AGENDA

Goal: Participants will be able to understand the principles of ICD-10-CM coding related to neurology.

- Coding for Diabetes
- Chapter 6: Diseases of the Nervous System
- Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue
- Chapter 18: Signs and Symptoms
- Chapter 19: Injuries and Poisonings
- Chapter 20: External Causes
- Chapter 21: Factors Influencing Contact with Health Services
Combination codes for diabetes
- Type of diabetes
- Body system affected
- Specific complications affecting that body system

No longer classified as controlled or uncontrolled
- Inadequately controlled, out of control or poorly controlled: Coded by type with hyperglycemia

### CATEGORIES OF DIABETES MELLITUS

- **E08** – Diabetes mellitus due to underlying condition
- **E09** – Drug or chemical induced diabetes mellitus
- **E10** – Type 1 diabetes mellitus
- **E11** – Type 2 diabetes mellitus
- **E13** – Other specified diabetes mellitus

* Note: “Use additional code to identify any insulin use (Z79.4)”

### SCENARIO 6

A 43-year-old female, new patient, presents for management of diabetic neuralgia. She has type 1 diabetes, with stage 3 chronic kidney disease.

- **E10.42**  Diabetes, type 1, with, neuralgia
- **E10.22**  Diabetes, type 1, with, chronic kidney disease
- **N18.3**  Disease, kidney, chronic, stage 3, (moderate)
SCENARIO 7

This patient has type 2 diabetes. He complains of increased loss of sensation in both feet. Upon inspection, the left heel has an ulcer with skin breakdown. He is diagnosed with neuropathy due to poorly controlled diabetes.

- **E11.40** Diabetes, type 2, with, neuropathy
- **E11.621** Diabetes, type 2, with, foot ulcer
- **L97.421** Ulcer, lower limb, heel, left, with, skin breakdown only
- **E11.65** Diabetes, type 2, with, hyperglycemia

DISEASES OF THE NERVOUS SYSTEM

Chapter 6

- Sense organs (Eyes and Ears) have been separated from nervous system disorders
- Codes for TIA are now included in the nervous system chapter of ICD-10-CM
- Codes for migraine have been expanded to 5th and 6th characters to reflect additional specificity
- Codes for secondary Parkinsonism have been expanded
Epilepsy terminology updated
- Localization-related idiopathic
- Generalized idiopathic
- Special epileptic syndromes

Provides specificity for:
- Seizures of localized onset
- Complex partial seizures
- Intractable
- Status epilepticus

Diseases of the Nervous System

HEMI/MONOPLEGIA
- Codes for hemiplegia and monoplegia identify dominant or non-dominant side
- If the affected side is documented but not specified as dominant/non-dominant:
  - If the left side is affected, the default is left non-dominant
  - If the right side is affected, the default is right dominant

CATEGORY G40 (EPILEPSY AND RECURRENT SEIZURES) AND G43 (MIGRAINE)

Note: The following terms are equivalent to intractable: pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically), and poorly controlled.
G89: PAIN NOT ELSEWHERE CLASSIFIED

- Can be used with codes from other categories to provide more detail, including site-specific codes
- Do not use G89 if there is a definitive diagnosis unless the reason for the encounter is pain control/management
- Chronic pain syndrome is different than “chronic pain,” and must be documented by the provider
- Excludes: pain NOS and pain disorders exclusively related to psychological factors

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TABLE OF DRUGS AND CHEMICALS

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SCENARIO 8

Patient has continuing pain due to carpal tunnel syndrome (bilateral)

G56.01 Syndrome, carpal tunnel

G56.02 Syndrome, carpal tunnel
SCENARIO 9

6 month follow-up for patient with cluster headache syndrome

G44.009 Syndrome, cluster headache

SCENARIO 10

The patient is a 15-year-old female. She is being seen for management of juvenile myoclonic epilepsy. The patient did not respond to treatment and was diagnosed with intractable seizure.

G40.B19 Epilepsy, epileptic, epilepsia (attack) (cerebral) (convulsion) (fit) (seizure) juvenile myoclonic; intractable

SCENARIO 11

Patient presents for surgery for the implantation of a neurostimulator for pain control. Final diagnoses: Chronic lower back pain, lumbar radiculopathy, degenerative disc disorder (L1-L2)

G89.29 Pain, chronic, specified NEC

M51.16 Degeneration, intervertebral disc, lumbar region, with neuritis, radiculitis, radiculopathy or sciatica
**SCENARIO 12**

Patient presents with migraine, nausea and vomiting. Started about 8 hours ago. Has past history of occasional migraines (3-4 episodes per 6 month period). Can usually manage with rescue med and antiemetic. Has taken 2 doses of Imitrex today but still in severe pain. Dx is intractable migraine with nausea & vomiting

G43.919  Migraine, intractable, without status migrainosus
R11.2   Nausea, with vomiting or vomiting, with nausea

**SCENARIO 13**

This patient has been taking Haloperidol as prescribed for his paranoid schizophrenia. He is being seen because of changes in facial expressions and stiffness in the extremities. Diagnosis is secondary Parkinsonism due to Haloperidol.

