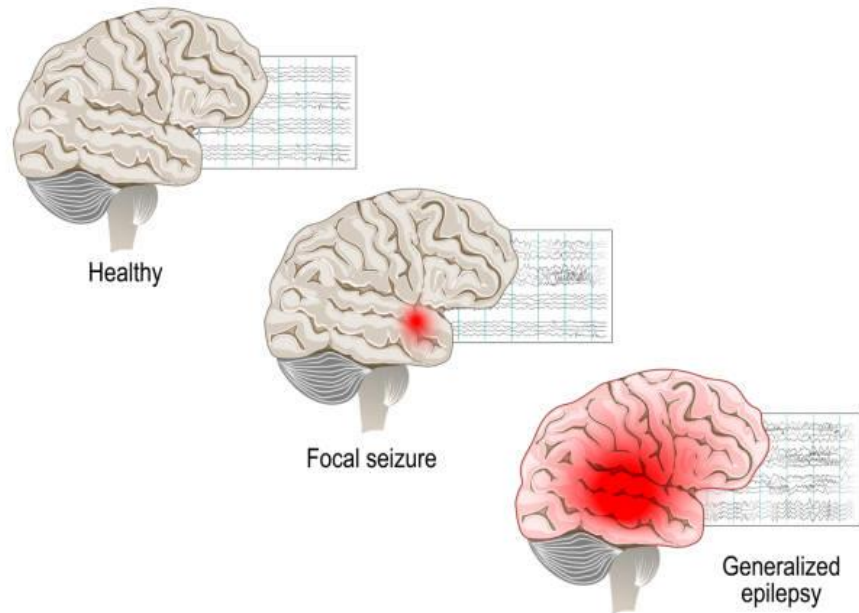


## EPILEPSY



# OHSU HEALTH CODER EDUCATION

## Seizures/Epilepsy ICD-10 Coding

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## Chapter 5 - Mental, Behavioral and Neurodevelopmental Disorders

*F44.5* Conversion disorder with seizures or convulsions

## Chapter 6 - Disease of the Nervous System

*G40* Epilepsy and recurrent seizures

## Chapter 18 - Symptoms, Signs, and Abnormal Clinical Laboratory Findings, Not Elsewhere Classified

*R56* Convulsions, NEC

## Chapter 16 - Certain Conditions Originating in the Perinatal Period

*P90* Convulsions of newborns

# SEIZURES

- ❑ An abnormal electrical discharge in the brain, caused by clearly identifiable external factors that may be resolved or reversed (injury, high fever, substance abuse, metabolic disorders).
- ❑ An isolated seizure or an isolated episode of seizures without recurrence is not considered to be epilepsy.

# POST TRAUMATIC SEIZURES

- ❑ A post traumatic seizure is an initial or recurrent seizure that occurs during the acute phase following a traumatic brain injury and has no other known cause.
- ❑ “Early Post Traumatic Seizures” are seizures that occur within one week of the initial trauma and are considered to be provoked (they have an immediately identified cause is a direct result of the injury)
- ❑ “Post-Traumatic seizures code to R65.1 which has an EXCLUDED 1 for post-traumatic epilepsy (G40.-)

# EPILEPSY aka SEIZURE DISORDER

- ❑ A chronic brain disorder characterized by recurrent (two or more) seizure on more than one occasion that are not provoked by a clearly identifiable external factor. Epileptic seizures range from clinically undetectable to convulsion. The symptoms vary depending on the part of the brain involved in the epileptic discharge.
- ❑ A diagnosis of epilepsy can have serious legal and personal implications for the patient; do not assign unless the record clearly identifies the condition as such.

