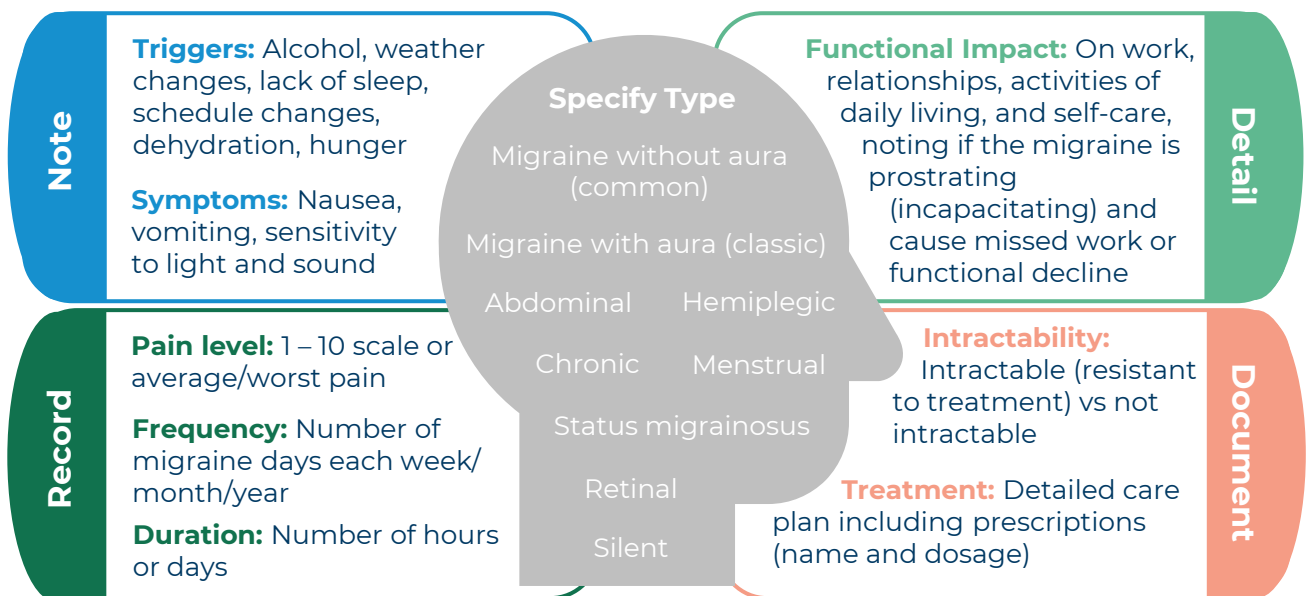


Migraine

A migraine is a neurological condition causing moderate to severe, often one-sided, throbbing head pain lasting hours to days. Key symptoms include nausea, vomiting, and extreme sensitivity to light, sound, and smells. Some individuals experience an "aura" (visual disturbances) or "prodrome" (subtle warning signs) before the attack, followed by a "postdrome" of fatigue. Migraines are triggered by environmental, lifestyle, hormonal, or dietary factors. Untreated attacks typically last 4 to 72 hours. Management involves acute treatments to stop attacks and preventative medications to reduce frequency. Lifestyle adjustments, like trigger avoidance and stress management, are also vital for effective migraine care.

Best Documentation Practices



M.E.A.T. the Condition

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



How is the patient doing?

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



What is the current state of the condition?

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



How will the condition be evaluated?

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



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.

Migraine ICD-10 Category Reference Guide

This list of ICD-10 codes (containing some incomplete codes) is not exhaustive. 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. Copies of the Risk Adjustment models can be found at www.cms.gov/medicare/payment/medicare-advantage-rates-statistics/risk-adjustment.

Migraine

G43.0XX	Migraine without aura
G43.1XX	Migraine with aura
G43.4XX	Hemiplegic migraine
G43.5XX	Persistent migraine aura without cerebral infarction
G43.6XX	Persistent migraine aura with cerebral infarction <i>Code also the type of cerebral infarction (I63.-)</i>
G43.7XX	Chronic migraine without aura
G43.8XX	Other migraine
G43.9XX	Migraine, unspecified
G43.AX	Cyclical vomiting, in migraine
G43.BX	Ophthalmoplegic migraine
G43.DX	Abdominal migraine
G43.EXX	Chronic migraine with aura

Coding Example

Documentation

HPI: Presenting today with severe pounding headache that came on suddenly, pain on the left, started about 5 hours ago. Describes as bothersome to her eyes. She has these occur approximately every 3-4 months.

Assessment & Plan: Migraine without aura, not intractable, without status migrainosus – Typical migraine, frequency every 3-4 months does not warrant prophylactic medication at this time. Imitrex 50mg tablet – Take at onset, may repeat once in 2 hours if needed, not to exceed 200mg in 24 hours. F/U if change in frequency, severity or if unresponsive to medication. Patient will cont. headache diary.

ICD-10 Code(s)

G43.009 Migraine without aura, not intractable, without status migrainosus

Rationale

The clinician thoroughly assessed the patient's headache, including symptoms, location, onset and pain level leading to a diagnosis of migraine and a corresponding treatment plan.

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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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