

# Stroke

## Documentation and coding: Individual & Family Plans

October 2025

**For coding education questions,** email [CignaHealthcareHCPEducation@CignaHealthcare.com](mailto:CignaHealthcareHCPEducation@CignaHealthcare.com).

It is important to accurately document and code diagnoses when submitting claims for your patients with Cigna Healthcare®-administered coverage. This helps ensure your diagnosis and coding practices comply with all applicable legal requirements,<sup>1</sup> while enabling us to provide our customers with the benefits and resources they need. For additional information and resources, visit the Cigna Healthcare Individual & Family Plans page at [CignaforHCP.com/IFP](http://CignaforHCP.com/IFP).

*The information that follows is designed to provide guidance for the documentation and coding of claims for your patients with a stroke diagnosis. It is not meant to replace your clinical judgment when caring for your patients.*

### General guidance

- Document findings to support diagnoses of acute stroke, personal history of stroke without sequela (late effect conditions related to the stroke), or stroke with subsequent sequela.
- Document a diagnostic statement that is compatible with International Classification of Diseases, 10th Revision (ICD-10-CM) nomenclature (terms).
- Document treatment plan and follow up. A treatment plan can be in the form of a medication, referral, diet, monitoring, and/or ordering a diagnostic exam.
- Confirm that a face-to-face or telehealth encounter is signed and dated by the clinician, including printing out the clinician's full name and credentials (e.g., MD, DO, NP, PA).

### Stroke coding decision tree

Submit codes that indicate "stroke with late effects" and not codes indicating a current stroke unless the stroke occurred in the office. When coding:

- Determine if the patient had a stroke in the office. *If no, the coding should be for a historical stroke and not a current stroke.*
- Use codes for all "late effect" conditions (sequela) related to the stroke.
- Remember that sequela requires assessment of signs and symptoms.

### ICD-10 stroke code categories

- **Acute stroke:** ICD-10 I63.-  
Should only be used during the inpatient encounter determined by diagnostic studies.
- **History of stroke:** ICD-10 Z86.73  
Should be used when there are no identifiable manifestations of acute stroke, a diagnosis of transient ischemic attack [TIA] was made, or the stroke no longer has a specific treatment plan.

- **Stroke sequela:** ICD-10 I69.-  
Should be used at the time of an ambulatory care office visit, which is considered after the acute inpatient encounter.
- **Other and unspecified stroke:** ICD-10 I63.8 and I63.9  
Should not be used when the cause or site of the stroke is known.
- **Unspecified sequela:** ICD-10 I69.30  
If signs and symptoms present with "other" type of stroke, use code I69.398 and an additional code to specify the late effect (sequela) in outpatient.

### Subjective documentation considerations

Ask patients if any manifestations have occurred as a **result of the acute stroke**. Questions to consider include:

- Is the patient experiencing any psychological deficits (depression, anxiety, memory issues)?
- Is the patient experiencing any neurological deficits (motor or sensory)? If yes, is the deficit or deficits:
  - Confined to one side (weakness/hemiplegia) – the left or right?
  - On both sides of the body?
  - Confined to a specific limb (monoplegia)? is the limb defined as either a dominant or non-dominant side?

### Objective documentation considerations

- Confirm subjective complaints with specific examination findings (e.g., pin-prick examination, heat and cold tolerance testing, blinded agnosia testing, deep tendon reflexes).
- Direct careful attention to the specific muscle groups that are affected as a result of the acute stroke.

<sup>1</sup> Diagnosis inaccuracies that are not addressed can result in administrative sanctions and potential financial penalties.

