

MDS Alert

ICD-10 Practice: Coding Migraines Need Not Be A Headache

This debilitating condition has many code variations.

You may feel overwhelmed by the sheer amount of ICD-10 codes, and figuring out how to select the exact code for your resident's medical diagnosis can be daunting. Migraines are especially tough - with so many uber-specific choices, you need to make sure you choose the right one to describe a resident's situation.

Migraine is an umbrella term, and understanding which symptoms distinguish the various types is key to choosing the correct code.

Look for Visual Disturbances, Aura

In order to report most of the migraine ICD-10 codes, you're going to have to have a handle on the definition of "aura." For coding purposes, a migraine with aura often contains visual disturbances, like seeing patterns or lights or losing vision, tunnel vision, etc., explains **Cathy Satkus, CPC**, coder at **Harvard Family Physicians** in Tulsa, Oklahoma.

According to **Yvonne Dillon, CPC, CEDC**, director of emergency department services at **Bill Dunbar and Associates LLC** in Indianapolis, Indiana, migraine auras refer to "specific nervous system symptoms that occur or begin approximately five to 20 minutes prior to the onset of the headache." Dillon says these symptoms can include, but are not limited to, the following:

- Blind spots within the resident's visual field;
- Resident seeing a zigzag pattern;
- Blindness affecting half the resident's visual field in either both or one eye;
- Visual hallucinations;
- Seeing flashing lights;
- Pins and needles sensation in arm or leg; or
- Difficulty speaking.

Do this: If you see any of the above symptoms in the encounter notes, be sure to consider an aura diagnosis for your migraine resident.

Paralysis May Correlate with Migraine

If one of the symptoms of the resident's migraine is partial or temporary paralysis, then they might suffer from a hemiplegic migraine (G43.4-, [Hemiplegic migraine]).

Dillon says that some of the classic symptoms of hemiplegic migraine include:

- Limb weakness or paralysis on one side of the body,
- Confusion, and
- Speech problems.

Sometimes, Migraines Collide with CI

When the provider records a migraine with cerebral infarction (CI), you'll have to choose a code to represent the condition, for example, G43.61 (Persistent migraine aura with cerebral infarction, intractable).

For diagnosis coding purposes, a migraine with cerebral infarction, or "migrainous infarction," refers to a migraine during

which "a cerebral infarction occurs. This may cause a stroke," Dillon says. Migraines with CI occur more commonly in people who have migraine with aura as opposed to those without aura, she continues.

Also, you'll need to report the CI along with the migraine code in this case. According to the notes below G43.6- (Persistent migraine aura with cerebral infarction), code also the type of cerebral infarction (I63.-).

Know Which Rules Can Justify 'Chronic'

Practices will also see their share of residents suffering from chronic migraines. When looking to ICD-10, you'll need to know several rules for coding chronic migraines in a resident. Before reporting a code for chronic migraine, such as G43.709 (Chronic migraine without aura, not intractable, without status migrainosus), be sure that the resident meets chronic migraine standards.

According to Dillon, "chronic migraines are those that occur 15 or more days in a month within at least a three-month span without medication overuse." In addition, the chronic migraine resident must also experience two or more of the following symptoms eight or more days per month for at least three months:

- Moderate to severe headaches;
- Each headache lasts four hours or more;
- Headaches occur on one side of the head only;
- Headaches feature pulsating pain;
- Headaches that are aggravated by routine physical activity;
- Headaches that causing vomiting, nausea, or both; and
- Headaches coupled with sensitivity to light and sound.