

**OLIVE VIEW-UCLA MEDICAL CENTER
HEALTH INFORMATION MANAGEMENT SERVICES
POLICY & PROCEDURE**

**NUMBER: 1518
VERSION: 3**

SUBJECT/TITLE: HIMS - MEDICAL CODING OF SEIZURE DISORDER

POLICY: OVMC Health Information Management medical coders shall follow this guideline when coding a diagnosis of “seizure disorder.” Coders shall refer to this guideline which falls in line with ICD-10 coding guidelines and the AHA coding clinic

PURPOSE: To ensure the proper coding of the diagnosis seizure disorders in the inpatient and outpatient setting.

DEPARTMENTS: HEALTH INFORMATION MANAGEMENT SERVICES

DEFINITIONS: The Proper Coding of Seizure Disorder, Epilepsy

PROCEDURE: As agreed upon by representatives of the Neurology Department and Health Information Management - Medical Audit Department at Olive View Medical Center, the coding of the diagnosis seizure disorder will follow the rules and examples listed below:

The diagnosis of seizure disorder will be coded to epilepsy if the seizure disorder is described as:

1. Recurrent - Patient is described as having multiple seizures in a certain period. For example, the patient is noted to have 4-5 seizures per month or 15-20 seizures per year. Seizure disorder will also be coded as epilepsy even if there is no numerical mention of occurrence but the seizure disorder is described as RECURRENT.
2. Epileptic - Patient's seizure disorder is described as epileptic.
3. Absence - Patient's seizure disorder is described as "absence seizures." In absence seizures, the person may appear to be staring into space with or without jerking or twitching movements of the eye muscles. These periods last for seconds, or even tens of seconds. Those experiencing absence seizures sometimes move from one location to another without any purpose.
4. Seizure disorder described with terms commonly linked to epilepsy will be

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coded as epilepsy (e.g. grand mal status, tonic-clonic, status epilepticus, etc.)

The Olive View Neurology Department has also stated certain seizure disorders should not be coded under epilepsy even though they may occur multiple times during the same admission. The following are examples of instances when multiple seizures may occur within a short period but the patient is not necessarily epileptic:

1. Febrile seizure disorder - The patient has convulsions due to elevated body temperature.
2. Infantile spasms - This type of seizure is usually described as idiopathic or cryptogenic. This diagnosis should be coded as convulsions unless the physician describes a more specific type of seizure disorder or epilepsy.
3. Alcoholic seizure disorder - Patient may exhibit convulsion or seizure-like behavior due to alcohol withdrawal, tremens or any other condition related to alcohol intoxication.

References:	
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