

Neurology & Neurosurgery Tip Sheet for ICD-10



Diagnosis Documentation Requirements

Alzheimer's Disease	Document onset as: -Early Or -Late	If with dementia, document as: -With behavioral disturbance, for example combative and/or aggressive behavior -Without behavioral disturbance	
Attention Disorder	Document site, such as: - Predominantly inattentive - Predominantly hyperactive - Combined type		
Cerebral Infarction & Occlusion	Document etiology: - Due to embolus, thrombosis, occlusion, or stenosis Document laterality: -Right -Left	Document specific artery affected: - Precerebral (vertebral, basilar, or carotid) - Cerebral artery (middle, anterior, posterior) - Cerebellar arteries	Specify if intraoperative or postprocedural complication Document any related deficits: (Right or left hemiparesis, aphasia, seizure, etc.) Document: -TPA administration
Cognitive Signs & Symptoms	Identify when signs and symptoms are related to a known mental disorder	List any associated: - Current injuries - Late effects of past events.	Clarify type of mental disturbances: - Altered mental status - Age-related cognitive decline - Confusion - Dementia
Diabetic Neuropathy	Document type: Rather than "diabetic neuropathy," if known or suspected document instead: -Diabetic mononeuropathy -Diabetic polyneuropathy -Diabetic autonomic neuropathy -Diabetic amyotrophy -Other neurological complication	If control is not maintained of blood glucose levels, document insulin control status as: - Inadequately controlled - Out of controlled Or - Poorly controlled	
Dominant or Nondominant Side	Document side affected as: -Dominant -Nondominant	Document type: -Monoplegia -Hemiplegia -Other paralytic syndromes	If specify side is not documented as dominant or nondominant: -Right side defaults to dominant -Left side defaults to nondominant
Drug Underdosing	Document type: - Intentional versus - Unintentional	Document reason for underdosing, such as: -Financial hardship or - Age related dementia	
Epilepsy	Document: -Intractable versus not intractable And -With or without status epilepticus	Specify type: -Localization-related idiopathic or symptomatic -Simple partial or complex partial seizures -Generalized idiopathic	Identify any special epileptic syndromes: -Seizures related to alcohol, drugs, sleep deprivation, etc. Include descriptions of poorly controlled pharmacoresistant, treatment resistant and refractory

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Gait Disturbance	Document if: - Ataxic - Paralytic - Spastic - Staggering	Document if: - Falling - Unsteadiness - Difficult walking	
Headache	Document type: - Cluster - Vascular - Tension-type - Post-traumatic - Drug-induced (specify drug) - Other	Document: - Intractable - Not intractable	Document timing: - Episodic - Chronic - Episodic paroxysmal hemicrania - Chronic paroxysmal hemicrania - Short lasting unilateral
Major Depressive Disorder	Document episode: - Single - Recurrent	Document severity: - Mild - Moderate - Severe w/o psychotic symptoms - Severe w/ psychotic symptoms	Indicate status: - Full remission - Partial remission
Memory Loss	Document if: - Disorientated Anterograde Amnesia - Retrograde Amnesia - Age related - Altered mental status		
Migraine	Document type: - Migraine w/ aura - Migraine w/o aura - Hemiplegic migraine - Persistent migraine aura w/o cerebral infarction - Persistent migraine aura w/ cerebral infarction - Chronic migraine	Identify when migraine is due to drugs and specify the drug Document: - With status migrainosus - Without status migrainosus - Intractable - Not intractable	Identify when migraine is associated with seizures or cerebral infarction
Malnutrition	Document type: -Protein calorie -Protein energy	Document severity: -Mild or 1 st degree -Moderate or 2 nd degree Or -Severe or 3 rd degree	Document BMI
Myalgia	Document specific location: - Shoulder - Upper arm - Forearm - Hand - Fingers - Thigh - Ankle	Detail when paralysis or burns accompany the calcification and ossification of muscles. Document any underlying disease Document laterality: - Right - Left - Bilateral	Document any rupture: - Non-traumatic ischemic - Infarction - Wasting - Contracture of a muscle
Pathological Vertebral Fractures	Specify whether etiology is: - Age related - Disuse osteopenia - Neoplastic - Some other disease		
Pressure Ulcers	Must document diagnosis of pressure ulcer	Document site and stage	Note: Stage of pressure ulcer can be taken from nursing notes
Pulmonary Embolism	Document type, such as: - Saddle - Septic	Document cor pulmonale if present and whether it is: - Acute - Chronic	Specify if: -Chronic (still present) Versus -Healed/old -Note that "history of PE" is ambiguous

