

## ICD-10 ESSENTIALS for HEAD

The following elements are essential for the proper ICD-10-CM coding of conditions found in the **Head**:

### COMA

- Glasgow Coma Scale
- Circumstances of Coma at Time of Encounter

### INTRACRANIAL INJURY

- Anatomic Location
- Laterality
- Type of Injury
- Loss of Consciousness Duration
- Episode of Care

### FALL

- Current vs. History

### ALZHEIMER'S DISEASE

- Specific Type

### CEREBRAL INFARCTION

- Location
- Laterality

Common Head Related Diagnoses	ICD-10 Specificity Guidance
<b>Fever</b>	<ul style="list-style-type: none"> <li>• Distinguish if Drug Induced Fever</li> </ul>
<b>Cerebral Occlusion with or without Infarction</b>	<ul style="list-style-type: none"> <li>• Specific Vessel</li> <li>• Laterality</li> </ul>
<b>Malaise and Fatigue</b>	<ul style="list-style-type: none"> <li>• Distinguish if Neoplastic, Post-viral or Weakness</li> <li>• Distinguish if Malaise and Fatigue</li> </ul>
<b>Headache</b>	<ul style="list-style-type: none"> <li>• Distinguish if vascular headache</li> </ul>
<b>Altered Mental Status</b>	<ul style="list-style-type: none"> <li>• Distinguish between Disorientation and Altered Mental Status</li> </ul>
<b>Head Injury</b>	<ul style="list-style-type: none"> <li>• Distinguish is Strain</li> <li>• Distinguish if Muscle or Tendon</li> <li>• Episode of Care</li> </ul>

## Coma Scale

The expanded codes for coma dictate more specific clinical information in order to best assign a more specific code. In ICD-9, only one option exists for coma but in ICD-10 the codes are assigned based on the Glasgow Coma Scale.

Other terms classified under *unspecified coma* are *comatose* and *unconsciousness*:

Criteria Types & Points	1	2	3	4	5	6
<b>Eyes Open</b>	Never	To pain	To sound	Spontaneous	N/A	N/A
<b>Best Verbal Response</b>	None	Incomprehensible Words	Incomprehensible Words	Confused Conversation	Oriented: Converses normally	N/A
<b>Best Motor Response</b>	None	Extension to Painful Stimuli	Abnormal Flexion to Painful Stimuli	Flexion withdrawal from Painful Stimuli	Localizes Painful Stimuli	Obeys Commands

Individual coma scale codes also have specified number assignment to describe the circumstances of the coma at the time of encounter:

- In the field (EMT or ambulance)
- At arrival to emergency department
- At hospital
- 24 hours or more after hospital admission
- Unspecified time

Either the individual parts of the scale are assigned, such as *Coma scale*, *best verbal response*, *confused conversation*, *at arrival to the emergency room* or the Glasgow Coma Scale Total Score can be assigned (3-15) based on the provided documentation.

The Glasgow Coma Scale Total Score such as *Glasgow coma scale score 9-12* does not have the option of assigning a 7<sup>th</sup> character for circumstances of the coma at the time of arrival unlike the individual coma scale.

**NOTE:** Radiologist often document “unconsciousness” as the reason for exam, a more detailed code assignment can be obtained if the Glasgow coma scale score (total or individual) is documented which can be obtained from either the ER department or trauma records.

**Unspecified Example:**

Indication: **Unconsciousness**

Coded as: *Unspecified Coma*

**Specified Example:**

Indication: **Coma, Glasgow score of 11**

Coded as: *Glasgow coma scale score 9-12*

### Intracranial Injury

Intracranial Injury is often coded as a primary diagnosis with coma scale codes. All the codes are differentiated by specific intracranial injury with consciousness status and by type of encounter. The documentation should clearly define the timing of the injury connected to the symptoms especially when a patient has chronic and acute disease.

