Cerebrovascular Diseases

Best Practice Documentation

Click on the desired Diagnoses link or press Enter to view all information.

Diagnoses:

- Precerebral Artery Stenosis
- TIA
- Cerebral Infarction
- Non-traumatic Hemorrhage
- Complications of Cerebral Infarction / Hemorrhage
- Sequelae

Contact the following for any documentation questions or concerns:
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Precerebral Artery Stenosis

Stenosis, Occlusion, Narrowing are synonymous in ICD-10 The key elements for best practice documentation are to specify:

- Artery
  - Vertebral
  - Basilar
  - Carotid
- Laterality, if applicable
  - Right
  - Left
  - Bilateral
- Infarction
  - With Infarction
  - Without infarction

Precerebral Artery Stenosis Documentation Example

Inadequate Documentation

- Patient admitted for carotid endarterectomy for symptomatic carotid artery stenosis.

Best Practice Documentation

- Patient with **amaurosis fugax of the right eye due to 70% occlusion of the right internal carotid artery,** as seen on CTA. Admitted for **right internal carotid** endarterectomy.

TIA

- Aborted Stroke = CVA
  - If CVA was ruled out document specific etiology of presenting signs and symptoms
  - If your final clinical impression = TIA follow the best documentation practice below
- Document the underlying etiology of the TIA when known:
  - Vertebro-basilar artery syndrome
  - Carotid artery syndrome
  - Pre cerebral artery syndrome
  - Amaurosis fugax
  - Transient global amnesia
  - TIA unspecified

TIA
Documentation Example

Inadequate Documentation

- TIA

Best Practice Documentation

- TIA **due to carotid stenosis of the left internal carotid artery.**
- TIA **of unknown origin**
- TIA - **acute CVA ruled out**

Aborted Stroke Documentation Example

Inadequate Documentation

- tPA administered and symptoms resolved

Best Practice Documentation

- Aborted Cerebrovascular Accident

Cerebral Infarction

CVA, Stroke, Cerebral infarction, Ischemic Stroke

To satisfy best practice requirements, etiology, site and laterality should be documented.

- Etiology
  - Embolism
  - Thrombosis
  - Unspecified occlusion or stenosis
- Site
  - Precerebral artery (basilar, carotid, vertebral , other
  - Cerebral (anterior, middle or posterior)
  - Cerebellar
  - Other cerebral artery
- Laterality:
  - Right
  - Left

CHRISTIANA CARE HEALTH SYSTEM

CVA
Documentation Example

Insufficient Documentation

- **Acute embolic CVA.**
- **Lacunar infarct**
- **Mass effect (if symptomatic)**

Best Practice Documentation

- 65 yo **left handed** male presenting with **acute embolic ischemic infarct** of the **right MCA** secondary to non -compliance with anticoagulation.
- 65 yo **right handed** male presenting with **left sided hemiparesis** due to an **acute lunar infarct of the right MCA due to vascular hyalinosis, associated with hyperlipidemia.**
- **Symptomatic cerebral edema or symptomatic intracerebral hemorrhage,** whichever is applicable

Non-traumatic Hemorrhage

Ruptured cerebral aneurysm; subdural hematoma, nontraumatic

- Identify site:
  - Anterior or posterior communicating artery
  - Basilar artery
  - Carotid siphon and bifurcation
  - Middle cerebral artery
  - Vertebral artery
  - Other or unspecified intracranial artery
  - Other specified site:
    - Meningeal hemorrhage
    - Rupture of arteriovenous malformation
- Identify laterality, if applicable

Non-traumatic Hemorrhage

Intracerebral Hemorrhage

- Region affected
  - Brain stem
  - Cerebellum
  - Hemispheric
    - Cortical
    - Subcortical
    - Unspecified
  - Intraventricular
  - Multiple localized sites
  - Other or unspecified sites

Other Intracranial Hemorrhages

- Site
  - Extradural
  - Subdural
    - Acute
    - Chronic
    - Subacute
  - Unspecified

Non-traumatic Hemorrhage Documentation Example

Inadequate Documentation	Best Practice Documentation
• Hemorrhagic stroke.	• 45 year old **right handed** female presenting with **acute left thalamic hemorrhagic stroke secondary to hypertension.**
• Subdural hematoma	• 65 year old female who was found down in her home by her son. Patient states she does not remember falling. CT scan of the brain shows subdural hematoma **this is most probably non-traumatic.**

Complications of Cerebral Infarct / Hemorrhage

Document related symptoms/ residual effect

- Aphasia
- Brainstem herniation
- Cerebral edema (state if asymptomatic vs symptomatic)
- Coma/ comatose
- Dysphagia
- Dysphasia
- Encephalopathy
- Hemiparesis (specify laterality)
- Hemiplegia (specify laterality)
- Increased intracranial pressure
- Left sided neglect
- Seizures
- Vasogenic edema
- Vasospasm

Further Specify

- With / Without tPA
  - Aborted or not
- Hemorrhagic conversion
  - Specify whether asymptomatic or symptomatic
- Evolution of previous stroke if known

Sequelae

Best practice documentation is to link any sequelae to the nontraumatic cerebral infarction or hemorrhage. Some of these conditions include, but are not limited to:

- Apraxia
- Ataxia
- Cognitive deficit
- Dysphagia
- Facial weakness
- Hemiplegia/hemiparesis
  - right or left
  - dominant or non-dominant side affected
- Monoplegia
  - upper or lower limb
  - right or left
  - dominant or non-dominant side affected
- Speech and language deficits
  - Aphasia
  - Dysphasia
  - Dysarthria

CHRISTIANA CARE HEALTH SYSTEM

Complication Documentation Example

Inadequate Documentation

- 75 year old male admitted for CHF. Patient has a history of CVA one year ago. Patient has hemiparesis.
- 83 year old female admitted with ischemic infarct . Patient having seizures and was intubated for respiratory failure. MRI ordered.

Best Practice Documentation

- 75 year old male admitted for **acute systolic heart failure**. Patient has hemiparesis of the **right dominant side from previous CVA.**
- 83 year old female admitted with acute ischemic infarct **due to embolism of the anterior cerebral artery.** Patient having **seizures due to the stroke. MRI shows increasing cerebral edema. (Drug) ordered, will monitor.**

CHRISTIANA CARE HEALTH SYSTEM

Key Documentation Concepts

- Specific location of infarct or culprit vessels
- With or without infarction
- Affected side – right, left, bilateral
- Dominant side – right, left
- Specific complications
- Link residual or late effects with the infarction or hemorrhage
- Specify if stroke is new or an extension of prior stroke
- Any hemorrhagic conversion
- tPA administration (and time started). If stroke was aborted, document it!

Take the Extra Step!

Document :

- ALL chronic conditions – present and stable but managed.
- Significance of abnormal tests
- Clarify whether diagnoses are ruled in or ruled out
- Cause-and-effect relationships (due to xxxx)
- Laterality, if applicable
- Explain the "why" and "because" to support medical necessity
- Any tobacco use, abuse, dependence, history of smoke exposure (e.g., second hand, occupational, etc.)