DID YOU KNOW?

Coding for CVA is associated with a high error rate. Acute stroke is only coded during the initial episode of care – usually limited to an inpatient setting. The same applies to transient cerebral ischemic attack (TIA).

NEW FOR ICD-10:

- The term “late effects” is replaced by “sequelae”.
- Specificity regarding residual monoplegia or hemiplegia/hemiparesis has also changed. Should the affected side be documented but not specified as dominant or non-dominant, coders* are directed to:
  - default to dominant if the right side is affected
  - default to non-dominant if the left side is affected

EXAMPLES (blue font indicates code risk adjusts):

<table>
<thead>
<tr>
<th>Diagnostic Statement</th>
<th>ICD-10 Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old CVA</td>
<td>Z86.73</td>
</tr>
<tr>
<td>History of TIA</td>
<td>Z86.73</td>
</tr>
<tr>
<td>Left-sided hemiparesis as sequel of cerebrovascular accident</td>
<td>I69.954</td>
</tr>
<tr>
<td>Dysphasia following cerebral infarct</td>
<td>I69.321</td>
</tr>
<tr>
<td>Cognitive deficits due to past CVA</td>
<td>I69.31</td>
</tr>
<tr>
<td>R-sided weakness, the result of cerebral infarct last year</td>
<td>I69.351</td>
</tr>
<tr>
<td>Old stroke with residual unilateral weakness</td>
<td>I69.359</td>
</tr>
<tr>
<td>Monoplegia of dominant arm following cerebral infarction</td>
<td>I69.331</td>
</tr>
<tr>
<td>Vertebro-basilar artery syndrome</td>
<td>G45.0 **</td>
</tr>
<tr>
<td>Transient ischemic attack (TIA)</td>
<td>G45.9 **</td>
</tr>
</tbody>
</table>

*Coders* are directed to:
- default to dominant if the right side is affected
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CODING TIPS:

Remember, all codes beginning with I63 are for the initial (acute) episode of care for cerebral infarction.

If the patient has deficits present after the discharge from the initial acute care episode, all deficits are coded to “Sequelae of cerebral infarction” (subcategory I69.3-).

DOCUMENTATION CONSIDERATIONS:

Clearly state the presence of any residual deficits and specify what (if any) these are, including their current status, and laterality if applicable.

Documentation examples:

“Stroke in 2005, no residual deficits.” [Z86.73]

“Old CVA with residual monoplegia of R leg, patient ambidextrous, improvement with physical therapy.” [I69.341]

“Cerebral infarct in October 2015, still with left-sided (dominant) hemiparesis, unchanged, and with dysarthria, improving.” [I69.354, I69.322]

“Cerebral infarction due to embolism of right anterior cerebral artery.” [I63.421] **

“Cerebral infarction due to thrombosis of left carotid artery.” [I63.032] **

QUALITY REPORTING – Examples of commonly used codes:

- 3048F  Most recent LDL-C less than 100 mg/dL
- 3074F  Most recent systolic blood pressure < 130 mm Hg
- 4000F  Tobacco use cessation intervention, counseling
- 4004F  Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user
- 4086F  Aspirin or clopidogrel prescribed or currently being taken

* section I.C.6.a of the ICD-10-CM Official Guidelines for Coding and Reporting

** Coded during the initial episode of care only

This guide includes some common diagnostic statements and their associated ICD-9 and ICD-10 codes. It does NOT replace ICD-10-CM coding manuals, nor does it replace the training required by a certified medical coder. Any code submitted should be supported by the documentation. Coding guidelines should be referenced and the most specific code appropriate should be selected.