AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Schizophrenia

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Schizophrenia is a chronic, severe brain disorder characterized by abnormal interpretation of reality through hallucinations, delusions, and disorganized thinking. DSM-5-TR diagnosis requires **≥2 of five symptom criteria** (delusions, hallucinations, disorganized speech, disorganized/catatonic behavior, negative symptoms) for **≥1 month** plus **continuous signs for ≥6 months and functional impairment in ≥1 major life area**. Three distinct symptom domains operate simultaneously: **positive** (psychotic), **negative** (diminished expression, avolition, anhedonia), and **cognitive** (executive dysfunction, working memory deficits) — each requires different interventions and carries different prognoses.[1,2]

ICD-10 Codes:

F20.0 (paranoid), **F20.1** (disorganized/hebephrenic), **F20.2** (catatonic), **F20.3** (undifferentiated), **F20.5** (residual), **F20.81** (schizophreniform), **F20.89** (other), and **F20.9** (unspecified) — **all map to the same HCC 151 (Schizophrenia).** Schizoaffective disorder (**F25.0 bipolar type, F25.1 depressive type**) also maps to HCC 151 but requires both psychotic AND mood disorder criteria met concurrently throughout the illness. **F20.9** overuse is the most common coding error. Document SDOH co-codes when present: **Z59.0** (homelessness), **Z59.41** (food insecurity), **Z60.2** (social isolation).

Prevalence and Burden: Schizophrenia spectrum disorders affect approximately **3.1 million adults** in the United States (**age-adjusted prevalence 1.17%**), with the most recent nationally representative study — the Mental and Substance Use Disorders Prevalence Study (MDPS, 2020–2022) — reporting a **past-year prevalence of 1.2%** (95% CI 0.9–1.8%) and **lifetime prevalence of 1.8%** (95% CI 1.3–2.5%), two to four times higher than previously estimated.[3,4] Globally, **24 million people (~1 in 300) are living with schizophrenia**, with typical onset in late adolescence or early adulthood and prevalence peaking at age 40. Mortality and **cardiovascular burden define the clinical urgency**. People with schizophrenia die on average **15–25 years earlier** than the general population, with **all-cause mortality risk 2.52-fold higher** (95% CI 2.38–2.68) versus the general population.[5,6] Cardiovascular disease is the leading cause of death: a meta-analysis of >3 million individuals with schizophrenia and 100 million controls found **64% higher coronary artery disease incidence**, **110% higher congestive heart failure**, and **85% higher cardiovascular-related death** relative to the general population. Schizophrenia is associated with a **2- to 4-fold higher rate of diabetes, dyslipidemia, metabolic syndrome, and hypertension**, with **smoking prevalence reaching up to 80%**.[6,7]

HCC/RAF V28 Mapping

ICD-10 CODE(S)	HCC CATEGORY (V28)	RAF (CNA)	DOCUMENTATION REQUIREMENT
F20.0–F20.5, F20.81, F20.89, F20.9 (schizophrenia)	HCC 151 — Schizophrenia	0.511	Active diagnosis confirmed yearly at visit; symptom pattern documented (positive, negative, cognitive); Document a qualified provider's diagnosis of paranoid schizophrenia, specific symptoms (delusions, auditory hallucinations), current status (active vs. remission), and active antipsychotic regimen