Acute Conditions at Ambulatory Visits: Ischemic Stroke

- **An acute stroke code (i63.-):**
  - Should only be used for the episode of care when the stroke is first diagnosed (typically by an emergency room evaluation and/or an inpatient admission).

- **After the initial episode of care for an acute ischemic stroke:**
  - Sequelae of the acute ischemic stroke (i69.3-) should be coded if they are present.
    - **Pearl:** examples of sequelae include:
      - cognitive deficits (i69.31-)
      - speech and language deficits (i69.32-)
      - monoplegia of the upper (i69.33-) and lower (i69.34-) limbs
      - hemiplegia/hemiparesis (i69.35-)
  - If no sequelae are present:
    - personal history of transient ischemic attack (TIA) and cerebral infarction without residual deficits (z86.73) can be used as a billing diagnosis.