

# Coma

## 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 **Coma**. 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.

A coma is a state of prolonged loss of consciousness. It can have a variety of causes, including traumatic head injury, stroke, brain tumor, drug or alcohol intoxication, an underlying illness such as diabetes, or an infection.

# Documentation and Coding

## Clinical Documentation Recommendations

| Criteria Type and Points    | 1     | 2                                     | 3                                   | 4                                       | 5                            | 6              |
|-----------------------------|-------|---------------------------------------|-------------------------------------|---|------------------------------|----------------|
| <b>Eyes Open</b>            | Never | To Pain                               | To Sound                            | Spontaneous                             | N/A                          | N/A            |
| <b>Best Verbal Response</b> | None  | Incomprehensible words                | Inappropriate words                 | Confused conversation                   | Oriented; Converses normally | N/A            |
| <b>Best Motor Response</b>  | None  | Abnormal extension to painful stimuli | Abnormal flexion to painful stimuli | Flexion withdrawal from painful stimuli | Localizes painful stimuli    | Obeys commands |

**Brain injury is classified according to the Glasgow Coma Scale (GCS) score.**

- Severe, with GCS < 9
- Moderate, GCS 9–12
- Minor, GCS ≥ 13
- Specify the actual number of the score
- Persistent vegetative state
- Transient alteration of awareness

- **Neurological Examination**

- Decreased consciousness
- Stimuli to arouse a patient that is briefly or not at all
- Dilation of eye, pinpoint eye
- Confusion or inappropriate responses
- Limited or no response to pain
- Ataxia

- **Respiratory**

- Abnormal breathing patterns including Cheyne-Stokes or Biot's respirations

- **Cardiac**

- Tachycardia
- Cardiac arrest
- Hypotension

- **Therapeutic Procedures and Services**

- Immediate stabilization of airway and circulation
- Supportive measures including control of intracranial pressure (ICP)
- Treatment of underlying conditions

- **Diagnosis**

- Complete blood count
- Thyroid, kidney, and liver functions
- Carbon monoxide poisoning test
- Drug or alcohol overdose
- CT Scan, MRI Scan, Electroencephalogram (EEG)

## ICD-10-CM Codes and Descriptions

|                               |  |
|-------------------------------|--|
| <b>R40.20</b> <sup>*(†)</sup> | Unspecified Coma<br>Includes Unconsciousness NOS, Coma NOS |
| <b>R40.21</b> <sup>*</sup>    | Coma Scale, Eyes Open                                      |
| <b>R40.22</b> <sup>*</sup>    | Coma Scale, Best Verbal Response                           |
| <b>R40.23</b> <sup>*</sup>    | Coma Scale, Best Motor Response                            |
| <b>R40.24</b> <sup>*</sup>    | Glasgow Coma Scale, Total Score                            |

<sup>\*</sup>Additional digit required to complete the diagnosis code.

<sup>(†)</sup>Use only if no other code describes the condition.

## Coding Tips

- The details of the Glasgow Coma Scale (GCS) score may be found in emergency department or trauma records. In some facilities, the ICU will track GCS over time.
- A patient is assessed against the criteria of the scale; the resulting points provide a patient score between 3 (indicating deep unconsciousness) and 15 (fully awake).
- Coma Scale may be reported based on documentation by clinicians who are not the patient's provider.
- The GCS score codes should be reported in conjunction with traumatic brain injury (TBI) codes only. They should never be sequenced as principal or first-listed diagnoses.
- Codes **R40.21–R40.24** cannot be used with code **R40.2A – Nontraumatic coma due to underlying condition**. They are primarily for use by trauma registries. The Coma Scale codes should be sequenced after the diagnosis codes.

# Documentation and Coding

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## Coding Example

|   |  |
|---|--|
| <b>Case</b>   | A patient suffered a traumatic brain injury with severe swelling of the brain due to a motor vehicle accident. The patient was placed in a medically induced coma to protect the brain and minimize the swelling and inflammation. Would it be appropriate to report code <b>R40.20</b> , Coma, unspecified, for a medically induced coma? |
| <b>AHA Coding Clinic 2021 4th Quarter Rationale</b> | No, it is not appropriate to report code <b>R40.20</b> for a medically induced coma. The I.I.C.18.e. states, "Do not report codes for unspecified coma, individual or total Glasgow Coma Scale scores for a patient with a medically induced coma or a sedated patient."   |

## References

- [ICD-10-CM Official Coding Guidelines, FY 2024](#)
- [Coding Clinic Advisor](#)

## Questions?

Contact us at [#Risk\\_Adjustments\\_and\\_clinical\\_Documentation@healthfirst.org](mailto:Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

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

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