Patient Name: David Jones

Date of Birth: 03/01/1942

Age: 71

Insurance: Capital District Physicians' Health Plan

Gender: Male

Physician: Dr. I. Seedeeten

David Jones is a new 71 year old male patient who has a history of left sided cerebrovascular accident. He is here for an evaluation for his complaint of right hip pain. He advises he has a lot of pain when walking and navigating stairs. The patient is also experiencing increased muscle weakness due to hemiparesis affecting the left non-dominant side. Physical therapy recommended.

Dr. I. Seedeeten

This case would use the following ICD-10 codes:

M25.551 *Pain in right hip*

RI69.354 *Hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side*

Let's check our coding:

- ✓ A late effect is a chronic or residual condition that is a complication of an acute condition that occurs after the acute phase of a disease, illness or injury. There is no time limit on when a late effect can occur; the residual condition may come directly after the disease or condition, or years later. In ICD-10-CM the term sequela (singular) or sequelae (plural) is used instead of using "late effects" in describing these diseases or conditions.

- ✓ Per the official ICD-10 guidelines:
  Category I69 is used to indicate conditions classifiable to categories I60-I67 as the causes of sequelae (neurologic deficits), themselves classified elsewhere. These "late effects" include neurologic deficits that persist after initial onset of conditions classifiable to categories I60-I67. The neurologic deficits caused by cerebrovascular disease may be present from the onset or may arise at any time after the onset of the condition classifiable to categories I60-I67.
  Codes from category I69, Sequelae of cerebrovascular disease, that specify hemiplegia, hemiparesis, and monoplegia identify whether the dominant or nondominant side is affected. Should the affected side be documented, but not specified as dominant or nondominant, and the classification system does not indicate a default, code selection is as follows:

  • For ambidextrous patients, the default should be dominant.
  • If the left side is affected, the default is non-dominant.
  • If the right side is affected, the default is dominant