



Epilepsy Diagnosis Validation II

Focus Study

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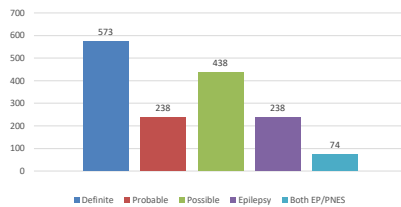
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Epilepsy Diagnosis Validation – Study Purpose

- Review records to validate appropriate use of ICD-10-CM code F44.5, Conversion disorder with seizures or convulsions
- Gather data on diagnosis, past history, and utilization and care of psychogenic non-epileptic seizures (PNES)

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Results from First Epilepsy Diagnosis Validation Study



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Epilepsy Validation Facts

- We will review 2,000 records
- In order to capture more definite PNES diagnoses, the sample will be pulled from Epilepsy Centers of Excellence (ECOE) and Associate ECOE facilities
- Study dates are 10/01/2015-10/01/2023

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ECOE Facilities

#	Facility	#	Facility	#	Facility
501	Albuquerque, NM	573	Gainesville, FL	663	Seattle, WA
512	Baltimore, MD	580	Houston, TX	671	San Antonio, TX
521	Birmingham, AL	607	Madison, WI	673	Tampa, FL
523	Boston, MA	618	Minneapolis, MN	689	West Haven, CT
537	Chicago, IL	648	Portland, OR	691	West Los Angeles, CA
546	Miami, FL	652	Richmond, VA		
558	Durham, NC	662	San Francisco, CA		

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Associate ECOE Facilities

#	Facility	#	Facility	#	Facility
405	White River Junction, VT	554	Denver, CO	629	New Orleans, LA
436	Fort Harrison, MT	561	East Orange, NJ	630	Manhattan, NY
442	Cheyenne, WY	564	Fayetteville, AR	635	Oklahoma City, OK
506	Ann Arbor, MI	583	Indianapolis, IN	640	Palo Alto, CA
508	Atlanta, GA	586	Jackson, MS	646	Pittsburgh, PA
516	Ray Pines, FL	589	Kansas City, MO	650	Providence, RI
526	Bronx, NY	595	Lebanon, PA	655	Saginaw, MI
538	Albany, NY	596	Lexington, KY	657	St. Louis, MO
531	Boise, ID	598	Little Rock, AR	660	Salt Lake City, UT
534	Charleston, SC	605	Loma Linda, CA	666	Sheridan, WY
539	Cincinnati, OH	612	Sacramento, CA	675	Orlando, FL
549	Dallas, TX	613	Martinsburg, WV	688	Washington, DC
552	Dayton, OH	626	Nashville, TN	780	Harlingen, TX

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Overview of Tool

- Contains 62 questions
- Includes 4 Modules:
 - Diagnosis
 - Past History
 - Utilization & Care
 - Encounters

Diagnosis

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Diagnosis Module

- Question 1 (szdate) will be auto-filled and unable to be modified.
- Question 2 (vszdt) asks if there is an outpatient, inpatient, or Emergency Department (ED) encounter with a Physician/APN/PA at the VAMC being reviewed on the date auto-filled in Q1.

Diagnosis Module

- Question 3 (vcode) asks to validate if the code F44.5 was documented on the date auto-filled in Q1.
 - If answered with value 1 (yes), go to seizure.
- Question 4 (szdate2) asks to enter the earliest date of outpatient, inpatient, or ED encounter with a neurology physician/APN/PA with documentation of code F44.5.
 - Abstractor can enter 99/99/9999 if there is no encounter with code F44.5
 - If 99/99/9999, record is excluded

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Diagnosis Module – Q5 Seizure

On (if vszdt and vcode = 1, computer to display szdate; else display szdate2), what psychogenic non-epileptic seizures (PNES) clinical classification is documented in the chart?

1. Definite PNES
2. Probable PNES
3. Possible PNES
4. Epilepsy (EP) only*
5. Both EP/PNES
99. None of the above or unable to determine*

*If answered with value #4 or #99, record is excluded.

