Stroke and Late Effects Documentation Best Practices

WellSense HEALTH PLAN

Acute versus late effects

An acute stroke can only be documented in an outpatient setting if the provider is seeing the event take place. Once the initial admission and treatment is complete the diagnosis needs to be updated to a "history of" or "residual deficit" diagnosis. All neurological deficits should be documented separately with a plan of care.

Late effects	
Cognitive	**Speech and Language**
Attention and Concentration	Aphasia
Memory Deficits	Dysphasia
Visuospatial and spatial neglect	Dysarthria
Psychomotor	**Monoplegia**
Frontal Lobe and Executive Function	Upper or Lower Limb
Cognitive social or Emotional	Laterality
Hemiplegia and Hemiparesis:	Dominant or non-dominant side
Laterality	**Other Paralytic Syndrome:**
Dominant or non-dominant side	Identify the type of paralytic syndrome

It's important to identify the location, laterality and dominant or non-dominant condition of any deficits.

Documentation requirements

To ensure accurate coding of a stroke, the documentation must clearly indicate:

- If the stroke is acute or if the provider is addressing a late effect.
- Acute strokes may only be used when the patient is in the hospital or in an outpatient setting and the provider is actively seeing the stroke occur.
- Use the diagnosis code "z86.73 Personal history of TIA or stroke without residual deficits" if there are no existing late effects.
- If any residual effects are present, document each separately as a late effect of, result of, residual to or due to a previous CVA.
- Remember to correlate your physical exam if any of the deficits are related to the patient's modality.
- When residual "weakness" due to a CVA is documented, this does not equate to a monoplegia, hemiplegia or hemiparesis. If generalized weakness is documented this will only support a symptom diagnosis, not a residual effect of a stroke.

Documentation examples

Acute stroke

HPI: Patient was here for a follow up of their diabetes with hyperlipidemia. The patient states he developed balance issues, left side facial droop and left arm weakness about 2 hours ago.

PE: Vitals normal: PE normal, notable for unsteady gait, left facial droop and decreased strength in the left upper extremity: ROS No headache

A: **I63.9 Cerebral Infarction, Unspecified**
E11.69 Diabetes type 2 with Hyperlipidemia

P: Patient presents with an acute stroke. Ambulance called and patient was transferred to the ER.

Documentation tip: Because the provider saw the stroke occurring in front of them, they can document the acute stroke in this instance.

Late effects of stroke

HPI: Patient is here for a follow up of their diabetes with HLD. They had a CVA 6 years ago with left hemiparesis deficit.

PE: Vitals normal: PE normal, except for left hemiparesis: ROS negative

A: **E11.69 Diabetes type 2 with Hyperlipidemia**
I69.354 Hemiplegia and hemiparesis following cerebral infarction affection left non-dominant side

P: Continue to follow up with PCP regarding diabetes and statin for HLD. Continue weekly physical therapy sessions for left hemiparesis.

Documentation tip: All chronic conditions, including deficits due to stroke, can be addressed at any visit. Like an amputation, be sure to document the late effect of a stroke at least once every year, noting this in the physical exam.

Multiple late effects of stroke

HPI: Patient is here for an evaluation for a wheelchair. They had a CVA 7 years ago with left hemiparesis and a second stroke 3 years ago with aphasia and memory deficits following.

PE: Vitals normal: PE normal, except for left hemiparesis: ROS negative, except for memory deficits and aphasia

A: **I69.354 Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side**
I69.311 Memory deficit following cerebral infarction
I69.320 Aphasia following cerebral infarction

P: Patient requires a new wheelchair due to left side hemiparesis. Continue weekly therapy sessions for left hemiparesis, aphasia and memory deficits.

Documentation tip: If there are multiple deficits, either from one or more strokes, be sure to document each issue with a plan of care; correlating the physical exam and review of systems.