CHAPTER 6

DISEASES OF THE NERVOUS SYSTEM (G00-G99)

March 2014

CHAPTER SPECIFIC CATEGORY CODE BLOCKS

- G00-G09 Inflammatory diseases of the central nervous system
- G10-G14 Systemic atrophies primarily affecting the central nervous system
- G20-G26 Extrapyramidal and movement disorders
- G30-G32 Other degenerative diseases of the nervous system
- G35-G37 Demyelinating diseases of the central nervous system
- G40-G47 Episodic and paroxysmal disorders
- G50-G59 Nerve, nerve root and plexus disorders
- G60-G65 Polyneuropathies and other disorders of the peripheral nervous system
- G70-G73 Diseases of myoneural junction and muscle
- G80-G83 Cerebral palsy and other paralytic syndromes
- G89-G99 Other disorders of the nervous system

CHAPTER NOTES

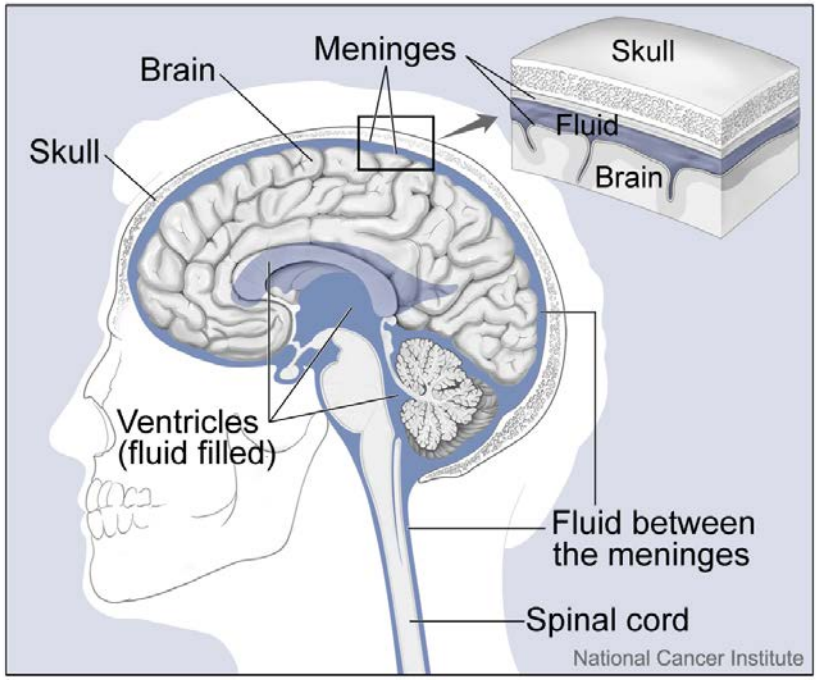
- You can find Pain codes in three different places in the ICD-10-CM manual

- Pain diagnoses found in this chapter include:
  - Migraine and other headache syndromes (categories G43-G44)
  - Causalgia (complex regional pain syndrome II) (CRPS II) (G56.4-, G57.7-)
  - Complex regional pain syndrome I (CRPS I) (G90.5-)
  - Neuralgia and other nerve, nerve root and plexus disorders (categories G50-G59)
  - Pain, not elsewhere classified (category G89)

- Basilar and carotid artery syndromes, transient global amnesia and transient cerebral ischemic attack have been moved from the circulatory system chapter in ICD-9-CM to the nervous system chapter in ICD-10-CM.

CHAPTER NOTES (cont.)

- Sense organs have been separated from nervous system disorders, creating two new chapters for diseases of the eye and adnexa and of the ear and mastoid process.
- Paralytic sequelae of infarct/stroke are in chapter 9.
- The following terms are equivalent to intractable:
  - Pharmacoresistent (pharmacologically resistant)
  - Treatment resistant
  - Refractory (medically)
  - Poorly Controlled
- Epilepsy terminology updated
  - Localization-related idiopathic
  - Generalized idiopathic
  - Special epileptic syndromes
- Provides specificity for
  - Seizures of localized onset
  - Complex partial seizures
  - Intractable
  - Status epilepticus



DOMINANT/NONDOMINANT SIDE

- Codes from category G81, Hemiplegia and hemiparesis, and subcategories, G83.1, Monoplegia of lower limb, G83.2, Monoplegia of upper limb, and G83.3, Monoplegia, unspecified, identify whether the dominant or nondominant side is affected

- Categories G81, G82 and G83 are used only when listed conditions are reported without further specification or are stated to be old or longstanding, with unspecified cause.