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Respiratory Failure	Document: - Acute - Chronic or - Acute on chronic	Document, if acute respiratory failure: - Hypoxemic - Hypercapnic or - Both	
Seizures	Seizures not diagnosed as a disorder or recurrent (i.e., non-epileptic) should specify the condition as being: - Febrile – specify simple or complex - New onset - Single seizure or convulsion - Post traumatic or hysterical - Autonomic	Describe seizures as: - Localized onset - Simple partial - Complex partial	Further describe seizures as: - Intractable - Not intractable - With status epilepticus - Without status epilepticus
Sequelae of Cerebrovascular Disease	Cause & Effect, use “due to” or Secondary to” to link cause and effect. When present, document sequelae: - Cognitive - Monoplegia - Speech: - Hemiplegia - Aphasia - Dysphasia - Dysarthria - Fluency disorder		
Skin Disturbance	Document laterality: - Right - Left - Bilateral Detail any associated condition or disease (e.g., easy bruising, leukemia)	List specific sensory disturbances such as: - Hypoesthesia - Paresthesia - Hyperesthesia	Identify the underlying cause of any sign and symptom when known.
Spinal Column Site	Document site, affected as: - Occipito-atlanto-axial - Cervical or cervical-thoracic - Thoracic or thoracolumbar - Lumbar or lumbosacral - Sacral or sacrococcygeal	Document site for spinal cord injury: - Cervical = identify each vertebral segment - Thoracic = identify as T1, T2-T6, T7-T10, or T11-12 - Lumbar = identify each vertebral segment - Sacral = no additional specificity needed	
Transient Ischemic Attack (TIA)	Document, if known or suspected, rather than TIA: - Vertebro-basilar artery syndrome - Carotid artery syndrome - Precerebral artery syndrome - Amaurosis fugax - Transient global amnesia - Other cerebral ischemic attacks and Syndromes	Note: Diagnosis of TIA = “unspecified” code	

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Traumatic Brian Hemorrhage	Specify site: - Left or right cerebrum - Cerebellum - Brainstem - Epidural - Subdural - Subarachnoid	Specify if with LOC and for how long	
Traumatic Vertebral Fractures	Document: -Level of vertebral column, example – L1 - Displaced versus nondisplaced - Part of vertebra fractured, example – posterior arch	Document type: - Type II dens fracture of the 2 nd cervical vertebra - Type III spondylolisthesis of the 2 nd cervical vertebra - Stable versus unstable burst fracture - Zone I-III or Type 1-4 sacral fracture	
Tremors	Document: -Abnormal head movements -Tremor -Cramp/spasm -Fasciculations (twitching)		
Procedures	Documentation Requirements		
Arterial Catheterization	Document site of artery: - Abdominal aorta - Anterior tibial - External iliac - Renal - Common carotid - Hand - etc.	Document laterality: - Right - Left - Bilateral	Document approach: - Open - Percutaneous - Percutaneous endoscopic
Arteriogram	Document if done with: - Plain radiography - Fluoroscopy	Document site: - Abdominal aorta - Hepatic artery - Lumbar arteries - Lower arteries - Other	Document type of contrast used: - None - Low osmolar - High osmolar - Other
Central Venous Catheter Placement	Document site: - Artium - Inferior vena cava - Innominate vein - Subclavian vein - Superior vena cava	Document substance administered: -No substance -Antibiotics Antineoplastic -Dialysis -Nutritional substance -other substance	Document approach: - Open - Percutaneous - Percutaneous endoscopic
Excision of Intervertebral Disc	Differentiate: - between removal of a <i>portion</i> or - <i>All</i> of an intervertebral disc		
Injection/Infusion	Document: - Substance administered (analgesic, anti- infective, sedative, anti-inflammatory, etc.)	Injection/infusion of thrombolytic agent - Document Substance: - Recombinant Human-activated Protein C - Other Thrombolytic	Document approach: - Open - Percutaneous

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<p>Insertion Vascular Stent</p>	<p>Document specific site:</p> <ul style="list-style-type: none"> - Olfactory - Optic - Facial - Vagus - Femoral - Sciatic - Sacral - Etc. 	<p>Document if the approach:</p> <ul style="list-style-type: none"> - Open - Percutaneous - Percutaneous endoscopic 	
<p>Transfusion</p>	<p>Document:</p> <ul style="list-style-type: none"> - Substance transfused: (FFP, RBC, albumin, etc.) - Autologous or nonautologous 	<p>Document when blood was collected:</p> <ul style="list-style-type: none"> - Prior to surgery - Intraoperative/perioperative/post-operative (24 HR period surrounding surgery) - Previously collected - Salvage (24 HR period surrounding surgery) 	<p>Document site of administration:</p> <ul style="list-style-type: none"> - Central artery or vein - Peripheral artery or vein <p>Document approach:</p> <ul style="list-style-type: none"> - Open - Percutaneous
<p>Spinal Fusion</p>	<p>Document:</p> <ul style="list-style-type: none"> -Level of spinal column involved and -Number of vertebral joints fused 	<p>Document, for operative approach:</p> <ul style="list-style-type: none"> -Anterior approach, anterior column -Posterior approach, posterior column or -Posterior approach, anterior column 	