

**FOCUS ON: Personality disorders**

The prevalence of U.S. adults aged 18 and older with personality disorder was 9.1 percent, approximately 30 million individuals, based on diagnostic interview data from the National Comorbidity Study Replication. A personality disorder (PD) is a way of thinking, feeling and behaving that deviates from the expectations of the culture, causes distress or problems functioning, and lasts over time. Some individuals with personality disorders may not recognize the problem and often have more than one personality disorder. The majority of those people with a personality disorder never come into contact with a mental health professional, and those that do so usually do so in time of crisis or in the context of another mental disorder.

**Diagnostic criteria**

Each personality disorder has its own set of diagnostic criteria. However, according to the DSM-5, generally the diagnosis of a personality disorder includes long-term marked deviation from cultural expectations that leads to significant distress or impairment in at least two of these areas:

- The way you perceive and interpret yourself, other people and events
- The appropriateness of your emotional responses
- How well you function when dealing with other people and in relationships
- Whether you can control your impulses

There are 10 specific types of personality disorders that are grouped into three categories called “clusters.”

Cluster A-Odd or eccentric behavior that includes: paranoid PD, schizoid PD, schizotypal PD.

Cluster B-Dramatic, emotional or erratic behavior that includes: antisocial PD, borderline PD, histrionic PD, narcissistic PD.

Cluster C-Anxious or fearful behavior that includes: avoidant PD, dependent PD, obsessive-compulsive PD.

**Documentation and coding tips**

- Identify the type of personality disorder(s)
- Document and code any associated or co-existing conditions

**F44.0** Dissociative amnesia**F44.1** Dissociative fugue**F44.81** Dissociative identity disorder (Multiple personality disorder)**F48.1** Depersonalization-derealization syndrome**F60.0** Paranoid personality disorder**F60.1** Schizoid personality disorder**F60.2** Antisocial personality disorder

*Note:* It is acceptable to use both the antisocial personality disorder code, **F60.2**, and the borderline personality disorder code, **F60.3**, together if supported by the documentation.

**F60.3** Borderline personality disorder

*Note:* It is acceptable to use both the borderline personality disorder code, **F60.3**, and the antisocial personality disorder code, **F60.2**, together if supported by the documentation.

**F60.4** Histrionic personality disorder**F60.5** Obsessive-compulsive personality disorder (OCPD)

*Note:* OCPD is not the same as obsessive compulsive disorder (OCD; F42.-), which is an anxiety disorder. It is acceptable to use both the OCPD code, **F60.5**, and the OCD code, F42.-, together if supported by the documentation.

**F60.6** Avoidant personality disorder**F60.7** Dependent personality disorder**F60.81** Narcissistic personality disorder

**F60.89** Other specific personality disorders (Eccentric personality disorder, “Haltlose” type personality disorder, immature personality disorder, passive-aggressive personality disorder, psychoneurotic personality disorder, self-defeating personality disorder)

**F60.9** Personality disorder, unspecified

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2020: “A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required.” The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2021: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors>

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the “thought process” of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2020, the Centers for Medicare & Medicaid Services (CMS) announced that 2020 dates of service for the 2021 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. <https://www.cms.gov/files/document/2021-announcement.pdf>

The following references were used to create the content of this document:

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The Meaning of Madness, Second Edition, Dr. Neel Burton. (2015)