

## Multiple Sclerosis

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.

### ICD-10 Codes and Descriptions

ICD-10-CM	Description
<b>G35.A</b>	Relapsing-remitting multiple sclerosis (Exclude1: demyelinating disease of central nervous system, unspecified (G37.9))
<b>G35.B0</b>	Primary progressive multiple sclerosis, unspecified
<b>G35.B1</b>	Active primary progressive multiple sclerosis Primary progressive multiple sclerosis with evidence of inflammatory disease activity
<b>G35.B2</b>	Non-active primary progressive multiple sclerosis Primary progressive multiple sclerosis without evidence of inflammatory disease activity
<b>G35.C0</b>	Secondary progressive multiple sclerosis, unspecified
<b>G35.C1</b>	Active secondary progressive multiple sclerosis Secondary progressive multiple sclerosis with evidence of inflammatory disease activity
<b>G35.C2</b>	Non-active secondary progressive multiple sclerosis Secondary progressive multiple sclerosis without evidence of inflammatory disease activity
<b>G35.D</b>	Multiple sclerosis, unspecified <ul style="list-style-type: none"> <li>• Disseminated multiple sclerosis</li> <li>• Generalized multiple sclerosis</li> <li>• Multiple sclerosis NOS</li> <li>• Multiple sclerosis of brain stem</li> <li>• Multiple sclerosis of cord</li> </ul>

# Documentation and Coding

## Documentation Recommendations

Status of Condition	Type of MS	Therapies	Treatment/Plan
<ul style="list-style-type: none"><li>Stable</li><li>Improved</li><li>Worsening</li><li>Active</li><li>Non active</li></ul>	<ul style="list-style-type: none"><li>Relapsing-remitting</li><li>Primary progressive</li><li>Secondary progressive</li><li>Progressive relapsing</li><li>Unspecified</li></ul>	<ul style="list-style-type: none"><li>Physical therapy</li><li>Occupational therapy</li><li>Speech/language pathologist</li><li>Cognitive</li></ul>	<ul style="list-style-type: none"><li>Infusion treatments</li><li>Testing/diagnostics</li><li>Surveillance</li><li>Referrals</li><li>Medications</li></ul>

## Coding Tips

- When a confirmed diagnosis has been rendered for multiple sclerosis, it is inappropriate 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
- These codes cannot be coded together:**
  - G37.3** - Acute transverse myelitis in demyelinating disease of central nervous system
  - G35** - Multiple Sclerosis
  - G36** - Neuromyelitis Optica [Devic]

## Coding Examples

<b>Case 1</b>	A patient presents with peripheral neuropathy related to multiple sclerosis. Is it appropriate to assign code G35, multiple sclerosis, followed by code <b>G63</b> , polyneuropathy in diseases classified elsewhere, for peripheral neuropathy related to MS?
<b>ICD-10-CM Diagnosis Reported</b>	<b>G35</b> - Multiple sclerosis <b>G63</b> - Polyneuropathy in diseases classified elsewhere
<b>Rationale</b>	Yes. Assign code <b>G35</b> , multiple sclerosis, followed by code <b>G63</b> , polyneuropathy in diseases classified elsewhere. Code G63 conveys that the peripheral neuropathy is related to MS. Source: AHA Coding Clinic (Volume 8, First Quarter, 2021)

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<b>Case 2</b>	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".
<b>ICD-10-CM Diagnosis Reported</b>	<b>R20.2</b> - Paresthesia of skin <b>R53.83</b> - Other fatigue <b>M62.83</b> - Muscle spasm
<b>Rationale</b>	Multiple sclerosis would not be coded as an established diagnosis. You can only code the symptoms until a confirmed diagnosis is determined.

## References

- [ICD-10 Coding Guidelines](#)
- [Coding Clinic Advisor](#)
- [Mayo Clinic | Multiple Sclerosis](#)

## Questions?

Contact us at [#Risk Adjustments and clinical Documentation@healthfirst.org](#).

For additional documentation and coding guidance, please visit the coding section on [HFproviders.org](#)

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