



## Neurosurgery Coding Alert

### ICD-10-CM Update: Redefine Neurological Assessments With New Codes And Updates

**Each score in NIHSS will have a discrete code.**

Later this year, you are likely to spot an update in category code R29 (Other symptoms and signs involving the nervous and musculoskeletal systems) in 'Chapter 18: Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified' of the ICD-10 Manual. You will now have new codes for each score in the National Institutes of Health Stroke Scale (NIHSS).

#### Map One Code Each to NIHSS Scores

You can expect 43 new ICD-10-CM codes under category code R29.

**Why so many?** The new ICD-10-CM codes reflect the scoring on **National Institutes of Health Stroke Scale (NIHSS)**. There is an independent code for every score from 0 to 42. This is an example of specificity in codes that the ICD-10 offers.

The new codes directly recount the NIHSS score starting at R29.700 (indicating an NIHSS score of 0) continuing in increasing numerological sequence up to R29.742 (indicating an NIHSS score of 42).

"This type of specificity can enhance the use of administrative databases to perform outcomes research," says **Gregory Przybylski, MD**, director of neurosurgery at the New Jersey Neuroscience Institute, JFK Medical Center in Edison. "The lack of clinical information in administrative databases has been the biggest obstacle to providing easily accessible clinical and treatment information from a single searchable source."

**What is NIHSS?** The NIHSS is used by physicians to quantify the severity of ischemic strokes and make an objective assessment of the condition of the patient. The scale is a 15-item exam, vetted by the American Heart Association and the American Stroke Association, to assess the neurological status. The assessment includes level of consciousness, motor skills, facial palsy, limb ataxia, language, best gaze, and visual fields.

**NIHSS scores:** The NIHSS scale scores range from 0 to 42. Higher the score, more severe and devastating is the stroke.

**NIHSS scores and severity:** Your physician can predict the extent of infarction and clinical outcomes using the NIHSS scores.

- 1. Size of infarct:** Greater the score on NIHSS, more is the severity of stroke. There is evidence for correlation of NIHSS scores with infarct size on both CT and MRI evaluation.
- 2. Management guide:** In patients with high NIHSS score (>22), tPA administration is reported to have a greater risk of hemorrhagic conversion.
- 3. Clinical outcomes:** NIHSS scores obtained within 48 hours of stroke correlate with clinical outcomes at 3 and 12 months after stroke. Physicians also use the NIHSS scores to predict the 30-day risk of mortality in stroke patients.

**What can be a good score?** Favorable clinical outcomes and better functioning is reported in patients who have a total score of 4 or less.

**Find the scale:** You can take a look at the scale on: [http://www.ninds.nih.gov/doctors/NIH\\_Stroke\\_Scale.pdf](http://www.ninds.nih.gov/doctors/NIH_Stroke_Scale.pdf).

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**Editor's note:** Find details for GCS scores in the upcoming issues of Neurosurgery Coding Alert.

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