The following should be documented to assign a specific brain injury code:

Anatomic Location	Laterality	Type of Injury	Episode of Care
Cerebrum	Right/Left Cerebrum	Hemorrhage	Initial Encounter
Cerebellum	Right/Left Internal Carotid	Contusion	Subsequent Encounter
Epidural		Laceration	Sequela
Brainstem		Concussion	
Subdural		Traumatic Edema	
Subarachnoid		Diffuse Brain Injury	
Internal Carotid		Focal Brain Injury	

If loss of consciousness has occurred as a result of an intracranial injury, the specific duration should also be documented. Duration of LOC can be reported as:

- No loss of consciousness
- 30 minutes or less
- 31 to 59 minutes
- 1 hour to 5 hours 59 minutes
- 6 hours to 24 hours
- Greater than 24 hours
  - With return to pre-existing conscious level
  - Without return to pre-existing conscious level

- Any duration with death
  - Due to brain injury
  - Due to other cause
- Unspecified duration

**NOTE:** Documentation of “brain injury” is coded to *unspecified intracranial injury with loss of consciousness of unspecified duration*. “With loss of consciousness of unspecified duration” is the *default* for intracranial injuries. If the patient did not lose consciousness, it should be documented as such to avoid the use of the default. If the duration of LOC is known, it should be documentation for a more specific ICD-10 code assignment. Documentation of “head injury” is coded as *unspecified injury of head* which has no specification of consciousness.

Unspecified Example:	Specified Example:
Indication: <b>traumatic brain hemorrhage</b>	Indication: <b>traumatic subarachnoid Hemorrhage, without LOC</b>
Coded as: <i>traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of unspecified duration</i>	Coded as: <i>traumatic subarachnoid hemorrhage without loss of consciousness</i>

## Fall

In ICD-10, a specific code has been added for *falling or repeated falls* if the reason for the fall is currently under investigation. There is also a code for *history of falling* when the patient has fallen in the past and is at risk for future falls. The documentation should specify current fall as reason for diagnostic investigation or past history of falling, as the coding differs. If the patient has a current fall and has fallen in the past, both codes can be assigned.

## Alzheimer’s Disease

In ICD-9, only one option exists for Alzheimer’s; however, in ICD-10 four options exist to identify type/onset. Although, *unspecified* is an option providers are encouraged to accurately describe the type of disease in detail. In addition to Alzheimer’s, *other associated conditions* are added as an additional code. If applicable, the documentation should provide this information.

Type/Onset	Associated Conditions
Early Onset	Delirium
Late Onset	Dementia with Behavioral Disturbance
Other Alzheimer's Disease	Dementia without Behavioral Disturbance
Unspecified Alzheimer's Disease	

### Unspecified Example:

Indication: **Alzheimer's disease**  
 Coded as: *Alzheimer's disease, unspecified*

### Specified Example:

Indication: **early onset Alzheimer's disease**  
 Coded as: *Alzheimer's disease with early onset*

## Cerebral Infarction

ICD-10 specifies the artery of occlusion of cerebral or precerebral arteries resulting in cerebral infarction or not resulting in cerebral infarction. Along with the specific artery, the type of occlusion and laterality should be mentioned.

Location	Type of Occlusion	Laterality
Vertebral	Thrombosis	Right
Basilar	Embolism	Left
Carotid	Stenosis	Bilateral
Middle Cerebral	Unspecified Occlusion	
Anterior Cerebral		
Posterior Cerebral		
Cerebellar		
Posterior Communicating		

There are also specific codes available for sequela of cerebral infarction including:

- Cognitive deficits
- Speech and language deficits
  - Aphasia
  - Dysphasia
  - Dysarthria
  - Fluency disorder
- Paralytic/Weakness Conditions

- Monoplegia
- Hemiplegia
- Hemiparesis
- Other sequelae
  - Apraxia
  - Dysphagia
  - Facial weakness
  - Ataxia

Coding for paralytic/extremity weakness conditions following cerebral infarction is further specified by which side of the body is affected and whether it is the patient's dominant or non-dominant side. There is an *unspecified* option if the laterality and dominance is not known.

#### Unspecified Example:

Indication: **cerebral infarction**  
 Coded as: *cerebral infarction, unspecified*

#### Specified Example:

Indication: **right middle cerebral embolism**  
 Coded as: *cerebral infarction due to embolism of right middle cerebral artery*

#### Sources:

*ICD-10-CM Draft Official Guidelines for Coding and Reporting 2014*; Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), Centers for Medicare and Medicaid Services (CMS), National Center for Health Statistics (NCHS), 2013.

*Best Practices for ICD-10-CM Documentation and Compliance*, AMA 2012.

*Detailed Instructions for Appropriate ICD-10-CM Coding*, Optum 2014.

*ICD-10-CM Clinical Documentation Improvement Desk Reference*, Optum 2014.