ICD-10 Reference Guide: Neurology and Neurosurgery

### ICD-10 General Overview

#### Acute, Subacute, and Chronic
- ICD-10-CM can accommodate more specificity when describing acute, subacute, and chronic conditions.
- Some conditions may meet both acute and chronic criteria and should be documented as such.

#### Anatomic Site/Location
- More detail in terms of location of injury/condition.
- Document precisely where injury/condition occurs.
- Read through ICD-10-CM descriptions to understand the type of clinical detail that is required.

#### Laterality
- Left
- Right
- Bilateral
- Multiple Locations (if applicable)

#### Signs/Symptoms
- Documentation of signs/symptoms continue to be acceptable when there is no definitive diagnosis identified by physician.
- Document to highest degree of specificity (e.g. severity, acute vs chronic).

#### Type of Encounter (Episode of Care)
- Initial encounter
- Subsequent encounter
  - Active phase of treatment/receiving routine care during period of healing/recovery
    - Healing – routine vs delayed
    - Complications – nonunion or malunion
- Sequela
  - Complications or conditions that arise as direct result of an injury

### ICD-10-PCS

#### Access
- How did you gain access to the procedure site?
  - Incision
  - Open
  - Natural Orifice/Artificial Opening (Mouth, Vagina, Ostomy, Urethra, etc.)
  - Scope
  - Needle
  - Directly on the Skin

#### Anatomic Site/Location
- Specify exact site of procedure to ensure accurate coding.
- Some procedure codes cannot be identified (by coding staff) without the exact site/location being documented.

#### Intent
- Be clear in documentation as to what procedure(s) are performed.

### Other Helpful Hints
- Insufficiencies vs Failure
  - Insufficiency adds no severity of illness
  - State Failure when appropriate
- Post-Operative Complications
  - Reserve “Post-Op” verbiage to reflect a true complication of the procedure.
- Links:
  - Symptoms to etiology
  - Home Meds to Applicable Diagnosis
  - Manifestations to etiology
- History & Physical (Current, updated, signed copy)
- Present on Admission
  - Documentation should reflect the onset
- Abnormal Lab Values
  - Document disease process

### Specialty Links

**General ICD-10**

- World Health Organization - ICD-10 Interactive Self Learning Tool
**ICD-10 Reference Guide: Neurology and Neurosurgery**

The following items should be documented (as appropriate) to allow complete coding under ICD-10-CM

