Documentation and Reporting
Residual Deficits of Stroke

DOCUMENTATION TIPS

Documenting and reporting an acute stroke should occur only in the **inpatient setting**. Frequently, the patient is seen in the office for the **residual deficits**, or **sequelae**, following the acute stroke. A residual deficit, or sequela, may occur at any time after the initial acute care episode.

Document the elements required for accurate and specific reporting:

- **Residual deficit** – hemiplegia, hemiparesis, monoplegia, monoparesis, cognitive deficits, dysphagia
- **Location** of residual deficit – upper, lower extremities or all extremities
- **Laterality**
- **Dominant side**

History of CVA

Document and report history of CVA, stroke or cerebral infarction when there are no residual deficits.

- Correct reporting is Z86.73 Personal history of transient ischemic attack (TIA), and cerebral infarction **without** residual deficits. (Do not assign this code when there are residual deficits.)

Residual Deficits

Document each residual deficit using cause and effect language such as "**due to**," "**late effect**," or "**residual deficit.**"

- Hemiplegia/hemiparesis – specify affected **extremities** and **laterality**
  - **Weakness** as a residual deficit or sequela is reported as **hemiparesis**[2]
- Monoplegia/monoparesis – specify affected **extremity** and **laterality**
  - **Weakness** as a residual deficit or sequela is reported as **monoparesis**[2]
- Dysphagia
- Cognitive deficits

Residual Deficits of CVA or Stroke (not an all-inclusive list)

ICD-10-CM Code	Description
I69.0-	Sequelae of nontraumatic subarachnoid hemorrhage
I69.1-	Sequelae of nontraumatic intracerebral hemorrhage
I69.2-	Sequelae of nontraumatic intracranial hemorrhage
I69.3-	Sequelae of cerebral infarction
I69.8-	Sequelae of other cerebrovascular diseases

The fifth character identifies the residual deficit:

1 = Cognitive deficits
2 = Speech and language deficits
3 = Monoplegia of upper limb
4 = Monoplegia of lower limb
5 = Hemiplegia and hemiparesis

The sixth character identifies laterality and dominant versus non-dominant side:

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

Laterality and Dominant Side

Document specifically the side affected by the CVA or stroke. The ICD-10-CM Guidelines for Coding and Reporting identify a hierarchy for reporting dominant versus non-dominant side. When the affected side is documented, but not specified as dominant versus non-dominant, reporting is based on the following:

- For ambidextrous patients, the default should be dominant
- If the left side is affected, the default is non-dominant
- If the right side is affected, the default is dominant

DOCUMENTATION AND REPORTING EXAMPLE

Patient seen in office post hospital discharge with residual weakness in left lower extremity due to cerebral infarction. Referral for physical therapy. Continue Atorvastatin. Follow-up with neurologist in 2 weeks.

I69.354 Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side

HEDIS: Detailed information about measures related to cardiovascular disease is available through your Passport/Molina Quality Representative.

According to the ICD-10-CM Official Guidelines for Coding and Reporting FY2022: “A dash (-) at the end of an alphabetic index entry indicates that additional characters are required.” Refer to the tabular list to identify the appropriate character(s) that will complete the diagnosis code.

1 . ICD-10-CM Official Guidelines for Coding and Reporting FY2022. 1 Oct. 2021, www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines.pdf. Accessed 30 Nov. 2021.
2. AHA Coding Clinic, Journal of AHIMA, Q1 2017, page 47. American Hospital Association Coding Clinic.