Chapter 6

MENTAL AND BEHAVIORAL DISORDERS, DISEASES OF THE NERVOUS SYSTEM, DISEASES OF THE EYE, AND DISEASES OF THE EAR (F01-H95)

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Learning Objectives

- Understand the guidelines for mental health coding.
- Review and understand guidelines for nervous system coding.
- Review and understand guidelines for diagnosis coding of the eye and ear.
- Review coding and coding scenarios.
- Test your skill by completing checkpoint exercises.
- Test your knowledge by answering additional questions.

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Introduction

- Most diagnosis codes found in DSM-V are also found in the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) manual; however, the terminology may be different.
- It is important to become familiar with DSM-IV, even though the diagnosis code selection will be taken from the ICD-10-CM manual.
- Mental health (psychiatric) disorders involve disturbances in thinking, emotion, and behavior.

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Introduction

- These disorders are caused by complex interactions among the following:
  - Physical factors.
  - Psychological factors.
  - Social factors.
  - Cultural influences.
  - Hereditary influences.

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Mental Disorders Due to Known Physiological Conditions (F01-F09)

- This category includes mental disorders grouped together based on etiology in cerebral disease, brain injury, and other conditions leading to cerebral dysfunction.
- Conditions in this category include the following:
  - Delirium.
  - Dementia.
  - Mood disorder due to know physiological conditions.
  - Personality and behavioral disorders due to known physiological conditions.

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Mental Disorders Due to Known Physiological Conditions (F01-F09)

- Psychosis is defined as a personality derangement and loss of contact with reality and is frequently associated with:
  - Delusions.
  - Hallucinations.
  - Illusions.

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Delirium

- Delirium is defined as an acute state of confusion and is characterized by fluctuating disturbances in the following:
  - Cognition.
  - Mood.
  - Attention.
  - Arousal.
  - Self-awareness.

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Delirium

- Etiology of delirium:
  - Many conditions can cause delirium.
  - Initially, the causes can be classified as primary brain diseases (organic brain disease) or diseases that occur primarily elsewhere in the body but affect the brain, usually through associated toxic or metabolic changes.
  - The causes of delirium can be further categorized as metabolic, toxic, structural, or infectious.

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Delirium

- For a patient with delirium at least two of the following signs/symptoms are present:
  1. Reduced level of consciousness (eg, difficulty staying awake during examination).
  2. Perceptual disturbances, misinterpretations, illusions, or hallucinations.
  3. Disturbance of sleep-wake cycle, with insomnia or daytime sleepiness.

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Delirium

4. Increased or decreased psychomotor activity.
5. Disorientation to time, place, or person.
6. Memory impairment (eg, inability to learn new material, such as memorizing the names of several unrelated objects to be repeated after 5 minutes, or to remember past events, such as history of current episode of illness).

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Delirium

- Metabolic or toxic causes of delirium:
- Virtually any metabolic disorder can cause delirium in elderly people.
- Some of the more important metabolic and toxic causes of delirium are:
  - Electrolyte imbalances.
  - Hyperkalemia.
  - Hypokalemia.
  - Metabolic acidosis nutritional deficiencies.
  - Chronic endocrine abnormalities.

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Delirium

- Chronic endocrine abnormalities:
  - Hypothyroidism.
  - Hyperthyroidism.
  - Hyperparathyroidism; confusion brought on by hyperparathyroidism.
  - Transient ischemia.
  - Hypoglycemia.

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Delirium and Dementia

- The most common syndromes that affect cognitive, physical, or behavioral functions and are associated with an acute or chronic central nervous system (CNS) disorder are dementia and delirium.
- Other forms of cognitive decline in elderly people include the amnestic syndromes, which are rare.
- All of these terms refer to dysfunction or loss of cognitive functions, the processes by which knowledge is acquired, retained, and used.

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Alzheimer’s Disease

- Alzheimer’s disease is coded to F02 (Dementia in other diseases classified elsewhere).
- Alzheimer’s disease typically has an associated physiological condition associated with the dementia and the condition is coded as the first listed diagnosis followed by a code in category F02.-

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Coding Issues

- When coding mental disorders, it is extremely important to read the Includes and Excludes notes. These notes guide coders to the most accurate code category. When assigning codes from this category, it is essential to:
  - Code only the diagnoses documented in the medical record.
  - Use caution to select the appropriate ICD-10-CM code.
  - Verify the diagnosis with the physician when in doubt.
  - Review Examples 1 and 2.

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Alcohol-Induced Mental Disorders

- Delirium tremens usually begins soon after alcohol withdrawal, with the following:
  - Anxiety attacks.
  - Increasing confusion.
  - Poor sleep (with frightening dreams or nocturnal illusions).
  - Marked sweating.
  - Profound depression.

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Coding Issues

- Alcoholism is coded with category F10 (alcohol-related disorders).
- An additional code is required to identify blood alcohol levels if applicable and is coded in subclassification Y90.-
- An associated condition related to the alcohol abuse or dependence should be coded as an additional diagnosis such as the following:
  - Alcoholic psychoses.
  - Drug dependence.
  - Other related conditions.

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Coding Issues

- Some physical complications of alcohol include:
  - Cerebral degeneration.
  - Alcoholic cirrhosis of liver.
  - Epilepsy.
  - Alcoholic gastritis.
- Conditions of alcoholic psychoses include the following:
  - Withdrawal delirium.
  - Alcoholic dementia.
  - Hallucinosis.

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Coding Issues

- Some physical complications of alcohol include:
  - Psychosis with hallucinosis.
  - Alcohol intoxication.
  - Alcohol withdrawal syndrome.
  - Alcoholic mania.
  - Chronic alcoholism with psychosis.

