# Peripheral Neuropathy (ICD-10-CM)

## Definitions

- Peripheral neuropathy: A disease condition or disorder that involves damage to the peripheral nerves of the body
- Mononeuropathy: Damage to only one nerve
- Polyneuropathy: Damage to multiple nerves
- Mononeuritis multiplex: Damage to two or more isolated nerves in separate areas of the body

## Background

The peripheral nerves of the body carry information from the brain and spinal cord (central nervous system, or CNS) to every other part of the body and carry sensory information from the body back to the brain and spinal cord. When damage occurs to the peripheral nerves, they do not function properly and communication to and from the brain and spinal cord is disrupted. The three main types of nerves are:

- Sensory, which carry sensations from the body back to the brain and spinal cord
- Motor, which control muscles and movement
- Autonomic, which carry information to organs and glands and affect involuntary body functions, such as blood pressure, heart rate, perspiration, digestion and bowel and bladder function

## Types

There are many different types of peripheral neuropathy. The type depends on the cause (for example, diabetic peripheral neuropathy or hereditary peripheral neuropathy) and the nerves that are affected.

## Causes

Many times the cause of peripheral neuropathy is not known; this is called idiopathic peripheral neuropathy. In other cases, the cause is known. Causes of peripheral neuropathy can include:

- Diabetes
- Genetics (hereditary)
- Cancer or other disease conditions
- Drugs or other toxic substances
- Injury or trauma that results in compression of nerves
- Poor circulation/decreased blood flow
- Vitamin deficiencies
- Alcoholism
- Infections or inflammation

## Symptoms

Symptoms depend on the type and location of the nerves affected and may include:

- Numbness or tingling in upper or lower extremities
- Pain
- Sensitivity to touch
- Muscle weakness or wasting
- Burning pain
- Loss of dexterity or coordination
- Paralysis
- Dysfunction of organs or glands

## Diagnostic tools

- Medical history and physical exam
- Blood tests to screen for underlying conditions or vitamin deficiencies
- Nerve conduction tests, which measure how well and how fast nerves send electrical signals
- Electromyography (EMG), which measures electrical activity of muscles
- Nerve or skin biopsy
- Imaging tests, such as CT scanning or MRI, to evaluate organ function or to assess for nerve compression

## Treatment

- Medications to control pain (e.g., analgesics, anti-seizure medications, lidocaine patch, antidepressants)
- Transcutaneous electrical nerve stimulation (TENS) unit
- Acupuncture
- Biofeedback
- Manage and treat underlying conditions
- Self-help strategies (e.g., exercise, smoking and alcohol cessation, weight control, balanced nutrition)

## Prognosis

The outcome depends on the type and cause. For example, there is no cure for inherited peripheral neuropathy, but some acute neuropathies resolve. Chronic forms are variable and can include periods of improvement, relapse, plateau or worsening over time.

## Documentation tips for providers

- A good rule of thumb for any medical record is to limit – or avoid altogether – the use of acronyms and abbreviations. The abbreviation "PN" is sometimes used to refer to peripheral neuropathy; however, this abbreviation has other meanings (e.g., pneumonia, pyelonephritis, positional nystagmus, polyarteritis nodosa). The meaning of an abbreviation or acronym can often be determined based on context, but this is not always true. **Best practice** is to always document peripheral neuropathy by spelling it out in full.
- The Subjective section of the office note should document the presence or absence of any current symptoms related to peripheral neuropathy (e.g., numbness or tingling in extremities).
- The Objective section of the office note should include any current associated physical exam findings and related diagnostic testing results.
- Do not describe *current* peripheral neuropathy as "history of." In diagnosis coding, the phrase "history of" means the condition is historical and no longer exists as a current problem.
- Do not include *past* transient peripheral neuropathy that has resolved in the final Assessment as if it were current.
- Do not use terms that imply uncertainty ("probable," "apparently," "likely," "consistent with," etc.) to describe a current, *confirmed* peripheral neuropathy.
- Do not document suspected and *unconfirmed* peripheral neuropathy as if it were confirmed. Document the signs and symptoms in the absence of a confirmed diagnosis.
- In the final diagnostic statement:
  - Describe current peripheral neuropathy to the highest level of specificity, using all applicable descriptors (diabetic, hereditary, autonomic, acute, chronic, etc.) and the exact site(s) or location(s).
  - Clearly link peripheral neuropathy to the underlying cause, if known, using the descriptors previously noted or by using linking terms such as "due to," "secondary to," "associated with," "related to," etc.
  - Document the current status of peripheral neuropathy (stable, improved, worsening, etc.).
- Document a specific and concise treatment plan for peripheral neuropathy, including current medications and planned diagnostic testing.
  - If referrals are made or consultations requested, the office note should indicate to whom or where the referral or consultation is made or from whom consultation advice is requested.
  - Document when you plan to see the patient again.

## ICD-10-CM tips and resources for coders

As noted above, there are many different types of peripheral neuropathy. Accurate code assignment is dependent on review of the entire medical record and the specific description of the condition, followed by location of the appropriate code in the alphabetic index and confirmation of the code in the tabular list, with careful review of all instructional notes.

- Peripheral neuropathy unspecified and Polyneuropathy unspecified both classify to G62.9.
- Mononeuropathies of an upper limb (unilateral) classify to category G56. Fourth and fifth characters further specify the particular type of mononeuropathy and laterality (right, left or unspecified).
- Mononeuropathies of a lower limb (unilateral) classify to category G57. Fourth and fifth characters further specify the particular type of mononeuropathy and laterality (right, left or unspecified).
- Polyneuropathies and other disorders of the peripheral nervous system classify to categories G6Ø-G65.
- Idiopathic peripheral autonomic neuropathy (G9Ø.Ø9) should not be confused with idiopathic peripheral neuropathy (G6Ø.9).
- Neuropathy due to diabetes is coded with a single combination code. Code assignment is based on the type of diabetes. If the type of diabetes is not specified, the default is type 2. To be coded as diabetic peripheral neuropathy, the record must clearly link peripheral neuropathy to diabetes mellitus as the cause.

## Coding examples

| Example 1 | |
|---|---|
| **Final Diagnosis** | Type 1 diabetes mellitus, uncontrolled with diabetic autonomic neuropathy |
| **ICD-10-CM code(s)** | E1Ø.65, E1Ø.43 |

| Example 2 | |
|---|---|
| **Final Diagnosis** | Autonomic peripheral neuropathy due to gout |
| **ICD-10-CM code(s)** | M1Ø.ØØ, G99.Ø |

| Example 3 | |
|---|---|
| **Final Diagnosis** | Peripheral neuropathy due to vitamin B deficiency |
| **ICD-10-CM code(s)** | E53.9, G63 |

| Example 4 | |
|---|---|
| **Final Diagnosis** | 1. Diabetes 2. Neuropathy |
| **ICD-10-CM code(s)** | E11.9 G62.9 |

| Example 5 | |
|---|---|
| **Final Diagnosis** | Chronic inflammatory demyelinating polyneuropathy (CIDP) |
| **ICD-10-CM code(s)** | G61.81 |

| Example 6 | |
|---|---|
| **Final Diagnosis** | Alcoholic peripheral neuropathy |
| **ICD-10-CM code(s)** | G62.1 |

**References**: American Hospital Association (AHA) Coding Clinic; ICD-10-CM Official Guidelines for Coding and Reporting; Mayo Clinic; MedlinePlus; National Institute of Neurological Disorders and Stroke; WebMD