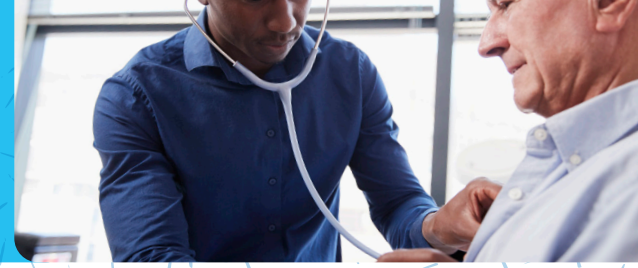


Stroke or Cerebrovascular Accident (CVA)



A stroke, also known as a cerebrovascular accident, is an acute event and is considered a medical emergency. Patients with strokes are typically evaluated in the emergency department and subsequently admitted to the hospital and treated as inpatients.

A CVA results from a sudden interruption of blood supply to parts of the brain, either as a result of an occlusion of an artery (ischemic stroke) or as a result of bleeding into the brain tissue (hemorrhagic stroke). Both conditions lead to death of brain tissue as a result (cerebral infarction).

Documentation and Coding Tips:

A CVA or stroke should be documented and coded as acute only at the onset, or the original encounter during which it's diagnosed, and the initial evaluation and treatment takes place. This is rarely done in an outpatient office setting and is most likely to take place in the emergency department or hospital.

Although common practice among providers, it is inaccurate to document "CVA" or "stroke" and submit and ICD-10-CM code for an acute CVA (any code starting with I63) when a patient is seen during a follow-up visit after a recent stroke.

In subsequent visits, after hospitalization for a CVA for example, the provider should instead document and code any neurological deficits if the patient is exhibiting at the time of the visit as a result of the CVA.

*Risk-adjusting diagnosis

ICD-10-CM diagnoses codes are ICD-10-CM Official Guidelines for Coding and Reporting are subject to change. It's the responsibility of the provider to ensure that current ICD-10-CM diagnosis codes and the current ICD-10-CM Official Coding Guidelines for Coding and Reporting are reviewed prior to the submission of claims.

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These neurological deficits, known in coding terms as "sequelae," may include hemiplegia or hemiparesis, monoplegia or monoparesis, facial droop, cognitive deficits, or expressive aphasia. ICD-10-CM codes for sequelae of cerebral infarction start with I69 and will include additional digits to add more specificity. (See below for examples.)

The provider should also specify in the documentation whether the neurological deficits are due to an ischemic or hemorrhagic stroke.

If, at the time of the visit, the patient's neurological deficits resulting from stroke had resolved completely, then "history of CVA" should be documented and code Z86.73 (personal history of CVA and cerebral infarction without residual deficits) should be assigned.

Coding Examples:

ICD-10-CM Code	Code Description
169.311	Memory deficit following cerebral infarction
169.191	Dysphagia following nontraumatic intracerebral hemorrhage
169.320	Aphasia following cerebral infarction
169.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side

