

# Stroke and Late Effects

A stroke is a medical emergency that occurs when blood flow to the brain is disrupted, causing brain cells to die. Stroke sequelae are the short or long term neurological, functional, and psycho-intellectual deficits that can occur after a stroke.

## ICD-10 CODES

<b>I63.9</b>	Cerebral Infarct, unspecified	<b>I69.339</b>	Monoplegia of upper limb following cerebral infarction affecting unspecified side
<b>I69.30</b>	Unspecified sequelae of cerebral infarction	<b>I69.341</b>	Monoplegia of lower limb following cerebral infarction affecting right dominant side
<b>I69.310</b>	Attention and concentration deficit following cerebral infarction	<b>I69.342</b>	Monoplegia of lower limb following cerebral infarction affecting left dominant side
<b>I69.311</b>	Memory deficit following cerebral infarction	<b>I69.343</b>	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
<b>I69.312</b>	Visuospatial deficit and spatial neglect following cerebral infarction	<b>I69.344</b>	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
<b>I69.313</b>	Psychomotor deficit following cerebral infarction	<b>I69.349</b>	Monoplegia of lower limb following cerebral infarction affecting unspecified side
<b>I69.314</b>	Frontal lobe and executive function deficit following cerebral infarction	<b>I69.351</b>	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
<b>I69.315</b>	Cognitive social or emotional deficit following cerebral infarction	<b>I69.352</b>	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
<b>I69.318</b>	Other symptoms and signs involving cognitive functions following cerebral infarction	<b>I69.353</b>	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
<b>I69.319</b>	Unspecified symptoms and signs involving cognitive functions following cerebral infarction	<b>I69.354</b>	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
<b>I69.320</b>	Aphasia following cerebral infarction	<b>I69.359</b>	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
<b>I69.321</b>	Dysphasia following cerebral infarction	<b>I69.36x</b>	Other paralytic syndrome following cerebral infarction
<b>I69.322</b>	Dysarthria following cerebral infarction	<b>I69.390</b>	Apraxia following cerebral infarction
<b>I69.323</b>	Fluency disorder following cerebral infarction	<b>I69.391</b>	Dysphagia following cerebral infarction
<b>I69.328</b>	Other speech and language deficits following cerebral infarction	<b>I69.392</b>	Facial weakness following cerebral infarction
<b>I69.331</b>	Monoplegia of upper limb following cerebral infarction affecting right dominant side	<b>I69.393</b>	Ataxia following cerebral infarction
<b>I69.332</b>	Monoplegia of upper limb following cerebral infarction affecting left dominant side	<b>I69.398</b>	Other sequelae of cerebral infarction
<b>I69.333</b>	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side	<b>Z86.73</b>	Personal history of TIA and/or cerebral infarction without residual deficits
<b>I69.334</b>	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side		

### DOCUMENTATION ELEMENTS

#### MEAT

Include elements of MEAT in documentation to support a stroke or its sequelae.

**Monitor:** Blood pressure readings, CT scan, medication adjustments

**Evaluation:** test results, physical exam findings, comprehensive neurological exam.

**Assessment:** final clinical diagnosis including assessing mental status, breathing and vital signs, as well as neurological deficits

**Treatment:** medications (e.g tPA ), surgical intervention, therapy for residual affects

#### Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care

##### Diagnosis

###### Stroke Diagnosis

- Active (only when receiving life-saving treatment)
- History (as soon as life saving treatment has been administered)

##### Status

###### Sequelae

- Residual effects
  - Current treatment
  - Not expected to resolve

###### Historical

- No late effects

##### Plan

- Prevention of recurrence
- Treatment type for sequelae
- Control of secondary conditions

### BEST PRACTICES & TIPS

- **Avoid** using terms such as “probable”, “suspected”, “likely”, “questionable”, or “possible”, with confirmed stroke.
- A stroke is **only** considered active when it is currently happening. After the lifesaving treatment, it is appropriate to document as a history of a CVA.
- When there is immediate or long-term sequelae (residual effects) from a stroke, this deficit should be **clearly documented** as being caused by the stroke.
- Documentation should **always** include evidence of current residual deficits from a stroke by incorporating signs, symptoms, therapies and interventions.
- **Indicate** through the documentation the status of the sequelae as under active treatment or with a longstanding presence despite completed interventions .



For more resources go to:

[HIOSCAR.COM/PROVIDERS/RESOURCES](https://www.hioscar.com/providers/resources)