# CONVULSIONS/SEIZURE LIKE ACTIVITY

- ❑ **Convulsion** - A sudden, uncontrollable and rapid shaking of the body caused by repeated contraction and relaxation of voluntary muscles.
- ❑ **Seizure-like activity** often indicates a patient has had non-epileptic seizures, which are **convulsions** because the seizure is not caused by electrical changes in the brain.
  - Non-epileptic seizures are most often caused by mental stress but can also be caused by:
    - Abnormal heart rhythm
    - Tourette's syndrome
    - Narcolepsy

# PSEUDOSEIZURE

## Pseudoseizure with history of seizures

1st qtr. 2021 Page: 3

Question:

A patient with a history of seizures was admitted to the hospital after being found passed out in the street, due to a syncopal episode and possible seizure activity. The provider listed the final diagnosis as "Likely pseudoseizures." How should pseudoseizure in a patient with history of seizures be coded?

Answer:

Since this patient has a history of seizures, query the physician for clarification, regarding whether this diagnosis represents a recurrent seizure versus a pseudoseizure, so that the appropriate code can be assigned.



# PSEUDOSEIZURE

## **Pseudoseizure without conversion disorder**

1st qtr. 2021 Page: 3

Question:

What is the correct code assignment for pseudoseizure when there is no documentation of conversion disorder?

Answer:

Assign code R56.9, Unspecified convulsions, if the provider documents pseudoseizure and a conversion disorder is not explicitly documented.

# PSEUDOSEIZURE

## Psychogenic non-epileptic attacks

1<sup>st</sup> qtr. 2019 Page: 19

Question:

A patient with a history of seizure-like episodes on multiple non-epileptic medications presented for encephalographic (EEG) monitoring. The EEG did not demonstrate epileptic seizures. The provider's final diagnostic statement listed, "Psychogenic non-epileptic attacks (PNEA)" and the patient was referred to psychiatry. What is the proper code assignment for psychogenic non-epileptic attacks, when the symptoms do not correlate with epileptic seizures?

Answer:

Assign code F44.5, Conversion disorder with seizures or convulsions, for a diagnosis stated as psychogenic non-epileptic attacks.

# ABSENT SEIZURE

- ❑ A type of seizure common in children that appears as brief, sudden lapses in attention or vacant staring spells during which the child is unresponsive; often accompanied by other signs such as lip smacking, chewing motions, eyelid fluttering, and small finger or hand movements; formerly called petitmal seizure.

# GENERALIZED TONIC CLONIC SEIZURE

- ❑ A type of seizure involving the entire body that usually begins on both sides of the brain and manifests with loss of consciousness, muscle stiffness, and convulsive, jerking movements; formally called grand mal seizures.
- ❑ Atonic seizures are characterized by loss of muscle tone with sudden collapse or falling down.

# JUVENILE MYOCLONIC EPILEPSY

- ❑ A form of generalized epilepsy manifesting in mid or late childhood typically emerging first as absence seizures, then the presence of myoclonic jerks upon awakening from sleep in another 1-9 years as its hallmark feature, followed by generalized tonic clonic seizures some months later in nearly all cases.

# LENNOX-GASTAUT SYNDROME

- ❑ Severe form of epilepsy characterized by multiple different seizure types that are hard to control that may be absence, tonic (muscle stiffening), atonic (muscle drop), myoclonic, tonic clonic (grand mal); usually beginning before age 4 and associated with impaired intellectual functioning, developmental delay, and behavioral disturbances.

# LOCALIZATION-RELATED EPILEPSY

- ❑ Focal epilepsy generating seizures from one localized area of the brain where excessive or abnormal electrical discharges begin; synonymous with partial epilepsy.
- ❑ Classified as Idiopathic or Symptomatic
- ❑ Symptomatic are then classified as Simple or Complex

# MYOCLONIC JERKS

- ❑ Irregular, shock-like movements in the arms or legs that occur upon awakening, usually seen affecting both arms but sometimes restricted to the fingers, and may occur unilaterally, typically occurring in clusters and often a warning sign before generalized tonic clonic seizure.



# POST TRAUMATIC EPILEPSY

- ❑ “Post-Traumatic epilepsy” is characterized by late seizures that occur more than a week after initial trauma.
- ❑ Late seizures are considered to be unprovoked.
- ❑ For Post-Traumatic Epilepsy, assign the appropriate epilepsy code based on the documentation description following by the appropriate code to report the traumatic condition with sequela.

