

# Stroke and late effects of prior stroke

One of the most common coding errors seen in chart reviews is the assignment of a stroke code in the present tense when the coder is actually trying to code for the residual conditions left behind by a prior stroke. Acute stroke is only coded during the initial episode of care.

#### Cerebrovascular accidents (CVA/Stroke)

In a CVA, there is a decreased supply of blood to the brain that can result in an area of infarction (necrotic cerebral tissue). CVA occurs because of thrombosis, embolism, occlusion (subcategories I63.0- to I63.29 affecting precerebral arteries and I63.3- to I63.59 affecting cerebral arteries) or hemorrhage (category I60.- to I62.- to specify subarachnoid, intracerebral and other intracranial hemorrhage respectively).

Category I63.- is subdivided based on the *cause* of the cerebral infarction (e.g. thrombosis, embolism, occlusion, or stenosis) and whether the affected artery is a *precerebral or cerebral* artery. The sixth character in the code identifies the *laterality* of the artery where the infarction occurred.

When there is no mention of infarction in the documentation, refer to category I65.- or I66.-, Occlusion and stenosis of precerebral or cerebral arteries, not resulting in cerebral infarction, respectively. The fifth character in these subcategories I65.0-, I65.2-, I66.0-, I66.1- and I66.2-indicates laterality.

## After the initial acute care episode of stroke

After an initial stroke incident has occurred, generally one of two scenarios will exist. Either the patient will have deficits from the stroke (conditions left behind such as paralysis) or will make a recovery without any long-lasting effects.

- If the patient recovers without any lingering problems related to the stroke, the code would be Z86.73, Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits.
- If the patient has deficits present after the discharge from the initial acute care episode, all deficits are *coded* to Seguelae of stroke (subcategory 169.3.-).

Category I69.- is to be used to indicate conditions in I60.to I67.- as the cause of sequelae. The "sequelae" include conditions specified as such or as residuals which may occur at any time after the onset of the causal condition.

# Intraoperative or postoperative cerebrovascular infarction

A cerebrovascular infarction that occurs as a result of medical intervention is coded from subcategories 197.81- and 197.82-, Intraoperative and postprocedural cerebrovascular infarction, respectively. In addition, the specific type of infarction should be coded.

# The documentation is significant

### Example 1

Stroke initial incident

"Acute embolic CVA with infarction"

 163.40 - Cerebral infarction due to embolism of unspecified cerebral artery.
Specify exact artery to code correctly.

## **Example 2**

Stroke initial incident; prior stroke with no deficits

"Acute CVA, prior stroke with no deficits"

- 163.9 Cerebral infarction, unspecified (as to specific artery)
- Z86.73 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits

#### Example 3

Stroke initial incident with deficits from prior stroke

"Acute CVA with infarction; previous CVA with residual dysphagia"

- **163.9** Cerebral infarction, *unspecified* (as to specific artery)
- 169.391 Dysphagia following cerebral infarction
- R13.10 Dysphagia, unspecified

### **Example 4**

Follow-up for evaluation of a residual of stroke

"Office visit to evaluate dysphagia from a stroke one month ago"

- 169.391 Dysphagia following cerebral infarction
- R13.10 Dysphagia, unspecified

# **Example 5**

Postoperative stroke

"Acute embolic CVA with infarction postoperatively"

- **197.821** Postprocedural cerebrovascular infarction during other surgery
- 163.40 Cerebral infarction due to embolism of unspecified cerebral artery
  Specify exact artery to code correctly.

### **Example 6**

History of TIA (or CVA)

 Z86.73 - Personal history, transient ischemic attack (TIA), and cerebral infarction without residual deficits

Optum360 ICD-10-CM: Professional for Physicians 2016. Salt Lake City: 2015.

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2016: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required." The bolding of ICD-10-CM codes represents those conditions that map to the 2014 CMS-HCC risk adjustment model for Payment Year 2016.



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This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2015, CMS announced the CMS-HCC Risk Adjustment model for payment year 2016 driven by 2015 dates of service. For more information see: http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtqSpecRateStats/Downloads/Advance2016.pdf, http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtqSpecRateStats/Downloads/Announcement2016.pdf, and https://www.cms.gov/Medicare/Health-Plans/Med