Diagnosis Module – Q5 Seizure

- **Definite PNES includes:**

PNES documented by clinician experienced in diagnosis of seizure disorders (Neurologist or epilepsy specialist), showing semiology (signs) typical of PNES while on Video EEG. Might be documented as PNES, pseudoseizure, functional seizure, dissociative seizure, conversion disorder with seizure, or non-epileptic seizure/spell.

PNES may also be clinically established by clinician experienced in diagnosis of seizure disorders (Neurologist or epilepsy specialist) on video EEG or in person, showing semiology (signs) typical of PNES, while NOT on EEG.
- **Probable PNES:** Documented by clinician (Primary Care Provider/Internist) who reviewed video EEG recording or in person, showing semiology (signs) typical of PNES (or other terms listed above.)
- **Possible PNES:** Documentation by any physician/APN/PA other than a Neurologist or Epilepsy Specialist of suspicion for the PNES terms listed above.

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Diagnosis Module – Q6 pnesdt

During the timeframe from 10/01/2015 to 10/01/2023, enter the date of the **earliest** PNES diagnosis.

mm/dd/yyyy

- Enter the exact date of the earliest PNES diagnosis, if documented. If the exact date is not documented, it may be estimated.
 - Example: A note is dated 11/16/2022 and indicates the earliest diagnosis of PNES was 2 months ago, enter 09 for the month, 01 for day, and 2022 for year.
- If there is no reference to how long ago the earliest diagnosis of PNES was made and the year is known, but not the month or day, enter 07 for month and 15 for the day.
- If there is no way to estimate the date of PNES diagnosis, enter the earliest date of PNES documentation.

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Diagnosis Module – Q7 seizvstdt

During the timeframe 10/01/2015 through 10/01/2023, enter the date of the earliest Outpatient, Inpatient, or Emergency Department (ED) encounter at any VHA for concern of seizure.

mm/dd/yyyy

- The VHA encounter must be with a physician/APN/PA.
- Include Outpatient, Inpatient, and Emergency Department (ED) encounters.
- An outpatient VHA encounter may include:
 - Face-to-face visit
 - Telehealth visit
 - Telephone note
 - e-Consult
- Exclude:
 - Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs), telephone calls to inform patient of test results.
 - Encounters at non-VHA facilities.

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Diagnosis Module – Q8 frstseiz

During the timeframe from 10/01/2015 to 10/01/2023, enter the date of the earliest reported seizure in the patient's lifetime.

- Enter the exact date if documented. If the exact date is not documented, it may be estimated.
 - Example: A note is dated 11/16/2022 and indicates the earliest reported seizure was 2 months ago, enter 09 for the month, 01 for day, and 2022 for year.
- If there is no reference to how long ago the earliest seizure occurred and the year is known, but not the month or day, enter 07 for month and 15 for the day.
- If there is no documentation of when the earliest seizure occurred and there is no way to estimate, enter 99/99/9999.

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Diagnosis Module – Q9 numbsz

Choose the number of reported seizures from (seizvstdt through pnesdt).

0. 0
1. 1-10
2. >10
99. Not documented

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Diagnosis Module – Q10-13

Question	Answer
seizeeg: During the timeframe 10/01/2015 – 10/01/2023, did the patient have an EEG at any VHA facility?	1. Yes 2. No *If 2, go to cseizeeg
eeegdt: Enter the dates of all EEGs performed between 10/01/2015 – 10/01/2023 at any VHA facility.	May enter multiple dates. Should capture ALL EEG dates within the timeframe.
cseizeeg: During the timeframe 10/01/2015 – 10/01/2023, did the patient have an EEG at any non-VHA facility?	1. Yes 2. No *If 2, go to vvideeg
ceegdt: Enter the dates of all EEGs performed between 10/01/2015 – 10/01/2023 at any non-VHA facility.	May enter multiple dates. Should capture ALL EEG dates within the timeframe.

