Session Guidelines

This is a 15 minute webinar session for CNC physicians and staff

CNC holds webinars monthly to address topics related to risk adjustment documentation and coding

Next scheduled webinar:
- June
- Topic: Factors Influencing Health

CNC does not accept responsibility or liability for any adverse outcome from this training for any reason including undetected inaccuracy, opinion, and analysis that might prove erroneous or amended, or the coder/physician's misunderstanding or misapplication of topics. Application of the information in this training does not imply or guarantee claims payment.

Agenda

- Neuropathy
- Parkinson's Disease
- Epilepsy
- Plegia/Paresis
- Other Neurologic Disease
- Key Documentation Elements

The neuropathies listed below are associated with a HCC diagnosis:

- ✓ Inflammatory polyneuropathy
- ✓ Polyneuropathy that is _due to_ alcohol, toxic agents, critical illness, radiation or drug induced
- ✓ Polyneuropathy _in diseases classified elsewhere_

Document and code the other disease, such as amyloidosis, endocrine disease, metabolic disease, neoplasm, vitamin or nutritional deficiencies

An estimated
20 MILLION AMERICANS
suffer from some form of PN

- Diabetic 60%
- Idiopathic 23%
- Chemo-induced 10%
- HIV/AIDS 2%
- Other 5%
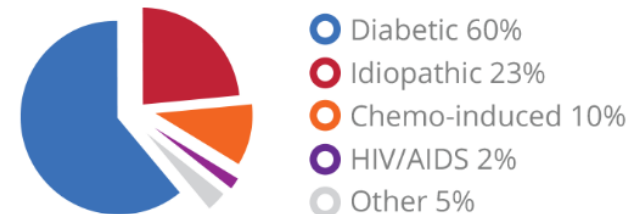
Risk Factors for development of Peripheral Neuropathy

- Diabetes
- Chemotherapy
- HIV/AIDS
- Autoimmune Disease
- Chronic Inflammatory Demyelinating Polyneuropathy
- Stress
- Alcohol Abuse
- Vitamin Deficiency
- Genetic Diseases
- Toxic Substances

Parkinson's Disease

Parkinson's disease is a HCC diagnosis, whether the condition is idiopathic, drug induced or a result of infectious or other external agents.

Four Main Motor Symptoms

1. Shaking or tremor
2. Slowness of movement, called bradykinesia
3. Stiffness or rigidity of the arms, legs or trunk
4. Trouble with balance and possible falls, also called postural instability

Parkinson's disease (PD) is a neurodegenerative brain disorder that progresses slowly in most people.

Parkinson's disease itself is not fatal. However, complications from the disease are serious; the Centers for Disease Control and Prevention (CDC) rated complications from PD as the 14th top cause of death in the United States.

G20	Parkinson's disease
G21.11	Neuroleptic induced parkinsonism
G21.19	Other drug induced secondary parkinsonism
G21.2	Secondary parkinsonism due to other external agents
G21.3	Postencephalitic parkinsonism
G21.4	Vascular parkinsonism
G21.8	Other secondary parkinsonism
G21.9	Secondary parkinsonism, unspecified

Epilepsy

There are multiple ICD 10 codes associated with epilepsy. In order to accurately diagnose a patient's condition, please document and consider the following in diagnostic code selection:

Is the patient's epilepsy..
- Focal, partial or generalized
- Intractable or non-intractable
- With or without status epilepticus
- Idiopathic or external cause

Does the patient have..
- An epileptic syndrome, such as Lennox-Gastaut, Laundau Kleffner syndrome, or infantile spasms?
- Febrile convulsions or post traumatic seizures?

Epilepsy

Epilepsy is classified under category **G40** – Epilepsy and recurrent seizures

4th Digit identified

- Seizures of localized onset
- Simple partial seizures
- Complex partial seizures
- Generalized idiopathic epilepsy and epileptic syndromes
- Absence eplieptic sydnrome
- Juvenile myoclonic epilepsy
- Other generalized
- Related to external causes
- Other
- Unspecified

5th Digit identified

- Not intractable
- Intractable

6th Digit identified

- With status epilepticus
- Without status epilepticus

R56.00   Simple febrile convulsions
R56.01   Complex febrile convulsions
R56.1   Post traumatic seizures
R56.9   Unspecified convulsions

Hemiplegia & hemiparesis

This category is to be used only when hemiplegia (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause. The category is also for use in multiple coding to identify these types of hemiplegia resulting from any cause.