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C5 a. Pain disorders related to psychological factors

- Assign code F45.41, for pain that is exclusively psychological. Code F45.41, Pain disorder exclusively related to psychological factors, should be used following the appropriate code from category G89, Pain, not elsewhere classified, if there is documentation of a psychological component for a patient with acute or chronic pain.
- See Section I.C.6. Pain.

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C5 b. Mental and behavioral disorders due to psychoactive substance use

1. In remission:

- Selection of codes for “in remission” for categories F10-F19, Mental and behavioral disorders due to psychoactive substance use (categories F10-F19 with -.21) requires the provider’s clinical judgment.
- The appropriate codes for “in remission” are assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting).

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C5 b. Mental and behavioral disorders due to psychoactive substance use

2. Psychoactive substance use, abuse, and dependence:
   - When the provider documentation refers to use, abuse, and dependence of the same substance (eg, alcohol, opioid, cannabis), only one code should be assigned to identify the pattern of use based on the following hierarchy:
   - If both use and abuse are documented, assign only the code for abuse.

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C5 b. Mental and behavioral disorders due to psychoactive substance use

- If both abuse and dependence are documented, assign only the code for dependence.
- If use, abuse, and dependence are all documented, assign only the code for dependence.
- If both use and dependence are documented, assign only the code for dependence.

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C3. Psychoactive Substance Use

- As with all other diagnoses, the codes for psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses).
  - The codes are to be used only when the psychoactive substance use is associated with a mental or behavioral disorder, and such a relationship is documented by the provider.

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Alcohol Dependence F10.2-

- Alcohol dependence F10.2- :
  - Alcohol dependence is a state resulting from drinking alcohol on a continuous or periodic basis to experience its psychic effects and sometimes to avoid discomfort of its absence.
- Alcoholism:
  - Alcoholism is associated with deviant behaviors with prolonged consumption of excessive amounts of alcohol.

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Alcohol Dependence F10.2-

- Alcoholism is considered a chronic illness of undetermined etiology, with recognizable signs and symptoms.
- Consumption of large amounts of alcohol usually causes the following:
  - Significant clinical toxicity and tissue damage.
  - Significant physical dependence.
  - A dangerous withdrawal syndrome.

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Alcohol Dependence F10.2-

- Category F10.2- is used to identify the following:
  - Alcohol dependence in uncomplicated (F10.20).
  - Alcohol dependence in remission (F10.21).
  - Alcohol dependence with intoxication (F10.22-).
  - Alcohol dependence with withdrawal (F10.23-).
  - Alcohol dependence with alcohol-induced mood disorder (F10.24).
  - Alcohol dependence with alcohol-induced psychotic disorder (F10.25-).

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Alcohol Dependence F10.2-

- Alcohol dependence with alcohol-induced amnestic disorder (F10.26).
- Alcohol dependence with alcohol-induced persistent dementia (F10.27).
- Alcohol dependence with other alcohol-induced disorders (F10.28-).
- Alcohol dependence with unspecified alcohol-induced disorder (F10.29).

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Alcohol Dependence F10.2-

- It is important to understand the following terms when selection of the appropriate category for alcoholism and drug usage:
  - Continuous--Daily intake of large amounts of alcohol or drugs or regular, heavy drinking on weekends or days off work. For drugs, daily or almost daily use.
  - Episodic--Alcoholic binges that last weeks or months, with sobriety for long periods afterward or use of drugs on weekends or short periods between drug use.

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Alcohol Dependence F10.2-

  - In remission—complete cessation of alcohol or drug intake for a length of time or a gradual trend toward cessation.
- When a patient is admitted for withdrawal or when alcohol withdrawal develops after admission, the code for alcoholism is reported as the first listed diagnosis, and the blood alcohol level (if known) is selected as the secondary diagnosis.

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Nondependent Abuse of Alcohol (F10.1.-)

- This category is used for alcohol abuse For alcohol, it is used with the following diagnoses:
  - Drunkenness.
  - Excessive drinking.
  - Inebriety.
  - Alcohol hangover.

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Substance Abuse

- Drug addiction and substance abuse is a chronic mental and physical condition related to the patient's pattern of drug use.
- Codes in this classification are defined by type of drug or substance along with where the encounter is abuse or dependence.
- Sixth characters may be required in many instances to identify the condition related to the abuse or dependence.

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Substance Abuse

- The following subclassifications identify specific drugs:
  - Opioid related disorders F11.-
  - Cannabis related disorders F12.-
  - Sedative, hypnotic, or anxiolytic related disorders F13.-
  - Cocaine related disorders F14.-
  - Other stimulant related disorders F15.-
  - Hallucinogen related disorder F16.-
  - Nicotine dependence F17.-
  - Inhalant related disorder F18.-
  - Other psychoactive substance related disorders F19.-

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Principal Diagnosis Selection for Substance Abuse or Dependence

- The following guidelines should be reviewed when the principal diagnosis is substance abuse or substance dependence:
  - When a patient is admitted for the purpose of detoxification or rehabilitation or both, and when withdrawal or other psychotic symptoms are indicated, sequence the substance abuse or dependence as the principal diagnosis.
  - When the patient is treated for alcohol abuse or dependence and the blood alcohol level is know use an additional code to identify the blood alcohol level from category Y90.-.

