EPILEPSY

The purpose of the items in this section is to determine the types and causes or classification of seizure disorders. Epilepsy, the most common seizure disorder, is a chronic condition that briefly interrupts the normal electrical activity of the brain to cause unpredictable and recurrent seizures, which alter a person's consciousness, movement or actions for a short time.   In order to maintain consistency with current national and international usage, the "International Classification of Epileptic Seizures" is employed. Under this system of classification, seizures are categorized into three main types:

- Partial seizures, which have the onset in a single area of the brain.

- Generalized seizures, which have their onset from widespread and diffuse areas of the brain.

- Unclassified Seizures which includes other types of seizures.

TYPE OF SEIZURE, FREQUENCY OF SEIZURE, AND CONDITION IMPACT
(ITEMS 27 – 29)

Type of Seizure **(Items 27a, 28a and 29a)**
These items are to record the types of seizures experienced by the consumer. The definitions used for these items are as follows:

Does Not Have Seizure Disorder

Partial, Simple: These types of seizures begin locally and are generally without impairment of consciousness.   Included in this classification are seizures with associated motor conditions, sensory or somatosensory symptoms, and autonomic symptoms.

EPILEPSY

Partial, Complex: These types of seizures begin locally and often include impairment of consciousness. These types of seizures have a simple partial onset followed by impaired consciousness.

Generalized, Absence (Petit Mal): In this classification, seizures start in the midline (brainstem) and are bilaterally symmetrical. "Petit Mal" is characterized by "very short episodes of cessation of activity with a fixed staring appearance."

Generalized, Infantile Spasms: These are myoclonic seizures that occur during infancy or very early childhood with EEG pattern of "hypsarhythmia." They involve short generalized muscle contraction; infant suddenly and forcibly flexes the head on the chest and the thighs on the abdomen; may involve over-extension of neck and arching of back; consciousness invariably lost, but the episode is of very short duration.

Generalized, Tonic-Clonic (Grand Mal): These seizures are associated with generalized spiking in the EEG with loss of consciousness, generalized tonic and clonic muscle activity followed by a period of sleep. A sensory or autonomic aura frequently precedes the seizure, which may last from 30 seconds to some minutes.

Other/Unclassified Seizures: This includes seizure disorders not specified above and may be used if undetermined types of seizures are present.

NOTE: Type of Seizure information must be completed for any consumer who has been diagnosed with a seizure disorder, even if the person's seizures are under control through the use of medication.

EPILEPSY

Seizure Frequency **(Items 27b, 28b and 29b)**

These items provide an indication of how often the person experiences seizures and whether the person has experienced seizures in the past. Complete these items by indicating the approximate frequency for each type of seizure that the person currently experiences or has experienced in the past two years, as listed below:

- History of seizures, none in two years

- History of seizures, none in one year

- One to six per year

- Seven to 11 per year

- One per month (approximate)

- One per week (approximate)

- One per day (approximate)

- More than one per day

- Frequency undetermined

Condition Impact **(Items 27c, 28c and 29c)**

Condition Impact refers to the extent or degree to which the seizure disorder determines level of supervision, level of care, ability to maintain a stable residence, and/or type of individual program services. The categories used for these items are defined below:

None: No evidence of impairment

Mild: Condition requires some special attention when developing the individual program plan or planning for supervision or care.

Moderate: Condition has a major impact upon the individual's need for program services and/or supervision and care.

Severe: Condition is so substantial that it will require significant planning and coordination for service delivery and/or supervision and care.

Completing the Hard-Copy CDER Form

Type of Seizure, Seizure Frequency and Condition Impact (Items 27– 29):

Type of Seizure (Items 27a, 28a and 29a)

Users of the hard-copy form should enter the appropriate code, as presented below, for Items 27a – 29a:

0	Does not have seizure disorder
1	Partial, Simple
2	Partial, Complex
4	Generalized, Absence (Petit Mal)
6	Generalized, Infantile Spasms
7	Generalized, Tonic-Clonic (Grand Mal)
9	Other/Unclassified Seizures

When Coding Type of Seizure

- If the person does not have a seizure disorder, enter a zero ("0") in Item 27a and leave Items 28a-32 blank.

