PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

Acute Cerebrovascular Accidents

OVERVIEW

When it comes to documenting and coding acute conditions, acute cerebrovascular accidents (CVAs) or strokes are one of the most frequently miscoded of all conditions. While most acute conditions can continue to be coded if the patient is receiving treatment, this is not the case when it comes to coding CVAs or strokes.

DOCUMENTATION AND CODING

Acute Strokes

A CVA or stroke should be documented and coded as acute only at the original encounter during which it is diagnosed and where the initial evaluation and treatment takes place. This is rarely done in an outpatient office setting and is most likely to take place in the emergency department or hospital. It's important that the following are documented:

- Type of stroke
  - Ischemic *(I63-)*
  - Hemorrhagic *(I60-I62)*
- Cause of the stroke
  - Embolism
  - Occlusion
  - Stenosis
  - Thrombosis
- Specific location and laterality of the occlusion
- Whether occlusion involves the precerebral arteries or the cerebral arteries *(I65-I66)*
  - Precerebral
    - Vertebral artery
    - Basilar artery
    - Carotid artery
  - Cerebral
    - Anterior cerebral artery
    - Middle cerebral artery
    - Posterior cerebral artery
    - Cerebellar arteries

Stroke Aftercare Visits

It's never appropriate to code an acute stroke code at a follow-up visit.

- If no sequelae related to the stroke event exist, Z86.73 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits should be coded. It would never be appropriate to assign a current stroke code (I60-I66) or a sequelae code (I69.-) with these patients.
- If a patient has a residual neurological defect related to the stroke which effects their recovery, the sequelae from category I69.- should be documented and coded. The following deficits are considered sequelae for CVA and strokes:
  - Alteration in sensation
  - Aphasia
  - Apraxia
  - Ataxia
  - Cognitive deficit
  - Disturbance of vision
  - Dysarthria
  - Dysphagia
  - Dysphasia
  - Facial drop
  - Facial weakness
  - Hemiplegia
  - Language deficit NEC
  - Monoplegia
  - Paralytic syndrome
  - Speech deficit NEC

TIPS FOR SUCCESS

To capture the most specific and accurate sequelae of the stroke, it's important to clearly document the side of the body that's affected in the medical record. ICD-10-CM coding guidelines also state that the sequelae caused by a stroke may be present from the onset of a stroke or arise at *any* time after the onset of the stroke. As long as the documentation supports the sequelae and links it to the stroke, the sequelae can and should be coded.

In addition to coding the stroke or late effect, it's also important to identify other factors that increase the risk and complexity of these patients. Use additional codes to identify the presence of:

- Alcohol abuse and dependence (F10.-)
- Exposure to environmental tobacco smoke (Z77.22)
- History of tobacco dependence (Z87.891)
- Hypertension (I10-I16)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Tobacco dependence (F17.-)
- Tobacco use (Z72.0)
- Post stroke depression

Example 1: Patient is admitted for CVA due to thrombosis of the anterior cerebral artery and had a history of CVA with left hemiparesis. He presents with left side hemiparesis and is right-handed.

ICD-10 code	ICD-10 description
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side

Example 2: Patient with a history of cerebral infarction 3 weeks ago presents for follow up. She is experiencing no residual effects.

ICD-10 code	ICD-10 description
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits

Example 3: Patient presents for follow-up after recently being discharged for a non-traumatic intracerebral hemorrhage with residual dysphasia and monoplegia of the lower limb affecting the right side.

ICD-10 code	ICD-10 description
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side

For more information about documentation and coding of this and any other chronic or complex condition, email ProviderClinicalConsulting@Premera.com.

Note: Tip sheets are regularly reviewed and revised with pertinent technical specification updates from ICD-10-CM.