



Neurological System Best Practice Documentation

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Dementia

- Identify the type of dementia
 - Vascular dementia
 - Includes:
 - Arteriosclerotic
 - Multi-infarct
 - Dementia due to a specific disease, such as:
 - Alzheimer's Disease:
 - Early Onset
 - Late Onset
 - Parkinson's Disease
 - Alcohol Dependence
 - AIDS
- Document any associated Behavioral disturbance
 - Aggressive
 - Combative
 - Violent



Dementia Documentation Examples

Insufficient Documentation

- Alzheimer's Disease

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- Patient admitted with Alzheimer's dementia **with acute aggression and auditory hallucinations requiring one to one sitter.**



Delirium vs. Encephalopathy

Delirium and Encephalopathy are often used interchangeably amongst providers. However the code set makes a clear delineation between the two. Best practice documentation requires providers to be as precise as clinically possible when using these diagnoses.

- **Delirium** - Classified as physiological, chemical or psychological depending on underlying cause
 - ❑ Known physiological condition (Acute confusional state, Sundowning, With dementia)
 - ❑ Chemical (secondary to drug or alcohol use, dependence or withdrawal)
 - ❑ Psychological (secondary to Psychosis, sleep deprivation), Hysterical
 - ❑ Hallucinations - specify if present

- **Encephalopathy**
 - ❑ Metabolic
 - ❑ Alcoholic
 - ❑ Hypoxic
 - ❑ Toxic
 - ❑ Hypertensive
 - ❑ Other – in disease classified elsewhere (specify underlying disease; needs to be linked to etiology)



Delirium / Encephalopathy Documentation Examples

Insufficient Documentation

- Acute confusional state
- Change in mental status/confusion

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- Acute delirium secondary to heroin abuse causing visual and auditory hallucinations.
- Toxic metabolic encephalopathy secondary to acute renal failure and ARDS.



Parkinson's Disease/Secondary Parkinsonism

Parkinson's, Paralysis Agitans, Malignant Neuroleptic Syndrome

- Primary
- Secondary (identify cause)
 - Drug induced (specify drug)
 - Malignant Neuroleptic Syndrome
 - Neuroleptic induced
 - Other drug induced
 - Due to other external agent (specify agent)
 - Postencephalitic
 - Vascular
- Associated Mental Disorders or behavioral disturbances
 - Delirium
 - Dementia
 - Depression



Parkinson's Disease/Secondary Parkinsonism Documentation Examples

Insufficient Documentation

- Parkinson's
- Parkinson's

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- **Primary** Parkinson's disease treated with Levodopa.
- **Drug-induced** Parkinsonism due to metoclopramide used to treat diabetic gastroparesis.



Seizures

Seizures not diagnosed as a disorder or recurrent should specify the condition as being:

- Febrile (simple or complex)
- New Onset
- Single seizure or convulsion
- Post traumatic or hysterical
- Autonomic
- If the seizures are “sequela” of another condition (stroke, traumatic, etc.)



Epilepsy and Recurrent Seizures

Identify Type of Epilepsy or Recurrent Seizures:

- Absence epileptic syndrome
- Due to external causes
- Generalized
 - Idiopathic
 - Other generalized type
- Juvenile myoclonic epilepsy (also known as impulsive petit mal)
- With complex partial seizures
- With simple partial seizures
- Localization-related (focal) (partial)
 - Idiopathic – with seizures of localized event
 - Symptomatic
- Other epilepsy and recurrent seizures
 - Epileptic spasms
 - Lennox-Gastaut syndrome
 - Other specified epilepsy
 - Other specified seizures



Epilepsy and Recurrent Seizures

○ Type

- ❑ Localization-related idiopathic or symptomatic
- ❑ Simple partial or complex partial seizures
- ❑ Generalized idiopathic

○ Intractable or Not Intractable

- ❑ Pharmacoresistant
- ❑ Pharmacologically resistant
- ❑ Treatment resistant
- ❑ Refractory (medically)
- ❑ Poorly controlled



○ Status

- ❑ With status epilepticus
- ❑ Without status epilepticus

○ Identify any special epileptic syndromes:

- ❑ Seizures related to alcohol, drugs, sleep deprivation, etc.



Epilepsy and Seizure Documentation Examples

Insufficient Documentation

- Patient with history of epilepsy admitted with convulsions.
- Adolescent presents to ED with seizure like activity.
- Patient admitted with recurrent seizures.
- Febrile seizures noted.

