

CVA and Other Neurological Disorders

Risk Adjustment Coding Quick Guide

Cerebral vascular accident (CVA), or stroke, documentation and coding includes:

- **neurological deficits during the acute episode are symptoms (ex. facial weakness)**
- **history of CVA with(out) residuals becomes the status once discharged from acute episode**
 - residuals are sequelae and can occur at any time after initial onset

Residuals of CVA documentation and coding includes:

- **deficit (ex. hemiplegia, hemiparesis, monoplegia)**
- **mechanism of injury (hemorrhage or infarct)**
- **laterality**
 - right side is considered dominant for these residuals, unless otherwise documented

Neurologic deficits from other conditions include:

- quadriplegia
- paraplegia
- hemiplegia
- monoplegia

Neurodegenerative conditions include:

- Huntington’s Disease
- Parkinson’s Disease
- Alzheimer’s Disease
- Dementia with Lewy Bodies
- Multiple Sclerosis
- Epilepsy (type, intractable/not intractable, with/without status)

Neuropathy should always be documented and coded with linkage to the underlying condition, if known.

Coding examples

Hemiplegia, right due to nontraumatic intracerebral hemorrhage	I69.151
Hemiparesis, left due to CVA	I69.354
Monoplegia, right upper limb	G83.21
Alzheimer’s Dementia with Behavioral Issues	G30.9 and F02.81
Parkinson’s Disease	G20
Epilepsy, not intractable, without status	G40.909
Polyneuropathy with Diabetes, Type 2	E11.42

Does your documentation have MEAT? (Monitor, Evaluate, Assess, Treat)

Contact information: Julie Eisen, IHANY Risk Adjustment Coding Specialist eisenjr@trinity-health.org or Emily Smith, IHANY Risk Adjustment Coding Specialist, Emily.Smith002@sphp.com (Updated Nov 2021)