G21.11  Parkinsonism (idiopathic) (primary), secondary, due to drugs, neuroleptic
T43.4XA  Refer to Drug and Chemical Table, Haloperidol, adverse effect
F20.0  Schizophrenia, paranoid (type)

**SCENARIO 14**

Patient, 63, was diagnosed with Parkinson’s two months ago. Today he is brought in by his daughter. Daughter is concerned with his mental state. He swings rapidly from “perfectly normal” to confused several times in a day. She also reports memory problems that seem to come and go. The patient reports trouble sleeping and that he sometimes sees things (cats, mostly) that other people can’t.

Diagnosis of Lewy body dementia

G31.83  Dementia, Lewy body, without behavioral disturbance
SCENARIO 15

Patient here for f/u related to new diagnosis of Bell’s palsy, made during hospitalization over the weekend. His main concern today is a stinging pain in his jaw. Palpation of the jaw elicits a hot, shooting pain.

Diagnosis: Bell’s palsy. New jaw pain—rule out superimposed trigeminal neuralgia

G51.0  Palsy, Bell’s
R68.84  Pain, jaw
CHAPTER 13: IMPORTANT CATEGORIES

M05-M14: Inflammatory polyarthropathies
M15-M19: Osteoarthritis
M20-M25: Other joint disorders
M30-M36: Systemic connective tissue disorders
M40-M54: Dorsopathies
M60-M79: Soft tissue disorders
M80-M94: Osteopathies and chondropathies

ADDITIONAL TERMS

Spontaneous Rupture
- Occurs when normal force is applied to tissues that are inferred to have less than normal strength

Fragility Fracture
- Sustained with trauma no more than a fall from a standing height or less occurring under circumstances that would not cause a fracture in a normal healthy bone

The interpretation of Coding Guideline I.C.13.d.2 must be made by the physician. It is not appropriate for the coder to interpret if the patient had a minor fall or trauma that would not usually break a normal, healthy bone. The physician provides a connection between the fall and fracture due to osteoporosis.
SCENARIO 16

A 55-year-old established male patient with chief complaints of pain that radiates into the shoulder. He also reports muscle weakness and numbness that travels down the arm and into the hand. Diagnosis is cervical radiculopathy.

M54.12 Radiculopathy, cervical region

SCENARIO 17

Patient comes in today for management of chronic pain associated with systemic lupus.

G89.29 Pain, chronic, specified NEC

M32.9 Lupus, systemic — see Lupus, systemic

SCENARIO 18

New patient, still in significant pain a year after spinal fusion. Pseudarthrosis. MRI to rule out nerve laceration

M96.0 Pseudarthrosis, joint, following fusion or arthrodesis
SCENARIO 19

Patient with hx of TBI has episodes of pain that start at the upper neck and radiate through the scalp. Describes pain as stabbing. Accompanied by blurry vision, sensitivity to light, and loss of coordination and balance. Typical episode lasts 10-12 hours, but once lasted >48h. Migraine and cervical disc disorder ruled out. Conclusion: Occipital neuralgia

M54.81 Neuralgia, occipital
Z87.820 History, personal, brain injury (traumatic)

SCENARIO 20

Patient presents for medication refill. Back pain in sciatica, left side.

M54.42 Sciatica, with lumbago

SCENARIO 21

Patient has chronic pain in right lower leg due to complication from surgery. He is a known opioid abuser and exhibited considerable drug seeking behavior, continuously requesting Vicodin.

M79.661 Pain, leg—see pain, limb, lower, lower leg
G89.28 Pain, chronic, postprocedural NEC
F11.10 Abuse, drug, opiod
Z72.89 Behavior, drug seeking
CHAPTER 18

SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS

• Includes symptoms, signs, or abnormal results of clinical or other investigative procedures, and ill-defined conditions that do not have their own codes in other chapters
  ‣ Unable to establish final diagnosis
  ‣ Points equally to two or more diseases or two or more systems of the body
  ‣ Could be designated: Not Otherwise Specified, Unknown Etiology, or Transient

I.C.18.a
• Codes that describe signs and symptoms are acceptable when a definitive diagnosis has not been established by the provider.

