AAVBC

AMERICAN ACADEMY OF VALUE BASED CARE

Bipolar Disorder

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Bipolar disorder is a chronic, episodic mood disorder **defined by recurrent episodes of mania or hypomania,** often alternating with major depressive episodes, and durable inter-episode functional impact. Bipolar I is defined by at least one lifetime manic episode lasting **≥7 days** (or requiring hospitalization) with marked functional impairment or psychotic features; Bipolar II requires at least one hypomanic and one major depressive episode without a full manic episode; cyclothymic disorder involves chronic subthreshold mood oscillation for **≥2 years**. Bipolar disorder is neurobiological and sits among the top causes of disability in working-age adults worldwide.[1]

ICD-10 Codes:

F31.0 (hypomanic), **F31.1x** (manic without psychotic features), **F31.2** (manic with psychotic features), **F31.3x–F31.5** (depressed, with severity and psychotic specifiers), **F31.6x** (mixed features), **F31.7x** (in partial or full remission), **F31.81** (Bipolar II), **F31.89** (other specified), and **F31.9** (bipolar disorder, unspecified) — **all map to HCC 154 under CMS-HCC V28**. **Avoid F31.9** (unspecified), replace with the specific episode type (manic, depressed, mixed) and remission status once the clinical picture is defined. Document the specific episode type, severity, and psychotic features in the assessment and plan.

Prevalence and Burden: Lifetime prevalence is **~1%** for Bipolar I and **2–4%** for the bipolar spectrum; 12-month prevalence **~1–2%**. Average diagnostic delay is **12–15 years** from first mood symptoms to correct diagnosis, largely because depressive episodes outnumber manic episodes 3:1 and patients typically present during depression. Suicide risk is profound — lifetime suicide **~6–7%**, **20–30×** general-population rate, and bipolar disorder accounts for roughly **20%** of deaths in older adults with the disorder.[2,3]

HCC/RAF V28 Mapping

ICD-10 CODE(S)	HCC CATEGORY (V28)	RAF WEIGHT (CNA)*	DOCUMENTATION REQUIREMENT
F31.1x (Bipolar I, current episode manic, without psychotic features) F31.2 (with psychotic features)	HCC 154	0.351	Document **episode type (manic)**, severity (mild/moderate/severe), and presence/absence of **psychotic features** explicitly in the A&P. Include functional impact (work, home, self-care), hospitalization if any, and treatment plan
F31.3x–F31.5 (Bipolar I, current episode depressed; severity + psychotic specifiers)	HCC 154	0.351	Specify **severity** (mild/moderate/severe) and **psychotic features**. MDD-pattern documentation in a patient with a history of mania is a common miscoding error — **bipolar depression** is clinically and pharmacologically distinct. Link the manic history explicitly