# Cerebral Infarction

Cerebral infarction is necrosis of brain tissue due to an interruption in the blood supply. In ICD-10-CM, the terms “stroke” and “cerebrovascular accident” (CVA) are also reported with the cerebral infarction codes.

Although cerebral infarction is often thought of as a neurologic disorder, ICD-10-CM classifies it in Chapter 9 *(Diseases of the Circulatory System)* because it is vascular in origin. The rules for coding cerebral infarction are found in section I.C.9 of the ICD-10-CM guidelines.

| Coding Tips | Cerebral Infarction |
|---|---|
|  | ✓ Select the code for a current infarction based on the location and type of occlusion (thrombosis vs embolism vs stenosis).<br>✓ Report sequelae with codes from category I69. Do not use these codes for manifestations of a current stroke.<br>✓ Assign Z86.73 for history of cerebral infarction without sequelae.<br>✓ Assign a code from subcategory R29.7- to indicate the NIHSS score, when documented |

### Code Assignment for Cerebral Infarction

The codes for cerebral infarction are located in category I63. They are classified according to the location of the occlusion and the type of occlusion.

| Location | Type of Occlusion |
|---|---|
| **Precerebral arteries**<br>• Vertebral<br>• Basilar<br>• Carotid | • Thrombosis (I63.0-)<br>• Embolism (I63.1-)<br>• Unspecified occlusion/stenosis (I63.2-) |
| **Cerebral arteries**<br>• Middle cerebral artery<br>• Anterior cerebral artery<br>• Posterior cerebral artery<br>• Cerebellar artery | • Thrombosis (I63.3-)<br>• Embolism (I63.4-)<br>• Unspecified occlusion/stenosis (I63.5-) |
| **Cerebral veins and sinuses** | Cerebral venous thrombosis (I63.6) |
| **Other** | Other cerebral infarction (I63.8) |
| **Unspecified** | Unspecified cerebral infarction (I63.9) |

# Multiple Gestation

Multiple gestation is the presence of more than one fetus. Category O30 of ICD-10-CM contains specific codes for different types of multiple gestation, such as twin, triplet, and quadruplet pregnancies. Depending on why the OB ultrasound exam was ordered, the multiple gestation code may be either the primary diagnosis or a secondary diagnosis.

Code selection for multiple gestation is based on the number of placentas and membranes. The *placenta* is responsible for providing the fetus with oxygen and nutrients, while the *membranes* enclose the fetus during pregnancy. There is an outer membrane, the *chorion*, which is part of the placenta, as well as an inner membrane, the *amnion*. The amnion forms a sac filled with amniotic fluid, in which the fetus floats.

ICD-10-CM classifies multiple gestation based on whether each fetus has its own placenta and membranes. For example, here are the codes for the three most common types of twin pregnancy:

- Dichorionic/diamniotic (O30.04-): Each fetus has its own placenta (dichorionic) and its own amniotic sac (diamniotic).
- Monochorionic/diamniotic (O30.03-): The fetuses share a single placenta (monochorionic), but each fetus has its own amniotic sac (diamniotic).
- Monochorionic/monoamniotic (O30.01-): The fetuses share a single placenta (monochorionic) and a single amniotic sac (monoamniotic).

If there are two placentas (dichorionic), there will always be two amniotic sacs (diamniotic). There is no such thing as a dichorionic, monoamniotic twin pregnancy.

You may also see twin fetuses referred to as fraternal or identical. **Fraternal** twins (also called dizygotic twins) come from two separate eggs. This means that each twin has its own placenta and amniotic sac, and the pregnancy is dichorionic/diamniotic (O30.04-). Since they come from two separate eggs, fraternal twins can be the same gender (two boys or two girls), or different genders (one boy and one girl).

**Identical** twins (also called monozygotic twins) come from a single fertilized egg that splits into two separate embryos during the first two weeks of development. Because they come from the same egg, identical twins are always the same gender. If two fetuses are different genders, they must be fraternal twins rather than identical twins. There are several possible scenarios for a pregnancy involving identical twins:

- If the split occurs within a day or two after fertilization, each fetus will have its own placenta and amniotic sac (dichorionic/diamniotic). Thus, dichorionic/ diamniotic twins may be either fraternal or identical.

- If the split occurs later, there will be a single placenta. In most cases there will still be two separate amniotic sacs (monochorionic/diamniotic). Occasionally, however, the twins will share a single amniotic sac (monochorionic/ monoamniotic), and this poses a high risk of complications.

# Traumatic Injuries

Traumatic injuries are reported with codes from categories S00-T14 of Chapter 19. The injury codes are arranged by body area. For example, categories S40-S49 contain the codes for all types of injuries of the shoulder and upper arm, except for burns, which are classified separately.

| Coding Tips | Traumatic Injuries |
|---|---|
|  | ✓ Code each injury separately unless there is a combination code, sequencing the most serious injury first.<br>✓ Do not code superficial injuries together with more serious injuries of the same site, but nerve and blood vessel injuries are coded separately.<br>✓ The default for fractures is closed and displaced. |

**Observation**

When an imaging exam is performed to look for injuries in a patient who has been in an accident, and the exam is negative, you should code the patient's symptoms, such as pain, swelling, etc. If no information is available about the symptoms, assign a code from category Z04 for observation following accident. Please see page 223 for information about the observation codes.

## Coding Guidelines

The rules for coding injuries are located in Section I.C.19 of the ICD-10-CM guidelines. They include the following:

- Assign separate codes for each injury unless there is a combination code provided. For example, there are no combination codes for fractures of the tibia and fibula, so you will need to code them separately.

- Sequence the most serious injury first, as determined by the provider and by the focus of treatment. For example, if a CT scan of the abdomen shows a laceration of the spleen as well as a fracture of one of the lower ribs, you should sequence the spleen injury first because it is the most serious injury.

- Do not code superficial injuries such as abrasions and contusions when they are associated with a more severe injury of the same site. For example, if the patient has fracture and contusion of the same hip, only the fracture should be coded. Or if the patient has laceration and contusion of the spleen, only the laceration should be coded. (See *Coding Clinic*®, Second Quarter 2015.)