- Should the affected side be documented but not specified as dominant or nondominant and the classification system does not indicate a default, code selection is as follows:
  - For ambidextrous patients, the default is dominant
  - If the left side is affected the default is nondominant
  - If the right side is affected the default is dominant

PAIN, NOT ELSEWHERE CLASSIFIED (NEC) (G89)

- Codes in category G89, Pain, not elsewhere classified, may be used in conjunction with codes from other categories and chapters to provide more detail about acute or chronic pain and neoplasm-related pain, unless otherwise indicated below.

- If the pain is not specified as acute or chronic, post- thoracotomy, postprocedural, or neoplasm-related, do not assign codes from category G89.

- A code from category G89 should not be assign if the underlying (definitive) diagnosis is known, unless the reason for the encounter is pain control/management and not management of the underlying condition.

- When an admission or encounter is for a procedure aimed at treating the underlying condition (e.g., spinal fusion, kyphoplasty), a code for the underlying condition *e.g., vertebral fracture, spinal stenosis) should be assigned as the principal diagnosis. No code from G89 should be assigned.

CATEGORY G89 CODES AS PRINCIPAL OR FIRST LISTED DIAGNOSIS

- G89 codes are acceptable as a principal diagnosis or the first-listed code when the following occur:
  - When pain control or pain management is the reason for the admission/encounter (e.g., a patient with displaced intevertebral disc, nerve impingement and severe back pain presents for injection of steroid into the spinal canal). The underlying cause of the pain should be reported as an additional diagnosis, if known.
  - When a patient is admitted for the insertion of a neurostimulator for pain control, assign the appropriate pain code as the principal or first-listed diagnosis. When an admission or encounter is for a procedure aimed at treating the underlying condition and a neurostimulator is inserted for pain control during the same admission/encounter, a code for the underlying condition should be assigned as the principal diagnosis and the appropriate pain code should be assigned as the secondary diagnosis.

USE OF CATEGORY G89 CODES IN CONJUNCTION WITH SITE SPECIFIC PAIN CODES

Assigning category G89 and site-specific pain codes

- Codes from category G89 ,may be used in conjunction with codes that identify the site of pain (including codes from chapter 18) if the category G89 code provides additional information.
- For example, if the code describes the site of the pain, but does not fully describe whether the pain is acute or chronic, then both codes should be assigned.

Sequencing of category G89 codes with site-specific pain codes

- The sequencing of category G89 codes with site-specific pain codes (including chapter 18 codes), is dependent on the circumstances of the encounter/admission as follows:
  - If the encounter is for pain control or pain management, assign the code from category G89 followed by the code identifying the specific site of pain (e.g., encounter for pain management for acute neck pain from trauma is assigned code G89.11, Acute pain due to trauma, followed by code M54.2, Cervicalgia, to identify the site of your pain).
  - If the encounter is for any other reason except pain control or pain management, and a related definitive diagnosis has not been established (confirmed) by the provider, assign the code for the specific site of pain first, followed by the appropriate code from category G89.

POSTOPERATIVE PAIN (G89)

- There are four codes related to postoperative pain which include:
  - G89.12- Acute post-thoracotomy pain
  - G89.18- Other acute postprocedural pain
  - G89.22- Chronic post-thoracotomy pain
  - G89.28- Other chronic postprocedural pain

- The provider's documentation should be used to guide the coding of postoperative pain, as well as Section III. Reporting Additional Diagnosis and Section IV. Diagnostic Coding and Reporting in the Outpatient Setting.

- The default for post-thoracotomy and the other postoperative pain not specified as acute or chronic is the code for acute form.

