Drug Induced Delirium versus Toxic Encephalopathy

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  - CDIMD, HCPro, ACDIS, the individual speakers, and all affiliated entities support accurate coding of every clinical circumstance based upon physician documentation, recognize the role and responsibility of treating physicians to utilize language they deem appropriate to their circumstances, and support compliance to all local, state, and federal laws.

Learning Objectives

- Differentiate between the manifestations and underlying causes of drug-induced delirium
- Compliantly apply CDI and ICD-10-CM principles

Complete Documentation
Altered Mental Status

- **Manifestation**
  - Dementia, delirium, psychosis, vegetative state, stupor, coma
  - Unresponsive does not have a code
- **Underlying cause**
  - Various encephalopathies – other structural diseases of the brain
  - Stroke, TIA, Alzheimer's disease, Lewy-body dementia, encephalitis
- **Severity or specificity**
  - Correlates with the severity of the manifestation
  - Acute or chronic (acute delirium is a CC; delirium NOS is not)
- **Instigating cause**
  - Drug toxicity (declare if it is an overdose or if not properly taken)
  - Cerebral embolus due to atrial fibrillation
- **Consequences or complications**
  - Acute respiratory failure
  - SIADH leading to hyponatremia resulting in a metabolic encephalopathy

DSM-V Definition of Delirium

Delirium

Diagnostic Criteria

A. A disturbance in attention (i.e., reduced ability to direct, focus, sustain, and shift attention) and awareness (reduced orientation to the environment).

B. The disturbance develops over a short period of time (usually hours to a few days), represents a change from baseline attention and awareness, and tends to fluctuate in severity during the course of a day.

C. An additional disturbance in cognition (e.g., memory deficit, disorientation, language, visuospatial ability, or perception).

D. The disturbances in Criteria A and C are not better explained by another preexisting, established, or evolving neurocognitive disorder and do not occur in the context of a severely reduced level of arousal, such as coma.

E. There is evidence from the history, physical examination, or laboratory findings that the disturbance is a direct physiological consequence of another medical condition, substance intoxication or withdrawal (i.e., due to a drug of abuse or to a medication), or exposure to a toxin, or is due to multiple etiologies.

Source: DSM-V

Medication-Inducted vs. Substance Intoxication Delirium

Medication-induced delirium: This diagnosis applies when the symptoms in Criteria A and C arise as a side effect of a medication taken as prescribed.

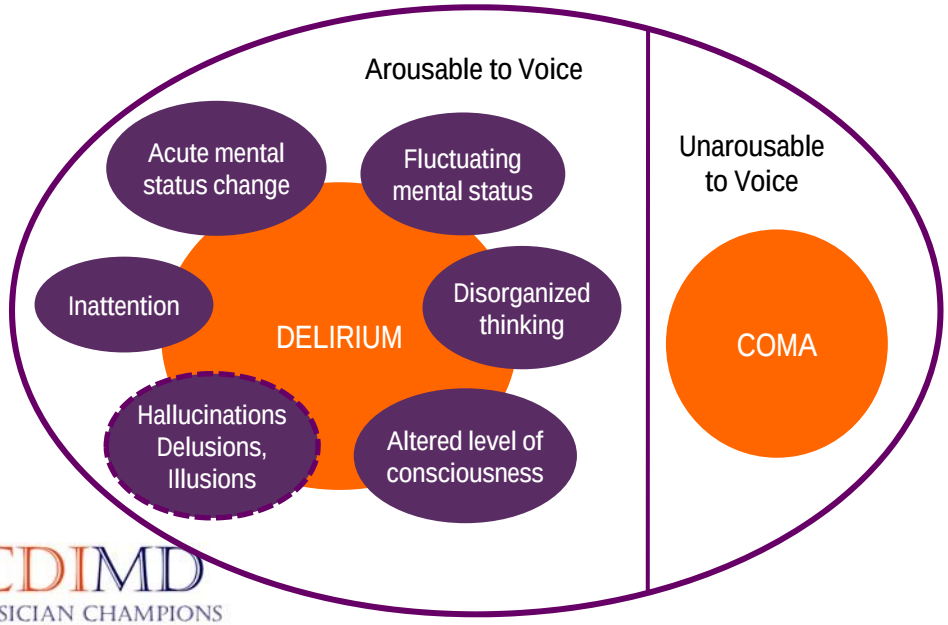
Substance intoxication delirium: This diagnosis should be made instead of substance intoxication when the symptoms in Criteria A and C predominate in the clinical picture and when they are sufficiently severe to warrant clinical attention.