## Acute stroke codes for pre-cerebral arteries

ICD-10 code	Description	Additional characters and codes to use
<b>I63.0-</b>	Cerebral infarction due to <b>thrombosis</b> of pre-cerebral arteries	(-) Add 5th character: 0 – Unspecified pre-cerebral artery 1 – Vertebral artery 2 – Basilar artery 3 – Carotid artery 9 – Other pre-cerebral artery  (-) Add 6th character, <b>when applicable</b> : 1 – Right artery 2 – Left artery 3 – Bilateral arteries 9 – Unspecified artery
<b>I63.1-</b>	Cerebral infarction due to <b>embolism</b> of pre-cerebral arteries	
<b>I63.2-</b>	Cerebral infarction due to <b>unspecified occlusion or stenosis</b> of pre-cerebral arteries	

## Acute stroke codes for cerebral arteries (excludes I69.3-)

ICD-10 code	Description	Additional characters and codes to use	ICD-10 code	Description	Additional characters and codes to use
<b>I63.3-</b>	Cerebral infarction due to <b>thrombosis</b> of cerebral arteries	(-) Add 5th character: 0 – Unspecified cerebral artery 1 – Middle cerebral artery 2 – Anterior cerebral artery 3 – Posterior cerebral artery 4 – Cerebellar artery 9 – Other cerebral artery	<b>I63.6</b>	Cerebral infarction due to <b>cerebral venous thrombosis</b> , non-pyrogenic	
<b>I63.4-</b>	Cerebral infarction due to <b>embolism</b> of cerebral arteries		<b>I63.8-</b>	Other cerebral infarction <i>e.g., Lacunar infarction</i>	(-) Add 5th character: 1 – Due to occlusion or stenosis of small artery 9 – Other cerebral infarction
<b>I63.5-</b>	Cerebral infarction due to <b>unspecified occlusion</b> or stenosis of cerebral arteries		(-) Add 6th character, <b>when applicable</b> : 1 – Right artery 2 – Left artery 3 – Bilateral arteries 9 – Unspecified artery	<b>I63.9</b>	Cerebral infarction unspecified (excludes TIA)
			<b>G45.9</b>	Transient ischemic attack (TIA), unspecified	TIA

## Sequela of stroke codes: Monoplegia, hemiplegia, and hemiparesis

ICD-10 code	Description	Additional characters and codes to use
<b>I69.33-</b>	Monoplegia of upper limb following cerebral infarction	(-) Add 6th character: 1 – Right dominant side 2 – Left dominant side 3 – Right non-dominant side 4 – Left non-dominant side 9 – Unspecified side
<b>I69.34-</b>	Monoplegia of lower limb following cerebral infarction	
<b>I69.35-</b>	Hemiplegia and hemiparesis following cerebral infarction	

## Sequela of stroke codes: Other defects—history *(used to indicate conditions classifiable to I60-I67)*

ICD-10 code	Description	Additional characters and codes to use
<b>I69.30</b>	Unspecified sequela of cerebral infarction	
<b>I69.31-</b>	Cognitive deficits following cerebral infarction <i>Add 6th character for specific cognitive deficit separation</i>	<u>(-) Add 6th character:</u> <u>0 - Attention and concentration deficit</u> <u>1 - Memory deficit</u> <u>2 - Visuospatial deficit and neglect</u> <u>3 - Psychomotor deficit</u> <u>4 - Frontal lobe and executive function deficit</u> <u>5 - Cognitive social or emotional deficit</u> <u>8 - Other symptoms and signs involving cognitive functions</u> <u>9 - Unspecified symptoms and signs involving cognitive function</u>
<b>I69.320</b>	Aphasia following cerebral infarction	
<b>I69.321</b>	Dysphasia following cerebral infarction	
<b>I69.322</b>	Dysarthria following cerebral infarction	
<b>I69.323</b>	Fluency disorder following cerebral infarction	
<b>I69.328</b>	Other speech and language deficits following cerebral infarction	
<b>I69.390</b>	Apraxia following cerebral infarction	
<b>I69.391</b>	Dysphagia following cerebral infarction – <i>Use additional code to identify type of dysphagia (R13.1-)</i>	
<b>I69.392</b>	Facial weakness following cerebral infarction	
<b>I69.393</b>	Ataxia following cerebral infarction	
<b>I69.398</b>	Other sequela of cerebral infarction – <i>Use additional code to identify the sign and symptom of sequela – e.g., alteration of sensation or disturbance of vision</i>	
<b>Z86.73</b>	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits	