

STROKE

Documentation and coding guide



Disease definitions*,**

A stroke occurs when there is disruption of blood flow to brain tissue, this leads to ischemia (deprivation of oxygen) and potentially infarction (dysfunctional scar tissue). Strokes can be either hemorrhagic, or embolic/thrombotic. Hemorrhagic strokes occur as a result of a ruptured cerebral blood vessel. Embolic/thrombotic strokes occur as a result of an obstructed cerebral vessel.

- › 87% of strokes are etiologically related to an embolic and thrombotic process.
- › Prevalence and statistics associated with stroke**,***
- › Stroke is the leading cause of serious long - term disability in persons over age 65,
- › Over 795,000 people in the United States have a stroke annually,
- › Over 130,000 Americans die of a stroke annually,
- › \$33 billion dollars is spent on the care and sequelae of strokes annually,
- › Manifestations, such as hemiparesis and cognitive defects, may occur well after the sentinel stroke event occurs.

General clinical coding and documentation tips

- › Explicitly document findings to support diagnoses of acute stroke, stroke and subsequent sequela of stroke, and personal history of stroke without sequela,
- › Document a diagnostic statement that is compatible with ICD-10-CM nomenclature,
- › Explicitly document treatment plan and follow-up, recall that a treatment plan can be in the form of a: medication, referral, diet, monitoring, and/or ordering a diagnostic exam,
- › Confirm face-to-face encounter is signed and dated by clinician. Include printed version of clinician's full name and credentials (e.g., MD, DO, NP, PA),
- › Acute stroke codes (ICD-10 category I63.-) should only be used during the acute in-patient encounter,
- › Stroke sequela codes (ICD-10 category I69.-) should be used at the time of an ambulatory care visit office, which is considered subsequent to any acute in-patient treatment care that was provided,
- › History of stroke (ICD-10 code Z86.73) should be used when there are no identifiable manifestations of the acute stroke, a diagnosis of transient ischemic attack [TIA] was made, or the stroke no longer has a specific treatment plan,
- › Non-specific codes (ICD-10 categories I63.8 and I63.9) should not be used when the cause/site of the stroke is known.



TIP

To help ensure you are documenting to the highest degree of specificity for appropriate ICD-10 code assignment, go to www.cigna.com/codingeducation.

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Subjective documentation considerations

- › Clinicians should ask patients if any manifestations have occurred as a result of the acute stroke. Questions to consider include:
 - Is the patient experiencing any neurological (motor or sensory) deficits?
- › Are these neurological deficits confined to one [hemiplegia – left or right sided] or both side(s) of the body?
- › If the deficit is confined to a specific limb [monoplegia], is the limb defined as either a dominant or non-dominant side?
 - Is the patient experiencing any psychological (depression, anxiety, or memory) deficits?

Objective documentation considerations

- › Clinicians should confirm subjective complaints with specific examination findings, i.e. pin prick examination, heat and cold tolerance testing, blinded agnosia testing, and/or deep tendon reflexes,
- › Careful attention should be directed at the specific muscle groups that are affected as a result of the acute stroke.

ICD-10 coding tables for stroke

Acute stroke codes for pre-cerebral arteries			
ICD-10-CM code	ICD-10-CM description	Coding tip	Coding tip
163.0 -	Cerebral infarction due to thrombosis of pre-cerebral arteries	(-) Add 5th character:	
163.1 -	Cerebral infarction due to embolism of pre-cerebral arteries	0 – unspec. pre-cerebral artery	(-) Add 6th character, <i>when applicable</i>
163.2 -	Cerebral infarction due to unspecified occlusion or stenosis of pre-cerebral arteries	1 – vertebral artery 2 – basilar artery 3 – carotid artery 9 – other pre-cerebral artery	1 - right artery 2 - left artery 3 - bilateral arteries 9 - unspecified artery

Acute stroke codes for cerebral arteries			
ICD-10-CM code	ICD-10-CM description	Coding tip	Coding tip
163.3 -	Cerebral infarction due to thrombosis of cerebral arteries	(-) Add 5th character:	
163.4 -	Cerebral infarction due to embolism of cerebral arteries	0 – unspec. cerebral artery 1 – middle cerebral artery 2 – anterior cerebral artery 3 – posterior cerebral artery	(-) Add 6th character, <i>when applicable</i> 1-right artery 2-left artery 3-bilateral arteries
163.5 -	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	4 – cerebellar artery 9 – other cerebral artery	9-unspecified artery

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ICD-10 coding tables for stroke cont'd

Acute codes for Stroke/TIA		
ICD-10-CM code	ICD-10-CM description	Definition and tip
I63.6	Cerebral infarction due to cerebral venous thrombosis, non-pyrogenic	
I63.8	Other cerebral infarction	
I63.9	Cerebral infarction unspecified	Stroke NOS
G45.9	Transient Ischemic Attack, unspecified	TIA

Sequela of Stroke codes – Monoplegia/hemiplegia/hemiparesis		
ICD-10-CM code	ICD-10-CM description	Definition and tip
I69.33 -	Monoplegia of upper limb following cerebral infarction	(-) Add 6th character: 1 - right dominant side
I69.34 -	Monoplegia of lower limb following cerebral infarction	2 - left dominant side
I69.35 -	Hemiplegia and Hemiparesis following cerebral infarction	3 - right non-dominant side 4 - left non-dominant side 9 - unspecified side

Sequela of Stroke – Other deficits	
ICD-10-CM code	ICD-10-CM description
I69.30	Unspecified sequela of cerebral infarction
I69.31-	Cognitive deficits following cerebral infarction <i>Add 6th character for specific cognitive deficit separation</i>
I69.320	Aphasia following cerebral infarction
I69.321	Dysphasia following cerebral infarction
I69.322	Dysarthria following cerebral infarction
I69.323	Fluency disorder following cerebral infarction
I69.328	Other speech and language deficits following cerebral infarction
I69.390	Apraxia following cerebral infarction
I69.391	Dysphagia following cerebral infarction <i>Use add'l code to identify type of dysphagia (R13.1-)</i>
I69.392	Facial weakness following cerebral infarction
I69.393	Ataxia following cerebral infarction
I69.398	Other sequela of cerebral infarction • Alteration of sensation • Disturbance of vision <i>Use additional code to identify sequela</i>

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ICD-10 coding tables for stroke cont'd

History of stroke	
ICD-10-CM code	ICD-10-CM description
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction w/o residual deficits

References

*National Stroke Association. (2017). What is a stroke?. <http://www.stroke.org/understand-stroke/what-stroke>. Retrieved on 6/13/2017.

**Centers for Disease Control. (2016). Stroke Facts. <http://www.cdc.gov/stroke/facts.htm> Retrieved on 6/13/2017.

***Kelly-Hayes, M., Beiser, A., Kase, C., Scaramucci, A. , D'Agostino, R., & Wolf, P. (2003). The influence of gender and age on disability following ischemic stroke: the Framingham study. *Journal of Stroke and Cerebrovascular Disease* 12(3):119-26.

Disclaimers

- › Providers must be diligent about confirming the accuracy of their diagnoses and ensure that their diagnosis and coding practices comply with all applicable legal requirements,
- › Failure to address recurrent diagnosis inaccuracies can, in some cases, result in administrative sanctions and potential financial penalties,
- › Accurate coding and submission activities allow us to provide the best benefits and resources possible to our customers.

