

Provider Education

Quality Documentation & Coding Pearls

Ineke M. Ayubi-Moak, MD

PERIPHERAL POLYNEUROPATHY

Peripheral nerves are highly susceptible to damage; especially the most distal ones. Toxins, medications, inflammation, infections, autoimmune processes, and inherited conditions can all have a deleterious effect on the axons and/or the myelin sheaths.

Neuropathy can be an isolated problem or signify the presence of a systemic disease.

Whatever the cause, the damage to the nerves results in a similar set of symptoms which include numbness, tingling, burning, allodynia, and loss of vibration and protective sensation. It is this loss that puts a patient at risk for problems with ambulation, ulcers, and amputation limiting function and quality of life. Abnormal proprioception and eventual muscle weakness also increases the risk of falls.



Common causes of peripheral polyneuropathy (see codes on the right):

- **Diabetes:** DM is the leading cause of polyneuropathy, and more than half of patients with DM will have neuropathy; the severity correlates with duration and glucose control
- **Alcohol:** alcohol is both neurotoxic and associated with vitamin deficiency which further contributes to damage; abstinence can improve symptoms
- **Drugs:** chemotherapy commonly causes damage to nerves which is dose dependent, cumulative, can interfere with the completion of therapy, and contribute to suffering of cancer survivors; luckily, symptoms can improve with time. Several other drugs can also cause neuropathy
- **PAD:** decrease oxygen supply can lead to nerve tissue damage
- **Toxic agents:** arsenic, lead, mercury, organophosphates, n-hexane, thallium
- **Radiation:** symptoms can appear years after treatment for neoplastic disease

Other conditions (G63): must document and link the condition to the neuropathy

- **Kidney failure (uremic neuropathy):** uremia damages nerves, and most individuals on dialysis will have some level of neuropathy
- **B12 deficiency:** low B12 damages the myelin sheath and is common in the elderly due to decrease intake and absorption (2° decrease stomach acid)
- **B1 deficiency:** low thiamine levels are found in up to 80% of alcoholics
- **Hypothyroid:** many newly diagnosed patients will have some symptoms; severity is related to duration of disease and can improve with replacement
- **Cancer:** leukemia & lymphoma can infiltrate peripheral nerves, and lymphoma can directly compress nerves
- **Metabolic syndrome & pre-diabetes:** are associated with an increased risk of having polyneuropathy which is more common than previously thought

Idiopathic polyneuropathy (G90.09): Despite an extensive work-up, a cause is often not found

CODING TIPS

Polyneuropathy due to:

E11.42	Diabetes
G62.1	Alcoholic (also diagnose alcoholism)
G62.0	Drugs (identify the drug)
G62.2	Toxic agents (identify the toxin)
G62.82	Radiation (identify the type of radiation)
G62.89	Peripheral arterial disease
G90.09	Idiopathic
G63	Other specified conditions (link the condition to neuropathy)

Example:

1. Polyneuropathy due to other specified condition (G63): Patient has neuropathy due to ESRD. Symptoms improved on dialysis.
2. ESRD (N18.6): GFR stable and patient tolerating dialysis well.
3. Dialysis status (Z99.2): continue current regime.



Don't forget to **VALIDATE: DIAGNOSIS, STATUS & PLAN**

Revised 09/11/18 Questions? Call (480) 499-8700 ext. 8205 or email provider.education@azprioritycare.com