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Principal Diagnosis Selection for Substance Abuse or Dependence

- When a patient is diagnosed with substance abuse or dependence and is admitted for treatment or evaluation of a medical or physical condition related to the substance abuse or dependence, follow the directions in the Alphabetic Index to Diseases for conditions described as alcoholic or due to drugs; sequence the physical condition as the principal diagnosis, followed by the abuse or drug dependence.

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Principal Diagnosis Selection for Substance Abuse or Dependence

- When a patient is treated for both drug and alcohol abuse or dependence and is admitted for detoxification or rehabilitation, either condition may be designated the principal diagnosis.
- When a patient with a diagnosis of substance abuse, either alcohol or drugs, is admitted for an unrelated condition, follow ICD-10-CM Coding Guidelines for selecting the principal diagnosis.

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Schizophrenia, Schizotypal, Delusional, and Other Nonmood Psychotic Disorders (F20-F29)

- Several disorders are listed in this category of codes.
- Some of the most common disorders are the following:
  - Schizophrenic disorders (F20.-).
  - Schizotypal disorders (F21).
  - Delusional disorder (F22).
  - Schizoaffective disorder (F25.-).

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Schizophrenia

- Schizophrenia is a common and serious mental disorder characterized by loss of contact with reality (psychosis), hallucinations (false perceptions), delusions (false beliefs), abnormal thinking, flattened affect (restricted range of emotions), diminished motivation, and disturbed work and social functioning.

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Schizophrenia

- Psychotic disorders due to physical disorders or associated with substance abuse, as well as primary mood disorders with psychotic features, must be ruled out by clinical examination and history.
- In addition, laboratory tests can rule out underlying medical, neurologic, and endocrine disorders that can manifest as psychosis, such as:
  - Vitamin deficiencies.
  - Uremia.
  - Thyrotoxicosis.
  - Electrolyte imbalance.

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Schizophrenia

- The types of schizophrenia include:
  - Paranoid.
  - Catatonic.
  - Undifferentiated.
  - Residual.
  - Disorganized.

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Coding Issues

- Schizophrenic disorders are classified in category F20.-
- The fifth character in this category identifies the type of schizophrenia.

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Mood Affective Disorders (F30-F39)

- Affective psychoses include major depressive, manic, and bipolar disorders.
- These are common mental conditions characterized by mood disturbances.
- The major affective disorders are classified according to symptoms. Other nonpsychotic depressive disorders are subclassification F32.- depression.

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Mood Affective Disorders (F30-F39)

- These disorders can diagnosed and documented in the medical record as:
  - Recurrent.
  - Mild.
  - Moderate.
  - Mixed.
  - Severe, without mention of psychotic behavior.
  - Severe, specified as with psychotic behavior.
  - In partial or unspecified remission.
  - In full remission.

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Depressive Disorders

- Depressive disorders are mental disorders typically without an organic basis.
- Behavior may be affected, although it usually remains within acceptable social limits.
  - A person diagnosed with a depressive disorder usually manifests the following:
    - Sadness.
    - Despair.

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Depressive Disorders

- Discouragement.
- Low self-esteem.
- Guilt.
- Self-reproach.
- Withdrawal.
- Eating and sleeping disturbances.

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Manic and Bipolar Disorders (F30-F31)

- Manic disorders are conditions in which a patient exhibits the following symptoms:
  - Grandiosity.
  - Poor judgment.
  - Rapid speech.
  - Flight of ideas.
  - Major depression.
- Bipolar disorders are classified in category F31.-

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Anxiety, Dissociative, Stress-related, Somatoform, and Other Nonpsychotic Mental Disorders (F40-F48)

- These are mental disorders without demonstrable organic basis in which the person may have considerable insight but impaired reality perception.
- The person usually does not confuse the morbid subjective experiences and fantasies with external reality.

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Anxiety, Dissociative, Stress-related, Somatoform, and Other Nonpsychotic Mental Disorders (F40-F48)

- These disorders include:
  - Excessive anxiety.
  - Hysterical symptoms.
  - Phobias.
  - Obsessive symptoms.
  - Compulsive symptoms.
  - Depression.

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Anxiety, Dissociative, Stress-related, Somatoform, and Other Nonpsychotic Mental Disorders (F40-F48)

- ICD-10-CM codes in this category include:
  - Obsessive compulsive disorder (F42).
  - Post traumatic stress disorder (F43.1-).
  - Agoraphobia with panic disorder (F40.01).
  - Somatoform disorders (F45.-).
  - Fear of flying (F40.243).
  - Psychogenic deafness (F44.6).
  - Psychogenic pruritus (F45.8).

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Stress and Adjustment Reactions (F43.-)

- The ICD-10-CM manual provides a category to classify transient mental disorders that are reactions to physical or mental stress.
- Acute stress reactions are the result of an acute stressor (eg, being mugged) and include disorders of any severity and nature (eg, depression, anxiety, panic).
- These reactions usually subside in a matter of hours or days.

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Stress and Adjustment Reactions (F43.-)

- Adjustment reactions (F43.2-) are the result of chronic stressors (eg, bereavement, divorce) and last usually no longer than a few months.
- Conditions classified to these categories are considered situational and reversible and, therefore, need to be differentiated from other mental disorders.

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Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors (F50-F59)

- Category F50-F59 is intended to be used if the psychopathology is manifested by a single specific symptom or group of symptoms that is not part of an organic illness or other mental disorder classifiable elsewhere.
- Common conditions listed in this category include:
  - Eating disorders.
  - Sleep disorders.

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Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors (F50-F59)

- Anorexia nervosa.
- Tic disorders.
- Speech disorders.
- Bulimia.
- Psychogenic pain.
- Sexual disorders.
- Thumb sucking.

