

Risk Coding Tips and Tools

Stroke, Cerebrovascular Accident (CVA) and Sequelae

One of the most common discrepancies seen in chart reviews is the assignment of a stroke code (**I60-I63.59**) in the present tense when the patient is being seen for residual conditions left behind by prior stroke. **Acute stroke is only coded during the initial episode of care.**

Code History of Stroke when:

- The patient was seen in the outpatient setting after a confirmed diagnosis of a stroke, is currently not experiencing a CVA, and shows no residual deficits
- A diagnosis of a transient ischemic attack (TIA) was made and has been resolved

Code Sequela of Cerebrovascular Disease/Stroke any time post diagnosis of any condition classifiable to codes I60 – I67:

- Providers must link the deficit with the stroke to be able to comply with the sequela code
- Use codes from category I69 to specify the residual condition and the affected side of the patient (dominate or non-dominate)
- The “late effects” include neurological deficits that persist after initial onset of conditions classifiable to categories I60 – I67
- The neurologic deficits caused by cerebrovascular disease may be present from the onset, or may arise at any time after the onset of the condition classifiable to categories I60 – I67

Documentation Tips:

- Document the patient's dominant side
- Document laterality of affected side (right or left)
- Provide clarification and details when symptoms are new and unrelated to history of stroke sequelae

You can find this resource and others like it in the OHN Risk Coding Corner at www.OrlandoHealth.com/Network/Resources.

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Physician Documentation Examples

Documentation Example for Z86.73 – Personal history of transient ischemic attack and cerebral infarction without residual deficits:

Assessment/Plan

- History of CVA with no residual deficits

Documentation Example for I69.351 - Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side

Physical Exam

- Musculoskeletal:
 - General: RT sided hemiplegia due to CVA
 - Cervical back: Normal range of motion

Assessment/Plan

- History of a CVA one year ago with residual right sided hemiplegia

References:

<https://www.ibx.com/documents/35221/56647/cdi-general-coding-tips-stroke.pdf/9dae5905-e1af-2f0c-c922-8721232b845b?t=1584734446707>

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