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Diagnosis Module – Q14-17

Question	Answer
vvideeg: During the timeframe 10/01/2015 – 10/01/2023, did the patient have a Video electroencephalogram (EEG) at any VHA facility?	1. Yes 2. No * If 2, go to cvideeg
veegdt: Enter the dates of all Video EEGs performed between 10/01/2015 – 10/01/2023 at any VHA facility.	May enter multiple dates. Should capture ALL Video EEG dates within the timeframe.
cvideeg: During the timeframe 10/01/2015 – 10/01/2023, did the patient have a Video electroencephalogram (EEG) at any non-VHA facility?	1. Yes 2. No * If 2, go to pvideeg
cvideegdt: Enter the dates of all Video EEGs performed between 10/01/2015 – 10/01/2023 at a non-VHA facility.	May enter multiple dates. Should capture ALL Video EEG dates within the timeframe.

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Diagnosis Module – Q18 pneseeeg

Did a physician/PA/APN use a Video EEG to make a diagnosis of PNES?

1. Yes
 2. No
- A Video EEG simultaneously records brainwaves while also recording the patient's behavior. This allows the clinician to see what happens physically during a seizure in order to make a more accurate diagnosis of the seizure type.
 - Select value "1" if a Video EEG was used to make a diagnosis of seizure type.
 - EEG completed in the community and documented in CPRS (Vista Imaging) or Joint Legacy Viewer (JLV) is acceptable.

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PAST HISTORY

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Past History – Q19 seldx

During the timeframe from (computer to display pnesdt – 5 years through pnesdt), did the patient have any of the following diagnoses?

Select all that apply:

- | | |
|--|----------------------------------|
| 1. PTSD | 9. Emotional/Verbal Abuse |
| 2. Depression | 10. Other Trauma |
| 3. Anxiety | 11. Child Abuse |
| 4. Bipolar Disorder | 12. Traumatic Brain Injury (TBI) |
| 5. Schizophrenia or Schizoaffective Disorder | 13. Headache |
| 6. Military Sexual Trauma (MST) | 14. Chronic pain (non-headache) |
| 7. Combat Trauma | 15. Cognitive disorders |
| 8. Physical Trauma | 16. Sleep disorders |
| | 99. None of the above |

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Past History – Q19 seldx continued

Select all diagnoses that are documented in the medical record.

- **PTSD:** Select this diagnosis if there is documentation of Post-Traumatic Stress Disorder (PTSD) diagnosis. A positive PTSD screen alone is not sufficient to select this diagnosis.
- **Depression:** Include any documented diagnosis of depression during the timeframe. Depression diagnosis may include ICD-10 CM codes F32, F33, F34, F43 or F53 and/or be documented as depression, major depressive disorder, recurrent major depression, severe recurrent or seasonal major depression, or postpartum depression. A positive depression screen alone is not sufficient to select this diagnosis.
- **Anxiety:** Anxiety disorder may be documented as a generalized anxiety disorder or a specific anxiety disorder (i.e., panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, phobias)
- **Bipolar Disorder:** Bipolar disorder diagnosis may include an ICD-10 CM code of F30 or F31 and may be documented as bipolar disorder, bipolar I or bipolar II.

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Past History – Q19 seldx continued

- **Schizophrenia or Schizoaffective Disorder:** A chronic, severe mental disorder that affects the way a person thinks, acts, expresses emotions, perceives reality, and relates to others.
- **Military Sexual Trauma (MST):** Look for any documentation that the Veteran experienced any sexual abuse, such as rape, sexual harassment or sexual trauma, in their adult life which occurred during military service.
- **Combat Trauma:** Witnessing or experiencing trauma during engagement in combat.
- **Physical Trauma:** Fights or intimate partner violence or abuse in adulthood.
- **Emotional/Verbal Abuse:** Spousal or other relational abuse in adulthood.
- **Other Traumas:** Loss of a child, loss of a spouse, loss of close other, accident
- **Child Abuse:** Physical, sexual, emotional and/or psychological maltreatment or neglect occurring under the age of 18.
- **Traumatic Brain Injury (TBI):** Select TBI if there is any Physician/APN/PA documentation of TBI.
- **Headache:** Types of headaches can include migraine, tension, and cluster headaches.

