



Clinical documentation improvements and general coding tips: Acute stroke

Coding acute stroke accurately requires the documentation to note the following:

1. Acute Ischemic Stroke (ICD-10 code I63.*) should not be coded from an outpatient setting because confirmation of the diagnosis should be determined by diagnostics studies, such as non-contrast brain CT or brain MRI, which would be ordered in an emergency room and/or inpatient setting.
2. ICD-10 Code Category I63.* generally requires causation and location of the stroke.
 - a. Non-specific ICD-10 codes I63.8 and I63.9 should not be used in an outpatient setting and should be avoided during an inpatient setting where site and cause should be determined by diagnostic testing.
3. Unconfirmed Stroke Diagnoses in outpatient setting: Do not code diagnoses documented as probably, suspected, likely, questionable, possible, still to be ruled out, or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reasons for the visit.
4. History of Stroke (ICD-10 code Z86.73)
 - a. The patient is seen in the outpatient setting after a confirmed diagnosis of a stroke, currently not experiencing a CVA, and shows no residual deficits.
 - b. A diagnosis of a transient ischemic attack (TIA) was made and has been resolved.
5. Code Sequela of Cerebrovascular Disease/Stroke (ICD-10 code I69*) anytime post diagnosis of any condition classifiable to ICD-10 codes I60 – I67.*
 - a. Providers must link the deficit with the stroke to be able to comply with the sequela code.
 - b. Use codes from category I69 to specify the residual condition and the affected side of the patient (dominate or non-dominate).
6. Transient ischemic attack (TIA)
 - a. When a TIA is diagnosed, a separate code is used (G45.9). This can be referred to as a “mini stroke” but should be considered separate from coding for a cerebral infarct.

References

AAPC: “Miscoded Acute Stroke Diagnoses Cost Millions.” December 2020

Contract-Level Risk Adjustment Data Validation Medical Record Reviewer Guidance In effect as of 03/20/2019. Yew, K.S. & Cheng, E.M. (2015).

Diagnosis of Acute Stroke. American Family Physician. Vol 91, number 8.

AmeriHealth coding and documentation education materials are based on current guidelines, are to be used for reference only, and are not intended to replace the authoritative guidance of the ICD-10-CM Official Guidelines for Coding and Reporting as approved by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare & Medicaid Services (CMS), and the National Center for Health Statistics (NCHS). Clinical and coding decisions are to be made based on the following:

1. *The independent judgment of the treating physician or qualified health care practitioner.*
2. *The best interests of the patient.*
3. *The clinical documentation as contained in the medical record.*