

## Outpatient Facility Coding Alert

### ICD-10: Dyskinesia Diagnoses Get More Precise With the New Coding System

**You'll still have an 'unspecified' option when lacking details.**

Abnormal involuntary movements (AIMs) are also known as dyskinesias, and might be the reason behind physicians at your facility performing procedures such as 64612 (Chemodenerivation of muscle[s]; muscle[s] innervated by facial nerve, unilateral [e.g., for blepharospasm, hemifacial spasm]) or 95872 (Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied).

There are several varieties of dyskinesia which have different clinical appearances, underlying causes, and treatments. Tremor, chorea, dystonia, and myoclonus are types of dyskinesia with different mechanisms and modalities of treatment. All these conditions are bundled up into one ICD- 9 code, 781.0 (Abnormal involuntary movements).

**ICD-10 transition:** The ICD-10 system of coding will offer a range of options that focus on different types of abnormal involuntary movements. This is good news since it can be difficult to justify all the diagnosis and medical procedures associated with AIM with a single code. The following diagnoses will be your choices under ICD-10:

- R25.0: Abnormal head movements
- R25.1: Tremor, unspecified
- R25.2: Cramp and spasm
- R25.3: Fasciculation
- R25.9: Unspecified abnormal involuntary movements.

In cases when the physician does not specify the type of abnormal movement, the new coding system provides an additional possible code for the unspecified movement: R25.8 (Other abnormal involuntary movement).

**Preparation:** Physicians who diagnose AIM need to get accustomed to documenting more details about the conditions since they'll no longer have a catch-all diagnosis. Encourage them to take better notes now so they'll be ready for the more precise options under ICD-10 and will have fewer denials.