FOCUS ON: STROKE AND TIA

Stroke was responsible for approximately 1 of 18 deaths in the US in 2006 and afflicts someone on average every 40 seconds.¹ The case fatality rate for all types of strokes at one month for individuals ≥ 65 years of age was 12.6%, but 44.6% for hemorrhagic stroke. The annual incidence of TIAs in the US is between 200,000 and 500,000 (for cases brought to medical attention), and in one study, one out of nine patients with a TIA had a stroke within 90 days.²

Documentation and Coding Tips³

- If a provider documents “TIA,” it is coded as 435.9; if a provider documents “stroke,” it is coded as 434.91.
- If a patient has had a TIA or a stroke with no residual deficits, it would be appropriate to document “History of TIA” or “History of stroke” respectively, and to code V12.54 (Personal history TIA and cerebral infarction without residual deficits).
- For a patient with a history of stroke with a residual deficit, it is important to document the residual deficit as well, e.g., “History of stroke, with resultant hemiplegia” and to code from category 438 (Late effects of cerebrovascular disease), in this case 438.20.
- If a provider documents “hemorrhagic stroke,” it would be coded as 431 (Intracerebral hemorrhage).

Stroke is often coded incorrectly. Codes from category 434 (Occlusion of cerebral arteries) with the fifth digit of 1 (with cerebral infarction) should only be assigned for acute stroke, e.g. first admission to the hospital or upon initial diagnosis in a skilled nursing facility.

Code 436 is not used to report acute stroke but is reserved for other documented conditions such as apoplexy and cerebral seizures.

When a provider documents a history of CVA with residual deficits, V12.54 should not be assigned. Appropriate codes from category 438, late effects of cerebrovascular disease, should be assigned specific to the documented residuals.

Always remember…³

- Not to use ICD-9 code 436 to report a stroke.
- To assign ICD-9 codes 434.01, 434.11 or 434.91 only for an acute stroke, such as at the time of the initial hospital admission or upon initial diagnosis in the skilled nursing facility.
- To assign the most specific code(s) for the late effect(s) of stroke (438 category), when documented.
- To assign the code for personal history of TIA / stroke with no residual effects (V12.54), only when appropriate.
- To make sure that findings are documented, and that there is evidence of monitoring, evaluation, assessment and treatment in your progress note.

Coding Examples*³

Coding Example #1
Assessment: Acute embolic CVA with infarction

434.11 Cerebral embolism with cerebral infarction

Coding Example #2
Assessment: Stroke 6 weeks ago with residual hemiplegia

438.20 Late effects of cerebrovascular disease, hemiplegia, affecting unspecified side

Coding Example #3
Assessment: (1) Acute CVA (2) Prior CVA with residual dysphagia

434.91 Cerebral artery occlusion, unspecified, with cerebral infarction
438.82 Other late effects of cerebrovascular disease, dysphagia

(In this case, the acute CVA, unless otherwise stated, is assumed to be an ischemic infarction, which is coded first, followed by coding for the late effect of the prior CVA.)

Coding Example #4
Follow-up visit for previous stroke with hemiparesis affecting dominant side and residual dysphagia

438.21 Late effects of cerebrovascular disease, hemiplegia, affecting dominant side
438.82 Other late effects of cerebrovascular disease, dysphagia

*Each of the examples presented is only a portion of a comprehensive progress note, which must include evaluative language which supports the assessment, in addition to a plan of care.

¹ “Heart Disease and Stroke Statistics—2010 Update” (Circulation. 2010;121:e1-e170.)

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