Cerebral Infarction, Transient Ischemic Attack and Sequela

It is important to accurately document and code cerebral infarction, transient ischemic attack (TIA) and sequela.

Remember to document and code any residual deficits (sequela) of a cerebral infarction, as it will affect your medical decision-making and the treatment plan. The documentation and coding process must be completed annually to capture your patient's full burden of illness.

Documentation

- Only document active cerebral infarction or TIA if it occurs at the time of the office visit.
- Document dominant, non-dominant, right or left if their symptom is monoplegia, hemiplegia, hemiparesis or paralytic syndrome.

Coding Tips

- Remember to only code a cerebral infarction or TIA diagnosis if the event occurs at the time of the visit.
- ▶ Code personal history of cerebral infarction/TIA if it is not occurring at the time of the visit or there is no active sequela.
- Do not code **both** sequela and history of cerebral infarction codes at the same time.
- ► Code all applicable cerebral infarction sequela codes. Refer to the table below.

Cerebral Infarction Sequela Codes	
Description	Code
Monoplegia of upper limb following cerebral infarction	169.331-169.339
Monoplegia of lower limb following cerebral infarction	169.341-169.349
Hemiplegia and hemiparesis following cerebral infarction	169.351-169.359
Other paralytic syndrome following cerebral infarction	169.361-169.369
Personal history of transient ischemic attack (TIA) and cerebral infarction without residual effects	Z86.73

Note: Review your ICD-10 coding book to see the full list of sequela codes; only the code range is denoted here. **Codes in bold carry CMS-HCC risk value**. Remember, codes that carry risk value affect your overall medical decision-making and contribute to the ongoing treatment plan as these conditions are current and active in nature.