- Routine or expected postoperative pain immediately after surgery should not be coded.

POSTOPERATIVE PAIN (G89) (cont.)

- Postoperative pain not associated with a specific postoperative complication is assigned to the appropriate postoperative pain code in category G89.

- Postoperative pain associated with a specific postoperative complication (such as painful wire sutures) is assigned to the appropriate code(s) found in Chapter 19, Injury, poisoning and certain other consequences of external causes.

- If appropriate, use additional code(s) from category G89 to identify acute or chronic pain (G89.18 or G89.28)

PAIN DUE TO DEVICES, IMPLANTS AND GRAFTS

See section I.C.19 pain due to medical devices

CHRONIC PAIN (G89.2)

- Chronic pain is classified to subcategory G89.2
- There is no time frame defining when pain becomes chronic pain.
- The provider's documentation should be used to guide use of these codes.

CENTRAL PAIN SYNDROME (G89.0)

- Central pain syndrome is defined as "a neurological condition caused by damage to or dysfunction of the central nervous system."
- Central pain syndrome can occur as a result of stroke, ms, neoplasm, epilepsy, CNS trauma or Parkinson's disease.

CHRONIC PAIN SYNDROME (G89.4)

- Central pain syndrome (G89.0) and chronic pain syndrome (G89.4) are different than the term “chronic pain,” and therefore codes should only be used when the provider has specifically documented this condition.

- Chronic pain syndrome is not synonymous with chronic pain

- You should only code this condition only when the physician specifically documents it.

- Chronic pain syndrome is chronic pain associated with significant psychosocial dysfunction such as:
  - Depression
  - Drug dependence
  - Complaints that are out of proportion to the physical findings, anxiety and other manifestations

  See Section I.C.5. Pain disorders related to psychological factors

NEOPLASM RELATED PAIN

- Code G89.3 is assigned to pain documented as being related, associated or due to cancer, primary or secondary malignancy, or tumor.
- This code is assigned regardless of whether the pain is acute or chronic.
- This code may be assigned as the principal or first-listed code when the stated reason for the admission/encounter is documented as pain control/pain management.
- The underlying neoplasm should be reported as an additional diagnosis.
- When the reason for the admission/encounter is management of the neoplasm and the pain is associated with the neoplasm is also documented, code G89.3 may be assigned as an additional diagnosis.
- It is not necessary to assign an additional code for the site of the pain.

MIGRAINE AND OTHER HEADACHE SYNDROMES (G43-G44)

- In ICD-10-CM, the various types of migraines are reported with codes in category G43.
- All migraines must be documented as intractable or not intractable and with status migrainosus or without status migrainosus.
- Status migrainosus refers to a migraine that has lasted more than 72 hours.
- Terms that describe intractable migraine include:
  - Pharmacoresistent (pharmacologically resistant)
  - Treatment resistant
  - Refractory (medically)
  - Poorly Controlled
- Other headache syndromes are reported with codes from category G44 and include:
  - Cluster headaches
  - Vascular headache not elsewhere classified
  - Tension-type headaches
  - Post-traumatic headaches
  - Drug-induced headaches
  - Many others

SEIZURE AND EPILEPSY (G40)

- The following are the fourth character subcategories for epilepsy:
  - G40.0, Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset;
  - G40.1, Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures;
  - G40.2, Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures;
  - G40.3, Generalized idiopathic epilepsy and epileptic syndromes;
  - G40.A, Absence epileptic syndrome;
  - G40.B, Juvenile myoclonic epilepsy [impulsive petit mal];
  - G40.4, Other generalized epilepsy and epileptic syndromes;
  - G40.5, Epileptic seizures related to external causes;
  - G40.8, Other epilepsy and recurrent seizures; and
  - G40.9, Epilepsy, unspecified.

- Notice that the above subcategories are mainly separated by localized vs. generalized. In addition, there are separate codes if the epilepsy is idiopathic vs. symptomatic.

SEIZURE AND EPILEPSY (G40) (cont.)

- The fifth and sixth characters of G40 will identify the presence or absence of status epilepticus and intractable epilepsy.