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Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors (F50-F59)

- The ICD-10-CM manual differentiates between physiological malfunctions arising from mental disorders and psychic conditions associated with underlying physical disorders.
- The distinction between the two categories is the nature of the physical condition.
- Physical conditions that manifest as functional disorders (eg, vomiting) are classified to category F45.-

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Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors (F50-F59)

- Physical conditions that manifest as structural disturbances or tissue damage (eg, ulcerative colitis) are classified to category F50-F54.
- The underlying physical condition is coded and is sequenced as a secondary diagnosis.

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Personality Disorders (F60-F69)

- Personality disorders include pervasive, inflexible, and stable personality traits that deviate from cultural norms and cause distress or functional impairment.
- Personality traits are patterns of thinking, perceiving, reacting, and relating that are relatively stable over time and in various situations.
- Personality disorders occur when these traits are so rigid and maladaptive that they impair interpersonal or vocational functioning.

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Personality Disorders (F60-F69)

- These traits and their potential maladaptive significance are usually evident from early adulthood and persist throughout much of life.
- Without environmental frustration, persons with personality disorders may or may not be dissatisfied with themselves.

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Personality Disorders (F60-F69)

- They may seek help because of symptoms such as:
  - Anxiety.
  - Depression.
  - Maladaptive behavior.
  - Substance abuse.
  - Vengefulness that results from the personality disorder.

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Personality Disorders (F60-F69)

- Persons with severe personality disorder are at high risk of the following:
  - Hypochondriasis.
  - Alcoholism.
  - Drug abuse.
  - Violent behavior.
  - Self-destructive behavior.

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Pervasive Developmental Disorders (F80-F89)

- Codes F80 to F89 are reported for conditions that relate to childhood.
- These disorders include reading disorder, Asperger's
- Syndrome, speech and language developmental delay, and autism.

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Diseases of the Nervous System and Sense Organs (G00-G99)

- Chapter 6 in the Tabular List includes the following sections:
  - Inflammatory diseases of the central nervous system (G00-G09).
  - Systemic atrophies primarily affecting the central nervous system (G10-G14).
  - Extrapyramidal and movement disorder (G20-G26).
  - Other degenerative diseases of the nervous system (G30-G32).

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Diseases of the Nervous System and Sense Organs (G00-G99)

- Demyelinating diseases of the central nervous system (G35-G37).
- Episodic and paroxysmal disorders (G40-G47).
- Nerve, nerve root, and plexis disorders (G50-G59).
- Polyneuropathies and other disorders of the peripheral nervous system (G60-G65).
- Diseases of myoneural junction and muscle (G70-G73).

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Diseases of the Nervous System and Sense Organs (G00-G99)

  - Cerebral palsy and other paralytic syndromes (G80-G83).
  - Other disorders of the nervous system (GG89-G99).
- The brain, the spinal cord, and the nerves throughout the body make up the nervous system.
- The nervous system, which is vulnerable to disease and injury, contains 100 billion or more nerve cells that run throughout the body, making connection with the brain, the body, and each other.

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Diseases of the Nervous System and Sense Organs (G00-G99)

- Nerve cells called *neurons* are largely responsible for sending messages. The brain and nerves compose a communication system able to send and receive information simultaneously.
- It is divided into two main parts:
  - Central nervous system.
  - Peripheral nervous system.

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Central Nervous System

The Brain

- The brain is the site of thinking and the control center for the rest of the body.
- It coordinates the ability to move, touch, smell, hear, and see.
- It allows people to form words, understand and manipulate numbers, compose and appreciate music, see and understand geometric shapes, and communicate with others.

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Central Nervous System

The Brain

- It has the capacity to plan ahead and fantasize.
- The brain is protected by cerebrospinal fluid and has three major anatomic components: the cerebrum, the brain stem, and the cerebellum.

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Central Nervous System

The Brain

- The brain is divided into four major sections:
  - Cerebrum/cerebral cortex—the main portion of brain tissue.
  - Brain stem—below the cerebrum, the stem of tissue that connects into spinal cord.
  - Midbrain, pons, medulla oblongata—make up the brain stem diencephalon (interbrain).
  - Cerebellum—behind the brain stem and below cerebrum; consists of median lobe and two lateral lobes.

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Central Nervous System

Spinal Cord

- The spinal cord is the main pathway of communication between the brain and the rest of the body.
- The spinal cord is protected by the spinal column, which consists of 33 vertebrae.
- These nerve branches provide communication with all parts of the body.

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Central Nervous System

Spinal Cord

- The spinal cord consists of nerve tissue that extends down from the brain through the vertebrae in the spinal column to the first and second lumbar vertebrae.
- Its purpose is to conduct nerve impulses to and from the brain.

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Peripheral Nervous System

- The peripheral nervous system consists of:
  - 12 pairs of cranial nerves.
  - 31 pairs of spinal nerves.
  - Autonomic nervous system.

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Peripheral Nervous System

- It is a network of nerves that connects the brain and spinal cord to the rest of the body.
- The peripheral nervous system includes all the nerves outside the CNS (brain and spinal cord). Cranial nerves connect the head and face directly to the brain, and the nerves connect the eyes and nose to the brain.
- All nerves connecting the spinal cord to the body are part of the peripheral nervous system.

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Inflammatory Diseases of the Central Nervous System (G00-G09)

Meningitis

- Meningitis is classified in categories G00 to G03.
- It is an inflammation of the meninges, the covering of the brain and spinal cord.
- It is most common in children between the ages of 1 month and 2 years; however, it can afflict adults as well, particularly adults with risk factors such as head trauma.

