

JULY 2024

Seizure Disorders and Convulsions

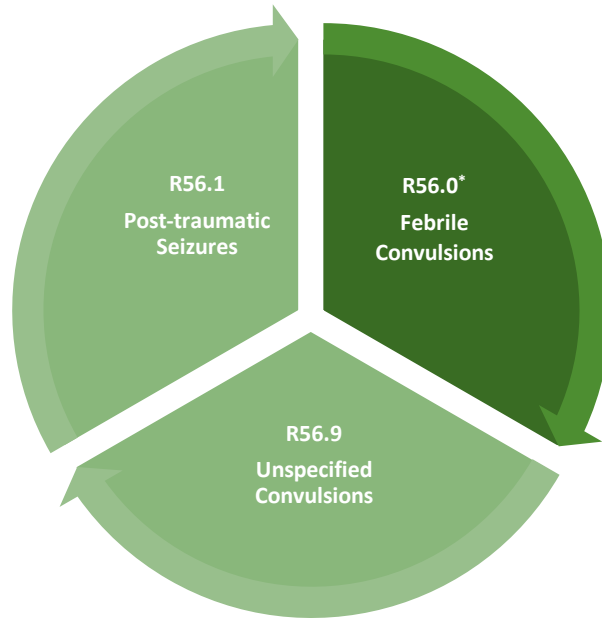
CMS-HCC_V28 Model Updates

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, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for common types of **Seizure Disorders and Convulsions**. 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 the 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.

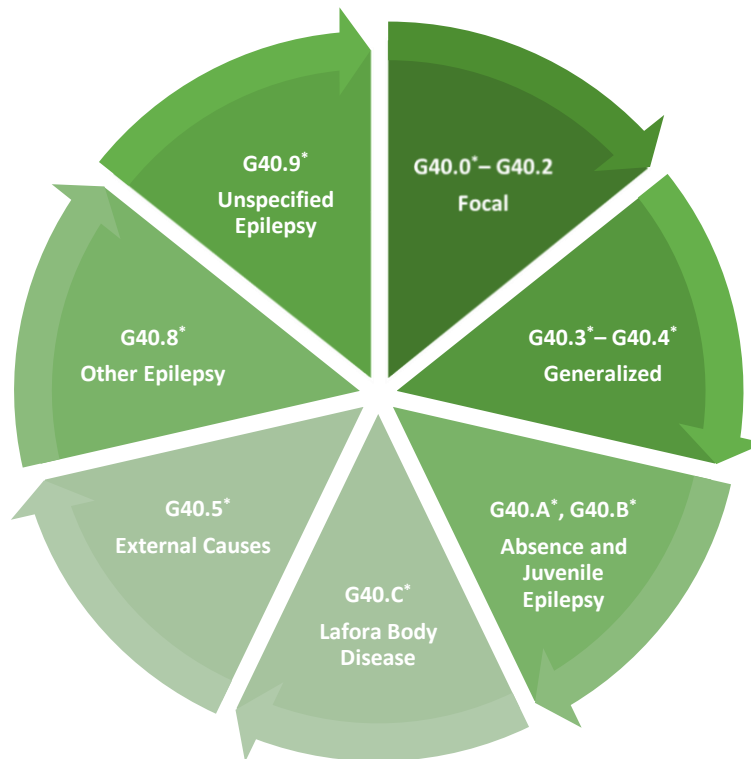
Seizure disorders are characterized by sudden, uncontrolled burst of electrical activity between the nerve cells of the brain. The term **convulsions** is often used interchangeably with seizure. A seizure can be a single event, or it can be a recurring type known as **epilepsy**.

Documentation and Coding

Seizure NOS ICD-10 Categories



Seizure Disorder ICD-10 Categories



*Requires an additional digit to complete the diagnosis code.

Seizure Disorders and Convulsions

Documentation and Coding

Identify Type of Seizure		
Seizure NOS		<ul style="list-style-type: none"> ○ Isolated event ○ Specify: febrile, post-traumatic, unspecified
Seizure Disorder	Focal	<ul style="list-style-type: none"> ○ Idiopathic ○ Simple partial (consciously aware seizures) ○ Complex partial (impaired-awareness seizures)
	Generalized	<ul style="list-style-type: none"> ○ Idiopathic ○ Other generalized ○ May include terms: tonic, clonic, atonic, myoclonic, grand mal seizures
	Other	<ul style="list-style-type: none"> ○ Absence epileptic syndrome ○ Juvenile myoclonic epilepsy ○ Lafora progressive myoclonus epilepsy ○ Epileptic seizures related to external causes ○ Epileptic syndromes undetermined as to whether they are focal or generalized

Documentation and Coding

Documentation Recommendations	
Status of Condition	<ul style="list-style-type: none"> ○ Stable, worsening, improved, or resolved
Intractability	<ul style="list-style-type: none"> ○ Non-intractable [well controlled, under control] ○ Intractable [pharmacologically resistant, treatment resistant, refractory (medically) epilepsy, and poorly controlled]
Identify Status Epilepticus	<ul style="list-style-type: none"> ○ With status epilepticus ○ Without status epilepticus <p>Seizures lasting more than five minutes, or continuous seizures that do not return to baseline</p>
Underlying Causes	<p>i.e., Brain injury or trauma, brain infection, prior stroke or transit ischemic attack, alcohol misuse, illicit drug use, sleep deprivation, genetic factors, stress, metabolic disorders</p>
Treatment Plan	<ul style="list-style-type: none"> ○ Avoid or minimize seizure triggers ○ Medication, i.e., Antiepileptic Drugs (AEDs) ○ Treat and eliminate underlying cause, if known ○ Surgical interventions: resection of the epileptic focus, vagus nerve stimulation, responsive neurostimulation (RNS)

Coding Tips

- **Seizure disorder G40*** is classified **separately** from **Seizures (convulsive) NOS R56.9**.
- For highest specificity, document **intractable** or **non-intractable** and identify status **epilepticus**.
- Code also, if applicable associated conditions such as dementia (**F02.8-**), with category **G40.C***.
- Use additional code for adverse effect, to identify external cause drug (**T36–T50**) with category **G40.5*** if applicable.
- Select the **ICD-10-CM** code to the highest **specificity**.

*Requires an additional digit to complete the diagnosis code.

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Documentation and Coding

Coding Example

Case	The patient is an 84-year-old female with a history of seizure secondary to a stroke suffered several years ago. The patient was admitted for an unrelated condition and is currently taking phenytoin for seizure disorder. What is the correct code assignment for a patient with a history of seizure associated with a previous stroke, currently on anticonvulsant medication?
ICD 10-CM	I69.398, G40.909
AHA Coding Clinic 2009 Second Quarter Rationale	Assign code I69.398 , Other late effects of cerebrovascular disease, and code G40.909 , Epilepsy, unspecified, without mention of intractable epilepsy, since the documentation specifies that the seizure disorder is due to old stroke. The seizure was being treated and meets the criteria for coding as an additional diagnosis.

Questions?

Contact us at [@Risk Adjustments and clinical Documentation@healthfirst.org](https://twitter.com/RiskAdjustmentsandClinicalDocumentation).

For additional documentation and coding guidance, please visit the coding section at [HFproviders.org](https://www.healthfirst.org/providers).

References

- [Merckmanuals.com, Seizure Disorder](https://www.merckmanuals.com/subject/epilepsy)
- [ICD-10-CM Official Guidelines for Coding and Reporting, FY 2024](https://www.aaha.org/coding-guidelines)
- [CodingClinicAdvisor.com](https://www.codingclinicadvisor.com)

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