Documentation and Coding Tips

CVA/Stroke: After Initial Acute Care Episode

One of the most common coding errors seen in HCC chart auditing is the assignment of an acute stroke code in an outpatient office setting. Typically, office visits are directed at follow up care and address patient's residual deficits.

Use these documentation and coding tips for accurate and specific assignment of the correct codes:

- Acute stroke is only coded during the initial episode of care.

- Once the patient is discharged from the hospital, the condition should be coded as one of the following scenarios:

    o Personal history of CVA/Stroke without residual effects (Z86.73)

        ▪ Use this code if the patient recovers with no lingering problems related to the stroke.
        ▪ Do not assign codes from category I69 with this code.

    o All sequalae (late effect) of stroke (Subcategory I69.3_ _)

        ▪ Use this code range if the patient presents with deficits after the discharge from the initial care episode.
            • Document underlying cause (i.e. previous CVA, due to stroke)
            • Document type of late effect (i.e. aphasia, dysphagia, hemiparesis, hemiplegia)
            • Document body side affected (i.e. right dominant, right non-dominant)

        ▪ Category I69 is to be used to indicate conditions in I60-I67 as the cause of sequelae. The "sequelae" include conditions specified as such or as residuals which may occur at any time after the onset of the causal condition.

Documentation and Coding Examples:

Patient was recently hospitalized for stroke two weeks ago and returns for a follow-up visit. He has no residual effects from the initial stroke.

Assign code:
Z86.73 Personal history of CVA/Stroke without residual effects.

Patient presents for follow-up visit from acute stroke on May 21, 2022. He is experiencing left dominant hemiplegia and aphasia due to the stroke.

Assign codes:
I69.352 Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side.
I69.320 Aphasia following cerebral infarction.