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Past History – Q19 seldx continued

- **Chronic pain:** Include diagnoses such as chronic neck pain or chronic back pain that require the patient to take medication for pain. Look for documentation of conditions such as herniated or bulging discs, severe arthritis, fibromyalgia, temporomandibular disorder, irritable bowel syndrome, vulvodynia, chronic fatigue syndrome, interstitial cystitis, endometriosis, chronic migraine, chronic tension type headache, non-specific low back pain, other complex regional pain syndrome
- **Cognitive disorders:** Any physician/APN/PA documentation of mild cognitive impairment, dementia, major/minor cognitive disorders.
- **Sleep disorders:** Conditions that affect the quality, amount and timing of sleep the patient is able to get. Common sleep disorders include insomnia, restless leg syndrome, narcolepsy, and sleep apnea.

If the patient does not have any of the listed comorbidities documented in the medical record, select value "99"

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Past History – Q20 tbdix

If value #12 (Traumatic Brain Injury) is selected in the previous question, you will receive tbdix:

- During the timeframe from (computer to display pnesdt – 5 years through pnesdt), select the **earliest** documented severity of the patient's TBI diagnosis.

1. Mild
2. Moderate
3. Severe
99. Not Classified

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Past History – Q21 suicide

During the timeframe from (computer to display pnesdt – 5 years through pnesdt), did the patient have a prior suicide attempt?

1. Yes
2. No

Select Value "1" if:

- Physician/APN/PA documents a prior suicide attempt.
- A Columbia-Suicide Severity Rating Scale (C-SSRS) or Comprehensive Suicide Risk Evaluation (CSRE) screen indicates a prior suicide attempt.

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Past History – Q22 psychadm

During the timeframe from (computer to display pnesdt – 5 years through pnesdt), did the patient have a psychiatric hospitalization?

1. Yes
2. No

- Select value "1" if the patient was admitted to a psychiatric unit of a VHA facility during the specified timeframe.

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Past History – Q23 psyther

During the timeframe from (computer to display pnesdt – 5 years through pnesdt), did the patient participate in psychotherapy?

1. Yes
2. No

- Psychotherapy includes individual or group therapy with a psychiatrist, psychologist, or other trained clinical therapist.
- Could include Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Problem-Solving Therapy (PST), or Neuro-Behavioral Therapy (NBT).

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Past History – Q24 through Q33

- Questions 24-33 asks about 5 classes of medications the patient may have been prescribed during the year **prior to** diagnosis of PNE.
- Each class of medication has a yes or no question. If answered yes, a list of medications will be enabled and the abstractor will select all that apply.
- The 5 classes of medications are:
 - Antidepressants
 - Antipsychotics
 - Sedatives and/or hypnotics
 - Mood stabilizers
 - Anti-seizure/Anti-epileptics

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Utilization & Care

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Utilization & Care – Q34 through Q43

- Questions 34-43 asks about the same 5 classes of medications answered in the previous module, Past History. The difference is the timeframe. In this module, the questions ask about medications the patient may have been prescribed during the year **following** the diagnosis of PNES.
- Each class of medication has a yes or no question. If answered yes, a list of medications will be enabled and the abstractor will select all that apply.
- The 5 classes of medications are:
 - Antidepressants
 - Antipsychotics
 - Sedatives and/or hypnotics
 - Mood stabilizers
 - Anti-seizure/Anti-epileptics

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Utilization & Care – Q44 antiszdc

During the timeframe (computer to display pnesdt through pnesdt + 4 months), were any anti-seizures medications discontinued?

- Yes
- No

- Review Table 2: Common Medications Prescribed for the Treatment of Epilepsy. If any medication listed on Table 2 is **discontinued** during the specified timeframe, select value "1".
- If value #2 is selected, go to therenctr.

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Utilization & Care – Q45 antiszdc2

During the timeframe (computer to display pnesdt through pnesdt + 4 months), were the anti-seizures medications tapered off appropriately?

