



Cerebral Vascular Accident A Quick Reference Guide for Providers

A Cerebral Vascular Accident (CVA) occurs when a clot or rupture block a blood vessel carrying oxygen to the brain. Symptoms of a CVA depend on the area of the brain affected. In some cases, there are permanent residual or late effects.

“Stroke” and “CVA” are synonymous with cerebral infarction and are coded to the category (I63) Cerebral Infarction. The following may be used as a reference guide for CVA documentation and coding.

Residual effects of CVA documentation and coding include:

- Deficit (for example, hemiplegia, hemiparesis, monoplegia)
- Mechanism of injury (hemorrhage or infarct)
- Laterality

CVA Documentation

- Weakness is not always due to hemiplegia/hemiparesis
- Neurological deficits during the acute episode are symptoms (ex. facial weakness)
- Residual effects are sequelae that can occur any time after initial onset
- Specify whether the cerebral infarction is due to thrombosis or embolism and which cerebral or pre-cerebral artery is occluded
- Use specific language when documenting neurological deficit(s) as sequelae, such as: “late effect of,” “result of,” “residual to,” or “due to” a previous CVA
- If no residual neurological deficits are present, use (Z86.73) Personal history of transient ischemic attack (TIA) and cerebral infarction without residual deficits
- Once a patient has completed the initial treatment or is discharged from care, all residual neurological deficits are coded to category (I69.-) Sequelae of cerebral infarction

Coding Tips

- History of CVA with or without residual effects becomes the status once discharged from an acute episode. An (I63) category code for acute CVA is only used during the initial episode of care in an inpatient setting
- For hemiplegia/hemiparesis or monoplegia, be specific in documenting whether the dominant or non-dominant side is affected. The right side is considered dominant for residual effects unless otherwise documented

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