



Neuroscience ICD-10 Documentation Tips

Migraine- The Hard Way with ICD-10 Codes

<p>G43.0 Migraine without aura G43.00 – migraine without aura non-intractable G43.001 - Migraine without aura, not intractable, with status migrainosus G43.009 - Migraine without aura, not intractable, without status migrainosus G43.01 – Migraine aura intractable G43.011- Migraine without aura, intractable, with status migrainosus G43.019- Migraine without aura, intractable, without status migrainosus</p>	<p>G43.7 Chronic migraine without aura G43.70 Chronic migraine without aura, not intractable G43.701 Chronic migraine without aura, not intractable, with status migrainosus G43.709 Chronic migraine without aura, not intractable, without status migrainosus G43.71 Chronic migraine without aura, intractable G43.711 Chronic migraine without aura, intractable, with status migrainosus G43.719 Chronic migraine without aura, intractable, without status migrainosus</p>
<p>G43.1 Migraine with aura G43.10 – migraine with aura non-intractable G43.101 - Migraine with aura, not intractable, with status migrainosus G43.109 - Migraine with aura, not intractable, without status migrainosus G43.11 – migraine with aura intractable G43.111 - Migraine with aura, intractable, with status migrainosus G43.119 - Migraine with aura, intractable, without status migrainosus</p>	<p>G43.B Ophthalmoplegic migraine G43.B0 Ophthalmoplegic migraine, not intractable G43.B1 Ophthalmoplegic migraine, intractable G43.D Abdominal migraine G43.D0 Abdominal migraine, not intractable G43.D1 Abdominal migraine, intractable</p>
<p>G43.4 Hemiplegic migraine G43.40 Hemiplegic migraine, not intractable G43.401 Hemiplegic migraine, not intractable, with status migrainosus G43.409 Hemiplegic migraine, not intractable, without status migrainosus G43.41 Hemiplegic migraine, intractable G43.411 Hemiplegic migraine, intractable, with status migrainosus G43.419 Hemiplegic migraine, intractable, without status migrainosus</p>	<p>G43.8 Other migraine G43.80 Other migraine, not intractable G43.801 Other migraine, not intractable, with status migrainosus G43.809 Other migraine, not intractable, without status migrainosus G43.81 Other migraine, intractable G43.811 Other migraine, intractable, with status migrainosus G43.819 Other migraine, intractable, without status migrainosus G43.82 Menstrual migraine, not intractable G43.821 Menstrual migraine, not intractable, with status migrainosus G43.829 Menstrual migraine, not intractable, without status migrainosus G43.83 Menstrual migraine, intractable G43.831 Menstrual migraine, intractable, with status migrainosus G43.839 Menstrual migraine, intractable, without status migrainosus</p>
<p>G43.5 Persistent migraine aura without cerebral infarction G43.50 Persistent migraine aura without cerebral infarction, not intractable G43.501 Persistent migraine aura without cerebral infarction, not intractable, with status migrainosus G43.509 Persistent migraine aura without cerebral infarction, not intractable, without status migrainosus G43.51 Persistent migraine aura without cerebral infarction, intractable G43.511 Persistent migraine aura without cerebral infarction, intractable, with status migrainosus G43.519 Persistent migraine aura without cerebral infarction, intractable, without status migrainosus</p>	
<p>G43.6 Persistent migraine aura with cerebral infarction G43.60 Persistent migraine aura with cerebral infarction, not intractable G43.601 Persistent migraine aura with cerebral infarction, not intractable, with status migrainosus G43.609 Persistent migraine aura with cerebral infarction, not intractable, without status migrainosus G43.61 Persistent migraine aura with cerebral infarction, intractable G43.611 Persistent migraine aura with cerebral infarction, intractable, with status migrainosus G43.619 Persistent migraine aura with cerebral infarction, intractable, without status migrainosus</p>	

Acuity- acute, chronic, intermittent

Severity- mild, moderate, severe

Etiology- trauma, diabetes, renal failure, exercise or infection induced

Location- where is it- be specific about which joint, chest, femur, posterior thorax

Laterality- which side is it? Left, right, both?

Detail: Present on admission status, associated symptoms (hypoxia, loss of consciousness), additional medical diagnoses, initial versus subsequent encounter

Main items for Neurology: LOC, status epilepticus, status migrainosus, behavioral changes, dementia, gait disturbance,

If you like mnemonics

Any: Acuity

Small: Severity

Error: Etiology

Loses: Location

Large: Laterality

Dollars: Detail- Present on admission status, associated symptoms, additional medical diagnoses, initial versus subsequent encounter

Migraine case

A 25-year-old female presents with a right ophthalmoplegic migraine lasting for 6 hours that is not responding to the abortive regimen you prescribed of maxalt. Her migraines are menses related. You saw her last month for a similar visit.

Example- Migraine

ACUITY acute

SEVERITY intractable

ETIOLOGY (Precipitant): menses

LOCATION ophthalmologic

LATERALITY right

DETAILS Subsequent. Associated symptoms: with aura

ALL PUT TOGETHER

1. Acute, intractable, right ophthalmologic migraine with aura due to menses
2. Subsequent encounter

Subarachnoid Bleed Case

33 year old female presents with a sudden onset of the worst headache of her life unrelieved by Motrin and lasting 4 hours. The pain came on while she was running on her treadmill. She denies any history of recent trauma, loss of consciousness, vomiting, numbness, tingling or paralysis. Head CT reveals a bleed in the right middle cerebral artery distribution.

