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Neurology Documentation Tips

The following are important documentation tips and strategies for ICD-10 compliance:

Condition/Concept	ICD-10 Documentation Tips
Alzheimer's Disease	**Onset:** Early or Late **If with dementia, document as:** With behavioral disturbance, for example – combative and/or aggressive behavior, Without behavioral disturbance.
AMS	**Associated:** Encephalopathy, Acute confusion, Drug delirium, Dementia (type)
Attention Disorder	**Site:** Predominantly inattentive, Predominantly hyperactive, Combined type
Cognitive Signs & Symptoms	**Identify** when signs and symptoms are related to a known mental disorder. **Associated Conditions:** Current injuries, Late effects of past events. **Type of mental disturbances:** Altered mental status, Age-related mental decline, Confusion, Dementia
CVA (hemorrhagic)	**Specify:** Traumatic or non-traumatic **Location of Bleed:** epidural, subdural, intra-cerebral, subarachnoid, extra- dural, other **Specify** artery involved **Laterality** **Note** residuals: dysphasia, aphasia, hemi paresis, hemiplegic
CVA (infarct)	**Etiology:** Due to (Occlusion, stenosis, embolism, thrombus, hemorrhagic, other) **Laterality:** Right, Left **Specific Artery Affected:** Precerebral (vertebral, basilar or carotid), Cerebral (middle, anterior, posterior), Cerebellar arteries **Specifiy:** Intraoperative or postoperative complication, if applicable **Related deficits:** dysphasia, aphasia, hemi-paresis, hemiplegia **Document:** TPA administration
Delirium	**Drug** induced, Acute, Alcoholic, ETOH withdrawal, other
Dementia	**Type:** Alzheimer, Vascular, HIV, Senile, etc **Note** all behavior manifestations: aggression, combative, wandering, violent
Diabetic Neuropathy	**Specify Type if known or suspected:** Diabetic mononeuropathy, Diabetic polyneuropathy, Diabetic autonomic neuropathy, Diabetic amyotrophy, Other neurological condition. **Insulin control status:** Inadequately controlled, Out of control or Poorly controlled.
Dysphagia	**Type:** Cervical, oral phase, functional, or pharyngeal, pharyngeal, other
Encephalopathy	**Type:** Hypertensive, Metabolic, Toxic, Hepatic, etc
Epilepsy	**Document:** Intractable or Not Intractable **AND** With or Without status epilepticus **Type:** Localization-related idiopathic or symtopathic, Simple partial or complex partial seizures, Generalized idiopathic **Specify special epileptic syndromes:** Seizures related to alcohol, drug, sleep deprivation,etc. **Include** descriptions of poorly controlled pharmacoresistent, treatment resistant and refractory
Gait Disturbance	**Document if:** Ataxic, Spastic, Paralytic, Staggering, Falling, Unsteadiness, Difficult walking

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Headache	**Type:** Cluster, Vascular, Tension-type, Post-traumatic, Drug-induced (specify drug), Other **Specify:** Intractable, Not Intractable **Timing:** Episodic, Chronic, Episodic paroxysmal hemicrania, Chronic paroxysmal hemicranias, Short lasting unilateral
Hemiparesis/Hemiplegia	**Hemiplegia Type**: Flaccid or spastic. **Note** if dominant or non-dominant side
Major Depressive Disorder	**Episode:** Single, Recurrent **Severity:** Mild, Moderate, Severe w/o psychotic symptoms, Severe w/ psychotic symptoms **Status:** Full remission, Partial remission
Malnutrition	**Type:** Protein calorie, Protein energy **Severity:** Mild or 1st degree, Moderate or 2nd degree, Severe or 3rd degree. **Document BMI**
Memory Loss	**Specify if known:** Disoriented Anterograde Amnesia, Retrograde Amnesia, Age related, Altered mental status
Migraine	**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 **If Drug Induced:** Due to specified drug **Document:** With status migrainosus, Without status migrainosus, Intractable, Not Intractable **Identify** when migraine is associated with seizures or cerebral infarction
MRI and edema/mass	Under A/P **include diagnoses**. Ex. Brain mass with cerebral edema
Myalgia	**Specific Location:** Shoulder, Upper arm, Forearm , Hand, Fingers, Thigh, Ankle **Detail** when paralysis or burns accompany the calcification or ossification of muscles. **Document** any underlying disease. **Laterality:** Right, Left , Bilateral **Document any rupture:** Non-traumatic ischemic, Infarction, Wasting, Contracture of muscle
Obtunded	Utilize **Glasgow Coma Scale** to further describe
Pathological Vertebral Fractures	**Etiology:** Age related, Disuse osteopenia, Neoplastic, Some other disease
Pressure Ulcers	**Must document diagnosis of pressure ulcer.** **Site** **Stage** **Note:** Stage of pressure ulcer can be taken from nursing notes
Pulmonary Embolism	**Type:** Saddle, Septic **Cor pulmonalae if present and if:** Acute, Chronic **Specify if:** Chronic (still present) **Versus:** Healed/old, Note that 'History of PE" is ambiguous
Respiratory Failure	**Acuity:** Acute, Chronic, Acute on Chronic **If Acute:** Hypoxemic, Hypercapnic or Both