- If the person has a seizure disorder, enter the appropriate code, as listed above, in 27a. Enter any additional types of seizures in Items 28a and 29a. Up to three distinct types of seizure may be entered for each person.

- If the person has more than one distinct type of seizure, enter the appropriate codes in the respective boxes for Seizure Frequency (Items 27b - 29b) and Condition Impact (Items 27c – 29c). Leave unneeded boxes blank if the person has fewer than three types of seizures.

- The type of seizure should be in the person's medical records with the specified diagnosis. If it is not in the medical records and clarifying information is not available, or if a seizure disorder is suspected but not diagnosed, enter code "9," indicating "Other/Unclassified Seizures" type of seizure.

Completing the Hard-Copy CDER Form

(Continued)

Seizure Frequency (Items 27b, 28b and 29b)

Enter the appropriate code, as presented below, for Items 27b – 29b:

1	History of seizures, none in two years
2	History of seizures, none in one year
3	One to six per year
4	Seven to 11 per year
5	One per month (approximate)
6	One per week (approximate)
7	One per day (approximate)
8	More than one per day
9	Frequency Undetermined

When Coding Seizure Frequency

- If the person does <u>not</u> have a seizure disorder, leave these items blank.

- Enter the approximate frequency in 27b for the seizure type indicated in 27a.

- If the person has more than one distinct type of seizure, enter the approximate frequency in 28b for the seizure type indicated in 28a and the approximate frequency in 29b for the seizure type indicated in 29a, as appropriate.

Completing the Hard-Copy CDER Form

(Continued)

Condition Impact (Items 27c, 28c and 29c)

Users of the hard-copy form should enter the appropriate code, as presented below, for Items 27c – 29c:

> 0   No Evidence of Impairment
>
> 1   Mild
>
> 2   Moderate
>
> 3   Severe

When Coding Condition Impact

- If the person does not have a seizure disorder (code "0" in Item 27a) leave these items blank.

- If the person does have a seizure disorder as indicated in Item 27a, enter the corresponding Condition Impact code for that type of seizure in 27c.

- If the person has more than one distinct type of seizure, enter the corresponding Condition Impact code in Item 28c for the seizure type indicated in 28a and the corresponding Condition Impact code in Item 29c for the seizure type indicated in 29a, as appropriate.

(See examples on pages 10 through 11 of this chapter for recording Seizure Type, Seizure Frequency, and Condition Impact on the hard-copy CDER form)

EPILEPSY

ETIOLOGY OF EPILEPSY/SEIZURE DISORDER (Items 30a and 30b)

These items are used to record the major cause(s) or contributor(s) to Epilepsy or other type of seizure disorder by selecting the appropriate ICD-9 code.

NOTE: Any Risk Factors associated with the disability should be coded in Items 35-49.

Completing the Hard-Copy CDER Form
Items 30a and 30b: Etiology

When Coding Etiology

- If the person does not have Epilepsy or any other type of seizure disorder (code "0" in Item 27a), leave this item blank.

- If the consumer has Epilepsy or other type of seizure disorder, use the appropriate ICD-9 code(s).

- If the person does have Epilepsy or other seizure disorder but the etiological factors are not known, enter 799.9 in Item 30a and leave Item 30b blank.

Example of Coding Etiology of Epilepsy/Seizure Disorder

The following example shows the coding for a person who has epileptic seizure due to Hemophilus Meningitis:

> Etiology
>
> ICD-9-CM Code

30a. | 3 | 2 | 0 |. | 0 |

30b. | | | | |. | |

EPILEPSY

CLIENT TAKES ANTICONVULSANT MEDICATION (Item 31)

This item is included to identify those persons whose seizures are being controlled by medication.

Completing the Hard-Copy CDER Form
Item 31: Client Takes Anticonvulsant Medication

- Code this item "1" if the person is taking medication to control seizures.

- Code this item "2" if the person is not taking medication.

Example of Coding Client Takes Anticonvulsant Medication on the CDER Form

This is an example of coding a person whose seizure disorders are being controlled by medication.

