



When selecting International Classification of Diseases, Tenth Revision (ICD-10), diagnostic codes, accuracy is important when describing the patient's true health. A joint effort between the healthcare provider and the coder/biller is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures.

Ischemic and Unspecified Stroke is often coded inaccurately. Many billers/coders/providers are missing opportunities to show which patients are sicker and are at a higher risk. The ICD-10 stroke codes are more specific and, therefore, require more specific clinical documentation.

ICD-10 Categories I60-I69 Cerebrovascular Disease: Tips on How to Code Using ICD-10 Codes

The ICD-10 Table of Diseases organizes cerebrovascular disease codes as follows:

ICD-10 Code Category	ICD-10 Description
I60-I62*	Non-traumatic intracranial hemorrhage
I63*	Cerebral Infarctions
I65-I66*	Occlusion and stenosis of cerebral of precerebral vessels without infarction
I67-I68*	Other cerebrovascular diseases
I69*	Sequelae of cerebrovascular disease (late effect)

- ▶ Code category I60-I62* specifies the location or source of a hemorrhage as well as its laterality.
- ▶ Code category I63* specifies the following:
 - Cause of the ischemic stroke
 - Specific location and laterality of the occlusion
- ▶ Code category I65-I66* requires the coder to be able to determine whether an occlusion or stenosis involves the **precerebral** arteries or the **cerebral** arteries.
 - 1) Precerebral arteries include:
 - a) Vertebral artery
 - b) Basilar Artery
 - c) Carotid Artery
 - 2) Cerebral arteries include:
 - a) Anterior cerebral artery
 - b) Middle cerebral artery
 - c) Posterior cerebral artery
- ▶ Code category I67-I68* specifies other cerebrovascular diseases and cerebrovascular disorders in diseases classified elsewhere.
- ▶ Code category I69* (Sequelae of cerebrovascular disease) specifies the type of stroke that caused the sequelae (late effect) as well as the residual condition itself. Codes from Category I69* also identify whether the dominant or non-dominant side is affected.
- ▶ Coding guidelines state that the late effects (sequelae) caused by a stroke may be present from the onset of a stroke or arise at **ANY** time after the onset of the stroke.
- ▶ **If a patient is NOT EXPERIENCING A CURRENT CEREBROVASCULAR ACCIDENT (CVA) and has no residual or late effect from a previous CVA, Z86.73 (personal history of transient ischemic attack, and cerebral infarction without residual deficits) should be assigned. A patient experiencing no residual effects from a previous stroke should NEVER be assigned a current stroke code.**
- ▶ In order to accurately code sequelae (late effect) of cerebrovascular disease, the side of the body affected should be clearly documented in the medical record.



CORRECTLY CODING: CEREBROVASCULAR DISEASE

- ▶ ICD-10 code category I69* does **NOT** require two codes. Codes in this category describe the type of stroke **and** the sequelae (late effect) caused by the stroke. Documentation in the medical record should clearly state whether a neurological deficit is directly related to cerebrovascular disease or a cerebrovascular accident.

Example A: Patient is seen today with a history of stroke 10 years ago. The patient has residual left side hemiplegia as a result and is being followed by neurology. Below is the correct code assignment for this patient's condition:

ICD-10 Diagnosis Code	ICD-10 Description
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.

Note: Because the hemiplegia has been clearly documented as directly related to a previous stroke, a code from category I69 should be assigned.*

Example B: Patient is seen today for routine follow-up. She has a history of stroke. Labs are normal and patient's only complaint today is weakness of the left hand. Below is the correct code assignment for this patient's condition:

ICD-10 Diagnosis Code	ICD-10 Description
Z86.73	Personal history of transient ischemic attack, and cerebral infarction without residual deficits
R53.1	Generalized weakness

Note: Because the patient's left hand weakness was not directly linked to her history of stroke, it cannot be coded as a sequelae or late effect.

- ▶ Codes from category I69* will only be used in conjunction with codes from categories I60-I68* (Cerebrovascular diseases) if a patient has a **current** cerebrovascular disease and also has sequelae (late effects) from an old cerebrovascular disease.

Assigning cerebrovascular disease codes:

- ▶ A code from category I69* can be reported in conjunction with a condition classifiable to code category I60-I67* if the patient has a **current** cerebrovascular disease and sequelae (late effects) from an old cerebrovascular disease.

