Common Child Neurology Diagnoses: A Survey

1. Please think back to the last patient you saw whose history and neurologic examination were consistent with seizure disorder, and apply the following scenario to that encounter. Routine EEG did not capture an episode and the interictal EEG was normal. Prolonged EEG was pending. When you entered diagnostic codes for that visit, did you include ICD-10 codes for seizure disorders?

- Yes

- No

- I have never seen a patient with seizure disorder

2. Please think back to the last patient you saw whose history and neurologic examination were consistent with pseudotumor cerebri (aka idiopathic intracranial hypertension), and apply the following scenario to that encounter. The fundoscopic examination was suggestive of mild papilledema and MRI brain demonstrated distension of the optic nerve sheaths. An urgent lumbar puncture was pending. When you entered diagnostic codes for that visit, did you include the ICD-10 code for pseudotumor cerebri?
- Yes

- No

- I have never seen a patient with pseudotumor cerebri

3. Please think back to the last patient you saw whose history and neurological examination were consistent with Guillain-Barre syndrome, and apply the following scenario to that encounter. EMG and lumbar puncture were pending. When you entered diagnostic codes for that visit, did you include the ICD-10 code for Guillain-Barre?

- Yes

- No

- I have never seen a patient with Guillain-Barre syndrome

4. Please think back to the last patient you saw whose history and neurological examination were consistent with the diagnosis of astasia-abasia (functional gait disorder), and apply the following scenario to that encounter. MRI of the brain and spine was normal. When you entered diagnostic codes for that visit, did you include the ICD-10 codes for astasia-abasia or functional neurological disorder?

- Yes

- No

- I have never seen a patient with astasia-abasia

5. Please think back to the last patient you saw whose history and neurological examination were consistent with the diagnosis of non-epileptic seizures (aka pseudoseizures or psychogenic non-epileptic seizures), and apply the following scenario to that encounter. Routine EEG did NOT capture an episode and the interictal EEG was normal. Prolonged EEG was pending. When you entered diagnostic codes for that visit, did you include the ICD-10 codes for non-epileptic seizures or functional neurological disorder?

- Yes

- No

- I have never seen a patient with non-epileptic seizures

6. Continuing with the same patient whose history and exam were consistent with non-epileptic seizures: after your first visit, prolonged EEG captured three (3) events that matched the clinical events in question, and none had an electrographic correlate. When you entered diagnostic codes for your second visit, did you include the ICD-10 codes for non-epileptic seizures or functional neurological disorder?

- Yes

- No

- I have never seen a patient with non-epileptic seizures

7. If you have previously diagnosed or had high suspicion for Functional Neurological Disorder (FND) in a patient, but you did not bill using the ICD-10 codes for FND or a specific manifestation of FND, what are the reasons you did not include these codes? Please select all that apply and rank the reasons from most likely to least likely.

A. Fear of non-payment (insurance denial)

B. Fear that patient will be stigmatized by other healthcare providers

C. Fear of diagnosis being incorrect

D. Difficulty finding the correct billing code

E. I only bill for symptoms, not underlying causes, until diagnostic testing is complete

F. Fear of negative feedback from patient (including retaliation or litigation)

G. I always code for Functional Neurological Disorder

H. Other [text box]

If you have previously diagnosed or had high suspicion for Functional Neurological Disorder (FND) in a patient, but you did not bill using the ICD-10 codes for FND or a specific manifestation of FND, please rank the reasons from most likely to least likely, using the letters A-H from the choices above. You can copy/paste the options below into the text box.

8. In your practice, have you faced any negative consequences after making a diagnosis of Functional Neurological Disorder?

A. Yes
B. No

If Yes, please elaborate on what happened and how this altered your practice. [text box]

9. Do you consider Functional Neurological Disorder to be a diagnosis of exclusion?
A. Yes

B. No

10. How long have you been in clinical practice, following completion of formal training programs?

A. 0-3 years

B. 4-10 years

C. 10-25 years

D. More than 25 years

11. Which designation best fits your practice environment?

A. Private practice, general neurology

B. Private practice, mostly subspecialty neurology

C. Academic center, general neurology

D. Academic center, mostly subspecialty neurology

E. Not providing clinical care