    Consumer takes anticonvulsant medication

31. | 1 | 1 = Yes   2 = No

STATUS EPILEPTICUS (Item 32)

Status Epilepticus is defined as continuous seizures lasting twenty minutes or more with no intervening periods of consciousness. This condition is most commonly caused by anticonvulsant drug withdrawal.

This item is included to determine if the person currently has or had Status Epilepticus in the past year. **The diagnosis of Status Epilepticus must be made by the physician.**

Note: Febrile seizures are not epilepsy and are to be coded in the Major Medical Conditions section.

EPILEPSY

Completing the Hard-Copy CDER Form
Item 32: Status Epilepticus

- If the person does not have a seizure disorder (code "0" in Item 27a) leave this item blank.

- If the person had Status Epilepticus within the past year, enter "1" for Yes in Item 32; if the answer is No, enter a "2."

- If it is not known whether the person had Status Epilepticus, enter "3" for "Not Known."

Examples of Coding Status Epilepticus

Example 1: Person experienced Status Epilepticus nine months ago.

    32. |_1_| Has the consumer had Status Epilepticus in the past year?

            1 = Yes   2 = No   3 = Not Known

Example 2: Person experienced Status Epilepticus 20 months ago.

    32. |_2_| Has the person had Status Epilepticus in the past year?

            1 = Yes   2 = No   3 = Not Known

EPILEPSY

EXAMPLES OF CODING TYPE OF SEIZURE, SEIZURE FREQUENCY AND CONDITION IMPACT

Example 1: This shows the coding for a person who has a history of Juvenile Myoclonic epilepsy, which has been controlled with anticonvulsant medication for 18 months. The condition impact is considered to be mild.

Completing the Hard-Copy CDER Form for Example 1:

Type of Seizure

27a. | 9 | **28a.** |__| **29a.** |__|

  0 Does not have seizure disorder
  1 Partial, Simple
  2 Partial, Complex
  4 Generalized, Absence (Petit Mal)
  6 Generalized, Infantile Spasms
  7 Generalized, Tonic-Clonic (Grand Mal)
  9 Other/Unclassified Seizures

Seizure Frequency

27b. | 2 | **28b.** |__| **29b.** |__|

  1 History of seizures, none in two years
  2 History of seizures, none in one year
  3 One to six per year
  4 Seven to 11 per year
  5 One per month (approximate)
  6 One per week (approximate)
  7 One per day (approximate)
  8 More than one per day
  9 Frequency Undetermined

27c. | 1 | Condition Impact   **28c**. |__| Condition Impact   **29c.** |__| Condition Impact

Note: In this example, the ICD-9-CM code for Juvenile Myoclonic Epilepsy (333.2) should be entered in the Etiology field as shown below:

    Etiology

    ICD-9-CM Code

30a. | 3 | 3 | 3 |. | 2 |

30b. |__|__|__|.|__|

EPILEPSY

Example 2: This shows the coding for a person who has Generalized, Absence (Petit Mal) seizures approximately once a week with a mild condition impact and Generalized, *Tonic-Clonic* (Grand Mal) seizures at least 14 times per year with a moderate condition impact.

Completing the Hard-Copy CDER Form for Example 2:

Type of Seizure

27a. | 4 | **28a.** | 7 | **29a.** | |

  0 Does not have seizure disorder

  1 Partial, Simple

  2 Partial, Complex

  4 Generalized, Absence (Petit Mal)

  6 Generalized, Infantile Spasms

  7 Generalized, Tonic-Clonic (Grand Mal)

  9 Other/Unclassified Seizures

Seizure Frequency

27b. | 6 | **28b.** | 5 | **29b.** | |

  1 History of seizures, none in two years

  2 History of seizures, none in one year

  3 One to six per year

  4 Seven to 11 per year

  5 One per month (approximate)

  6 One per week (approximate)

  7 One per day (approximate)

  8 More than one per day

  9 Frequency Undetermined

27c. | 1 | Condition Impact   **28c.** | 2 | Condition Impact   **29c.** | | Condition Impact

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EPILEPSY

References

Commission on Classification and Terminology of the International League Against Epilepsy. (1989). Proposal for revised classification of epilepsies and epileptic syndromes. Epilepsia, 30, 389-399.