When documenting and coding on this condition, include the following details:

❖ Flaccid/spastic

❖ Right/left side affected

❖ Dominant or nondominant side affected

Excludes 1 Note

The G81 codes excluded conditions noted to be "due to sequelae of cerebrovascular disease" (*I69.05-, I69.15-, I69.25-, I69.35-, I69.85-, I69.95-*)

Mono/Hemi-plegia as it pertains to " sequelae of cerebrovascular disease"

(*I69.05-, I69.15-, I69.25-, I69.35-, I69.85-, I69.95-*)

Category I69 is to be used to indicate conditions in I60-I70 as the cause of sequelae. The "sequelea" include conditions specified as such or as residuals which may occur at any time after the onset of the causal condition.

I69 Sequelae of cerebrovascular disease (late effect), Information needed in documentation:

- Type of event that caused the sequelae
- What is the sequelae & what is affected
- **Monoplegia/hemiplegia**
- Upper /lower extremity
- Laterality
- Dominant/non-dominant or unknown dominant side affected
- Ataxia, apraxia, dysphagia, facial weakness and speech and language deficits associated with CVD do not risk adjust

Hereditary ataxia (ICD 10 code G11)

Spinal muscular atrophy and related syndromes (ICD 10 code G12)

Systemic atrophies primarily affecting CNS in diseases classified elsewhere (ICD 10 code G13)
(code first underlying disease such as neoplasm (C00-D49), hypothyroidism (E03.-), and myxedematous congential iodine deficiency (E00.1))

Parkinson's and Huntington Disease (ICD 10 code G10, G20, G21, G23)

Multiple Sclerosis (ICD 10 code G35) – is associated with a HCC code.
An unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body.

Other acute disseminated demyelination (ICD 10 code G36)

Other demyelinating diseases of the CNS (ICD 10 code G37)

Myasthenia gravis (ICD 10 code G70)
A chronic autoimmune neuromuscular disease that causes weakness in the skeletal muscles, which are responsible for breathing and moving parts of the body, including the arms and legs.

Specify if the condition is:
• With or without acute exacerbation
• Due to a toxic agent – document what that toxin is

Muscular Dystrophy (ICD 10 code G71)

Cerebral palsy (ICD 10 code G80)
Clarify the type of cerebral palsy a patient has when documenting and coding on the condition.

Document if the patient's condition is:
• Athetoid, ataxic, spastic or mixed
• Diplegic, hemiplegic, quadraplegic

Multi-system degeneration of the autonomic nervous system G90.3
• Neurogenic orthostatic hypotension [Shy-Drager]

Several other conditions may risk adjust in an inpatient/hospital setting

Coma, Brain Compression/Anoxic Damage (ICD 10 code G93, R40)
Anoxic brain damage, NOS; Compression of brain; Cerebral edema
- Coma scale

Cerebral Hemorrhage (ICD 10 code I60, I61, I62)
- Nontraumatic subarachnoid hemorrhage
- Nontraumatic intracerebral hemorrhage
- Nontraumatic subdural hemorrhage

Ischemic or Unspecified Stroke (ICD 10 code I63, I97)
- Cerebral infarction and Other cerebrovascular disease
  - After an initial stroke incident has occurred, generally one of two scenarios will exist:
    - Either the patient will have deficits from the stroke or will make a recovery without any long lasting effects
      - Personal history of TIA and Cerebral Infarction w/o residual deficits Z86.73
      - Sequelae of stroke (I69.-)

Intracranial Injury (Concussion) (ICD 10 code S06)

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1. <u>Acuity</u> – acute versus chronic

2. <u>Site</u> – be as specific as possible

3. <u>Laterality</u> – right, left, bilateral for paired organs and anatomic sites

4. <u>Etiology</u> – causative disease or contributory drug, chemical, or non-medicinal substance

5. <u>Manifestations</u> – any other associated conditions

6. <u>External Cause of Injury</u> – circumstances of the injury or accident and the place of occurrence

7. <u>Signs & Symptoms</u> – clarify if related to a specific condition or disease process

Questions

Please submit coding and documentation questions to
RAFeducation@cnchealthplan.com