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Inflammatory Diseases of the Central Nervous System (G00-G09)

Meningitis

- Aseptic meningitis is caused by a virus or an autoimmune reaction, as sometimes occurs in multiple sclerosis.
- Bacterial meningitis is an inflammation of the meninges caused by bacteria.
- The most common bacteria responsible for this condition are *Neisseria meningitidis, Haemophilus influenzae,* and *Streptococcus pneumoniae.*

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Inflammatory Diseases of the Central Nervous System (G00-G09)

Meningitis

- Chronic meningitis is a brain infection that produces inflammation in the meninges lasting a month or longer.
- This condition usually affects persons who have immune system disorders such as acquired immunodeficiency syndrome (AIDS), cancer, and other severe diseases, or have needed long-term use of prednisone or anticancer drugs.

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Inflammatory Diseases of the Central Nervous System (G00-G09)

Meningitis

- ICD-10-CM code G01, Meningitis in other bacterial diseases classified elsewhere, requires close attention.
  - The note that follows this code indicates that the underlying disease must be coded first, with G01 as the secondary diagnosis.
  - There is an Excludes1 note that excludes meningitis in other conditions/diseases in this category.

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Coding Tip

- Use caution when coding classification G01 and G02. The underlying condition must be coded first.
  - Make sure the Excludes1 conditions are not coded in the classification.

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Inflammatory Diseases of the Central Nervous System (G00-G09)

Meningitis

- Bacterial meningitis is caused by a specific organism and is coded as G00.-
- A fourth character is required in the category.
  - There is an instructional note in this section that an additional code should be used to further identify the organism.

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Inflammatory Diseases of the Central Nervous System (G00-G09)

Meningitis

- A fourth character is required when coding in this subclassification. Meningitis unspecified is classified as G03.9.
- This classification includes nonpryogenic meningitis (G03.0), chronic meningitis (G03.1), and meningitis, unspecified (G03.9).

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Inflammatory Diseases of the Central Nervous System (G00-G09)

Encephalitis, Myelitis, and Encephalomyelitis (G04-G05)

- Encephalitis is inflammation of the brain, usually caused by a viral infection but may also be caused by an autoimmune reaction.
  - This condition is known as viral encephalitis.
- Another condition, encephalomyelitis, is an inflammation of the brain and spinal cord caused by a virus.

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Inflammatory Diseases of the Central Nervous System (G00-G09)

Encephalitis, Myelitis, and Encephalomyelitis (G04-G05)

- Encephalitis disrupts normal brain function, which may cause the following:
  - Personality changes.
  - Weakness.
  - Confusion.
  - Sleepiness.
  - Seizures.

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Inflammatory Diseases of the Central Nervous System (G00-G09)

Encephalitis, Myelitis, and Encephalomyelitis (G04-G05)

- Symptoms associated with encephalitis include:
  - Fever.
  - Headache.
  - Vomiting.
  - Weakness.
  - Stiff neck.
  - General feeling of illness.
- In this category, many codes direct coders to code first the underlying condition as the primary diagnosis, with encephalitis as the secondary diagnosis.

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Other Degenerative Diseases of the Nervous System (G30-G32)

- Dementia is classified in “Other cerebral degenerations” in the ICD-10-CM manual.
  - Dementia is a slowly progressing decline in mental ability in which memory, judgment, thinking, the ability to pay attention, and learning are impaired.
- Symptoms of dementia include:
  - Loss of memory, specifically of recent events.
  - Wandering attention.
  - Difficulty finding right words.
  - Impaired orientation to surroundings.
  - Possibly diminished awareness to present time.

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Other Degenerative Diseases of the Nervous System (G30-G32)

- Alzheimer's disease is a progressive degenerative disease of the brain of unknown cause with diffuse atrophy throughout the cerebral cortex; it initially presents with slight memory disturbance or personality changes that progressively deteriorate to profound memory loss and dementia.
  - Alzheimer's disease is the most common form of dementia and is classified as G0.30-
  - The cause of Alzheimer's disease is unknown, but scientists believe the condition may be hereditary.

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Demyelinating Diseases of the Central Nervous System (G35-37)

- Diseases classified in this category include:
  - Multiple sclerosis.
  - Diffuse sclerosis.
  - Acute transverse myelitis.
- The most common condition in this category is multiple sclerosis, a disorder in which the nerves of the eye, brain, and spinal cord lose patches of myelin.
- The term comes from the multiple areas of scarring (sclerosis) that represent many patches of demyelination in the nervous system.

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Episodic and Paroxysmal Disorders (G40-G47)

- Diseases classified in this category include:
  - Epilepsy.
  - Epileptic syndromes.
  - Migraines.
  - Headache syndrome.
  - Posttraumatic headaches.
  - Sleep disorders.

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Episodic and Paroxysmal Disorders (G40-G47)

- Epilepsy is a recurrent disorder of cerebral function characterized by the following:
  - Migraine.
  - Other conditions of the brain.
  - Other paralytic syndromes.
  - Sudden attacks of altered consciousness.
  - Altered motor activity.
  - Inappropriate behavior caused by excessive discharge of cerebral neurons.

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Episodic and Paroxysmal Disorders (G40-G47)

- Several types of seizures are associated with epilepsy:
  - Generalized loss of consciousness and motor functions along with infantile spasms and absence of seizure.
  - Atonic: brief, generalized seizures in children characterized by complete loss of muscle tone and consciousness.
  - Petit mal (absence seizures): brief, generalized attacks of 10 to 30 seconds of loss of consciousness without convulsions and without knowledge that an attack has occurred.

