



CEREBROVASCULAR DISEASE SEQUELA

- Identify the deficit such as aphasia, dysphagia, monoplegia, hemiparesis
- Determine if dominant or non-dominant side is affected for hemiplegia/monoplegia cases
- Inquire about any alcohol, drug or tobacco use, abuse or dependence
- Identify tobacco exposure (e.g., second hand, occupational, etc.)

INTRAOPERATIVE AND POSTPROCEDURAL CEREBROVASCULAR ACCIDENT

- Medical record documentation should clearly specify the cause- and – effect relationship between the medical intervention and the cerebrovascular accident in order to assign a code for intraoperative or postprocedural cerebrovascular accident.
- Proper code assignment depends on whether it was an infarction or hemorrhage and whether it occurred intraoperatively or postoperatively.
- If it was a cerebral hemorrhage, code assignment depends on the type of procedure performed.

SEQUELAE OF CEREBROVASCULAR DISEASE

Category I69, Sequelae of Cerebrovascular disease

- Category I69 is used to indicate conditions classifiable to categories I60-I67 as the causes of sequelae (neurologic deficits), themselves classified elsewhere.
- These “late effects” include neurologic deficits that persist after initial onset of conditions classifiable to categories I60-I67.
- The neurologic deficits caused by cerebrovascular disease may be present from the onset or may arise at anytime after the onset of the condition classifiable to categories I60-I67.
- Codes from category I69, Sequelae of cerebrovascular disease, that specify hemiplegia, hemiparesis and monoplegia identify whether the dominant or nondominant side is affected.
- Should the affected side be documented, but not specified as dominant or nondominant, and the classification system does not indicate a default , code selection is as follows:
- For ambidextrous patients, the default should be dominant.
 - If the left side is affected, the default is non-dominant.
 - If the right side is affected, the default is dominant.

Codes from category I69 with codes from I60-I67

- Codes from category I69 may be assigned on a health care record with codes from I60-I67, if the patient has a current cerebrovascular disease and deficits from an old cerebrovascular disease.

Codes from category I69 and Personal history of transient ischemia attack (TIA) and cerebral infarction (Z86.73)

- Codes from category I69 should not be assigned if the patient does not have neurologic deficits.