- Convulsions, not elsewhere classified are classified to category R56 and includes the following subcategories:
  - R56.0, Febrile convulsions;
  - R56.1, Posttraumatic seizures; and
  - R56.9, Unspecified convulsions (which includes seizures NOS).

ALZHEIMERS (G30)

- There are four codes in ICD-10-CM:
  - G30.0 Alzheimer's disease with early onset
  - G30.1 Alzheimer's disease with late onset
  - G30.8 Other Alzheimer's disease
  - G30.9 Alzheimer's disease unspecified

- Category G30, Alzheimer's disease instructs coders to assign an additional code when associated with:
  - Delirium, if applicable (F05)
  - Dementia with behavioral disturbance (F02.81)
  - Dementia without behavioral disturbance (F02.80)

- Thorough documentation of symptoms and tests will be required by physicians.

CODING EXAMPLES

1. This patient, a 15-year-old female, is being seen for management of juvenile myoclonic epilepsy. The patient did not respond to treatment and was diagnosed with an intractable seizure. What diagnosis codes are assigned?

   Answer: G40.B19 - Epilepsy, epileptic, epilepsia (attack) (cerebral) (convulsion) (fit) (seizure), juvenile myoclonic, intractable

   Rationale: The documentation indicates that the disorder is juvenile myoclonic epilepsy that is intractable. People with juvenile myoclonic epilepsy (JME) have myoclonic seizures which are identified as quick little jerks of the arms, shoulders, or occasionally the legs. The myoclonic jerks sometimes are followed by a tonic-clonic seizure. JME is one of the most common epilepsy syndromes, and makes up about 7 percent of all cases of epilepsy. JME may begin between late childhood and early adulthood, usually around the time of puberty.

CODING EXAMPLES (cont.)

2. This 45-year-old female patient has breast cancer of the right breast with multiple ,etastases to the liver. She is seen to control the severe acute pain of the liver metastases. What diagnosis codes are assigned?

   Answer: G89.3- Pain (see also Painful), acute, neoplasm related

   C50.911- Refer to Neoplasm Table, by site, breast, malignant, primary site

   C78.7- Refer to Neoplasm Table, by site, liver, malignant, secondary site

   Rationale: ICD-10-CM Coding Guideline I.C.6.b.5. states that code G89.3 is assigned to pain documented as being related, associated or due to cancer, primary or secondary malignancy or tumor. This code may be assigned as the principal or first-listed code when the stated reason for the encounter is pain control or pain management. The underlying neoplasm should be reported as an additional diagnosis.

CODING EXAMPLES (cont.)

3. This 52-year-old male has been having increasing dementia and forgetfulness. He has been wandering off and leaving his home and forgetting where he is or where he is going. The diagnosis of dementia due to early-onset Alzheimer's was established. What diagnosis codes are assigned?

   Answer: G30.0- Alzheimer's disease or sclerosis, *see* Disease, Alzheimer's, early onset, with behavioral disturbance

   F02.81- Dementia, in Alzheimer's disease, *see* Disease, Alzheimer's

   Z91.83- Wandering, in diseases classified elsewhere

   Rationale: There is mandatory sequencing for these codes. The etiology (Alzheimer's disease) is sequenced first and the manifestation (dementia) is sequenced second. The Index provides the following documentation: Alzheimer's, early onset, with behavioral disturbance G30.0 [F02.81]. The use of the brackets in the Index indicates manifestation codes. Further, the note in the Tabular at the G30 category states to use an additional code to identify dementia with behavioral disturbance (F02.81). At the F02 category, the note states to code first the underlying physiological condition. The dementia is coded with behavioral disturbance because of the documentation of wandering off. At code F02.81, the note states to use additional code, if applicable, to identify wandering in dementia in conditions classified elsewhere (Z91.83). This code further specifies the behavioral disturbance as wandering off.

TRAINING SOURCES

American Health Information Management Association
www.ahima.org

American Academy of Professional Coders
www.aapc.com

CSI Coding Strategies
www.csisays.codingstrategies.com

Code It Right
www.codeitrightonline.com

For The Record
www.fortherecordmag.com