

## MONTHLY TIPS AND TRICKS: CEREBROVASCULAR ACCIDENT (CVA) *otherwise known as stroke, or cerebral infarct*

### 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).

### TERMINOLOGY FOR DOCUMENTATION AND CODING:

- The term “late effects” is replaced by “sequelae”.
- Specificity regarding residual monoplegia or hemiplegia/hemiparesis is important. Should the affected side be documented but not specified as dominant or 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):

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

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

\*\* Coded during the initial episode of care only

### 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

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