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- Patient with history of uncontrolled idiopathic epilepsy, admitted with status epilepticus secondary to medical noncompliance.
- Adolescent noted with myoclonic seizure secondary to probable hormonal changes and resistance to treatment.
- Recurrent seizures due to previous non-traumatic cerebral hemorrhage.
- Febrile seizures due to acute serous otitis media.



Migraines

- Type of migraine or migraine variant:
 - Migraine without aura (Common migraine)
 - Migraine with aura (Includes Basilar, Classical, Retinal migraine)
 - Hemiplegic (Familial, Sporadic)
 - Persistent migraine aura (Specify with or without cerebral infarction)
 - Chronic
 - Cyclical vomiting
 - Periodic headache syndrome
 - Abdominal
 - Menstrual

- Identify intractability
 - With intractable migraine
 - Without intractable migraine

- Identify any status migrainosus:
 - With status migrainosus
 - Without status migrainosus



Migraine Documentation Examples

Insufficient Documentation

- Patient admitted with severe headache which she has states she has had for the two days, not responsive to ibuprofen. She is nauseous and sensitive to light. She felt the sensation of pins-and-needles in her left hand and arm.

Rule out: Migraine with aura

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- Final diagnosis: Classical migraine with aura, not intractable.



Plegias/Paresis

○ Type

- Hemiplegia/Hemiparesis
 - Spastic
 - Flaccid
- Monoplegia
- Paraplegia/Paraparesis
 - Complete
 - Incomplete
- Quadriplegia/Quadriparesis
 - C1-C4 complete or incomplete
 - C5-C7 complete or incomplete
- Diplegia

○ When Appropriate

- Right or left dominant side
- Right or left non-dominant side
- Upper or lower extremity if appropriate
- Identify underlying cause
 - CVA
 - CP
 - MS
 - Trauma



Plegia

Documentation Examples

Insufficient Documentation

- Right hemiplegia noted.

- Monoplegia secondary to trauma.

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- Left-handed female with longstanding flaccid hemiplegia of unspecified cause, affecting right side.

- Monoplegia, right leg, due to spinal cord ischemia.



Hydrocephalus

- Congenital Hydrocephalus
- Acquired Hydrocephalus
 - Communicating
 - Obstructive
 - (Idiopathic) normal pressure
 - Post-traumatic
 - Due to other disease process (specify disease)
 - Congenital syphilis
 - Neoplasm
 - Infectious disease
 - Other underlying condition



Hydrocephalus Documentation Examples

Insufficient Documentation

- Hydrocephalus noted on CAT scan.

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- Post-traumatic hydrocephalus residual due to traumatic brain injury causing cerebral edema.



Syncope/Orthostatic Hypotension

- Document underlying cause with linking words “due to”
- Orthostatic Hypotension
 - Chronic
 - Due to drugs (specify drug)
 - Neurogenic



Syncope/Orthostatic Hypotension

Insufficient Documentation

- Patient's daughter found her father lying on the bedroom floor after hearing a loud thump. Patient says he has been getting dizzy when he gets out of bed lately. Patient has a history of Parkinson's disease.

Diagnosis: Syncope due to orthostatic hypotension.

Best Practice Documentation

- Patient's daughter found her father lying on the bedroom floor after hearing a loud thump. Patient says he has been getting dizzy when he gets out of bed lately. Patient has a history of Parkinson's disease.

Diagnosis: Syncope **due to neurogenic** orthostatic hypotension.



Key Documentation Concepts for the Neurological System

- Specify type, acuity and underlying cause of disease if known. (Physiological, chemical or psychological)
- Identify additional behavioral events or circumstances in addition to disease.
- Identify response to treatment – intractable or not intractable.
- Identify condition status:
 - With status xxxx
 - Without status xxxx
- Document type, dominance, affected side and etiology of plegias/paresis.



Take the Extra Step!

Below are some additional key documentation tips for optimal representation of severity and services.

Document:

- ALL chronic conditions – present and stable yet managed.
- Significance of abnormal tests
- Clarify whether diagnoses are ruled in or ruled out
- Establish cause-and-effect relationships (i.e. PICC line infection)
- Laterality, if applicable
- Explain the “why” and “because” to support medical necessity
- Any tobacco use, abuse, dependence, history of smoke exposure (e.g., second hand, occupational, etc.)