

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 Sequelae of stroke* (subcategory I69.3.-).

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 I97.81- and I97.82-, 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”

- **I63.40** - 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”

- **I63.9** - 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”

- **I63.9** - Cerebral infarction, *unspecified* (as to specific artery)
- **I69.391** - 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”

- **I69.391** - Dysphagia following cerebral infarction
- **R13.10** - Dysphagia, unspecified

Example 5

Postoperative stroke

“Acute embolic CVA with infarction postoperatively”

- **I97.821** - Postprocedural cerebrovascular infarction during other surgery
- **I63.40** - 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.