# CAUSES

- Hereditary Factors
- Traumatic Brain Injury
- Stroke or Transit Ischemic Attack
- Congenital Brain Defects
- Birth Defects
- Drug Overdose
- Alcohol/Drug Abuse or Withdrawal
- High Fever
- Infectious Diseases
- Brain Infections
  - Meningitis
  - Encephalitis

# DIAGNOSTIC TOOLS

- Medical history and physical exam
- Blood Test to check for metabolic imbalances
- Neuropsychological testing
- CT or PET scans
- MRI
- EEG



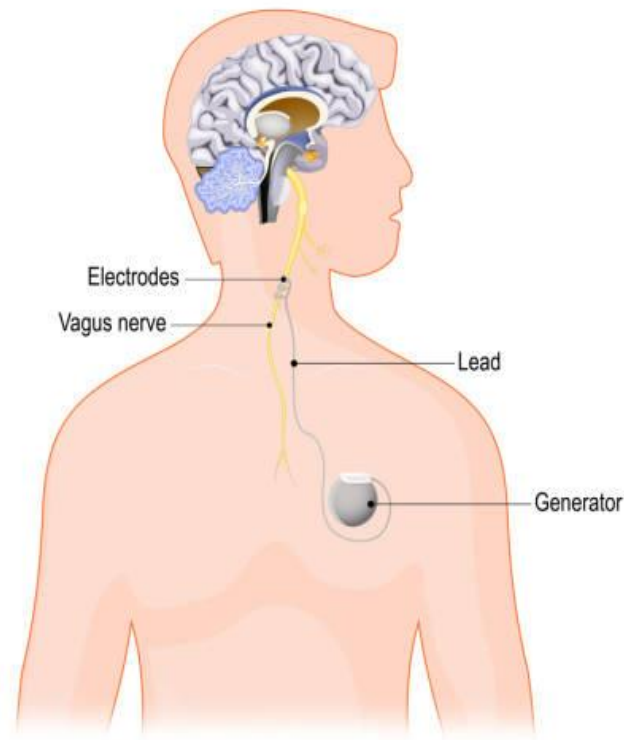
# TREATMENT

- ❑ Treatment or elimination of underlying cause
- ❑ Antiepileptic Drugs (AED)
- ❑ Identification & avoidance of triggers
- ❑ Dietary changes
- ❑ Various types of surgical interventions

# TREATMENT

- Implantation of vagus nerve or brain stimulator

*Vagus nerve stimulation device*



# CODING NOTES

- ❑ Intractable is epilepsy that does not respond to treatment

**Note:** Intractable status does not apply to other seizures or to seizures related to external causes, while not intractable status does not apply to Dravet syndrome.

- ❑ Status Epilepticus is a potentially life-threatening state in which a person experiences and abnormally prolonged seizure (any seizure lasting longer than 5 minutes) or does not fully regain conscious between seizures. This condition represents a medical emergency.

**Note:** Status epilepticus does not apply to other seizures.

# CODING NOTES

 **G40** 

## Epilepsy and recurrent seizures

CDR CM

CHB

### NOTE

the following terms are to be considered equivalent to intractable: pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically) and poorly controlled

### EXCLUDES 1

conversion disorder with seizures ([F44.5](#))  
convulsions NOS ([R56.9](#))  
post traumatic seizures ([R56.1](#))  
seizure (convulsive) NOS ([R56.9](#))  
seizure of newborn ([P90](#))

### EXCLUDES 2

hippocampal sclerosis ([G93.81](#))  
mesial temporal sclerosis ([G93.81](#))  
temporal sclerosis ([G93.81](#))  
Todd's paralysis ([G83.84](#))

# CODING NOTES

 **G40.42**

**Cyclin-Dependent Kinase-Like 5 Deficiency Disorder**

CC

CDR CM

CHB

CDKL5

**USE ADDITIONAL**

Use additional code, if known, to identify associated manifestations, such as:  
cortical blindness ([H47.61-](#))  
global developmental delay ([F88](#))

