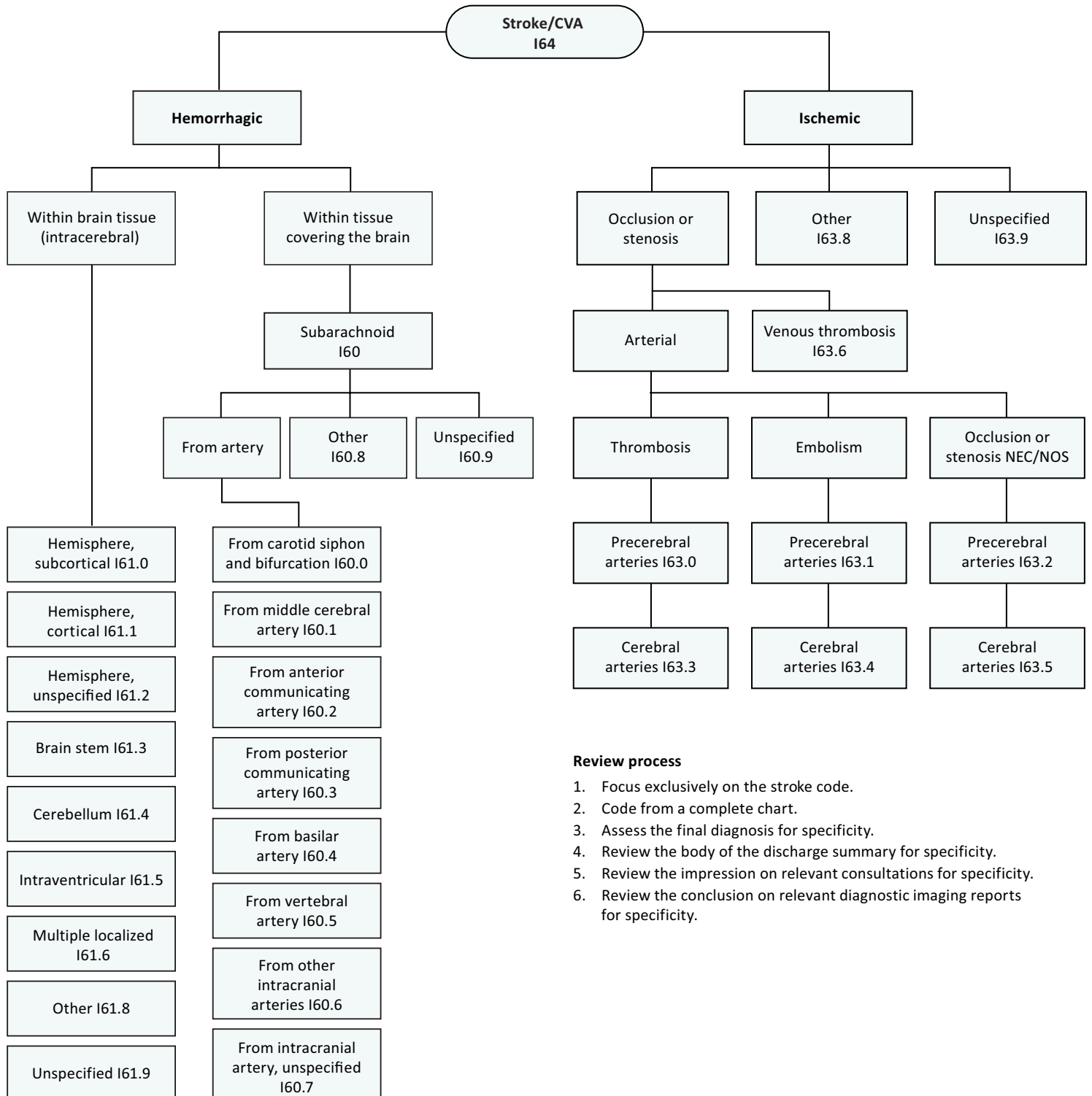




Stroke Tool and Review Process



Review process

1. Focus exclusively on the stroke code.
2. Code from a complete chart.
3. Assess the final diagnosis for specificity.
4. Review the body of the discharge summary for specificity.
5. Review the impression on relevant consultations for specificity.
6. Review the conclusion on relevant diagnostic imaging reports for specificity.



Key messages

Hemorrhagic stroke

1. Hemorrhagic strokes are assigned to categories I60 and I61. Conditions in I62 are not considered acute strokes.
2. Categories I60 and I61 are for spontaneous hemorrhages only.
3. Any secondary ischemia (infarction) is included in the hemorrhage code.
4. Any extension of a single hemorrhage is included in the code for the site of the origin of the hemorrhage.
5. Multiple distinct, separate hemorrhages as concurrent events are assigned to I61.6 *Intracerebral haemorrhage, multiple localized* if they are all intracerebral hemorrhages or to I60.6 *Subarachnoid haemorrhage from other intracranial arteries* if they are all subarachnoid hemorrhages from intracranial arteries; otherwise, each distinct, separate concurrent hemorrhage is assigned a separate code.
6. Multiple hemorrhages as separate events are assigned the same code if they are a distinct rebleed at the same site, or a different code if they are a distinct new bleed at a different site.
7. I61.5 *Intracerebral haemorrhage, intraventricular* is assigned only for primary intraventricular hemorrhage (bleeding in ventricular system only).

Ischemic stroke

1. I63.8 *Other cerebral infarction* is assigned for etiologies other than occlusion or stenosis.
2. I63.2 and I63.5 are used when the occlusion/stenosis is other than thrombosis or embolism and when the type of occlusion/stenosis is not specified.
3. When a specific artery is stated in the diagnosis, select a code from I63.0 to I63.5 (occlusion/stenosis of arteries).
4. When only a specific region of the brain is stated in the diagnosis, assign I63.9.
5. Multiple infarction codes are assigned only when a second distinct infarction occurs.
6. Any naturally occurring secondary hemorrhage is included in the infarction code.
7. Cerebral infarction in evolution is included in the infarction code.

I64

Circumstances when the use of I64 is valid include the following:

- Diagnostic imaging has not yet been performed (patient dies or is transferred).
- Patient is transferred in and the transfer information does not indicate the type of stroke.
- The facility does not have diagnostic imaging capacity for strokes (CT scan/MRI).

Cues for coders

Continue to use the alphabetical index and tabular list.

Follow the *Unconfirmed Diagnosis* coding standard to capture a description of the etiology of a cerebral infarction that is qualified as “likely” or “probably.”

Assign a separate code for significant complications (e.g., cerebral edema) of a stroke — consider each complication separately.

Assign a code for ischemic stroke when hemorrhagic stroke has been ruled out.

Don’t confuse risk factors (e.g., abnormal blood lipids) and underlying conditions (e.g., hypertension) with the etiology of a stroke — consider the coding of these separately.

Don’t be misled by ambiguous, contradictory documentation — validate the diagnosis.

