

Stroke

A stroke, also known as a **cerebrovascular accident (CVA)**, occurs when blood flow to a part of the brain is interrupted or reduced, preventing brain tissue from receiving oxygen and nutrients.

This can lead to brain cell death within minutes. Strokes can be classified into several types, including ischemic strokes (caused by a blockage in blood flow) and hemorrhagic strokes (caused by bleeding in or around the brain).

A **transient ischemic attack (TIA)**, often called a “mini-stroke,” is a temporary period of symptoms similar to a stroke but does not cause permanent damage.

ICD-10 documentation guidance for myocardial infarction

Acute ischemic stroke (ICD-10 code I63.-) and hemorrhagic stroke (ICD-10 codes I60.- through I62.-)	<ul style="list-style-type: none">• Key point: Strokes should not be coded in outpatient settings because a confirmed diagnosis requires diagnostic studies (e.g., non-contrast brain CT or brain MRI), which are typically conducted in an emergency room or inpatient setting.• Documentation requirement: ICD-10 codes under categories I60.-, I61.-, I62.- and I63.- require documentation of both the causation and location of the stroke.• Avoid unspecified and non-specific codes: Codes such as I63.8 (other specified cerebral infarction) and I63.9 (unspecified cerebral infarction) should generally be avoided, especially in inpatient settings where diagnostic testing can provide specific details.
Unconfirmed stroke diagnoses in outpatient settings	<ul style="list-style-type: none">• Document to the highest degree of certainty for that encounter/visit. This might include symptoms, signs, abnormal test results, or the primary reason for the visit.• Terms like “probable,” “suspected,” “likely,” “questionable,” “possible,” or “still to be ruled out” indicate that coding has not been done to the highest degree of certainty.
History of stroke (ICD-10 code Z86.73)	<p>Use this code when:</p> <ul style="list-style-type: none">• A patient is seen in the outpatient setting after a confirmed diagnosis of a stroke but is not currently experiencing a CVA and shows no residual deficits.• A patient had a TIA that has completely resolved.

Independence Blue Cross coding and documentation education materials are based on current guidelines, are to be used for reference only, and are not intended to replace the authoritative guidance of the ICD-10-CM Official Guidelines for Coding and Reporting as approved by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). Clinical and coding decisions are to be made based on the following: 1. The independent judgment of the treating physician or qualified health care practitioner. 2. The best interests of the patient. 3. The clinical documentation as contained in the medical record.

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Stroke — Clinical documentation and coding tips

Sequela of cerebrovascular disease/stroke (ICD-10 code I69.-)

- These codes are used to document the **long-term effects (residuals)** of a stroke.
- **Key documentation requirement:** Providers must explicitly link the residual condition (e.g., hemiplegia, speech deficits) with the stroke to justify the use of a sequela code.
- Details to include:
 - Specify the residual condition.
 - Indicate the affected side (dominant or non-dominant).

TIA (ICD-10 code G45.9)

- TIA, often referred to as a “mini-stroke,” is coded separately from cerebral infarction.
- Unlike a stroke, a TIA does not cause permanent brain damage. Use code **G45.9** to document a diagnosed TIA.

Note: A dash (-) indicates that additional characters are required to complete the code.

Documentation Best Practices

- Accurate coding for stroke requires specific documentation of the **type, location, and cause** of the stroke.
- Avoid vague or non-specific codes when diagnostic details are available.
- For **outpatient settings**, focus on coding **confirmed conditions** or **symptoms** rather than unconfirmed or suspected diagnoses.
- Distinguish between active stroke, resolved TIA, and residual sequelae for proper coding and documentation.

References

- Contract-Level Risk Adjustment Data Validation Medical Record Reviewer Guidance In effect as of 03/20/2019. Yew, K.S. & Cheng, E.M. (2015).
- Optum (2025). ICD-10-CM Expert for Physicians: The Complete Official Code Set (2025)
- ICD-10-CM Official Guidelines for Coding and Reporting FY 2025; Section I.A.15
- ICD-10-CM Official Guidelines for Coding and Reporting FY 2025; Section I.C.9.d
- Yew KS, Cheng EM. Diagnosis of acute stroke. Am Fam Physician. 2015 Apr 15;91(8):528-36. PMID: 25884860