

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

Epilepsy & Seizures



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Agenda

1. Overview of the condition
 2. Coding & documentation considerations
 3. Documentation example
 4. Additional resources
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Epilepsy & Seizures

Seizures result from abnormal brain electrical activity, sometimes triggered by external factors; however, a single event isn't epilepsy. Epilepsy is a chronic condition defined by recurrent, unprovoked seizures.

Partial seizures (focal or local) affect only one area of the brain, manifesting as altered sensations (simple) or altered consciousness and repetitive behaviors (complex). Generalized seizures involve the entire brain, including absence seizures (brief loss of consciousness), myoclonic seizures (muscle jerks), atonic seizures (muscle weakness/falls), and tonic-clonic seizures (major convulsions). Underlying causes can be genetic, traumatic, or infectious.

Intractable epilepsy is treatment-resistant, while status epilepticus—a prolonged seizure or series of seizures—constitutes a medical emergency.



Coding Considerations

To correctly assign an ICD-10-CM code for epilepsy and seizures the documentation must include the following details: the **type**, the **intractability**, and **if the seizure was associated with status epilepticus**.

G40.



Example

Localization-related (focal)(partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus

G 4 0 . 0 0 9

Refer to the current version of the ICD-10-CM Official Guidelines for Coding and Reporting, the ICD-10-CM Index to Diseases and Injuries, and the Tabular List of Diseases for a list of all ICD-10-CM codes and coding instructions.

Type

- 0 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset
- 1 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures
- 2 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures
- 3 Generalized idiopathic epilepsy and epileptic syndromes
- 4 Other generalized epilepsy and epileptic syndromes
- 5 Epileptic seizures related to external causes
- 8 Other epilepsy and recurrent seizures

Level of Control

- 0 Not intractable
- 1 Intractable
Equivalent Terms: pharmacoresistant, pharmacologically resistant), treatment resistant, refractory (medically) and poorly controlled

Status Epilepticus

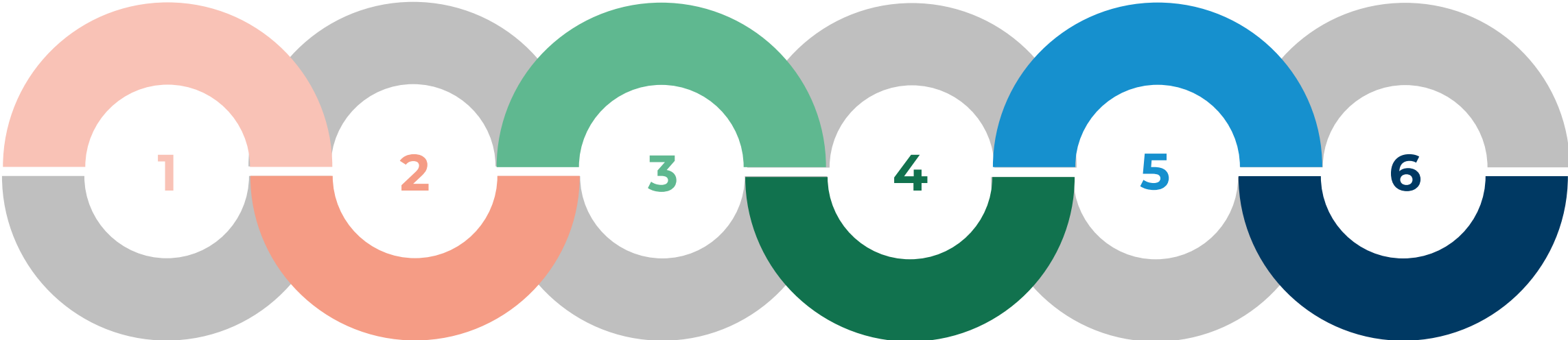
- 1 With
- 9 Without

Documentation Considerations

Specify the type of seizure, seizure disorder or epilepsy

Include the level of control (e.g., *intractable* or *not intractable*)

Document the current status such as with or without status epilepticus



Identify associated factors (e.g., *alcohol* or *drug use*, *febrile*, *trauma*)

Note complications such as physical, psychological, or social issues

Link the treatment to the seizure or epilepsy diagnosis

Epilepsy Example



Reason For Visit:

Yearly visit for **Focal Epilepsy**

Subjective:

Patient reports **no recent seizures** and no side effects from medication. **No current drug or alcohol use.**

Assessment & Plan:

Localization related focal idiopathic epilepsy, not intractable, without status epilepticus – Well controlled with **Depakote 125mg daily**. **No seizures** reported **in over 3 months**. **Follows with neurology.**

The clinician has assessed for complications and recent seizure activity. The epilepsy has been specifically documented by type, level of control and status and a treatment plan including medication management and specialist care has been reviewed.

Based on this specific documentation by the clinician, it is appropriate to code **Localization related focal idiopathic epilepsy, not intractable, without status epilepticus G40.009**

Additional Resources

Documentation Best Practice Checklist



Annually assess all chronic conditions and document a plan for each one



Link medications to help establish ongoing treatment especially if the medication is used to treat multiple conditions.



Use the term “History of” before a condition if it no longer exists or has resolved



Validate patient reported findings



Code and document all coexisting conditions that require or affect patient care, treatment or management



Avoid using uncertain terms when a diagnosis has been confirmed for a patient



Choose the highest level of specificity when selecting an ICD-10 code



Keep problem list up to date by removing acute and one-time conditions

Highmark Provider Resource Center

KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians comply with CMS standards and ICD-10-CM guidelines

1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care



CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements



Have questions about risk adjustment?

**Want to share feedback or suggest topics
for future presentations?**

Email:

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