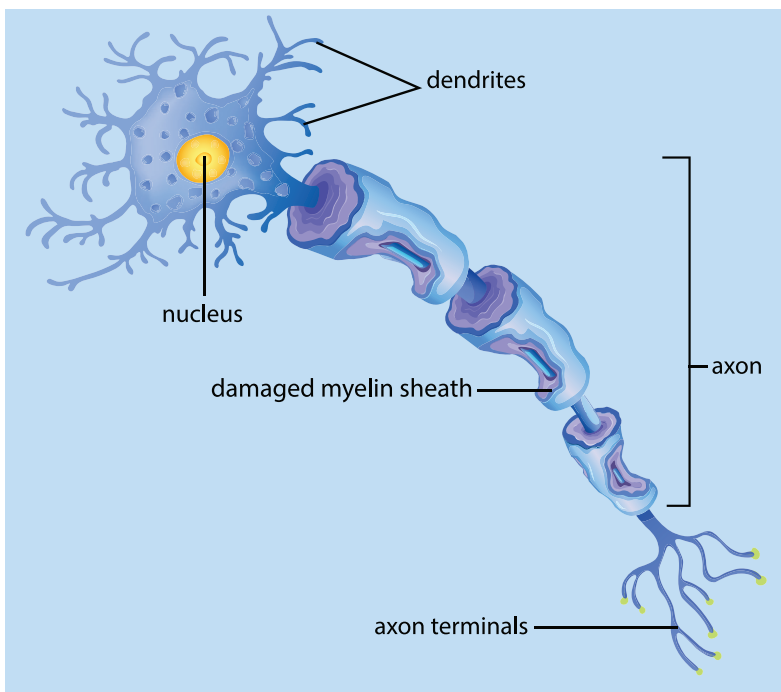


Documentation and Coding: Multiple Sclerosis

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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 multiple sclerosis (MS). 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 subscriber contract/ evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Four Stages of Multiple Sclerosis



Relapsing-Remitting

Primary Progressive

Secondary Progressive

Progressive Relapsing

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Coding Tips:

Multiple sclerosis-G35 is also used to code the following diseases per ICD-10-CM:

- Disseminated multiple sclerosis
- Generalized multiple sclerosis
- Multiple sclerosis, not otherwise specified
- Multiple sclerosis of brain stem
- Multiple sclerosis of cord

When a confirmed diagnosis has been rendered for multiple sclerosis, it is inappropriate to continue to code the symptoms.

Other demyelinating disease pertaining to multiple sclerosis may include:

- G36.0–G36.9 Other acute disseminated demyelination
 - i.e., Neuromyelitis optica (DEVIC)
 - Acute and subacute hemorrhagic, leukoencephalitis (HURST)
- G37.0–G37.9 Other demyelinating diseases of central nervous system

Exclusion note: G37.3 excludes G35 and G36

Clinical Documentation Should Include:

<ul style="list-style-type: none"> ■ Evidence of areas of damage in the central nervous system (CNS); indication of what damage occurred at different points in time; all other possible conditions that were ruled out 	<ul style="list-style-type: none"> ■ Rehabilitation treatments ordered to alleviate progressive symptoms, including physical therapy, occupational therapy, speech/language pathology, and cognitive remediation
<ul style="list-style-type: none"> ■ The onset of multiple sclerosis, the managing provider, the type and/or stage of MS, and the flare up or exacerbation being treated 	<ul style="list-style-type: none"> ■ Infusion treatments used to remedy the symptoms for multiple sclerosis
<ul style="list-style-type: none"> ■ An updated status of the condition (stable, improved, and/or worsening) 	<ul style="list-style-type: none"> ■ Tests, treatments, follow-up, surveillance, and referrals
<ul style="list-style-type: none"> ■ A concise treatment plan linking active related medications and other treatments to the diagnosis 	<ul style="list-style-type: none"> ■ Confirmed diagnosis only--do not document a suspected or unconfirmed diagnosis, and do not use terms that imply uncertainty, such as "probable" and "apparently"

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Coding Examples

Case 1	A patient presents with peripheral neuropathy related to multiple sclerosis. Is it appropriate to assign code G35, multiple sclerosis, followed by code G63, polyneuropathy in diseases classified elsewhere, for peripheral neuropathy related to MS?
ICD-10-CM	G35 - Multiple sclerosis G63 - Polyneuropathy in diseases classified elsewhere
Rationale	Yes. Assign code G35, multiple sclerosis, followed by code G63, polyneuropathy in diseases classified elsewhere. Code G63 conveys that the peripheral neuropathy is related to MS. Source: <i>AHA Coding Clinic</i> (Volume 8, First Quarter, 2021)
Case 2	A patient scheduled a neurologist appointment with chief complaints of muscle spasms, fatigue, and numbness and tingling in hands. During the physical examination, the neurologist was able to confirm the patient's symptoms. The provider ordered a magnetic resonance imaging (MRI) and lab work to "rule out multiple sclerosis".
ICD-10-CM	R20.2 - Paresthesia of skin R53.83 - Other fatigue M62.83 - Muscle spasm
Rationale	Multiple sclerosis would not be coded as an established diagnosis. You can only code the symptoms until a confirmed diagnosis is determined.

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: codingclinicadvisor.com; ICD-10-CM Official Guidelines for Coding and Reporting