- A challenge with DSM-5 is that it does not discuss the neurology term of encephalopathy
  - **NIH Definition** - Any *diffuse* disease of the brain that alters brain function or structure.

    https://www.ninds.nih.gov/Disorders/All-Disorders/Encephalopathy-Information-Page

Delirium vs. Encephalopathy

- **Delirium - Manifestation**
  - Acute change or fluctuation in mental status and inattention, accompanied by either disorganized thinking or an altered level of consciousness



- **Encephalopathy – Underlying Cause**
  - Global brain dysfunction
- **Dr. Kennedy's opinion**
  - If the global brain dysfunction can be explained by a named brain disease or its exacerbation, then the term "encephalopathy" is integral
  - As such, the term "encephalopathy" is integral to defined neurodegenerative illnesses that tend to wax and wane.

Delirium
ICD-10-CM Index

Delirium, delirious (acute or subacute) (not alcohol- or drug-induced) (with dementia) R41.0

- alcoholic (acute) (tremens) (withdrawal) F10.921
- - with intoxication F10.921
- - - in
- - - - abuse F10.121
- - - - dependence F10.221
- due to (secondary to)
- - alcohol
- - - intoxication F10.921
- - - - in
- - - - - abuse F10.121
- - - - - dependence F10.221
- - - withdrawal F10.231
- - amphetamine intoxication F15.921
- - - in
- - - - abuse F15.121
- - anxiolytic
- - - intoxication F13.921
- - - - in
- - - - - abuse F13.121
- - - - - dependence F13.221
- - - withdrawal F13.231
- - cannabis intoxication (acute) F12.921
- - - in
- - - - abuse F12.121
- - - - dependence F12.221
- - cocaine intoxication (acute) F14.921
- - - in
- - - - abuse F14.121
- - - - dependence F14.221
- - general medical condition F05
- - hallucinogen intoxication F16.921
- - - in
- - - - abuse F16.121
- - - - dependence F16.221

Notice requirement for physicians to state what delirium is due to.

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Delirium
ICD-10-CM Index

Delirium, delirious (acute or subacute) (not alcohol- or drug-induced) (with dementia) R41.0

- - hypnotic
- - - intoxication F13.921
- - - - in
- - - - - abuse F13.121
- - - - - dependence F13.221
- - - withdrawal F13.231
- - inhalant intoxication (acute) F18.921
- - - in
- - - - abuse F18.121
- - - - dependence F18.221
- - multiple etiologies F05
- - opioid intoxication (acute) F11.921
- - - in
- - - - abuse F11.121
- - - - dependence F11.221
- - other (or unknown) substance F19.921
- - phencyclidine intoxication (acute) F16.921
- - - in
- - - - abuse F16.121
- - - - dependence F16.221
- - psychoactive substance NEC intoxication (acute) F19.921
- - - in
- - - - abuse F19.121
- - - - dependence F19.221
- - sedative
- - - intoxication F13.921
- - - - in
- - - - - abuse F13.121
- - - - - dependence F13.221
- - - withdrawal F13.231
- - unknown etiology F05
- exhaustion F43.0
- hysterical F44.89
- postprocedural (postoperative) F05
- puerperal F05
- thyroid -*see* Thyrotoxicosis with thyroid storm
- traumatic -*see* Injury, intracranial
- tremens (alcohol-induced) F10.231
- - sedative-induced F13.231

Note that “other” goes to F19.921

Medication/Drug Induced Delirium Index Points to F19.921

F19.92 Other psychoactive substance use, unspecified with intoxication

Excludes1: other psychoactive substance use, unspecified with withdrawal (F19.93)

F19.920 Other psychoactive substance use, unspecified with intoxication, uncomplicated

F19.921 Other psychoactive substance use, unspecified with intoxication with delirium
Other (or unknown) substance-induced delirium

F19.922 Other psychoactive substance use, unspecified with intoxication with perceptual disturbance

F19.929 Other psychoactive substance use, unspecified with intoxication, unspecified

- Excludes1 note if there is:
  - Mild use disorder (drug abuse)
  - Moderate or severe use disorder (drug dependence)
- F19.921 may not clinically valid for substances is not known to be psychoactive
  - Examples – cancer chemotherapy, amantadine, Zantac, cimetidine, fluroquinolones, many others
  - Suggestion - See next slide

F05 – Delirium due to known physiological condition

F05 Delirium due to known physiological condition

Acute or subacute brain syndrome
Acute or subacute confusional state (nonalcoholic)
Acute or subacute infective psychosis
Acute or subacute organic reaction
Acute or subacute psycho-organic syndrome
Delirium of mixed etiology
Delirium superimposed on dementia
Sundowning

Code first the underlying physiological condition

Excludes1: delirium NOS (R41.0)

Excludes2: delirium tremens alcohol-induced or unspecified (F10.231, F10.921)

What's the underlying physiological condition?

