codes for diseases of the skin and subcutaneous tissue; M codes for diseases of the musculoskeletal system and connective tissue; N codes for diseases of the genitourinary system; and R codes for symptoms, signs, and abnormal clinical and laboratory findings.⁴ Table 3 compares *ICD-9-CM* and *ICD-10* codes related to FSD (with the latter codes still subject to change) and Table 4 lists additional codes that may apply to female sexual complaints.

CPT codes

Table 5 lists Current Procedural Terminology® (CPT) codes for procedures

commonly performed in a sexual health practice. In many cases, though, time spent with female patients reporting sexual complaints can surpass that spent performing hands-on examinations and procedures. In these circumstances, providers should bill based on time spent, assuming that more than 50% of the time

nostic codes are categorized into chapters of different body systems, symptoms, and conditions. One of the chapters is mental and behavioral disorders, which coincides with *DSM* definitions. This chapter includes the FSD diagnostic codes. When billing for patient care specific to FSD diagnoses, providers will find that these dis-

spent with the patient was face to face and for counseling. If a procedure is performed on the same day as an evaluation and management visit for a separately identifiable complaint, providers should use modifier 25 so that each element can be billed at 100%.

Conclusion

Although navigating the complicated billable coding process for FSD can be confusing and frustrating, treatment for these conditions is frequently reimbursable. General understanding of ICD and DSM terms and codes is critical to smart billable coding. If uncertain about a particular situation, women's healthcare providers should consult with a billing and coding specialist. ●

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References

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. Washington, DC: APA; 2000.
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Washington, DC; APA; 2013.
3. *International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9-CM) Professional Edition*. USA: Elsevier/American Medical Association; 2013.
4. *ICD-10-CM: The Complete Official Draft Code Set*. USA: American Medical Association; 2014.

Table 4. Additional codes*

Diagnosis	ICD-9-CM	ICD-10
Symptomatic menopausal states	627.2	N95.1
Premenstrual tension syndromes	625.4	N94.3
Fatigue	780.79	R53.83
Endocrine disorder, unspecified	259.9	E34.9
Vulvodynia	625.70	N94.818/9
Vulvar vestibulitis	625.71	N94.810
Atrophic vaginitis	627.3	N95.2
Pelvic/perineal pain	625.9	R10.2
Pain in joint, pelvic region, and thigh	719.45	M25.559
Weak pelvic floor muscles	618.89	N81.89
Muscular wasting and disuse atrophy	728.2	M62.50
Generalized muscle weakness	728.87	M62.81
Spasm of muscle	728.85	M62.838
Lumbago	724.0	M54.5
Unspecified disorder of muscle, ligament, or fascia	728.9	M62.9

*ICD-10 codes subject to change prior to official release in October 2015.

Table 5. CPT codes

Procedure	CPT code
Wet prep	87210
Vaginal pH	83986
Genital culture (specimen handling)	99000
Trigger point injections	<3 muscles 20552 3+ muscles 20553
Colposcopy	Vulva 56820 Vulva with biopsy 56821 Entire vagina with cervix if present 57420 Entire vagina with cervix if present with biopsy 57421
Biopsy	Vulva/perineum 56605 Additional lesions of vulva/perineum 56606 Vagina 57100 Extensive biopsy of vagina requiring suturing 57105
Perineometry (biofeedback)	90911

CPT, Current Procedural Terminology.