ICD-10 Diagnosis Documentation Tips – Neurosurgery of the Head

ICD-10 requires enhance clinical specificity:
- ICD-9 code – “Other specified paralytic syndromes”
- ICD-10
  - Brown-Sequard syndrome
  - Anterior cord syndrome
  - Posterior cord syndrome
  - Todd’s paralysis (post-epileptic)
  - Other specified paralytic syndromes

Enhanced Anatomic Specificity: many conditions have multiple new codes due to increased anatomic specificity
- Non-traumatic subarachnoid hemorrhage – ICD-9 (1 code)
- Non-traumatic subarachnoid hemorrhage – ICD-10 (20 codes)
  - Carotid siphon, middle cerebral, ant communicating, post communicating, basilar, vertebral, etc. (many with 3 sub-options based on laterality – R, L, or unspecified)

Enhanced Specificity for Laterality: for all conditions where laterality can be specified, it must be for complete coding
- Examples: peripheral nerves, cerebral ventricles, etc.

Traumatic Cerebral Edema: an example of combination codes which include additional specificity related to manifestations
- Additional information: duration of loss of consciousness and/or whether patient died prior to regaining consciousness
- Additional information: initial encounter, subsequent encounter, or late sequela

Glasgow Coma Scale: now included in ICD-10 coding
ICD-10 [INPATIENT] Procedural Coding Tips – Neurosurgery of the Head

Characters:
- Section – almost always medical/surgical, don’t need to state
- Body system – should be self evident from your description
- Root operation – describes the intent of the procedure
  - Resection – removal of all of a body part
  - Excision – removal of a portion of a body part
- Body part – describe with anatomic specificity, laterality if applies
  - Example: even if an entire meningioma is removed, only part of the relevant body part (the cerebral meninges) is removed
  - Take-away point: document exactly what was removed and the coder can figure it out.
- Approach – open, percutaneous, percutaneous endoscopic
- Device
  - Describe as specifically as possible any device left in the patient
- Qualifier – If diagnostic procedure be sure to state so

Endovascular Procedures:
- Be sure to describe the “intent” of the procedure, so the root operation can be accurately captured.
  - Restriction is decreasing the flow through a tubular body part
  - Occlusion is totally eliminating flow through a tubular body part

Component Procedures:
- Message: document each component of the procedure as a separate component procedure and the coder can figure out which ones should / should not be coded