BlueCross BlueShield of North Carolina

Documentation and Coding

Cerebral Infarction

A quick reference guide to assist with accurate, complete documentation and coding that reflects the true nature of a patient's current health status at the highest level of specificity. Per ICD-10 official guidelines for reporting and coding.

The importance of consistent, complete documentation in the medical record cannot be over-emphasized. Without such documentation, accurate coding cannot be achieved.

A stroke is a medical emergency. There are two types - ischemic and hemorrhagic. Ischemic stroke is the more common type (ICD-10 Code Category I63). It is usually caused by a blood clot that blocks or plugs a blood vessel in the brain. **This resource focuses on the more common ischemic stroke.** Hemorrhagic stroke is the less common type (ICD-10 Code Category I60-I62). It happens when a blood vessel breaks and bleeds into the brain.

Transient ischemic attacks (TIAs) occur when the blood supply to the brain is interrupted briefly. Having a TIA can mean a higher risk for having a more serious stroke.

Cerebral Infarction (CI) vs. Transient Ischemic Attack (TIA) vs. History of CI or TIA

Summary Table

ICD 10 code	Description	Coding Guidance	Examples of when to use
I63.x **HCC** **CMS (v.24 100)** **(v.28 249)** **HHS HCC 151**	Acute cerebral infarction (CI) Ischemic Stroke	Acute, current cerebrovascular infarction. Most likely diagnosed in the hospital.	Member transported via EMS to ED, admitted to hospital for stroke. Do not use this code in outpatient setting unless patient is having a current stroke during the encounter. (Unlikely, as strokes are diagnosed with complete work-up in hospital setting.)
G45.9 **NO HCC**	Transient ischemic attack (TIA)	Acute, current transient ischemic attack. Most likely diagnosed in the hospital.	Member seen in ER for complaints of left sided weakness which occurred earlier that morning but has since resolved. After evaluation in ER was diagnosed as having had a TIA.
I69.x **Only certain codes map to CMS HCC** **(v.24 103, 104)** **(v.28 253, 254)** **HHS HCC 151**	Sequelae of Cerebrovascular Disease	Code the neurologic deficits that persist after initial onset of CVA (i.e., hemiplegia/paresis, monoplegia/paresis, dysphagia, etc.) **See below for more information on I69 codes**	Member seen for follow-up visit, had CVA in 2016, which resulted in persistent right dominant side hemiparesis.
Z86.73 **NO HCC**	History of TIA or Cerebral Infarction (CI)	Personal History of TIA or CI **without** deficits.	Member seen for AWV. Previous CVA in 2017, doing well and doesn't have late effects or residual, persisting deficits

Cerebral Infarction (Ischemic Stroke) General Coding Tips

Additional Coding Guidelines

ICD 10 code	Description
I63	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.
I63	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.
	Unconfirmed Stoke 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.
G45.9	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.
I69	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).
Z86.73	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.

Sequela of Cerebral Infarction (CI) I69.3xx codes

I69 is a **sequela** code, includes a 7th character and should be used for complications that arise as a direct result of a condition like cerebrovascular disease.

ICD 10 code	Description
I69.30-I69.328	**Are not risk adjustable codes**
I69.30	Unspecified sequelae of CI
I69.310	Attention and concentration deficit following CI
I69.311	Memory deficit following CI
I69.312	Visuospatial deficit and spatial neglect following CI
I69.313	Psychomotor deficit following CI
I69.314	Frontal lobe and executive function deficit following CI
I69.315	Cognitive social or emotional deficit following CI
I69.318	Other symptoms and signs involving cognitive functions following CI
I69.320	Aphasia following CI
I69.321	Dysphasia following CI
I69.322	Dysarthria following CI
I69.323	Fluency disorder following CI
I69.328	Other speech and language deficits following CI

Sequela of Cerebral Infarction (CI) I69.3xx codes continued

ICD 10 code	Description
CMS HCC (v.24 103, 104) (v.28 253, 254) HHS HCC 151	**Below codes map to HCCs**
I69.331	Monoplegia of upper limb following CI affecting right dominant side
I69.332	Monoplegia of upper limb following CI affecting left dominant side
I69.333	Monoplegia of upper limb following CI affecting non-dominant side
I69.334	Monoplegia of upper limb following CI affecting left non-dominant side
I69.339	Monoplegia of upper limb following CI affecting unspecified side
I69.341	Monoplegia of lower limb following CI affecting right dominant side
I69.342	Monoplegia of lower limb following CI affecting left dominant side
I69.343	Monoplegia of lower limb following CI affecting right non-dominant side
I69.344	Monoplegia of lower limb following CI affecting left non-dominant side
I69.349	Monoplegia of lower limb following CI affecting unspecified side
I69.351	Hemiplegia & hemiparesis following CI affecting right dominant side
I69.352	Hemiplegia & hemiparesis following CI affecting left dominant side
I69.353	Hemiplegia & hemiparesis following CI affecting right non-dominant side
I69.354	Hemiplegia & hemiparesis following CI affecting left non-dominant
I69.359	Hemiplegia & hemiparesis following CI affecting unspecified side
I69.361	Other paralytic syndrome following CI affecting right dominant side
I69.362	Other paralytic syndrome following CI affecting left dominant side
I69.363	Other paralytic syndrome following CI affecting right non-dominant side
I69.364	Other paralytic syndrome following CI affecting left non-dominant side
I69.365	Other paralytic syndrome following CI, bilateral
I69.369	Other paralytic syndrome following CI affecting unspecified side
I69.390 No HCC	Apraxia following CI
I69.391 No HCC	Dysphagia following CI

References:

- EncoderPro.com for Payers
- ICD-10-CM Official Guidelines for Coding and Reporting (PDF)

For questions, please contact the Blue Cross NC Provider Engagement Risk Team via email at BCBSNCRiskAdj@bcbsnc.com.