Stroke and Late Effects of Prior Stroke

One of the most common coding errors seen in chart reviews is the assignment of a stroke code in the present tense when the coder is actually trying to code for the residual conditions left behind by a prior stroke. Acute stroke is only coded during the initial episode of care.

Cerebrovascular Accidents (CVA/Stroke)
In a CVA, there is a decreased supply of blood to the brain that can result in an area of infarction (necrotic cerebral tissue). CVA occurs because of thrombosis, embolism, occlusion (code categories 433 affecting precerebral arteries and 434 affecting cerebral arteries) or hemorrhage (category 430 to 432 to specify subarachnoid, intracerebral and other intracranial hemorrhage).

There are codes for each type of CVA. The fourth and fifth digits of these codes indicate either “with” or “without” infarction.

Unless otherwise stated, CVA/stroke is considered an assumed ischemic infarction and is coded 434.91. The fifth digit of 1 indicates “infarction.”

After the Initial Acute Care Episode of Stroke
After an initial stroke incident has occurred, generally one of two scenarios will exist. Either the patient will have deficits from the stroke (conditions left behind such as paralysis) or will make a recovery without any long-lasting effects.

- If the patient recovers without any lingering problems related to the stroke, the code would be V12.54, Stroke NOS without residual deficits.
- If the patient has deficits present after the discharge from the initial acute care episode, all deficits are coded to “Late Effects” (Category 438).

Prior to October 2004, CVA not otherwise specified was coded to Category 436. In the current 2011 ICD-9-CM there is an exclusionary note specifically stating not to use this code when documentation indicates “CVA, stroke, or cerebral infarction.” Caution: Code 436, “acute, but ill-defined, CVA,” is now utilized for conditions such as apoplexy and cerebral seizure.

Post-Operative Cerebrovascular Hemorrhage or Infarction
A post-operative cerebrovascular hemorrhage or infarction that occurs as a result of medical intervention is coded 997.02 – Complications affecting specified body systems: iatrogenic cerebrovascular infarction or hemorrhage. In addition, the specific type of infarction must be coded.

The Time Line is Significant

**Example 1**
Stroke initial incident
- Acute embolic CVA with infarction
- 434.11 - Cerebral embolism with cerebral infarction

**Example 2:**
Stroke initial incident; prior stroke with no deficits
- Acute embolic CVA, prior stroke with no deficits
- 434.11 - Cerebral embolism with cerebral infarction
- V12.54 - Personal history, transient ischemic attack (TIA), and cerebral infarction without residual deficits

**Example 3:**
Stroke initial incident with deficits from prior stroke
- Acute embolic CVA with infarction; previous CVA with residual dysphagia
- 434.11 - Cerebral embolism with cerebral infarction
- 438.82 - Other late effects of cerebrovascular disease, dysphagia
- 787.20 - Dysphagia, unspecified

**Example 4:**
Follow-up for evaluation of a residual of stroke
- Office visit to evaluate dysphagia from a stroke one month ago
- 438.82 - Other late effects of cerebrovascular disease, dysphagia
- 787.20 - Dysphagia, unspecified

**Example 5:**
Postoperative stroke
- Acute embolic CVA with infarction postoperatively
- 997.02 - Iatrogenic cerebrovascular infarction or hemorrhage
- 434.11 - Cerebral embolism with cerebral infarction

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