



ICD-10 Diagnosis Documentation Tips – General Neurosurgery

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



ICD-10 [INPATIENT] Procedural Coding Tips – General Neurosurgery

Characters:

- ❖ Section – almost always medical/surgical, don't need to state
- ❖ Body system – should be self-evident from the 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
 - Example: lumbar discectomies are usually excisions, but a total lumbar disc removal would be a resection
- ❖ 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

Component Procedures:

- ❖ Describe the procedures performed on individual body parts:
 - Example: Lumbar interbody fusion, posterior approach, L2-3, L3-4, BAK fusion device
- ❖ Coding Components
 - 0SG10A1 – the procedure described above
 - 0QB30ZZ – the potentially forgotten procedure, the bone graft from the L iliac crest
- ❖ Message: document each component of your procedure as a separate component procedure and the coder can figure out which ones should / should not be coded