<table>
<thead>
<tr>
<th>Circulatory System</th>
<th>Metabolic Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Myocardial Infarction time is 4 weeks</td>
<td>List Disorder</td>
</tr>
<tr>
<td>Link complications to Hypertension</td>
<td>Underlying/Accompanying Symptoms</td>
</tr>
<tr>
<td>Systolic vs diastolic heart failure</td>
<td>Hyper- and hypo-</td>
</tr>
<tr>
<td>Left vs Right Heart Failure</td>
<td>- Do not document ↑ or ↓</td>
</tr>
<tr>
<td>Rheumatic vs Non-Rheumatic Disease</td>
<td></td>
</tr>
<tr>
<td>Atherosclerosis (Native Artery or Vein vs Graft)</td>
<td>Neoplasm</td>
</tr>
<tr>
<td>Cerebral Hemorrhage vs Infarction</td>
<td>Malignant vs benign, primary, secondary, in situ</td>
</tr>
<tr>
<td>- Traumatic vs Non-Traumatic</td>
<td>Detailed locations (overlapping sites vs different, distinct locations)</td>
</tr>
<tr>
<td>- Artery blocked or ruptured</td>
<td>Primary</td>
</tr>
<tr>
<td></td>
<td>- Still active primary site</td>
</tr>
<tr>
<td></td>
<td>- Previously removed/treated</td>
</tr>
<tr>
<td></td>
<td>- Treatment status (current, completed, etc.)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Metastatic</td>
</tr>
<tr>
<td>- Type:</td>
<td>- Location Symptomatic</td>
</tr>
<tr>
<td>- Type 1, Type 2, Secondary (specify drug or chemical induced), Due to other condition (specify underlying disease)</td>
<td></td>
</tr>
<tr>
<td>- Link Manifestations/Complications with “due to …”</td>
<td>Current treatment course</td>
</tr>
<tr>
<td>- Neuropathy, Ophthalmic, Pregnancy, CKD</td>
<td></td>
</tr>
<tr>
<td>- Long Term Use of Insulin</td>
<td></td>
</tr>
<tr>
<td>- Presence of Insulin Pump</td>
<td></td>
</tr>
<tr>
<td>Genitourinary System</td>
<td>Nervous System</td>
</tr>
<tr>
<td>- Primary vs Secondary Disease</td>
<td>Primary vs Secondary Disease &amp; Etiology</td>
</tr>
<tr>
<td>- Stage of Chronic Kidney Disease</td>
<td>Presence of Intractable Disease</td>
</tr>
<tr>
<td>- Link Infectious Agent or Cause</td>
<td>Level and Type of Paralysis</td>
</tr>
<tr>
<td>Infections</td>
<td>Drug name or type on drug-induced disorders</td>
</tr>
<tr>
<td>- Link infective organism &amp; disease process</td>
<td>Specific type of epilepsy</td>
</tr>
<tr>
<td>Injuries (Cause)</td>
<td>Type of migraine and with or without aura</td>
</tr>
<tr>
<td>- Mechanism</td>
<td>Type of hydrocephalus</td>
</tr>
<tr>
<td>- How it happened (e.g. struck by a basketball)</td>
<td></td>
</tr>
<tr>
<td>- Place of Occurrence</td>
<td>Skin</td>
</tr>
<tr>
<td>- Where it happened (e.g. high school)</td>
<td>Link infectious agent or cause to disease</td>
</tr>
<tr>
<td>- Activity</td>
<td>Pressure ulcer – Detailed site, laterality and Stage 1-4</td>
</tr>
<tr>
<td>- What patient was doing (e.g. playing basketball)</td>
<td>Non-pressure chronic ulcer – Site laterality and:</td>
</tr>
<tr>
<td>- External Cause Status</td>
<td>- Skin breakdown Fat layer exposed</td>
</tr>
<tr>
<td>- Military, civilian, work-related, leisure (e.g. leisure)</td>
<td>- Necrosis of muscle Necrosis of bone</td>
</tr>
<tr>
<td>Injuries (General)</td>
<td>Contact dermatitis – document reason</td>
</tr>
<tr>
<td>- Type (Contusion, Laceration, Sprain/Strain, etc.)</td>
<td>Status of Disease</td>
</tr>
<tr>
<td>- Episode of Care (Initial, Subsequent, Sequela)</td>
<td>Acute, Chronic, Intermittent, Recurrent, Transient</td>
</tr>
<tr>
<td>- Detailed Location/Site</td>
<td>Primary vs Secondary</td>
</tr>
<tr>
<td>- Brain, Ankle, Forearm, etc.</td>
<td></td>
</tr>
<tr>
<td>- Head, Shaft, Proximal, Distal, individual body part, etc.</td>
<td></td>
</tr>
<tr>
<td>- Tendon (flexor or extensor)</td>
<td></td>
</tr>
<tr>
<td>- Laterality (where applicable)</td>
<td></td>
</tr>
<tr>
<td>- Foreign Body (when present)</td>
<td></td>
</tr>
</tbody>
</table>
### Neurology Clinical Scenario

78 y.o. female with a history of type 2 diabetes and poorly controlled hypertension, presents to the ER with left sided weakness and slurred speech with onset 45 minutes ago. Patient does not have a headache or double vision, but has had dizziness. Exam confirms left sided weakness with inability to lift the left arm. CT of head shows no blood but MRI shows right sided acute cerebral infarct of the right middle cerebral artery due to embolism. Her exam also shows marked hypertension with a blood pressure of 180/90 and hyperglycemia with a blood sugar of 324.

