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Code Signs for Bipolar Disorder Patients: What You Need To Know

Most of the time, there are people who are caught off-guard by written notes from a physician since they can barely understand the writings. On some occasions, unless you ask, your physician will not explain in detail what you or your caregiver should know. There are even instances when physicians only inscribe codes. This is true when you are a patient with bipolar disorder. Commonly, mental health experts use codes to interpret their findings.

Psychiatrists habitually scribble codes in your records. Knowing the codes by heart will help you or your caregiver to understand and gauge the pertinent actions to undertake.

Codes are arranged by the Diagnostic and Statistical Manual of Mental Disorders (DSM). DSM is the typical categorization of mental disorders utilized by psychiatrists or other mental health experts.

For bipolar disorder, there are chiefly three important codes such as codes for mood disorders, codes for substance induced mood disorders and code extensions for psychotic features.

Codes for Mood Disorders

There are several code categories under "codes for mood disorders."

If a patient has a sole "manic episode" and there is no history of major depressive episodes then mental health experts usually interpret in under code 296.0x (F30.x).

A patient with bipolar disorder who experiences a "hypomanic episode" in progress and had at least one incident of manic or mixed episode then it is categorized as code 296.40 (F31.0).

The code 296.4x (F31.x) is characterized in patients who suffers from a current manic episode who have undergone major depressive, manic or mixed episodes.

A patient with Bipolar I Disorder and have occurrences of mixed episodes and experienced any of major depressive, manic or mixed episodes falls into code 296.6x (F31.6).

If a patient has major depressive episode and has a history of having manic or

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mixed episodes then mental health experts categorize this under code 296.5x (F31.x).

The code 296.7 (F31.9) is being written down for patients who experience any of the following: mixed, manic, hypomanic or major depressive episodes. Along with the criteria, the patient suffered from at least one mixed or manic episode.

Bipolar II Disorder can either be hypomania or depressed, has a code of 296.89 (F31.8) wherein the patient has more than one attack of major depressive episodes or at least one episode of hypomanic. Under this category, you must take note that there was never an attack of manic or mixed episode.

Codes for Substance Induced Mood Disorder

Mental health experts came up with codes to gauge measurable substances which heighten mood disorder.

If a patient has alcohol intake which can stimulate mood disorder, then mental health experts interpret this as code 291.8 (F10.8). Ingestion of cocaine, on the other hand have code 292.84 (F14.8).

Inhalants can also incite mood disorder, when this happens it is being regarded as code 292.84 (F18.8). Aside from inhalants, some sedatives can also stir up mood disorder. Mental health experts code sedatives as 292.84 (F13.8).

For further information on codes for substance-induced mood disorder, you can check with your physician. It is important for patients as well as caregivers to know what substance triggers their temper so that preventive ways can be sought.

Code Extensions for Psychotic Features

On this type of code, it will be regarded into two categories (1) severe without psychotic episodes; and (2) severe with psychotic episodes.

A patient with Bipolar I Disorder having the most current manic episode has codes 296.43 (F31.1) and 296.44 (F31.2) for severe without and severe with psychotic episodes respectively.

The code 296.63 is for regarded for patients with severe disorder without psychotic episodes for patients with Bipolar I Disorder who have current experience of mixed episodes. On the other hand, 296.64 is the code for patients with severe disorder having psychotic episodes.

A patient who have depressed episodes with Bipolar I Disorder has a code 296.53

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(F31.4) if he has severe disorder with no psychotic episodes while 296.54 (F31.5) is the code for patients have severe disorder but with psychotic episodes.

The meanings of codes are not simply for the medical practitioners to know. The patient should be knowledgeable of such codes for him to understand the course of his illness. Equally important is for caregivers to also acquire information with regards to different Bipolar Disorder codes so that they will properly take good care of their patients.