



Documentation & Coding Reference Guide: **Bipolar, Delusional & Personality Disorders**

This is a quick reference guide to assist with accurate, complete documentation and coding that reflects the true nature of a patient's current health status at the highest level of specificity. Per the *ICD-10-CM Official Guidelines for Coding and Reporting*, "The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation, accurate coding cannot be achieved."

Prevalent Diseases: Several behavioral health conditions significantly impact patient complexity and risk adjustment when accurately documented and coded. This summary focuses on **Bipolar Disorders, Delusional Disorders, and Personality Disorders**, all of which rely heavily on **specific clinical documentation** to support ICD-10-CM code selection.

Bipolar Disorders (F31.x)

Clinical Scope

Bipolar disorder is a **chronic mood disorder** involving episodes of:

- Mania or hypomania
- Depression
- Mixed episodes
- Remission states (partial or full)

Because bipolar disorder inherently includes depressive episodes, **major depressive disorder is not coded separately** when bipolar disorder is documented.

Coding Requirements

ICD-10-CM Bipolar codes require documentation of:

- **Type of bipolar disorder** (I or II)
- **Current episode type**
(manic, hypomanic, depressed, mixed)
- **Severity**
(mild, moderate, severe ± psychotic features)
- **Remission status**, if applicable

Common Pitfall: Coding unspecified bipolar disorder (F31.9) due to missing severity or episode details.

Bipolar Disorders (F31.x)

Diagnosis	Code Examples	Documentation Requirements
Bipolar I Disorder	F31.11, F31.13, F31.63	Episode type, severity, psychotic features
Bipolar II Disorder	F31.81	Depressive episode with hypomania
Unspecified Bipolar	F31.9	Use only if detail missing

Key Takeaways

- Bipolar disorder requires **episode type and severity**
- Do not code MDD separately when bipolar disorder is present



Delusional Disorder (F22)

Delusional disorder is characterized by **persistent, non-bizarre delusions** lasting one month or longer, with relatively preserved functioning.

Documentation Must Include:

- Nature of delusions (e.g., persecutory, grandiose)
- Chronicity
- Absence of broader schizophrenia criteria
- Functional impact

Accurate documentation supports distinction from schizophrenia and other psychotic disorders.

Disorder	Code	Key Documentation Elements
Delusional Disorder (F22)	F22 –	Persistent non-bizarre delusions lasting ≥1 month with preserved functioning

Personality Disorders (F60.x)

Clinical Scope

Personality disorders involve **long-standing, inflexible behavior patterns** that begin by early adulthood and cause functional impairment. They are grouped into three clusters:

- **Cluster A:** Paranoid, Schizoid (odd/eccentric)
- **Cluster B:** Antisocial, Borderline, Histrionic, Narcissistic (dramatic/emotional)
- **Cluster C:** Avoidant, Dependent, Obsessive-Compulsive Personality Disorder (anxious/fearful)

Coding Requirements:

- Long-term pattern (“since early adulthood”)
- Functional or clinical impact
- Clear statement that criteria are met

Not Billable:

- “Traits”
- “Possible” or “rule out”
- “History of personality disorder” without current relevance

Example

Poor: “Borderline traits noted.”

Billable: “Meets criteria for Borderline Personality Disorder; long-standing impulsivity and unstable relationships affecting treatment adherence.”

Personality Disorders (F60.x)

Disorder	Code	Key Documentation Elements
Borderline Personality Disorder	F60.3	Chronic impulsivity, unstable



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		relationships
Paranoid Personality Disorder	F60.0	Distrust, suspiciousness
Avoidant Personality Disorder	F60.6	Social inhibition, feelings of inadequacy
Unspecified Personality Disorder	F60.9	Avoid unless no specificity available

References:

- [Optum EncoderPro.com for Payers \(encoderprofp.com\)](https://www.encoderpro.com)
- [ICD-10-CM Official Guidelines for Coding and Reporting \(PDF\)](#)
- ICD-10-CM Official Guidelines for Coding and Reporting, FY 2026, Section I.C.5 (Chapter 5: Mental, Behavioral and Neurodevelopmental disorders). CMS.

For questions, please email the Blue Cross and Blue Shield of North Carolina Provider Engagement Risk Team at BCBSNCRiskAdj@bcbsnc.com.