How should women with non-epileptic attack disorder be counselled in pregnancy and how should their non-epileptic seizures be managed? Inappropriate medical intervention, including AED administration and iatrogenic early delivery, should be avoided when there is a firm diagnosis of non-epileptic attack disorder. D. Where required, what dose of antenatal corticosteroids should be given to WWE on enzyme-inducing AEDs? WWE also feel that there is a lack of understanding among healthcare professionals about epilepsy and the specific issues related to pregnancy. A survey of WWE showed that 87% of women would like to be counselled about the risk of epilepsy and AEDs to their unborn child, and about one-half of them would like a more proactive role in the discussions about. 345.11 Generalized convulsive epilepsy, with mention of intractable epilepsy. If the patient were already pregnant, a code for pregnancy complication would be needed and would be listed first because the medication and/or change would potentially affect the pregnancy. First, a comprehensive history and examination are performed, and high medical decision making is satisfied. Second, one can use the counseling and coordination-of-care method to bill, as more than half of a 45-minute visit (only half of a 40-minute visit is required) was spent counseling the patient on epilepsy and pregnancy, and those terms are included in the office visit note. Seizure CPT® Procedure Coding Discussion.