I.C.18.b
• If the patient has a symptom not routinely found with the final diagnosis, code first the definitive diagnosis, followed by the code for the symptom
  • Signs or symptoms that are routinely found with a disease process should not be assigned as additional codes.
SYMPTOMS, SIGNS, AND ABNORMAL LABORATORY FINDINGS, NEC (R00-R99)

- No more specific diagnosis can be made even after all facts have been investigated.
- Signs or symptoms existing at time of initial encounter - transient and cause not determined.
- Provisional diagnosis in patient failing to return.
- Referred elsewhere before diagnosis made.
- More precise diagnosis not available.
- Certain symptoms, for which supplementary information is supplied, that represent important problems in medical care in their own right.

GLASGOW COMA SCALE

- Primarily for use by trauma registries and for research use, but may be used in any setting.
- Sequenced after the diagnosis code(s).
- One from each subcategory is required; if only a total score is recorded, use category R40.24.
- 7th character extension indicates when recorded - extensions should match.

SCENARIO 22

Referral from a primary care provider to rule out neurological conditions. The patient complains of a sensation “like bugs crawling” on her skin. No infectious agent has been found.

Patient describes the sensation as crawling, itching, or tingling. Her arms have numerous scabs, the result of (patient admits) scratching and picking. NCS rules out neuropathy.

R20.2 Tingling sensation (skin)
R23.4 Scabs
INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES

CHAPTER 19

Injuries now grouped by body part, not type of injury

- **Head**
  - S00-S09

- **Neck**
  - S10-S19

- **Thorax**
  - S20-S29

Encompasses 2 alpha characters

S: Injuries related to body region
T: Injuries to unspecified region, burns, poisonings

- Use secondary code(s) from Chapter 20 to indicate cause of injury
- Codes within T section that include the external cause do not require an additional external cause code
FRACTURES
Greater specificity
• Type of fracture
• Specific anatomical site
• Displaced vs nondisplaced
• Laterality
• Routine vs delayed healing
  ▷ Nonunion
  ▷ Malunion
• Type of encounter
  ▷ Initial
  ▷ Subsequent
  ▷ Sequela

FRAC TURE 7TH CHARACTER EXTENSIONS

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<td>Subsequent – Malunion</td>
</tr>
<tr>
<td>S</td>
<td>Sequela</td>
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</table>

CHAPTER 19: INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES

I.C. 19.d.1 and I.C. 19.d.2
• Burn codes are for thermal burns, except sunburns, that come from a heat source, electricity, or radiation. Corrosions are burns due to chemicals.
• When more than one burn is present, sequence the burn of the highest degree first.
• Classify burns of the same local site (same 3-character category) but of different degrees to the code identifying the highest degree recorded in the diagnosis.
INITIAL ENCOUNTER

The patient is receiving active treatment for the condition:
- Surgical treatment
- Emergency department encounter
- Evaluation and treatment by a new physician

SECOND ENCOUNTER

After patient received active treatment for the condition and receiving routine care during healing or recovery phase:
- Cast change or removal
- Removal of external or internal fixation device
- Medication adjustment
- X-ray to check healing status
- Other aftercare and follow-up visits following injury treatment

SEQUELA

- Complications or conditions that arise as a direct result of an injury
- Always use two codes: one for the sequela and one for the cause
- "S" added only to injury code, not the sequela itself
- Code first the sequela. Use additional code(s) to describe the injury
Combination codes for substance and intent
All poisoning columns (accidental, self-harm, assault, undetermined), followed by adverse effects, underdosing
Undetermined intent is only for use when there is specific documentation in record that intent cannot be determined
When intent is not documented, code to accidental poisoning

POISONING, ADVERSE EFFECTS, UNDERDOSE

Poisoning
Overdose, wrong substance given or taken in error, ingesting non-food/non-medicine

Adverse effect
Sensitivity or reaction to correct substance properly administered

Underdosing
Taking less of medication than is prescribed or instructed by manufacturer

SCENARIO 23

13-year-old male with head trauma. Scans show a fracture at the vault of the skull with left cerebral laceration and contusion. The patient underwent emergency surgery and was admitted to ICU. Died as a result of his injuries after 6 days. Never regained consciousness.

S02.0xxA Fracture, traumatic, skull, vault
S06.327A Laceration, cerebral, left side. Refer to Tabular Index
SCENARIO 24

Patient here for ongoing management of significant damage to the radial nerve, which was a complication of an open fracture of the mid-shaft of the right humerus.

G56.31  Lesion, nerve, radial
S42.301S  Fracture, humerus, shaft,

SCENARIO 25

Patient being evaluated for nerve damage after being rescued from a car fire. Second and third degree burns on torso and multiple sites on both arms.

