



Seizure Disorders

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Epilepsy is defined by the International League Against Epilepsy (ILAE) as any of the following: **2 or more unprovoked seizures** occurring more than 24 hours apart, **1 unprovoked seizure with high recurrence risk**, or a recognized **epilepsy syndrome**.^{1,2} In older adults, a single unprovoked seizure may still warrant treatment when recurrence risk is high because of the consequences of another event. The key distinction is whether the episode was a **provoked seizure**, a **single unprovoked seizure**, or **established epilepsy**, since that difference affects diagnosis, treatment urgency, and coding.^{3,4} At every epilepsy encounter, PCPs should document **seizure type and frequency, risk factors, adherence, depression and fall-risk screening, and review or update the written Seizure Action Plan**, including rescue-medication and 911 instructions.

ICD-10 Codes:

Primary: G40.x (epilepsy) codes are selected according to the documented epilepsy type: **G40.0** (localization-related [focal] idiopathic epilepsy and epileptic syndromes with seizures of localized onset), **G40.1** (localization-related [focal] symptomatic epilepsy and epileptic syndromes with simple partial seizures), **G40.2** (localization-related [focal] symptomatic epilepsy and epileptic syndromes with complex partial seizures), **G40.3** (generalized idiopathic epilepsy and epileptic syndromes), **G40.4** (other generalized epilepsy and epileptic syndromes), **G40.5** (special epileptic syndromes), **G40.8** (other epilepsy), and **G40.9** (epilepsy, unspecified). The final digits specify **intractability (0 = not intractable; 1 = intractable)** and **status epilepticus (1 = with status epilepticus; 9 = without status epilepticus)**, when applicable. Convulsions without established epilepsy are coded separately (**R56.00-R56.01** febrile convulsions, **R56.1** post-traumatic seizures, **R56.9** unspecified convulsions); assign **G40.x** only after epilepsy has been clinically established. **F44.5** (psychogenic nonepileptic seizures [PNES]) should **not** be coded as epilepsy and does not map to an HCC; however, PNES and epilepsy may coexist, and **G40.x** should be reported separately when epilepsy is confirmed. Also document clinically relevant comorbidities and contributing conditions.⁶

Prevalence and Burden: Epilepsy affects **~3.4 million Americans**; ~150,000 new diagnoses annually.⁷ Incidence is bimodal — **peaks** in early childhood and again **after age 60**;⁸ adults ≥65 have the highest age-specific incidence.⁹ In this population, new-onset seizures are often linked to **stroke, neurodegenerative disease**, or other structural brain pathology. The burden is high: seizures in older adults are associated with **falls, injury, hospitalization**, loss of independence, and increased mortality. Early recognition, appropriate treatment, and timely neurology follow-up can reduce avoidable ED visits and readmission.^{10,11}

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