Coding of Seizures and Epilepsy

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Seizure- 780.39

• A seizure is a paroxysmal behavioral spell generally caused by an excessive disorderly discharge of cortical nerve cells.

• Epileptic seizures range from clinically undetectable (“electrographic seizures”) to convulsions.

• The symptoms vary depending upon the part of the brain involved in the epileptic discharge.

• Most seizures last for about 1 minute.
Epilepsy -345

- Epilepsy is a syndrome of two or more unprovoked or recurrent seizures on more than one occasion

- Epileptic syndromes are characterized by:
  - The behavior during the seizure(s) (semiology)
  - The age of onset
  - Etiology, if known
  - EEG characteristics of the seizure type(s)
Intractability

• Fifth digit subclassification
  – 0 without mention of intractable epilepsy
  – 1 with intractable epilepsy
    • pharmacoresistant
      (pharmacologically resistant)
    • treatment resistant
    • refractory (medically or surgically)
    • poorly controlled
    • breakthrough
    • exacerbation of seizures
Recurrent Seizures 345.X1

- Term is used to indicate a patient with epilepsy who had previously controlled seizures who has had a return of seizures or that the rate of seizures has increased in that patient

- Some physicians, especially emergency physicians substitute the term “exacerbation of seizures” by analogy to asthma coding
Breakthrough Seizure – 345.X1

• This term is given to patients with epilepsy who have not had a seizure for a long interval and then had another seizure

• Synonym to recurrent seizure
  – Implied by usage is that the patient has had epileptic seizures previously, thus recurrent seizures or epilepsy
Repetitive Seizures – 780.39

• This term is given when a patient has several seizures in a short period of time

• In a patient without a history of epilepsy, the most common cause is acute symptomatic seizures as a response to a central nervous system derangement
  – Acute stroke, acute head injury, acute alcohol withdrawal

• Repetitive seizures could occur in patients with epilepsy, in which case, the code would be 345.x1
Non-Epileptic Seizures I

• There are many paroxysmal behavioral spells that resemble epileptic seizures.
• Sometimes impossible to distinguish from epileptic seizures without video EEG monitoring
Non-Epileptic Seizures II

• Many causes
  • Cardiac – syncope, dysrrhythmias
  • Endocrine – hypoglycemia
  • Sleep disorders – Sleep apnea, REM behavior disorder
  • Neurologic – tics, myoclonus, frontotemporal dementia
  • Psychologic – panic attacks, autistic behaviors, etc.
Non-Epileptic Seizures III

• We propose to add the index terms under Seizures
  – Non-epileptic – 780.39
  – Psychogenic – 780.39

• For psychogenic non-epileptic seizures
  – We propose that a secondary psychiatric diagnostic code be used
Acute Symptomatic Seizures vs. Late onset Epilepsy

- Early seizures after acute brain derangement are symptomatic of the disturbance of brain function and do not predict the later development of epilepsy
  - Trauma, stroke, encephalitis, alcohol withdrawal
- Seizures beginning weeks to years later represent the development of epilepsy as a late effect and coded as such, 907.0, 438.9, 139.0