

Bipolar Disorder

Bipolar I and II disorders are the more common than the other types of bipolar disorders.

| Diagnosis | ICD-10 Code |
|---|-------------|
| Bipolar I Disorder | F31.xx |
| Bipolar II Disorder | F31.8x |
| Cyclothymic Disorder | F34.0 |
| Other Specified and Unspecified Bipolar | F31.9 |

Parametersⁱ

DSM 5 diagnostic criteria for Bipolar - Manic

1. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least one week and present most of the day, nearly every day.
2. 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 unusual behavior:
 - a. Inflated self-esteem or grandiosity
 - b. Decreased need for sleep (e.g. feels rested after only three hours of sleep)
 - c. More talkative than usual or pressure to keep talking
 - d. Flight of ideas or subjective experience that thoughts are racing
 - e. Distractibility (e.g. attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed
 - f. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (e.g. purposeless non-goal-directed activity)
 - g. Excessive involvement in activities that have a high potential for painful consequences
3. The mood disturbance is severe enough 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.
4. The episode is not attributable to the physiological effects of a substance or another medical condition.

DSM 5 diagnostic criteria for Bipolar Type I and II - Hypomanic

1. Criteria 1 and 2 from the above "Bipolar - Manic" section.
2. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.
3. The disturbance in mood and the change in functioning are observable by others.

4. The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization. If there are psychotic features, the episode is definition, manic.
5. The episode is not attributable to the physiological effects of a substance or another medical condition.

DSM 5 diagnostic criteria for Bipolar I and II – Major Depressive

1. Five or more of the following symptoms have been present during the same two week period and represent a change from previous level; requires one symptom to be depressed mood or loss of interest.
 - a. Depressed mood most of the day, nearly every day
 - b. Markedly diminished interest or pleasure in all, or most, activities most of the day, nearly every day
 - c. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite
 - d. Insomnia or hypersomnia nearly every day
 - e. Psychomotor agitation or retardation nearly every day
 - f. Fatigue or loss of energy nearly every day
 - g. Feelings of worthlessness or excessive or inappropriate guilt nearly every day
 - h. Diminished ability to think or concentrate, or indecisiveness, nearly every day
 - i. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
2. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
3. The disturbance is not attributable to the effects of a substance or another medical condition.

Key differences between Bipolar I and Bipolar II

- People with Bipolar I have at least one episode of mania in their lifetime, while people with Bipolar II do not.
- During a manic episode, those with Bipolar I tend to have more severe symptoms that disrupt their daily life

Documentation requirements

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

- The type of disorder (Bipolar I, Bipolar II, Cyclothymia) and the type of episode (e.g., Manic, Hypomanic, or Depressive, etc.).
- Whether the most recent episode is mixed, with or without psychotic features, or in partial or full remission.
- The severity of the current episode (e.g., mild, moderate or severe).
- Bipolar and Major Depression cannot be coded on the same patient, per ICD-10 coding guidelines. Consider if the patient meets criteria for Bipolar in a current, or most recent, depressed episode instead.
- Document in the note which criteria the patient met from the DSM-5 to support the diagnosis of Bipolar Disorder, if known.

Documentation example

HPI: Patient is here for evaluation of their Bipolar I. The patient has had one manic episode in the past, most recent episode was assessed as depressed by behavioral health professional. They are doing well on the current treatment plan and continue to take their medication regularly. At this time, they are not exhibiting any symptoms of a psychotic, depressive, manic or mixed episode. Minimal disruption to their daily life reported by patient and family.

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

A: **F31.75 Bipolar disorder, in partial remission, most recent episode depressed**

P: Patient on Lithium. Continue to follow up with behavioral health and attend weekly therapy sessions for monitoring and evaluation. Follow up in two months with PCP to discuss current plan. Contact behavioral health or PCP if any symptoms occur in the interim.

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