- Yes
- Yes, but remained on anti-seizure medications for uses other than seizures
- No

- Appropriate tapering of medications includes discontinuation of all anti-seizure medications EXCEPT those that are documented to also be used for mood stabilization or medically necessary use other than for the purpose of reducing/eliminating seizures.

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Utilization & Care – Q46 therenctr

During the timeframe (computer to display pnesdt through 10/1/23), did the patient have any encounters for psychotherapy at any VAMC?

- Yes
- No

- Psychotherapy could be group or individual therapy with a psychiatrist, or other trained clinical therapist.
- Psychotherapy could include Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Problem-Solving Therapy (PST), or Neuro-Behavioral Therapy (NBT).
- NBT is sometimes labeled as CBT for PNES diagnosis.
- Select value "1" if patient is participating in psychotherapy.
- If value #2 is selected, go to lsmhvst.

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Utilization & Care – Q47 psytherdt

During the timeframe from (computer to display pnesdt through 10/01/2023), enter the date of the earliest psychotherapy encounter that occurred at any VHA facility.

mm/dd/yyyy

- Enter the EARLIEST date of psychotherapy following the diagnosis of seizure.
- Include psychotherapy done with any VHA provider.

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Utilization & Care – Q48 psytherdx

Select each diagnosis documented for ordering the psychotherapy which occurred on (psytherdt).

Select all that apply:

- Mood disorder
- Anxiety disorder
- PTSD
- Insomnia
- PNES
- Substance use disorder
- Psychosis
- Other
- Unspecified/Not documented

- Enter each diagnosis for which the patient is receiving psychotherapy.

- Select all that apply.

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Utilization & Care – Q49 psythrcd

On (computer to display psytherdt), what CPT code was assigned for the psychotherapy encounter?

xxxxx

- The CPT code is a five digit code assigned for coding medical procedures and services.
- Acceptable CPT codes for psychotherapy are found on Table 6.
- If the CPT code is not found on Table 6, enter xxxxx.

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Utilization & Care – Q50 psythrnt

On (computer to display psytherdt), select each type of psychotherapy listed in the note:

Select all that apply.

1. Cognitive Behavioral Therapy (CBT)
2. Cognitive Processing Therapy (CPT)
3. Neurobehavioral therapy or CBT for PNES
4. Supportive Therapy
5. Psychodynamic Therapy
6. Acceptance and Commitment Therapy
7. Prolonged Exposure Treatment
8. Other
99. Unspecified

- Select each type of therapy used on the date specified.
- Select all that apply.
- Select value "1" for CTR treatment for diagnoses other than PNES.
- Select value "99" if the type of therapy is unspecified or unable to determine.

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Utilization & Care – Q51 lstpsyth

During the timeframe (computer to display psytherdt + 1 day if <= 10/01/2023, otherwise display 10/01/2023 through 10/01/2023), enter the date of the most recent psychotherapy.

mm/dd/yyyy

- Enter the MOST RECENT date of psychotherapy following the diagnosis of seizure during the specified timeframe.
- If there is only one psychotherapy encounter, enter 99/99/9999.

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Utilization & Care – Q52 lstmhvst

During the timeframe (computer to display pnesdt through 10/01/2023), enter the date of the most recent outpatient Mental Health encounter for concern of seizure with any VHA provider.

mm/dd/yyyy

- Enter the MOST RECENT date of an outpatient Mental Health encounter during the specified timeframe.
- Do not include: Mental Health encounters for the purpose of education or housing placement.
- If there is no Mental Health encounter during the timeframe, enter 99/99/9999.

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Utilization & Care – Q53 mhpsytrp

On (computer to display lstmhvst), was the patient prescribed or taking any psychotropic medications?