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Episodic and Paroxysmal Disorders (G40-G47)

- Myoclonic: brief, lightning-fast jerks of limb(s) or trunk without loss of consciousness.
- Tonic-clonic: loss of consciousness followed by tonic, then clonic, contractions of the muscles of the extremities, trunk, and head, with seizures usually lasting 1 to 2 minutes.

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Episodic and Paroxysmal Disorders (G40-G47)

- The term “intractable ” can be referenced in the medical record under many names, including:
  - Pharmacoresistant.
  - Pharmacologically resistant.
  - Refractory (medically).
  - Treatment resistant.
  - Poorly controlled.
- Diagnosis coding depends on the type of epilepsy being treated, onset, and other mitigating factors.

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Coding Tip

- In category, the physician must specifically indicate “epilepsy” in the diagnosis before the code can be assigned.

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Episodic and Paroxysmal Disorders (G40-G47)

- Migraine:
  - Headaches are classified in category G44.- based on the type of headache.
  - A headache without a specific type is coded as R51 (headache, unspecified), which is located in signs and symptoms.
  - Most generalized headaches involve symptoms of the head and neck.
  - A migraine headache is a recurring, throbbing, intense pain that usually affects one side or both sides of the head.

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Episodic and Paroxysmal Disorders (G40-G47)

- It begins suddenly and may be preceded or accompanied by the following symptoms:
  - Blurred vision.
  - Photophobia (discomfort in bright lights).
  - Nausea.
  - Vomiting.
  - Other gastrointestinal symptoms.
  - Neurologic symptoms.
- Nausea and blurred vision are very common symptoms.
- Migraine headaches usually begin in patients between 10 and 30 years of age but can occur at any age.

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Sleep Disorder (G47)

- Narcolepsy is a serious medical disorder and a key to understanding other sleep disorders.
- Narcolepsy is a disabling illness affecting more than 1 in 2,000 Americans.
- The effect of narcolepsy is devastating.
- Studies have shown that even treated narcoleptic patients are often markedly psychosocially impaired in the areas of work, leisure, and interpersonal relations and are more prone to accidents.

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Sleep Disorder (G47)

- The main symptoms of narcolepsy are:
  - Excessive daytime sleepiness.
  - Abnormal rapid eye movement (REM) sleep.
- Narcolepsy not only is a serious and common medical problem, but also offers basic sleep researchers a unique opportunity to gather new information on the central mechanisms regulating REM sleep and alertness.

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Sleep Disorder (G47)

- In sleep paralysis, a frightening symptom considered to be an abnormal episode of REM sleep atonia, the patient suddenly is unable to move for a few minutes, most often upon falling asleep or waking up.
- During hypnagogic hallucinations, patients experience dreamlike auditory or visual hallucinations while dozing or falling asleep.

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Sleep Disorder (G47)

- Cataplexy, a pathological equivalent of REM sleep atonia unique to narcolepsy, is a striking, sudden episode of muscle weakness triggered by emotions.
  - Typically, the patient's knees buckle and may give way on laughing, elation, surprise, or anger.
  - In other typical cataplectic attacks, the head may drop or the jaw may become slack.

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Sleep Disorder (G47)

- In severe cases, the patient might fall down and become completely paralyzed for a few seconds to several minutes.
- Reflexes are abolished during the attack.

- Narcolepsy can be diagnosed by using specific medical procedures; the diagnosis of narcolepsy is usually easy if all symptoms of the illness are present.

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Sleep Disorder (G47)

- More often, however, the symptoms of dissociated REM sleep, such as cataplexy, are mild. A nocturnal polysomnogram followed by the multiple sleep latency test (MSLT) is suggested.
  - This test, performed at a sleep disorder clinic, will confirm the daytime sleepiness by showing a short sleep latency of usually less than 5 minutes, as well as an abnormally short latency prior to the first REM period. Other causes of daytime sleepiness, such as sleep apnea, are also excluded by the nocturnal recordings.

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Coding Issues

- Narcolepsy is coded in category G47.4.
- This category includes a sixth-character subclassification to identify narcolepsy with and/or without cataplexy.
- Codes G47.21 and G47.429 is to be used only when narcolepsy is classified elsewhere.

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Nerve, Nerve Root and Plexus Disorders (G50-G59)

- One of the most common conditions in the category is carpal tunnel syndrome.
  - Carpal tunnel syndrome is pressure on the median nerve--the nerve in the wrist that supplies feeling and movement to parts of the hand.
  - It can lead to numbness, tingling, weakness, or muscle damage in the hand and finger, and is typically treated surgically.

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Nerve, Nerve Root and Plexus Disorders (G50-G59)

- Common symptoms include:
  - Numbness or tingling in the thumb and next two or three fingers of one or both hands.
  - Numbness or tingling of the palm of the hand.
  - Pain extending to the elbow.
  - Pain in wrist or hand in one or both hands.

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Nerve, Nerve Root and Plexus Disorders (G50-G59)

- Problems with fine finger movements (coordination) in one or both hands.
- Wasting away of the muscle under the thumb (in advanced or long-term cases).
- Weak grip or difficulty carrying bags.
- Weakness in one or both hands.

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Coding Issues

- This condition is coded in category G56 (mononeuropathies of upper limb).
- The code selection is based on laterality, right versus left.
- There is a code for unspecified limb (G56.00) but use caution selecting an unspecified code when the documentation in the medical record should indicate which side of the body is affected.

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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.

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Dominant/Nondominant Side

- 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 should be dominant.
  - If the left side is affected, the default is nondominant.
  - If the right side is affected, the default is dominant.

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Pain (G89)

General Coding Information

- 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.

