

# Epilepsy & Seizures

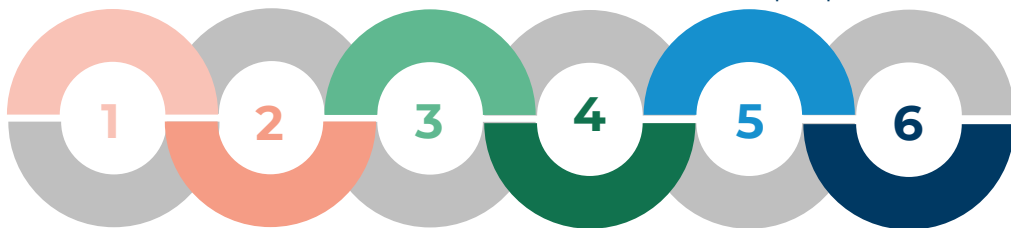
Seizures result from abnormal brain electrical activity, sometimes triggered by external factors; however, a single event isn't epilepsy. Partial seizures (focal or local) affect only one brain area, manifesting as altered sensations (simple) or altered consciousness and repetitive behaviors (complex). 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). Epilepsy is a chronic condition defined by recurrent, unprovoked seizures. 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.

## Best Documentation Practices

**Specify the type** of seizure, seizure disorder or epilepsy

**Note complications** such as physical, psychological, or social issues

**Document the current status** such as with or without status epilepticus



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

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

**Link the treatment** to the seizure or epilepsy diagnosis

## M.E.A.T. the Condition

Proper documentation requires at least one of these four elements be present in the documentation for each condition.



**Monitor**

**How is the patient doing?**

Document signs, symptoms, disease progression/regression or ongoing surveillance



**Evaluate**

**What is the current state of the condition?**

Document current state, test results, medication effectiveness or response to treatment



**Address/Assess**

**How will the condition be evaluated?**

Document discussion, review of records, counseling, or ordering further tests



**Treatment**

**What is being done to help the condition?**

Document care, prescribed medications, referral to specialist or other modalities

CMS requires **annual coding and reporting of all chronic conditions**. A condition is not considered present in a given year unless it is appropriately documented and coded in that year.

# Epilepsy & Seizures ICD-10 Category Reference Guide

This partial list of Risk Adjustment condition categories and ICD-10 codes (showing only the first three digits) is not exhaustive. **For complete codes and all applicable coding instructions, refer to the current ICD-10-CM Alphabetic Index and Tabular List.**

## Epilepsy & Seizures

|       |                                       |
|-------|---------------------------------------|
| G40.X | Epilepsy and recurrent seizures       |
| R56.X | Convulsions, not elsewhere classified |

## Coding Examples

### Example 1

|                       |   |
|-----------------------|---|
| <b>Documentation</b>  | <b>Reason for Visit:</b> Yearly visit for focal epilepsy.<br><b>Subjective:</b> Patient reports no recent seizures and no side effects from medication.<br><b>Assessment &amp; Plan:</b> Localization related focal idiopathic epilepsy, not intractable – well controlled with Depakote 125 mg daily. No seizures reported in over 3 months. Follows with neurology. |
| <b>ICD-10 Code(s)</b> | G40.009 Localization-related (focal)(partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus   |
| <b>Rationale</b>      | The provider documented the type and control status of the epilepsy. The plan addressed medication management, including treatment and referral to a specialist.  |

### Example 2

|                       |   |
|-----------------------|---|
| <b>Documentation</b>  | <b>Reason for Visit:</b> Follow up from ER visit last week for seizure.<br><b>Subjective:</b> Patient reports she experienced 2 seizures last week and was taken to the ER by ambulance. She has no history of previous seizures.<br><b>Assessment &amp; Plan:</b> Convulsions – ER records reviewed, all lab work WNL, and EEG confirmed seizures. Referral to neurology; additional EEG planned for tomorrow. Will see her back in 2 weeks. |
| <b>ICD-10 Code(s)</b> | R56.9 Unspecified convulsions   |
| <b>Rationale</b>      | The provider noted convulsions (seizures) in the assessment and plan and recommended a referral to neurology for further testing.   |

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NOTE: This tool is intended to assist with documentation only and not intended to take the place of clinical analysis. Information regarding any law or regulation does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws or regulations. Reference Official ICD-10-CM coding guidelines and manuals or electronic medical coding software for accurate ICD-10-CM codes and specificity.

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