Documentation and Coding:
CVA with Sequelae

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At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection on services submitted to Healthfirst. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Codes in this category describe the type of stroke and the sequelae (late effects) caused by the stroke. Documentation should clearly state whether a neurological deficit is directly related to cerebrovascular disease or a cerebrovascular accident. Ensure that all diagnoses reported are supported by the **MEAT** (**M**onitoring, **E**valuating, **A**ssessing, **T**reating) concept.

Coding Examples of CVA with Sequelae

Example 1: Patient presents with a history of cerebral infarction. She has residual dysphasia and is being treated by a neurologist.

ICD - 10 - CM	Code Category	Supported Diagnosis
I69.321	Dysphasia following cerebral infarction	History of stroke with residual effects (dysphasia) has been clearly documented.

To accurately code sequelae (late effects) of cerebrovascular disease, the side of the body affected should be clearly documented in the medical record. If the affected side is documented, but not specified as dominant or non-dominant, and the classification system does not have a default, the code selection is as follows:

- If the right side is affected, the default is **dominant**.
- If the left side is affected, the default is **non-dominant**.
- For ambidextrous patients, the default should be **dominant.**

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Coding Examples of CVA with Sequelae *(continued)*

Example 2: Patient presents with a history of non-traumatic intracerebral hemorrhage with residual hemiplegia affecting the right side.

ICD - 10 - CM	Code Category	Supported Diagnosis
I69.151	Hemiplegia and hemiparesis following non-traumatic intracerebral hemorrhage affecting right dominant side	History of non-traumatic intracerebral hemorrhage with residual hemiplegia affecting the right side. For documentation that does not clearly specify whether the right side is dominant or non-dominant, dominant should be the default.

Example 3: Patient presents with a history of cerebral infarction with residual monoplegia of the lower limb affecting the left side.

ICD - 10 - CM	Code Category	Supported Diagnosis
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	For documentation that does not clearly specify whether the left side is dominant or non-dominant, non-dominant should be the default.

Example 4: Ambidextrous patient presents with a history of non-traumatic subarachnoid hemorrhage with residual hemiplegia affecting the left side.

ICD - 10 - CM	Code Category	Supported Diagnosis
I69.052	Hemiplegia and hemiparesis following non-traumatic subarachnoid hemorrhage affecting left dominant side	Documentation clearly specifies history of non-traumatic subarachnoid hemorrhage with residual hemiplegia affecting the left side.

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Coding Examples of CVA with Sequelae *(continued)*

When coding sequelae (late effects) of cerebrovascular disease, the documentation should **ALWAYS** clearly state the sequela or residual effect. If the documentation does not specify what the sequela is, an unspecified code can be selected.

Example 1: Patient presents with history of non-traumatic intracranial hemorrhage with residual effects.

ICD - 10 - CM	Code Category	Supported Diagnosis
I69.20	Unspecified sequelae of other non-traumatic intracranial hemorrhage	Documentation does not clearly specify residual effects.

Example 2: Patient suffers a non-traumatic subarachnoid hemorrhage of both anterior communicating arteries.

ICD - 10 - CM	Code Category	Supported Diagnosis
I60.2	Non-traumatic subarachnoid hemorrhage from anterior communicating artery	Documentation clearly states history of hemorrhage of both anterior communicating arteries.

Example 3: Patient has a bilateral stenosis of the vertebral arteries.

ICD - 10 - CM	Code Category	Supported Diagnosis
I65.03	Occlusion and stenosis of bilateral vertebral arteries	Documentation clearly states bilateral stenosis of the vertebral arteries.

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Questions?

Contact us at **#Risk_Adjustments_and_clinical_Documentation@healthfirst.org**.
For additional documentation and coding guidance, please visit the Coding section at **hfproviders.org**.

Reference: **EncoderPro.com**.