Cerebral Infarction Coding Guidelines

Cerebral Infarction is an **acute** condition

To code a cerebral infarction, the patient must currently be experiencing a cerebral infarction, and the cerebral infarction must be confirmed via imaging. Improper coding of a cerebral infarction depicts an inaccurate representation of a member's current medical condition. Cerebral infarction **should only be coded in an inpatient setting**, except for extenuating circumstances.

The diagram below provides examples of when it is appropriate to code a cerebral infarction, and when another diagnosis code should be used.

Coding Examples - Cerebral Infarction Guidelines

ICD-10 Code	Description	Coding Guidelines	Examples
I63.X	Acute cerebral infarction	Current cerebral infarction with imaging confirmation, should **not** be coded in an out-patient setting	Patient seen in emergency room and brain imaging has confirmed a cerebral infarction.
I69.X	Sequelae of cerebral infarction, with residual effects	Used after cerebral infarction when there are residual effects from the cerebral Infarction	Patient is seen at an out-patient clinic for a follow-up appointment. Patient has memory deficits after previous stroke. (I69.011)

ICD-10 Code	Description	Coding Guidelines	Examples
Z86.73	History of transient ischemic attack (TIA) or cerebrovascular accident (CVA), without residual effects	Used after cerebral infarction when there are no residual effects from the cerebral Infarction	Patient is seen for routine office visit and had a cerebral infarction 1 year ago. Patient currently has no residual effects from previous stroke.

Documentation of residual deficits (I69.X) from a cerebral infarction should include:

- Type of CVA

- Deficit type

- Limb involvement and, if the limb affected, whether it is the dominant or non-dominant side

- Use linking terms to indicate that the deficit is linked to the CVA