

Peripheral neuropathy/polyneuropathy overview



Definitions

Neuropathy: Nerve disease or disorder

Peripheral neuropathy: Disease or disorder of nerves located outside of the brain and spinal cord (peripheral nerves)

Mononeuropathy: Disease or disorder of a single nerve

Polyneuropathy: Disease or disorder of multiple nerves

Mononeuritis multiplex: A type of peripheral neuropathy in which there is damage to two or more different nerve areas

Three main types of nerves

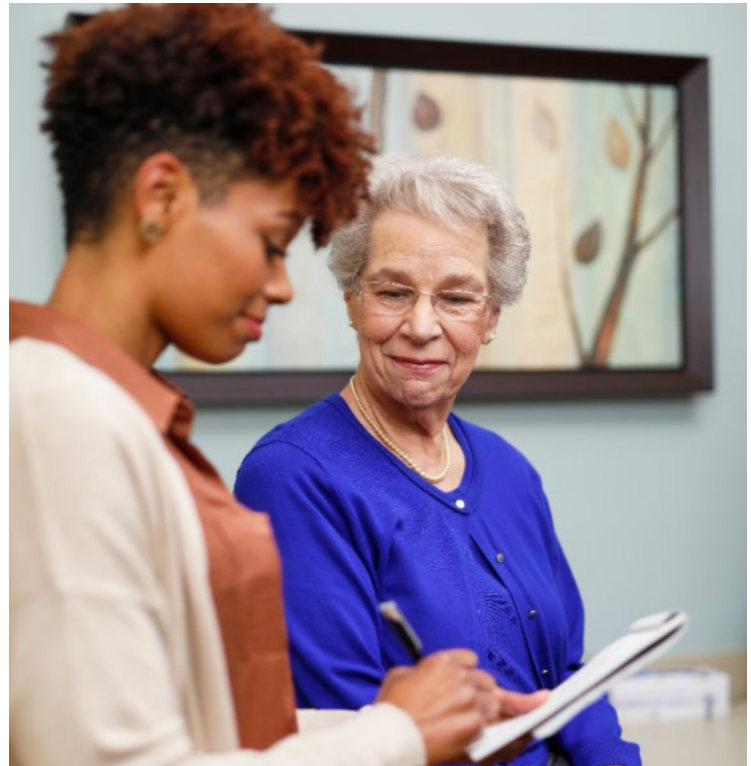
- **Sensory:** Carry sensations from the body back to the brain and spinal cord
- **Motor:** Control muscles and movement
- **Autonomic:** Carry information to organs and glands and affect involuntary body functions, such as blood pressure, heart rate, perspiration, digestion, and bowel and bladder function

Signs and symptoms

- Gradual onset of numbness, prickling or tingling in feet or hands, which can spread upward into the legs and arms
- Sharp, jabbing, throbbing or burning pain
- Extreme sensitivity to touch
- Pain during activities that shouldn't cause pain, such as pain in the feet when putting weight on them or when the feet are under a blanket
- Lack of coordination and falling
- Muscle weakness
- Patients may feel as if they are wearing gloves or socks when they are not
- Paralysis if motor nerves are affected

If autonomic nerves are affected, signs and symptoms might include:

- Heat intolerance
- Excessive sweating or not being able to sweat
- Bowel, bladder or digestive problems
- Drops in blood pressure that result in dizziness or lightheadedness



Causes

Genetic: Inherited or mutations

Acquired: Caused by another disorder or disease condition

Examples –

- Diabetes
- Autoimmune diseases
- Certain infections
- Tumors or growths
- Kidney and liver disorders
- Vitamin deficiencies
- Alcoholism
- Poisons and toxins
- Certain medications
- Physical injury

Idiopathic: Cause is unknown

Office note documentation – best practices

Subjective – Document the presence/absence of current symptoms related to peripheral neuropathy (e.g., numbness or tingling in upper or lower extremities, sensitivity to touch, glove or stocking sensation, etc.).

Objective – Include:

- Physical examination findings (e.g., muscle weakness, decreased sensation, results of monofilament and vibration testing, etc.)
- Other related diagnostic test results (e.g., electromyography (EMG) and nerve conduction studies, diagnostic imaging, laboratory tests, etc.)

Assessment / 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).
- Spell out the diagnosis in full. Avoid use of abbreviations and acronyms.
- Clearly link peripheral neuropathy to the underlying cause, if known. Use linking terms such as “due to,” “secondary to,” “associated with,” “related to,” etc.
- Document the current status of peripheral neuropathy (stable, improved, worsening, etc.).

Plan of treatment – Document a clear and concise treatment plan.

- Clearly link peripheral neuropathy to medications being used to treat the condition.
- Include details of planned diagnostic testing and specialist referrals (e.g., neurologist, neurosurgeon).
- Include date of next appointment.

ICD-10-CM is a statistical classification; it is not a substitute for a healthcare provider’s final diagnostic statement. It is the provider’s responsibility to provide legible, clear, concise and complete documentation of each final diagnosis described to the highest level of specificity, which is then translated to a code for reporting purposes. It is not appropriate for providers to simply list a code number or select a code number from a list of codes in place of a written final diagnosis.

For electronic health records (EHRs) that insert diagnosis codes: The provider’s final statement of diagnosis should classify in ICD-10-CM to the EHR-inserted diagnosis code with description. Avoid mismatches between the two.

Terms of uncertainty

- For a confirmed diagnosis of peripheral neuropathy, do not use descriptors that imply uncertainty (such as “probable,” “apparently,” “likely” or “consistent with”).
- Do not document suspected peripheral neuropathy as if the diagnosis is confirmed. Rather, document the signs and symptoms in the absence of a confirmed diagnosis.

Current versus historical

- 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.

Coding peripheral neuropathy/ polyneuropathy

To ensure accurate and specific diagnosis code assignment:

1. Review the entire medical record to verify the condition remains a current problem.
2. Note the exact diagnosis description documented in the medical record.
3. Search the alphabetic index for that specific diagnosis description and the corresponding code.
4. Verify the code in the tabular list, carefully following all instructional notes, as applicable.

There are many different codes within the ICD-10-CM manual to represent the many different types and causes of peripheral neuropathy. Here are examples of some of the categories and subcategories under which various types of peripheral neuropathy and polyneuropathy are coded.

Nerve, nerve root and plexus disorders (categories G50-G59)

G56	Mononeuropathies of upper limb
G57	Mononeuropathies of lower limb
G58	Other mononeuropathies
G59	Mononeuropathy in diseases classified elsewhere

Polyneuropathies and other disorders of the peripheral nervous system (categories G60-G65)

G60	Hereditary and idiopathic neuropathy
G61	Inflammatory polyneuropathy
G62	Other and unspecified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
G65	Sequelae of inflammatory and toxic polyneuropathies

Disorders of autonomic nervous system (category G90)

Subcategory G90.0-	Idiopathic peripheral autonomic neuropathy
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