

## Part B Insider (Multispecialty) Coding Alert

### NEUROLOGY: Don't Let Lack Of Seizure Diagnosis Codes Stop You In Your Tracks

**Strategy:** Adding a fifth digit could provide the needed specificity

**Problem:** The ICD-9-CM manual has limited descriptions for epilepsy conditions, and this has caused many headaches for coders.

**Solution:** Coding a diagnosis to the highest level of specificity is not impossible if you learn to read between the codes.

Although you may face challenges translating the language in a patient's chart into ICD-9 definitions, you'll also likely encounter situations when you just don't have enough information to arrive at a specific diagnosis.

Patients experiencing seizures will often need to undergo EEG monitoring to pinpoint the reasons and to help neurologists localize the portion of the brain affected. In other words, a final diagnosis is most often undetermined at the time of monitoring.

Many coders try to avoid assigning unspecified diagnoses at all costs. But when a definitive diagnosis is not available, you can feel comfortable using unspecified codes to diagnose the patient's seizure activity. Most frequently, coders will look to code 345.9x (Epilepsy, unspecified) or 780.39 (Other convulsions).

Even when a neurologist arrives at a specific diagnosis, you may still not be able to report the patient's condition with any current ICD-9 definitions. In such cases, consider using 345.8x (Other forms of epilepsy).

**Example:** Diagnoses such as frontal lobe seizures or myoclonic-astatic episodes would fall under 345.8x, says **Paul M. Levisohn, MD**, practice committee chair of the **American Epilepsy Society** and professor of neurology and pediatrics at the **University of Colorado Health Sciences Center** in Denver.

**Good news:** Using these unspecified codes when diagnosing seizures will rarely have an adverse effect on a claim's approval or reimbursement levels, Levisohn adds.

**Check for a fifth digit:** But even with an unspecified code, you may be able to increase the accuracy of your diagnosis. When you're choosing epilepsy codes from the 345 range, don't forget to check the possibility of adding a fifth-digit subclassification.

With the epilepsy codes, a fifth digit of 1 indicates that the condition is intractable, meaning it is not responsive to customary doses of medication. You should use a 0 as the fifth digit when there is no mention of intractability in the patient's record.