Example: Patient was admitted s/p CVA due to thrombosis of an unknown cerebral artery one week ago and had a history of CVA with left hemiparesis. He presents with left side hemiparesis and is right handed. Below is the correct code assignment for this patient's condition:

ICD-10 Diagnosis Code	ICD-10 Description
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side

- ▶ When a patient has a history of cerebrovascular disease **without** any sequelae or late effects, ICD-10 code Z86.73 should be assigned.

Example:

Patient has a personal history of stroke with no residual effects. Below is the correct code assignment for this patient's condition:

ICD-10 Diagnosis Code	ICD-10 Description
Z86.73	Personal history of transient ischemic attack, and cerebral infarction without residual deficits

- ▶ If a physician clearly documents that a patient is being seen who has a history of cerebrovascular disease or accident with residual effects, a code from category I69* should be assigned.

Example: Patient presents with a history of cerebral infarction. She has residual dysphasia and is being treated by neurology. Below is the correct code assignment for this patient's condition:

ICD-10 Diagnosis Code	ICD-10 Description
I69.321	Dysphasia following cerebral infarction



CORRECTLY CODING: CEREBROVASCULAR DISEASE

▶ If the affected side is documented, but not specified as dominant or non-dominant, and the classification system does not have a default, code selection is as follows:

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

Example 1: *Patient presents with a previous history of non-traumatic intracerebral hemorrhage with residual hemiplegia affecting the right side. Because the documentation does not clearly specify whether the right side is dominant or non-dominant, dominant should be the default.* Below is the correct code assignment for this patient's condition:

ICD-10 Diagnosis Code	ICD-10 Description
I69.151	Hemiplegia and hemiparesis following non-traumatic intracerebral hemorrhage affecting right dominant side

Example 2: *Patient presents with a history of cerebral infarction with residual monoplegia of the lower limb affecting the left side.* Below is the correct code assignment for this patient's condition:

ICD-10 Diagnosis Code	ICD-10 Description
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side

Note: Because the documentation does not clearly specify whether the left side is dominant or non-dominant, non-dominant should be the default.

Example 3: *Ambidextrous patient presents with a history of non-traumatic subarachnoid hemorrhage with residual hemiplegia affecting the left side.* Below is the correct code assignment for this patient's condition:

ICD-10 Diagnosis Code	ICD-10 Description
I69.052	Hemiplegia and hemiparesis following non-traumatic subarachnoid hemorrhage affecting left dominant side

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

Example: *Patient presents with history of non-traumatic intracranial hemorrhage with residual effects.* Below is the correct code assignment for this patient's condition:

ICD-10 Diagnosis Code	ICD-10 Description
I69.20	Unspecified sequelae of other non-traumatic intracranial hemorrhage

▶ If a physician clearly documents bilateral non-traumatic subarachnoid hemorrhage sites, an ICD-10 code must be assigned for each site if no bilateral ICD-10 code exists.

Example: *Patient suffers a nontraumatic subarachnoid hemorrhage of both anterior communicating arteries.* Below is the correct code assignment for this patient's condition:

ICD-10 Diagnosis Code	ICD-10 Description
I69.21	Non-traumatic subarachnoid hemorrhage from right anterior communicating artery
I69.22	Non-traumatic subarachnoid hemorrhage from left anterior communicating artery

▶ Code categories I65-I66* include bilateral codes. If a bilateral ICD-10 code exists for the scenario documented in the medical record, one of these codes should be used.

Example: *Patient has a bilateral stenosis of the vertebral arteries.* Below is the correct code assignment for this patient's condition:

ICD-10 Diagnosis Code	ICD-10 Description
I65.03	Occlusion and stenosis of bilateral vertebral arteries

Note: In this document [] indicates an additional character(s) is required. Codes for cerebrovascular disease are located in the ICD-10 book under the Cerebrovascular Disease category codes I60-I69. Once the correct code is located in the Alphabetical Index, you should continue to the Tabular List of Diseases to confirm diagnosis assignment. Guidelines for coding Cerebrovascular Disease can be found in the ICD-10 Coding Official Guidelines for Coding and Reporting 2016.*



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association