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Pain (G89)

General Coding Information

- A code from category G89 should not be assigned 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 (eg, spinal fusion, kyphoplasty), a code for the underlying condition (eg, vertebral fracture, spinal stenosis) should be assigned as the principal diagnosis.
- No code from category G89 should be assigned.

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Category G89 Codes as Principal or First Listed Diagnosis

- Category G89 codes are acceptable as principal diagnosis or the first listed code:
  - When pain control or pain management is the reason for the admission/encounter (eg, a patient with displaced intervertebral disc, nerve impingement, and severe back pain presents for injection of steroid into the spinal canal).

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Category G89 Codes as Principal or First Listed Diagnosis

- The additional underlying cause of the pain should be reported as an 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 a secondary diagnosis.

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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.

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Use of Category G89 Codes in Conjunction with Site-Specific Pain Codes

- 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 (eg, 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 pain).

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Postoperative Pain

- The provider's documentation should be used to guide the coding of postoperative pain, as well as *Section III, Reporting Additional Diagnoses* and *Section IV, Diagnostic Coding and Reporting in the Outpatient Setting.*
- The default for post-thoracotomy and other post-operative pain not specified as acute or chronic is the code for the acute form.
- Routine or expected postoperative pain immediately after surgery should not be coded.

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Postoperative Pain

- Postoperative pain not associated with specific postoperative complication.
- 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.

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Postoperative Pain

- Postoperative pain not associated with a specific postoperative complication is assigned to the appropriate postoperative pain code in category G89.
- If appropriate, use additional code(s) from category G89 to identify acute or chronic pain (G89.18 or G89.28).

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Chronic Pain

- 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.

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Neoplasm-Related Pain

- Code G89.3 is assigned to pain documented as being related to, associated with, or due to cancer, primary or secondary malignancy, or tumor.
- This code is assigned regardless of whether the pain is acute or chronic.
- Code G89.3 is assigned to pain documented as being related, associated or due to cancer, primary or secondary malignancy, or tumor.

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Neoplasm-Related Pain

- 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.

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Neoplasm-Related Pain

- When the reason for the admission/encounter is management of the neoplasm and the pain 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.

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Chronic Pain Syndrome

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

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Coding Tips

- When coding for pain management related to a neoplasm or cancer, related pain, the pain is coded to G89.3 regardless of whether the pain is acute or chronic.
- When the reason for the encounter is pain management, it is reported as the first listed diagnosis with the underlying neoplasm or cancer coded as an additional diagnosis.

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Chapter 7 Disorders of the Eye and Adnexa (H00-H59)

- Disorders of the lens (H25-H28).
- Disorders of the choroid and retina (H30-H36).
- Glaucoma (H40-H42).
- Disorders of the vitreous body and globe (H43-H44).
- Disorders of the optic nerve and visual pathways (H46-H47).
- Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52).

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Chapter 7 Disorders of the Eye and Adnexa (H00-H59)

- Visual disturbances and blindness (H53-H54).
- Other disorders of eye and adnexa (H55-H57).
- Intraoperative and postprocedural complications and disorder of eye and adnexa, not elsewhere classified (H59).
- Conjunctivitis is an inflammation of the conjunctiva, usually caused by viruses, bacteria, or an allergy.
- Conjunctivitis can sometimes last for months or years.

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Chapter 7 Disorders of the Eye and Adnexa (H00-H59)

- This type of conjunctivitis may be caused by conditions in which an eyelid is turned outward (ectropion) or inward (entropion), problems with the tear ducts, sensitivity to chemicals, exposure to irritants, and infection by particular bacteria—typically *Chlamydia*. Conjunctivitis is coded with category H10.-
- The diagnosis is coded to the highest level of specificity. Selections are based on etiology and manifestation in some conditions.

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Disorders of Lens (H26-H28)

Disorders of the Choroid and Retina (H30-H36)

- The retina is the light-sensitive membrane on the inner surface of the back of the eye.
- The optic nerve extends from the brain to about the center of the retina and then branches out.
- The central area of the retina, called the macula, contains the highest density of light-sensing nerves and, thus, produces the sharpest visual resolution.

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Disorders of Lens (H26-H28)

Retinal Detachment

- Retinal detachment is the separation of the retina from its underlying support. Detachment may begin in a small area, but if it is not treated, the entire retina can detach.
- Retinal detachment is painless. Common symptoms are:
  - Images of irregular floating shapes.
  - Flashes of light.
  - Blurred vision.
  - Vision loss.

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Disorders of Lens (H26-H28)

Retinal Detachment

- Vision loss begins in one part of the visual field, and, as the detachment progresses, vision loss spreads.
- If the macular area of the retina becomes detached, vision rapidly deteriorates and everything becomes blurred.

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Disorders of Lens (H26-H28)

Diabetic Retinopathy

- This condition may occur in people with type I and type II diabetes.
- This condition is among the leading causes of blindness. Diabetes affects the retina because high blood glucose levels make the walls of small blood vessels thicker but weaker and, therefore, more prone to deformity and leakage.
- The types of retinopathy are:
  - Background diabetic retinopathy (nonproliferative).
  - Proliferative diabetic retinopathy.

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Disorders of Lens (H26-H28)

Glaucoma (H40-H42)

- Glaucoma is a disorder in which increasing pressure in the eyeball damages the optic nerve and causes a loss of vision.
- Usually, glaucoma has no known cause; however, it sometimes runs in families.
- If the outflow channels are open, the disorder is called open-angle glaucoma.
- If the iris blocks the channels, the disorder is called closed-angle glaucoma.

