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Diagnosis Coding for Cryptogenic Stroke

• “Cryptogenic stroke” usually refers to strokes with no clearly definable cause even after extensive workup.
• Although atrial fibrillation (AF) may be suspected in these patients, it can’t be assigned as a diagnosis code until the diagnosis is established.

➢ Diagnosis coding for Reveal LINQ ICM insertion depends on the circumstances:
  Inpatient (during the same admission as the acute stroke)
  — For hospitals, the acute stroke is the principal diagnosis code.
  — For physicians, the acute stroke diagnosis is also the diagnosis code for the device insertion.

Outpatient (after discharge from the acute stroke admission)
• Although these patients are usually asymptomatic, if a specific symptom or sign is present that necessitated the device insertion or test/procedure, that should be used as the principal diagnosis code
• If the patient has late effects or residual deficits from the stroke, a code from category I69 (sequela of cerebrovascular disease) is appropriate as the principal diagnosis
• If the patient has no residual deficits from the stroke, code Z86.73 (personal history of stroke or TIA without residual deficits) is appropriate as the principal diagnosis
• Code Z86.73 can also be used as a secondary diagnosis code if a specific symptom or sign not clearly linked to the prior stroke is coded as the principal diagnosis