Bright HealthCare™

Provider Documentation: Cerebrovascular Accident in Outpatient Settings

Documentation Tips & Best Practices

Did you know that documenting and linking any residual deficits from a CVA is essential to complete and accurate coding?

Key elements to document are:

- Cause-and-effect relationship of CVA and related deficits
- Specific deficits, such as:
  - Hemiplegia/hemiparesis
  - Cognitive deficits
  - Speech and language deficits
  - Disturbance of vision
  - Facial weakness

Note: Acute CVA should only be documented ***during the initial episode of care***. Post-discharge, document "history of CVA" with or without residual or late effects.

COMMON CODING PITFALL

One of the most common mistakes made in risk adjustment is documenting and coding an "acute CVA" in the outpatient setting. ***Acute stroke codes (ICD-10 category I63) should only be used during the acute inpatient encounter.***

Utilize MEAT (Monitor, Evaluate, Assess, Treat) to specifically address patient conditions:

Monitor	Evaluate	Assess	Treat
Signs Symptoms Disease progression Disease regression	Test results Medication effectiveness Response to treatment Physical exam findings	Test ordered Counseling Record review Discussion	Medication Therapies Referral Other modalities
MEAT Examples: CVA Late Effects			
Left hemiparesis following old CVA – No improvement since last visit.	Right hemiparesis due to recent CVA – Right upper extremity without movement, baseline.	Residual left hemiparesis due to history of CVA – Discussed orthotic for night wear to counteract progressive contracture.	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side – S/p stroke. Patient is being followed by neurology.

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