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Disorders of Lens (H26-H28)

Glaucoma (H40-H42)

- This condition is characterized in four stages or phases:
  - Latent angle closure that displays little or no symptoms.
  - Intermittent angle closure characterized by intermittent, rapidly rising intraocular pressure with throbbing pain in or around the eye.

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Disorders of Lens (H26-H28)

Glaucoma (H40-H42)

- Acute angle closure, displaying characteristics similar to intermittent angle closure, but as the intraocular pressure continues to increase, the cornea becomes swollen and steamy, with excruciating ocular pain. This condition is classified as a medical emergency.
- Chronic angle closure, an irreversible increase of intraocular pressure resulting from progressive damage to the angle structures.

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Disorders of Lens (H26-H28)

Glaucoma (H40-H42)

- Glaucoma appears in category H40-H42) and is coded to the fifth and sixth characters. Instructional notes should be followed carefully when coding this category.
- In open-angle glaucoma, fluid drains too slowly from the anterior chamber.
- Pressure gradually rises--almost always in both eyes--causing optic nerve damage and a slow, progressive loss of vision.

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Disorders of Lens (H26-H28)

Glaucoma (H40-H42)

- Vision loss begins at the edges of the visual field and, if not treated, eventually spreads to all parts of the visual field, ultimately causing blindness.
- Closed-angle glaucoma is caused by the closure of the anterior angle by contact between the iris and the inner surface of the trabecular (supporting or anchoring strand of connecting tissue) meshwork.

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Other Disorders of the Eye and Adnexa (H55-H59)

- H59, Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified.
- Complications of care codes are located within the body system chapters with codes specific to the organ and structures of that body system.
- The complication codes should be sequenced first followed by the specific complication of symptom if applicable to the patient's condition.

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Coding Tip

- Laterality is important in coding diseases of the eye and adnexa.

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Chapter 8 Diseases of the Ear and Mastoid Process (H60-H95)

- Chapter 8 in the Tabular List includes the following sections:
  - Diseases of external ear (H60-H62).
  - Diseases of middle ear and mastoid (H65-H75).
  - Diseases of inner ear (H80-H83).
  - Other disorders of ear (H90-H95).
  - Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified (H95).

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Chapter 8 Diseases of the Ear and Mastoid Process (H60-H95)

- The ear is the organ of hearing and balance and consists of the outer, middle, and inner ear.
- The outer ear captures sound waves that are converted into mechanical energy by the middle ear.
- The inner ear converts the mechanical energy into nerve impulses, which then travel to the brain.
- The inner ear also helps maintain balance.

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Diseases of the External Ear (H60-H62)

Otitis Externa

- Otitis externa is an infection of the ear canal.
- The infection may affect the entire canal, as in generalized external otitis, or just one small area, as a boil. Otitis externa is often called swimmer's ear because this condition is most common during the summer season.
- Generalized otitis externa can be caused by a variety of bacteria or fungi, and boils are usually caused by bacteria, particularly *Staphylococcus.*

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Diseases of the External Ear (H60-H62)

Otitis Externa

- In general, otitis externa can also be caused by:
  - Allergies.
  - Psoriasis.
  - Eczema.
  - Scalp dermatitis.
  - Injuries in the ear canal while cleaning the ear (cotton swabs are the most likely culprit).
  - Water or irritants.
- Otitis externa is coded as category H60.0-, Disorders of external ear.

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Coding Tip

- When the diagnostic statement indicates both an acute and chronic condition during the same patient encounter, the acute condition is the first listed diagnosis, followed by the chronic condition as the secondary diagnosis.

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Diseases of the Middle Ear and Mastoid (H65-H75)

- Diseases in the category include otitis media, mastoiditis, tympanic membrane disorder, and disorders of the middle ear mastoid.

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Diseases of the Middle Ear and Mastoid (H65-H75)

Otitis media

- Middle ear disorders may produce symptoms such as:
  - Pain.
  - Fullness or pressure in ear.
  - Discharge of fluid or pus.
  - Hearing loss.
  - Vertigo (whirling sensation).

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Diseases of the Middle Ear and Mastoid (H65-H75)

Otitis media

- Symptoms may be caused by infection, injury, or pressure in the middle ear from a blocked Eustachian tube.
- Acute otitis media is a bacterial or viral infection.
- Can develop in persons of all ages but most common in young children.
- Otitis media is coded to category h. H65,- and H66.-
- This category should be coded to its highest level of specificity.
  - A fourth or fifth digit is required for correct coding.

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Coding Tip

- Documentation must include whether initial or recurrent condition, and laterality when coding in category H65.0-

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Diseases of the Inner Ear (H80-H83)

- Diseases in the category include Meier's Disease.
- Meier's Disease is a disorder characterized by the following:
  - Hearing loss.
  - Vertigo.
  - Nausea.
  - Vomiting.
  - Pressure in affected ear.
  - Tinnitus (eg, noise in the ears, buzzing, ringing, etc).

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Diseases of the Inner Ear (H80-H83)

- Hearing can progressively worsen as the disease progresses.
- Meier's Disease is coded as category H81.0-
- Codes are available in this category for active, inactive, and unspecified.

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Other Disorders of Ear (H90-H94)

Hearing Loss

- Hearing loss can be caused by a number of factors, including:
  - Loud noise over a period of time.
  - Loud music.
  - Equipment noises.
  - Chronic ear infections.
  - Age.
- Diagnosis coding of hearing loss is accomplished by means of category H90.-

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Coding Tips

- Pay close attention when coding hearing loss.
- The type of hearing loss is crucial to the subclassification selected.

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