

MVP

FASTFAX

News for Providers

ICD-10 CODING DOCUMENTATION GUIDELINES CEREBROVASCULAR DISEASE SEQUELA

MVP Health Care understands that diagnosis coding can be challenging. This Fast Fax will outline the coding guidelines for Strokes.

- 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 post procedural 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.

SEQUELA OF CEREBROVASCULAR DISEASE

- Category I69 is used to indicate conditions classifiable to categories I60-I67 as the causes of sequela (neurologic deficits) themselves classified elsewhere.
- The “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 any time 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 non-dominant side is affected.
- Should the affected side be documented, but not specified as dominant or non-dominant side, and the classification system does not indicate a default, code selection is as follows:
 - 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 I60-I67, if the patient has a current cerebrovascular disease and deficits from an old cerebrovascular disease.

*******PLEASE DO NOT CODE AN ACUTE CVA IN AN OFFICE SETTING*******

If you have any questions with respect to this notice, please contact your Professional Relations Representative.