 **G40.5** 

**Epileptic seizures related to external causes**

CDR CM

CHB

Epileptic seizures related to alcohol  
Epileptic seizures related to drugs  
Epileptic seizures related to hormonal changes  
Epileptic seizures related to sleep deprivation  
Epileptic seizures related to stress

**CODE ALSO**

Code also, if applicable, associated epilepsy and recurrent seizures ([G40.-](#))

**USE ADDITIONAL**

Use additional code for adverse effect, if applicable, to identify drug ([T36-T50](#) with fifth or sixth character 5)



# EPILEPSY & SEIZURE DOCUMENTATION CHECKLIST

## 1. Identify the type of seizure(s)

- a. Epileptic – *Proceed to #2*
- b. Other (nonepileptic) type – *Proceed to #3*

## 2. Epilepsy & recurrent seizures

### a. Identify type of epilepsy or epileptic syndrome

- i. Absent epileptic syndrome (G40.A-)
- ii. Dravet syndrome (G40.83-)
- iii. Epileptic spasms (G40.82-)
- iv. Generalized:
  1. Idiopathic (G40.3-)
  2. Other (G40.4-)
- v. Juvenile myoclonic epilepsy (G40.B-)
- vi. Lennox-Gastaut syndrome (G40.81-)
- vii. Localization-related epilepsy (focal) (partial)
  1. Idiopathic (G40.0-)
  2. Symptomatic:
    - a. With complex partial seizures (G40.2-)
    - b. With simple partial seizures (G40.1-)
- viii. Other epilepsy (G40.80-)
- ix. Other seizures (G40.89-)
- x. Related to external causes (Alcohol, Drugs, Hormonal Changes, Sleep Depreciation, Stress) (G40.5-)
  1. Code Also, if applicable, associated epilepsy & recurrent seizures (G40.-)
  2. Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)
- xi. Unspecified epilepsy (G40.9-)

### b. Determine intractability status:

- i. Intractable (*pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically) and poorly controlled*)
- ii. Not intractable (*under control, well controlled, seizure free*)

**Note:** Intractable status does not apply to other seizures or to seizures related to external causes, while not intractable status does not apply to Dravet syndrome.

### c. Determine status epilepticus:

- i. With status epilepticus (*abnormally prolonged seizure*)
- ii. Without status epilepticus

**Note:** Status epilepticus does not apply to other seizures.

## 3. Other (nonepileptic) type seizures

### a. Identify type of other nonepileptic seizure:

- i. Febrile
  1. Complex (R56.01)
  2. Simple (R56.00)
- ii. Hysterical (R44.5)
- iii. Newborn (P90)
- iv. Post-traumatic (R56.1)
- v. Unspecified (R56.9)

# DOCUMENTATION CONFLICTS

## ❑ History of Seizures Z86.69

- Personal history of other diseases of the nervous system and sense organs (*conditions classifiable to G00-G99, H00-H95*)

When a physician mention a history of seizure in the workup but does not include any mention of seizures in the diagnostic statement, no code should be assigned unless clear documentation indicates that the criteria for reporting the condition has been met and the physician agrees that a code should be added

# CODE THIS

1. Symptomatic partial complex epilepsy localized to the right temporal lobe

G40.209 Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus

2. Intractable epilepsy, grand mal type, status epilepticus

G40.411 Other generalized epilepsy and epileptic syndrome, intractable with status epilepticus

3. Poorly controlled generalized idiopathic epilepsy

G40.319 Generalized idiopathic epilepsy and epileptic syndrome, intractable, with status epilepticus

# CODE THIS

1. Intractable focal epilepsy

G40.119 Localization-related (focal)(partial) symptomatic epilepsy and epilepsy syndrome with simple partial seizures, intractable, without status epilepticus

2. Febrile convulsions, recurrent

R56.00 Simple febrile convulsions NOS

# Questions?

Next Session  
September 21, 2021  
ICD-10-CM Updates

# REFERENCES

- Mayo Clinic
- American Medical Association
- ICD-10-CM

# THANK YOU!!!

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