

Documentation and Coding: Cerebrovascular Disease (ICD-10-CM Codes I60-I69)

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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** (Monitor, Evaluate, Assessed, Treat) concept.

ICD-10-CM	Code Category	What Documentation Should Include
I60-I62*	Non-traumatic intracranial hemorrhage	Specify the location or source of a hemorrhage, as well as its laterality.
I63*	Cerebral infarctions	Specify cause of the ischemic stroke, as well as the location and laterality of the occlusion.
I65-I66*	Occlusion and stenosis of cerebral or precerebral vessels without infarction	Determine whether an occlusion or stenosis involves the precerebral arteries or the cerebral arteries. 1. Precerebral Arteries: <ul style="list-style-type: none"> ■ Vertebral Artery ■ Basilar Artery ■ Carotid Artery 2. Cerebral Arteries: <ul style="list-style-type: none"> ■ Anterior Cerebral Artery ■ Middle Cerebral Artery ■ Posterior Cerebral Artery
I67-I68*	Other cerebrovascular diseases	Specify other cerebrovascular diseases and disorders in diseases classified elsewhere.
I69*	Sequelae of cerebrovascular disease (late effects)	Specify the type of stroke that caused the sequelae (late effects) as well as the residual condition itself. Also identify whether the dominant or non-dominant side is affected. Documentation should clearly state whether a neurological deficit is directly related to cerebrovascular disease or a cerebrovascular accident.

(*Additional digit is needed to complete ICD-10-CM)

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Coding Examples of Cerebrovascular Disease

Example 1

Patient has a history of stroke 10 years ago. The patient has residual left-side hemiplegia as a result and is being followed by neurology.

ICD-10-CM	Description	Supported Diagnosis
169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left, non-dominant side	Hemiplegia has been clearly documented as directly related to a previous stroke.

Example 2

Patient is seen for a routine follow-up. She has a history of stroke. Labs are normal, and patient's only complaint is weakness of left hand.

ICD-10-CM	Description	Supported Diagnosis
Z86.73	Personal history of transient ischemic attack and cerebral infarction without residual deficits	The patient has a history of stroke.
R53.1	Generalized weakness	Diagnosis Not Supported. The patient's left-hand weakness was not directly linked to her history of stroke. Therefore, it cannot be coded as a sequela or late effect.

Example 3

Patient was admitted one week ago for a CVA due to thrombosis of an unknown cerebral artery. He has a history of CVA with left hemiparesis. He presents with left-side hemiparesis and is right-handed.

ICD-10-CM	Description	Supported Diagnosis
163.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	CVA due to thrombosis of an unknown cerebral artery has been clearly documented.
169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left, non-dominant side	History of CVA with left hemiparesis (as directly related to a previous stroke) has been clearly documented.

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Example 4

Patient has a history of stroke with no residual effects.

ICD-10-CM	Description	Supported Diagnosis
Z86.73	Personal history of transient ischemic attack and cerebral infarction without residual deficits	History of stroke with no residual effects has been clearly documented.

Example 5

Patient presents with a history of cerebral infarction. She has residual dysphasia and is being treated by neurology.

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

Questions?

Contact us at [#Risk_Adjustments_and_clinical_Documentation@healthfirst.org](mailto:Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For additional documentation and coding guidance, please visit the Coding section at hfproviders.org.

Reference: EncoderPro.com