Toxic Encephalopathy
Clinical versus Coding Definitions

Clinical Definition

- **Brain dysfunction caused by toxic exposure**

Note: The review cited below focuses on the most significant occupational causes of toxic encephalopathy, but does not address iatrogenic (pharmaceutical) causes or the neurotoxic effects of illicit recreational drugs or alcohol

Coding – ICD-10-CM Index to Diseases

Encephalopathy (acute) G93.40
- due to
- - drugs - -see also Table of Drugs and Chemicals G92
- metabolic G93.41
- - drug induced G92
- - toxic G92
- toxic G92
- - metabolic G92
Jamaican
- neuropathy G92
Leukoencephalopathy -see also Encephalopathy G93.49
- Binswanger's I67.3
- heroin vapor G92

Kim Y, Kim JW. Toxic Encephalopathy. Saf Health Work. 2012 Dec; 3(4): 243–256
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3521923/

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Toxic Encephalopathy Code

G92 Toxic encephalopathy

Toxic encephalitis

Toxic metabolic encephalopathy

Code first, if applicable, drug induced (T36-T50)
(T51-T65) to identify toxic agent

T51 Toxic effect of alcohol

The appropriate 7th character is to be added to each code from category T51

A - initial encounter

D - subsequent encounter

S - sequela

T51.0 Toxic effect of ethanol

Toxic effect of ethyl alcohol

Excludes2: acute alcohol intoxication or 'hangover' effects (F10.129, F10.229, F10.929)
drunkenness (F10.129, F10.229, F10.929)
pathological alcohol intoxication (F10.129, F10.229, F10.929)

Coding Clinic Advice
Toxic Encephalopathy 2º Cipro

- **Question:** A patient with dementia, who is confined to a nursing home, was admitted to the hospital after falling from his wheelchair.
  - The provider's final diagnostic statement listed, "Toxic encephalopathy due to ciprofloxacin."
  - When queried, the provider confirmed that the antibiotic had been properly administered.
- **Answer:** Yes. Since this is an adverse reaction to medication, assign
  - G92, Toxic encephalopathy, as the principal diagnosis.
  - T36.8X5A, Adverse effect of other systemic antibiotics, initial encounter, as an additional diagnosis.

Coding Clinic, 1st Quarter, 2017, page 39

Coding Clinic Advice
Toxic Encephalopathy 2º Lithium OD

Assign

- Code T43.592A, Poisoning by other antipsychotics and neuroleptics, intentional self harm, initial encounter, as the principal diagnosis.
- Code G92, Toxic encephalopathy, should be assigned as an additional diagnosis.

The code first note is intended to provide sequencing guidance when coding toxic effects, and does not preclude assigning code G92 along with poisoning codes.

Coding Clinic, 1st Quarter, 2017, page 40

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http://www.cdimd.com/resources

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CDI-pertinent Process Resources

Physician Champion Job Descriptions and Resources

- Mount Sinai Medical Center, Miami

National CDI Process Industry Standards or Resources

- 2001 AHIMA Query Practice Brief - AHIMA members only
- 2008 AHIMA Query Practice Brief - AHIMA members only
- 2010 AHIMA CDI Practice Brief
- 2010 AHIMA CDI Toolkit
- 2013 AHIMA Sample Escalation Policy
- 2014 AHIMA CDI Tool Kit - AHIMA members only
- 2015 AHIMA Documentation Template Practice Brief - AHIMA Members Only
- 2016 AHIMA CDI Tool Kit - AHIMA members only
- 2016 AHIMA ICD-10-CM Query Practice Brief - AHIMA members
- 2016 AHIMA ICD-10-PCS Query Practice Brief - AHIMA members
- 2016 AHIMA Present on Admisson Practice Brief - AHIMA members
- 2016 AHIMA Clinical Validation Practice Briefs - AHIMA members

CDI-pertinent Physician - Clinical Resources

MDC 1 - Neurology

- 2013 Stroke Definition
- TIA ABCD2 Score - essential for IP medical necessity
- 2013 - ICU delirium review
- 2010 NIH Definition of Encephalopathy
- Toxic Encephalopathy Definition and Review
- Acute Toxic Metabolic Encephalopathy Definition
- Hepatic encephalopathy review
- ACDIS "Altered Mental Status" & Encephalopathy Review
- Adult Glasgow Coma Scale
- Pediatric Glasgow Coma Scale
- 2017 - Concussion review
- Intractable ("poorly controlled") epilepsy definition
- Status epilepticus definition - Epilepsy Foundation
- 2015 ILAE status epilepticus definition

Thank you.

Questions?

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