

## Acute Encephalopathy

“Acute” encephalopathies should **ALWAYS** be classified as **METABOLIC or TOXIC** or a combination of both.

- Acute metabolic encephalopathy
  - Generally due to an internal insult, such as hypernatremia, hypoglycemia, hypoxia, etc.
  - Septic encephalopathy is considered a type of metabolic encephalopathy.
  - The etiology of encephalopathy should be linked when known. Always be sure to clearly document a metabolic encephalopathy in addition to etiology, when applicable.
    - **DO** document: “acute metabolic encephalopathy due to UTI”
    - **DON’T** document: “encephalopathy due to UTI” - if criteria to diagnosis as a metabolic encephalopathy is met. Failure to include the term metabolic or toxic codes to “other encephalopathy,” does not adequately capture patient acuity.
  
- Acute toxic encephalopathy
  - Generally due to an external insult, such as alcohol, drug, toxin, medication, etc.
  - The etiology should be documented when known.
    - For example, “acute toxic encephalopathy secondary to lithium toxicity”

It is especially important to clearly state when a patient has **acute encephalopathy in the setting of a chronic encephalopathy**. For example, toxic encephalopathy secondary to medications in the setting of chronic hepatic encephalopathy.

References:

FY 2022 ICD-10-CM Alphabetic Index and Tabular List  
AHA (American Hospital Association) Coding Clinic® for ICD-10-CM and ICD-10-PCS - 2018 Issue 2; Clarifications