

Seizures and Seizure Disorders

A seizure is a single episode of abnormal electrical activity in the brain, while a seizure disorder is a condition where multiple seizures occur. Epilepsy (also called epileptic seizure disorder) is a chronic brain disorder characterized by recurrent seizures that are unprovoked and that occur > 24 hours apart. A single seizure is not considered an epileptic seizure. Epilepsy is often idiopathic, but various brain disorders, such as malformations, strokes, and tumors, can cause symptomatic epilepsy.

ICD-10 CODES

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| <p>R56.9 Unspecified convulsions</p> <p>G40.00- Localization-related idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable</p> <p>G40.01- Localization-related idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable</p> <p>G40.10- Localization-related symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable</p> <p>G40.11- Localization-related symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable</p> <p>G40.20- Localization-related symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable</p> <p>G40.21- Localization-related symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable</p> <p>G40.30- Generalized idiopathic epilepsy and epileptic syndromes, not intractable</p> <p>G40.31- Generalized idiopathic epilepsy and epileptic syndromes, intractable</p> <p>G40.40- Other generalized epilepsy and epileptic syndromes, not intractable</p> <p>G40.41- Other generalized epilepsy and epileptic syndromes, intractable</p> <p>G40.50- Epileptic seizures related to external causes, not intractable</p> | <p>G40.801 Other epilepsy, not intractable, w/ status epilepticus</p> <p>G40.802 Other epilepsy, not intractable, w/out status epilepticus</p> <p>G40.803 Other epilepsy, intractable, w/ status epilepticus</p> <p>G40.804 Other epilepsy, intractable, w/out status epilepticus</p> <p>G40.89 Other seizures</p> <p>G40.90- Epilepsy, unspecified, not intractable</p> <p>G40.91- Epilepsy, unspecified, intractable</p> <p>G40.A0- Absence epileptic syndrome, not intractable</p> <p>G40.A1- Absence epileptic syndrome, intractable</p> <p>G40.B0- Juvenile myoclonic epilepsy, not intractable</p> <p>G40.B1- Juvenile myoclonic epilepsy, intractable</p> <p>G40.C0- Lafora progressive myoclonus epilepsy, not intractable</p> <p>G40.C1- Lafora progressive myoclonus epilepsy, intractable</p> <p>Z86.69 Personal history of other diseases of the nervous system and sense organs</p> |
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Multiple codes require a final digit to denote with or without status epilepticus.

1= with status epilepticus
9= without status epilepticus

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support seizures and seizure disorders.

Diagnosis: Seizures

Evidence: EEG shows increased activity

Evaluation: Epilepsy, not intractable, without status epilepticus

Plan: Continue Keppra, if increasing in frequency patient to contact office and consider adding Topamax

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis

Seizure Diagnosis

- Single Seizure (R56.9)
- Seizure Disorder/Epilepsy (G40.909)

Status

Active (no curative history)

- External cause (must be stated)
- With or without Status Epilepticus
- Intractable/Non-intractable

Historical (curative measure successful)

Plan

- Currently active
 - Requiring treatment (including type)
- History of (coded as history)
- Status post treatment (coded as history)
- Removal of external cause (coded as history)

BEST PRACTICES & TIPS

- Always indicate the **type & specificity** (single seizure, seizure disorder, external cause, with or without status epilepticus, intractable or non intractable) along with any associated complications.
- A current **control measure** for the seizure/seizure disorder must be present to substantiate as active.
- If seizure was due to an **external cause** and the external cause was resolved, the seizure will be presumed resolved as well.
- In order to code an '**other seizure**' the other cause must be clearly documented. Without the proper documentation this will default to unspecified.
- **Avoid** using terms such as “probable”, “suspected”, “likely”, “questionable”, “possible”, with a confirmed and active diagnosis of epilepsy.
- Documentation should always include **evidence** of seizures. Incorporate labs & imaging results, signs, symptoms. Distinctly document the associated control of the condition.



For more resources go to:
HIOSCAR.COM/PROVIDERS/RESOURCES