Example- Intracranial Bleeds: Subarachnoid

ACUITY acute

SEVERITY moderate

ETIOLOGY non-traumatic

LOCATION middle cerebral artery

LATERALITY right

DETAILS initial encounter

1. Acute, moderate, non-traumatic right middle cerebral artery subarachnoid hemorrhage. Initial encounter

**ALL PUT
TOGETHER**

*****Key point:** if utilizing Glasgow Coma Scale- document all 3 components and also timing i.e. prehospital, ED, 24 hours post event

Seizure case

An 18 year old female presents with a left upper extremity complex partial seizure. Her mother states that she ran out of the medication last week and did not think that her daughter needed to take it any more. The patient was given versed by the paramedics and she is still seizing despite your administration of Ativan.

Example- Partial Seizure

ACUITY acute

SEVERITY intractable

ETIOLOGY medication non-compliance

LOCATION upper extremity

LATERALITY left

DETAILS initial encounter

1. Acute, intractable, left upper extremity partial complex seizure with status epilepticus due to medication non-compliance

2. Initial Encounter

Can no longer write:

Diagnosis: epilepsy

Can write: Chronic, well controlled, cryptogenic left temporal lobe epilepsy. Subsequent encounter

**ALL PUT
TOGETHER**

Procedure Code Structure

Section	Body system	Root operation	Body part	Approach	Device	Qualifier
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Important Documentation for Procedures

Root Operation: specifies the primary objective of the procedure
Ex: drainage, excision, resection

Body Part: the specific organ or site on which the procedure is performed

Approach: the technique/method used to access the operative site
Ex: Open, percutaneous, external, endoscopic

Devices: any device or material that remains at the site upon completion of the procedure

Qualifier: unique character for specific procedures
Ex: diagnostic, therapeutic

Procedure Documentation Examples

Lumbar puncture: 0 0 9 U 3 Z X

Root operation: drainage

Body Part: spine

Approach: Percutaneous

Device: None

Qualifier: Diagnostic

Brain tumor removal: 0 0 C 0 3 Z Z

Root operation: Excision

Body Part: Brain

Approach: Open

Device: None or list any used

Qualifier: Not needed

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Documentation Requirements

Diagnosis	Documentation Requirement		
Alzheimer's Disease	1) Document onset as: Early or Late	2) If with dementia, document as: -With behavioral disturbance, for example combative and/or aggressive behavior -Without behavioral disturbance	
Cerebral Infarction	1) Document etiology as: -Thrombosis or Embolism	2) Document artery site and laterality when appropriate, such as: -Precerebral -Vertebral, basilar, carotid, or other -Cerebral -Middle, anterior, or posterior -Cerebellar arteries	
Diabetic Neuropathy	1) Rather than "diabetic neuropathy," if known or suspected document instead: -Diabetic mononeuropathy -Diabetic polyneuropathy -Diabetic autonomic neuropathy -Diabetic amyotrophy -Other neurological complication	2) Specify type of diabetes as Type 1 or Type 2	3) If control is not maintained of blood glucose levels, document insulin control status as: -Inadequately controlled -Out of controlled or -Poorly controlled
Epilepsy	1) Elements of documentation should include: -Intractable versus not intractable and -With or without status epilepticus	2) Specify type, for example: -Localization-related idiopathic or symptomatic -Simple partial or complex partial seizures -Generalized idiopathic	
Non-traumatic Intra-cerebral and Subarachnoid Hemorrhage	1) For non-traumatic intracerebral hemorrhage, document site as: Hemisphere, Cerebellum, Subcortical , Intraventricular, Cortical, Multiple sites Brain stem, Others	2) For non-traumatic subarachnoid hemorrhage, document site and laterality when appropriate, such as: -Carotid siphon and bifurcation -Middle cerebral, anterior or posterior communicating, basilar, vertebral, or other artery	Additional codes to identify presence of – alcohol abuse and dependence, Exposure to environmental tobacco smoke, history of tobacco use, hypertension, tobacco dependence, tobacco use, occupational exposure to environmental tobacco smoke etc.
Non-traumatic Subdural Hemorrhage	1) Document type: Acute, Sub-acute and Chronic		

Documentation Requirements

Diagnosis	Documentation Requirement	
Sequel of Cerebro-vascular Disease	1) Use "due to" or "secondary to" to link cause and effect. When present, document sequel, for e.g. -Cognitive -Monoplegia -Speech: -Hemiplegia -Aphasia -Dysphasia -Dysarthria -Fluency disorder	Type of hemorrhage has been added in the sequel of cerebro-vascular diseases like subarachnoid, intracerebral, intracranial etc. with mention of affection of dominant versus non dominant side
Transient Ischemic Attack (TIA)	1) If known or suspected, rather than TIA, document: -Vertebro-basilar artery syndrome -Carotid artery syndrome -Pre-cerebral artery syndrome -Amaurosis fugax -Transient global amnesia -Other cerebral ischemic attacks and Syndromes	
Traumatic Brain Hemorrhage	1)Specify site: -Left or right cerebrum -Cerebellum -Brainstem -Epidural -Subdural -Subarachnoid	2) Specify if with LOC and for how long 3) Additional specification for initial encounter, subsequent encounter and sequel added in ICD 10 CM
Parkinsonism	Clarify if it is primary or secondary. • Identify dementia and/or behavioral disturbances. • State the underlying cause of secondary Parkinsonism, which includes: - Post-encephalitic. - Vascular. - Drug or external agent-induced. - Specify the drug	
Multiple Sclerosis	Specify as affecting brain stem and/or spinal cord. Only one code in ICD-10.	

ICD-10 Made Simple For Those That Have Coders- DOCUMENT!

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For any questions:

QUESTIONS? CONCERNS?

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