

Stroke and Late Effects

EMERGENT CONDITION SERIES

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

- I63.9** Cerebral infarct, unspecified **
- I69.30** Unspecified sequelae of cerebral infarct
- I69.310** Attention and concentration deficit following cerebral infarction
- I69.311** Memory deficit following cerebral infarction
- I69.312** Visuospatial deficit and spatial neglect following cerebral infarction
- I69.313** Psychomotor deficit following cerebral infarction
- I69.314** Frontal lobe and executive function deficit s/p cerebral infarction
- I69.315** Cognitive social or emotional deficit following cerebral infarction
- I69.318** Other symptoms and signs involving cognitive functions following cerebral infarction
- I69.319** Unspecified symptoms and signs involving cognitive functions following cerebral infarction
- I69.320** Aphasia following cerebral infarction
- I69.321** Dysphasia following cerebral infarction
- I69.322** Dysarthria following cerebral infarction
- I69.323** Fluency disorder following cerebral infarction
- I69.328** Other speech and language deficits following cerebral infarction
- I69.33-** Monoplegia of upper limb following cerebral infarction

- I69.34-** Monoplegia of lower limb following cerebral infarction
- I69.35-** Hemiplegia and hemiparesis following cerebral infarction
- I69.36-** Other paralytic syndrome following cerebral infarction
- I69.390** Apraxia following cerebral infarction
- I69.391** Dysphagia following cerebral infarction
- I69.392** Facial weakness following cerebral infarction
- I69.393** Ataxia following cerebral infarction
- I69.398** Other sequelae of cerebral infarction
- Z86.73** Personal history of TIA and/or cerebral infarction without residual deficits

****Can only be applied while patient is actively having the stroke.**

Codes for monoplegia, hemiplegia and other paralytic require a final digit to specify the side affected.

- 1= right dominant
- 2= left dominant
- 3= right non- dominant
- 4= left non- dominant
- 9= unspecified side

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support a stroke and late effects.

Diagnosis: Left sided weakness

Evidence: S/P stroke 2 months ago, paresis since the event

Evaluation: Hemiparesis following cerebral infarct, left side non-dominant, slowly improving from initial onset

Plan: Continue PT, sending orders for walking cane and grab bars

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis

Acute Stroke

- Life saving treatment being administered during encounter

Personal History of Stroke

- As soon as life saving treatment has been administered

Status

Sequelae (Active residual effect)

- Specified deficit present

Historical (Z86.73 Personal History)

- No late effects of stroke
- Residual effect resolved

Plan

- History of Stroke
 - Prophylactic medications
 - Avoidance of recurrence
- Sequelae from Stroke
 - Physical Therapy
 - DME/ Lifestyle modifications

BEST PRACTICES & TIPS

- **If the patient is not actively having a stroke and receiving life saving treatment during the encounter, this is considered a personal history of a stroke.**
- If a condition is a **late effect of a stroke** (aphasia, weakness, paresis, etc.) it should be confirmed through the documentation as active and linked to the previous stroke.
- A **limb or hemisphere weakness** that is a late effect from a stroke can be coded as a -plegia of the stroke. For coding purposes, hemiplegia and hemiparesis are considered synonymous.
- Documentation should **always include DEEP elements to show clinical evidence** of current residual deficits from a stroke by incorporating signs, symptoms, therapies and interventions.
- If a stroke sequelae is present, it is **not necessary** to also report the personal history of stroke (Z-code).
- **Avoid** using terms such as “probable”, “suspected”, “likely”, “questionable”, “possible”, with confirmed history and sequelae of a stroke. This will negate a cause and effect relationship of the residual deficit to the original stroke.



For more resources go to:
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