

Documentation and Coding



Neurological Conditions

Parkinson's Disease, Multiple Sclerosis & Paralytic Syndromes

A quick reference guide to assist with accurate, complete documentation and coding that reflects the true nature of a patient's current health status at the highest level of specificity. Per ICD-10 official guidelines reporting and coding. *"The importance of consistent, complete documentation in the medical record cannot be over-emphasized. Without such documentation, accurate coding cannot be achieved."*

Neurological conditions are often **chronic, progressive, and high-risk**. Accurate specificity, status, and manifestations are critical for risk adjustment, medical necessity, and audit defensibility.

Parkinson's Disease

Providers should clearly document:

- **Definitive diagnosis** (Parkinson's Disease vs. Parkinsonism)
- Presence or absence of:
 - **Dyskinesia** (medication-induced involuntary movements)
 - **Motor fluctuations** ("on/off" periods)
- **Type** of Parkinsonism, if not idiopathic:
 - Drug-induced
 - Vascular
 - Postencephalitic
- **Non-motor symptoms**, such as:
 - Dementia or cognitive impairment
 - Depression, anxiety, psychosis
 - Dysphagia, bladder or bowel dysfunction
- Impact on **activities of daily living (ADLs)**

Motor symptoms alone (tremor, rigidity) are considered inherent and generally not coded separately.

Coding:

Primary / Idiopathic Parkinson's Disease		Parkinsonism / Secondary Parkinsonism	
G20.A1	Without dyskinesia, without fluctuations	G20.C	Parkinsonism, unspecified
G20.A2	Without dyskinesia, with fluctuations	G21.11–G21.19	Drug induced (add adverse effect code)
G20.B1	With dyskinesia, without fluctuations	G21.4	Vascular Parkinsonism
G20.B2	With dyskinesia, with fluctuations		

Use additional codes for associated dementia (F02.x), mood disorders, or psychosis when documented as related.

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Multiple Sclerosis (MS)

Providers must document:

- **MS subtype**
- **Disease activity** (active vs. non-active)
- **Progression pattern**
- Current **treatment and monitoring**
- Associated **neurological deficits**

Avoid documenting “history of MS” — MS is **chronic and incurable**.

Coding Tips:

Use **G35** Codes (new)

G35.A	Relapsing-remitting MS
G35.B1 / G35.B2	Primary progressive MS (active / non-active)
G35.C1 / G35.C2	Secondary progressive MS (active / non-active)
G35.D	MS, unspecified
G37.9	Demyelinating disease of CNS (CIS)

Also code related manifestations, such as:

- Weakness
- Neuropathy
- Spasticity
- Quadriplegia or pain syndromes

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Common Paralytic Syndromes:

Amyotrophic Lateral Sclerosis (ALS)

Documentation:

- Confirmed diagnosis (do not infer from testing alone)
- Disease progression
- Respiratory involvement
- DME needs
- Advance care planning

Code:

- **G12.21** – Amyotrophic lateral sclerosis

Guillain-Barré Syndrome (GBS)

Documentation:

- Onset and progression of paralysis
- Diagnostic testing (LP, EMG, NCS)
- Treatment and recovery phase
- Any residual deficits

Codes:

- **G61.0** – Guillain-Barré syndrome
- **G65.0** – Sequelae of GBS

Code the **resulting condition first**, then G65.0

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Locked-In Syndrome (LiS)

Documentation:

- Level of consciousness (patient is aware)
- Communication method (eye movement/blinking)
- Etiology (commonly stroke)
- Functional limitations

Code:

- **G83.5** – Locked-in state

Must be explicitly documented by provider

Reminders:

- Use **specific, current diagnoses** — avoid terms of uncertainty (e.g., “possible,” “likely”)
- Clearly state **active vs. historical**
- Link **neurological deficits to the underlying condition**
- Document **disease impact**, not just diagnosis
- Query providers when subtype, activity, or cause is unclear

Educational use only. Coding must be supported by medical necessity and documentation.

For questions, please contact the Blue Cross NC Provider Engagement Risk Team via email at BCBSNCRiskAdj@bcbsnc.com.

References:

- [ICD-10-CM Official Guidelines for Coding and Reporting \(PDF\)](#)
- Bernard, S. P. (2018). *Risk Adjustment Documentation & Coding*. American Medical Association.
- <https://infusionaccessfoundation.org/big-icd-10-changes-for-multiple-sclerosis-what-patients-need-to-know/>
- <https://www.mayoclinic.org/diseases-conditions/guillain-barre-syndrome/diagnosis-treatment/drc-20363006>
- <https://my.clevelandclinic.org/health/diseases/22462-locked-in-syndrome-lis>
- <https://www.ninds.nih.gov/health-information/disorders>
- https://www.va.gov/MS/Professionals/diagnosis/Diagnosing_MS_Using_the_McDonald_Criteria.asp