**Impression:** acute cerebral infarct of the right middle cerebral artery due to embolism.

**CODING – DX**

- I63.411 Cerebral infarction, due to embolism of right middle cerebral artery
- E11.9 Type 2 diabetes mellitus without complications
- I10 Essential (primary) hypertension
- R53.1 Weakness
- R47.02 Dysphasia

### Neurosurgery Clinical Scenario

Immediate post-op note: 57 y.o. male with a history of normal pressure hydrocephalus, well controlled hypertension and coronary artery disease of native artery, present for evaluation of VP shunt function. He had placement of a VP shunt in 2014, but presents now with complaint of poor balance and confusion in the past week. He is now unable to drive due to the imbalance, but does seem to be better when seated. He has had minor headache but no nausea or change of vision. This morning he had an episode of urinary incontinence thought due to recurrent NPH due VP shunt mechanical breakdown. Diagnosis: Recurrent normal pressure hydrocephalus due to malfunctioning VP shunt. Procedure: VP shunt removal with simultaneous replacement of new device via craniotomy. Laparoscopic inspection completed of peritoneal cavity to ensure appropriate placement.

**CODING – DX**

- T85.01XA Breakdown (mechanical) of ventricular intracranial (communicating) shunt, initial encounter
- Y75.1 Therapeutic (nonsurgical) and rehabilitative neurological devices associated with adverse incidents
- G91.2 (Idiopathic) normal pressure hydrocephalus
- I10 Essential (primary) hypertension
- I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris

**CODING – PCS**

- 00160J6 Bypass Cerebral Ventricle to Peritoneal Cavity with Synthetic Substitute, Open Approach
- 00P60JZ Removal of Synthetic Substitute from Cerebral Ventricle, Open Approach
- 04JG4ZZ Inspection of Peritoneal Cavity, Percutaneous Endoscopic Approach
## Common Co-Morbid Conditions

### Anemia
- **Etiology/Type**
  - Vitamin/Iron Deficiency, Due to Chronic Disease, Pernicious, Sickle Cell
  - Symptoms Related To …
  - Due to Chronic Disease (name disease)
    - Autoimmune, Cancer, CKD, Liver Cirrhosis, HIV/AIDS, Hepatitis
- Acquired vs hereditary hemolytic anemia
- Cause of aplastic anemia

### Congestive Heart Failure (CHF)
- Specify:
  - Acute vs Chronic vs Both
  - Systolic and/or Diastolic Dysfunction
- For Acute, state “due to …”
  - Non-compliance, Afib with RVR, Ischemia (USA, AMI), Hypertensive Crisis, Other (name it)
- For Chronic, state “due to …”
  - CAD (ischemic cardiomyopathy), HTN (hypertensive heart disease), Specify other cause of cardiomyopathy
  - A document EF is not a diagnosis of heart failure, need verbiage in medical record to support

### Angina
- Avoid using term “Acute Coronary Syndrome/ACS”
- Stable vs Unstable or New Onset
- Supply Causes, state “due to …”
  - CAD, aortic stenosis, hypertrophic, cardiomyopathy, pulmonary artery hypertension
- Demand Causes, state “due to …”
  - Anemia, tachyarrhythmia (name it), thyrotoxicosis, shock (name it)
- Document spasm, when present

### Diabetes Mellitus (DM)
- Type
  - Type 1, Type 2, Secondary (specify drug or chemical induced), Due to other condition (specify underlying disease)
- Link Manifestations/Complications with “due to …”
  - Neuropathy, Ophthalmic, Pregnancy, CKD
- Long Term Use of Insulin
- Presence of Insulin Pump

### Benign Prostatic Hypertrophy (BPH)
- Link Symptoms to Syndrome (Weak Urine Stream, Difficulty Starting Urination, Unable to Empty Bladder)

### Chronic Kidney Disease (CKD)
- Stage 1-5
- ESRD
- Etiology (Hypertension, Diabetes)

### Nutritional
- Deficiencies (Specify substance)
- Overweight vs Obesity vs Morbid Obesity (BMI value)
- Malnutrition
  - With or without complications
  - Mild, moderate or severe

### Pneumonia
- Type (Aspiration, Bacterial, Virus)
- Identify causative organism

### Seizure
- Seizure disorder = Epilepsy
- Seizure = single event to yet-to-be diagnosed

### Urinary Tract Infections (UTI)
- Location
  - Bladder, Kidney, Urethra
- Identify Infectious Agent
- Complicating Pregnancy
  - Specify Trimester Where Condition Began