

Documentation and Coding: Myasthenia Gravis

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At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection on services submitted to Healthfirst—specifically for common types of **myasthenia gravis**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Myasthenia gravis is a rare, autoimmune disease and occurs due to genetic abnormalities that affect the neuromuscular transmission.

ICD-10-CM Codes and Descriptions

G70.0* Myasthenia Gravis		
<p>G70.00 Myasthenia gravis without (acute) exacerbation Includes myasthenia gravis NOS (not otherwise specified)</p>	<p>G70.01 Myasthenia gravis with (acute) exacerbation Includes myasthenia gravis in crisis</p>	<p>G70.2 Congenital and developmental myasthenia</p>

Coding Tips

- Myasthenia gravis documentation should specify if condition is with or without (acute) exacerbation.
- Botulism (A05.1, A48.51–A48.52) and transient neonatal myasthenia gravis (P94.0) should never be coded with G70.*

*Requires additional digit to complete the code.

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Treatment for Myasthenia Gravis

Symptomatic treatment:	Acetylcholinesterase inhibition (i.e., neostigmine, pyridostigmine)
Chronic immunosuppressive therapies:	Glucocorticoids and nonsteroidal immunosuppressive agents (i.e., prednisone, azathioprine, mycophenolate mofetil, or tacrolimus)
Rapid but short-acting immunomodulating treatments:	Therapeutic plasma exchange and intravenous immune globulin [IVIG] or plasmapheresis
Surgical treatment:	Thymectomy

Diagnostic Testing

Providers will conduct a neurological examination which includes:

Reflexes	Muscle strength	Muscle tone	Senses of touch and sight	Coordination	Balance
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Additional testing for myasthenia gravis may include:

Ice pack test	Blood analysis	Repetitive nerve stimulation	Single-fiber electromyography (EMG)	Imaging-CT scan or MRI	Pulmonary function tests
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Clinical documentation should include:

Updated status of condition	Type of myasthenia gravis if known	Stage	Any risk factors	Link associated conditions with terms	Plan of care
<ul style="list-style-type: none"> ▪ Stable ▪ Improved ▪ Worsening 	<ul style="list-style-type: none"> ▪ Ocular ▪ Generalized 	<ul style="list-style-type: none"> ▪ Mild ▪ Moderate ▪ Severe 	<ul style="list-style-type: none"> ▪ Age ▪ Heredity ▪ Family Hx 	<ul style="list-style-type: none"> ▪ Due to, ▪ Secondary to, or ▪ Associated with 	<ul style="list-style-type: none"> ▪ Family and/or Individual counseling ▪ Medications ▪ Document patient's loss of skills and functions ▪ Specify root cause of myasthenia gravis

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Coding Examples

Case	AHA Coding Clinic Rationale
<p>The patient has been diagnosed with myasthenia gravis and also with dialysis dependent end-stage renal disease secondary to type 2 diabetes mellitus (DM). When following the Index to Diseases under DM with myasthenia, one arrives at code E11.44, Type 2 diabetes mellitus with diabetic amyotrophy. Does ICD-10-CM presume a relationship between DM and myasthenia gravis, since the terms diabetes and myasthenia are linked by “with” in the Index? Research seems to indicate that myasthenia gravis and diabetic amyotrophy are separate conditions. How should this case be coded?</p>	<p>Assign code G70.00, myasthenia gravis <i>without</i> (acute) exacerbation. Also, assign codes E11.22, Type 2 diabetes mellitus with diabetic chronic kidney disease, N18.6, End-stage renal disease, and Z99.2, Dependence on renal dialysis. Diabetic amyotrophy is not the same as myasthenia gravis, and the two conditions are not automatically linked by the classification. The health record documentation does not support diabetic amyotrophy, a history of any neurological issues, muscle weakness related to the diabetes, or any condition that would merit assignment of any code from subcategory E11.4-, Type 2 diabetes mellitus with neurological complications.</p> <p>AHA Coding Clinic Rationale Volume 9, Third Quarter, Number 3, 2022</p>

Questions?

Contact us at #Risk_Adjustments_and_clinical_Documentation@healthfirst.org.

For additional documentation and coding guidance, please visit the coding section at HFproviders.org.

References

- www.cms.gov/files/document/fy-2023-icd-10-cm-coding-guidelines-updated-01/11/2023.pdf
- www.codingclinicadvisor.com
- www.myasthenia.org/Portals/0/Provider%20Manual_ibook%20version.pdf
- www.mayoclinic.org/diseases-conditions/myasthenia-gravis/diagnosis-treatment/drc-20352040