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Seizure	**Type:** Grand mal, Petit Mal, post-traumatic, febrile, due to old stroke, etc **Seizures not diagnosed as a disorder or recurrent** (i.e., nonepileptic) should specify the condition as being: Febrile – specify simple or complex, New onset, Single seizure or convulsion, Post traumatic or hysterical, Autonomic **Described as:** Localized onset, Simple partial, Complex partial, Intractable, Not Intractable, With status epilepticus, Without status epilepticus
Sequelae of Cerebrovascular Disease	**'Due to' or 'Secondary to':** Cognitive, Speech (Aphasia, Dysphasia, Dysarthria, Fluency Disorder), Monoplegia, Hemiplegia **Sequelae when present.**
Skin Disturbance	**Laterality:** Right, Left, Bilateral **Detail** any associated condition or disease (e.g., easy bruising, **Specific sensory disturbances:** Hypoesthesia, Paresthesia, Hyperesthesia **Underlying** cause of any sign or symptom if known.
Spinal Column Injury	**Site affected as:** Occipito-atlanto-axial, Cervical or cervical-thoracic, Thoracic or thoracolumbar, Lumbar or lumbosacral, Sacral or sacrococcygeal **Site of injury:** Cervical – identify each vertebral segment; Thoracic – identify as T1, T2-T6, T7-T10, or T11-T12; Lumbar – identify each vertebral segment; Sacral – no additional specificity needed.
Transient Ischemic Attack (TIA)	**If known or suspected, rather than 'TIA':** Vertebro-basilar artery syndrome, Carotid artery syndrome, Precerebral artery syndrome, Amaurosis fugax, Transient global anemia, Other cerebral ischemic attacks and syndromes **Diagnosis of 'TIA' = "unspecified code"**
Traumatic Brain Hemorrhage	**Site:** Left or right cerebrum, Cerebellum, Brainstem, Epidural, Subdural, Subarachnoid **Specify** if with LOC and how long.
Traumatic Vertebral Fractures	**Document:** Level of vertebral column, example – L1, Displaced versus nondisplaced, Part of vertebra fractured, example – posterior arch. **Type:** Type II dens fracture of the 2nd cervical vertebra, Type III spondylolisthesis of the 2nd 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)
Underdosing	**Type:** Intentional, Unintentional **Reason:** Financial hardship or Age related dementia
Unresponsive	**Etiology of:** progression of dementia, late effect of stroke (hemiparesis), exacerbation of MS, etc
Weakness	**Etiology of:** progression of dementia, late effect of stroke (hemiparesis), exacerbation of MS etc
NOTE	Diagnoses noted on X-rays, CT, MRI can not be captured unless re-documented in the progress notes under the A/P
PROCEDURES	
Arterial Catheterization	**Site of Artery:** Abdominal aorta, Anterior tibial, External iliac, Renal, Common carotid, Hand, etc. **Laterality:** Right, Left, Bilateral **Approach:** Open, Percutaneous, Percutaneous endoscopic

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Arteriogram	**Done with:** Plain radiography, Fluorscopy **Site:** Abdominal aorta, Hepatic artery, Lumbar arteries, Lower arteries, other **Type of Contrast:** None, Low Osmolar, High Osmolar, Other
Central Venous Catheter Placement	**Site:** Artium, Interior vena cava, Innominate vein, Subclavian vein, Superior vena cava. **Substance Administered:** No substance, Antibiotics, Antineoplastic, Dialysis, Nutritional substance, Other substance **Approach:** Open, Percutaneous, Percutaneous endoscopic
Excision of Intervertebral Disc	**Differentiate** between removal of a portion **or** All of an invertebral disc
Injection/Infusion	**Substance Administered:** Analgesic, anti-infective, sedative, anti-inflammatory, Recumbinant Human-activated Protein C, Other thrombolytic **Approach:** Open, Percutaneous
Insertion Vascular Stent	**Site:** Olfactory, Optic, Facial, Vagus, Femoral, Sciatic, Sacral, etc. **Approach:** Open, Percutaneous, Percutaneous endoscopic
Transfusion	**Product:** FFP, RBC, Albumin, etc, AND Autologous or nonautologous **When blood was collected if autologous:** Prior to surgery, Intraoperative/perioperative/post-operative (24 hr surrounding surgery), Previously collected, Salvage (24 hr period surrounding surgery) **Site of Administration:** Central artery or vein, Periphery artery or vein **Approach:** Open, Percutaneous
Spinal Fusion	**Document** level of spinal column involved **and** number of vertebral joints fused **Operative Approach:** Anterior approach, anterior column, Posterior approach, posterior column **OR** Posterior approach, anterior column

References:

http://www.roadto10.org/action-plan/phase-2-train/primer-family-practice/
http://www.nhrmc.org/documents/ICD10/documentation/Hospitalists/Neurology_Documentation_Tips.pdf

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