T21.30xA  Burn, trunk, third degree
T22.392A  Burn, upper limb, multiple sites, left, third degree
T22.391A  Burn, upper limb, multiple sites, right, third degree
EXTERNAL CAUSES OF MORBIDITY (V00-Y99)

- Environmental events and circumstances as the cause of injury
- May be used with any code in range A00.0-T88.9, Z00-Z99 that is a health condition due to external cause
- Can **NEVER** be used as the primary diagnosis
- Assign external cause code with appropriate seventh character for each encounter for which injury or condition is being treated
  - Initial encounter
  - Subsequent encounter
  - Sequela

INDEX TO EXTERNAL CAUSES

TRANSPORT ACCIDENTS

- A transport accident is one in which the vehicle must be moving, running or in use for transport purposes at the time of the accident
- Definitions of transport vehicles provided in classification
TRANSPORT ACCIDENTS (V00-V99)

Use additional code to identify:
- Airbag injury (W22.1-)
- Type of street or road (Y92.4-)
- Use of cellular telephone at time of transport accident (Y93.C-)

W01.190A, Fall on same level from tripping, with subsequent striking against furniture

V95.42xA Forced landing of spacecraft injuring occupant, initial encounter.
Y92-Place of Occurrence

Use with activity code
Only on initial encounter
Only one Y92 code on record
Do not use Y92.9 if place not stated

Y92.146
Place of occurrence, swimming pool of a prison

Y93-Activity

Must use with a code from Y92
Only on initial encounter
Only one Y93 code on record
Do not use Y93.9 if activity not stated
Not applicable to poisonings, adverse effects, misadventures, or late effects
**Y99 - EXTERNAL CAUSE STATUS**

Indicates work status  
Only on initial encounter  
Must be used with a Y92 and a Y93 code  
Do not assign code Y99.9 if status is not stated

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**SCENARIO 26**

The patient works at the city park. He slipped and fell on the sidewalk while blowing leaves, and tore his rotator cuff.

**WHAT HAPPENED?**  
W01.0xxA Slipping (on same level)

**WHERE?**  
Y92.830 Place of occurrence, park

**ACTIVITY?**  
Y93.H9 Activity, maintenance, land

**WHY?**  
Y99.0 Civilian activity done for pay

---

**CHAPTER 21**

**FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES**
CHAPTER 21

Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

Z Codes represent reasons for encounters

A person who may or may not be sick encounters health services for some specific purpose i.e. to receive limited care or service for current condition, receive prophylactic vaccination, discuss problem

For circumstances or problems which influence a person’s health status but is not a current illness or injury

If the Z code is an encounter for a procedure, also use corresponding procedure code—CPT, HCPCS, ICD-10-PCS, E/M

SOME IMPORTANT Z CODES

- Z01.81: Encounter for preprocedural exams
- Z02.71: Encounter for disability determination
- Z09: Encounter for follow-up exam after completed treatment for condition other than malignant neoplasm
- Z13.89: Encounter for screening for nervous system disorders
- Z45.4: Encounter for adjustment and management of implanted nervous system device
**IMPORTANT Z CODES CONTINUED**

- **Z53-** Procedures and treatment not carried out
- **Z82.0** Family history of epilepsy and other diseases of the nervous system
- **Z87.820** Personal history of traumatic brain injury
- **Z88.-** Allergy to drugs, medicaments and biological substances
- **Z91.1-** Patient’s non-compliance with medical treatment
- **Z91.81** History of/At risk for falling

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**SCENARIO 27**

Patient with diabetic neuropathy and peripheral artery disease, seen today for management of neuropathy. Left foot was amputated in January of 2014.

- **E11.40** Diabetes, type 2, with, neuropathy
- **I73.9** Disease, peripheral, arterial
- **Z89.432** Absence, foot (acquired)
SCENARIO 28
Patient is fourteen-year-old girl referred by her PCP. Based on the description of her symptoms, she is having absence seizures. She also has "bouts of clumsiness" in the morning, where she will drop things or her arms will jerk and knock things over. Family history of epilepsy. Impression: absence seizures and myclonia. Scheduled for EEG.

G40.409 Seizure(s), petit mal
G25.3 Myoclonus
Z82.0 History, family (of), epilepsy

SCENARIO 29
Pt. here for follow-up related to chronic migraines. She was started on Imitrex 3 months ago; visit is to confirm dosage is working, no complications, etc.

Z51.81 Monitoring, therapeutic drug level
G43.109 Migraine, without aura, chronic

SCENARIO 30
Pre-op exam for patient with causalgia limited to left leg.

Z01.818 Examination, pre-procedural, specified NEC
G57.72 Causalgia, lower limb
THANK YOU FOR ATTENDING!