1. Yes
2. No

Psychotropic medications include any medication found on:

- Table 1: Antidepressant Medications
- Table 2: Anti-Epileptic Medications
- Table 3: Antipsychotic Medications
- Table 4: Mood Stabilizers
- Table 5: Sedative/Hypnotic Medications

If value "2" is selected, go to lstneuro

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Utilization & Care – Q54 psytropnum

If the previous answer is 2 (no), the software will skip this question:

- Enter the number of psychotropic medications the patient was prescribed or taking on (computer to display lstmhvst).

xx

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Utilization & Care – Q55 Istneuro

During the timeframe (computer to display pnsdtd through 10/01/2023), enter the date of the most recent outpatient Neurology encounter for concern of seizure at any VHA facility.

mm/dd/yyyy

- Enter the MOST RECENT date of an outpatient Neurology encounter with concern for seizure at any VHA facility.
- If there is no Neurology encounter during the timeframe, enter 99/99/9999, and software will skip to Istneuro2.

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Utilization & Care – Q56 antiszmed

On (computer to display Istneuro), enter the number of antiseizure medications the patient was taking.

XX

- Include all medications prescribed to the patient for the **treatment of seizures** by the Neurology physician/APN/PA during the timeframe displayed in the question.
- **Note: Some of these medications may be prescribed for other purposes than seizures. If a medication is prescribed for conditions or reasons other than seizures, do not select the drug.**
- If the patient was not prescribed any antiseizure medications, enter zz.

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Utilization & Care – Q57 & Q58

The next two questions mirror the last two questions, except they ask about **non-VA** encounters.

- Istneuro2: During the timeframe (computer to display pnsdtd through 10/01/2023), enter the date of the most recent outpatient Neurology encounter for concern of seizure at any non-VHA facility. (If 99/99/9999 is entered, software will skip to edenctr1.)
- Antiszmed2: On (computer to display Istneuro2), enter the number of anti-epileptic (anti-seizure) medications the patient was taking. (If the patient was not prescribed any antiseizure medications, enter zz.)

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ENCOUNTERS

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Encounters – Q59 edenctr

Emergency Department (ED Encounters)	Enter Number
Enter the number of Emergency Department (ED) encounters the patient had for concern of seizure from (computer to display seizvstdt through pnsdtd).	
Enter the number of ED encounters the patient had for concern of seizure from (computer to display pnsdtd + 1 day through pnsdtd + 6 months)?	
Enter the number of ED encounters the patient had for concern of seizure from (computer to display pnsdtd + 6 months + 1 day if <= 10/01/2023, otherwise display 10/01/2023 through pnsdtd + 1 year)?	
Enter the number of ED encounters the patient had for concern of seizure from (computer to display pnsdtd + 1 year + 1 day if <= 10/01/2023, otherwise display 10/01/2023 through pnsdtd + 2 years)?	
Enter the number of ED encounters the patient had for concern of seizure from (computer to display pnsdtd + 2 years + 1 day if <= 10/01/2023, otherwise display 10/01/2023 through pnsdtd + 3 years)?	
Enter the number of ED encounters the patient had for concern of seizure from (computer to display pnsdtd + 3 years + 1 day if <= 10/01/2023, otherwise display 10/01/2023 through pnsdtd + 5 years)?	
Enter the number of ED encounters the patient had for concern of seizure from (computer to display pnsdtd + 5 years + 1 day if <= 10/01/2023, otherwise display 10/01/2023 through 10/01/2023)?	

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Encounters – Q59 edenctr continued

- To determine the number of Emergency Department (ED) encounters during the specified timeframe, sort the progress notes by date range and count the number of ED encounters.
- Include: ED encounters at any VHA facility.
- If the timeframe is >= 10/01/2023, the software will auto-fill the number with zero.

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Encounters – Q60 through Q62

The same table found for Q59, edenctr, is repeated in Q60-62 for the following encounter types:

- Hospitalizations for concern of seizure
- Outpatient Neurology encounters for concern of seizure
- Outpatient Mental Health encounters for any reason



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IMPORTANT FACTS

There are no
DACs or Exit
Reports

Submit
questions using
the Question &
Answer Hub

Pull list
release date
expected to be
on 3/03/2025

Abstraction
due date is
3/31/2025



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