



TIA vs CVA (STROKE)

What is the difference between a TIA and a stroke?

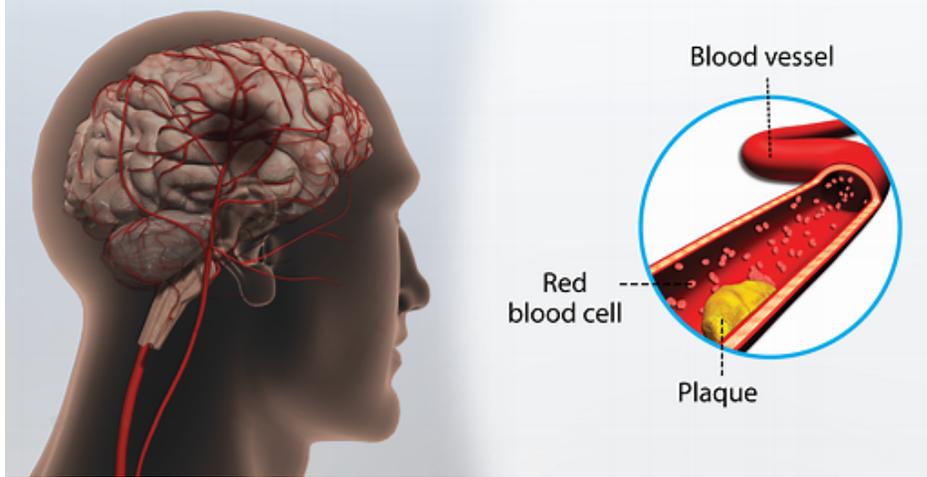
Difference Between TIA and Stroke

- Both TIA and stroke are due to poor blood supply to the brain.
- Stroke is a medical emergency and it's a life-threatening condition.
- The symptoms of TIA and Stroke may be same but TIA symptoms will recover within 24 hours.

TRANSIENT ISCHEMIC ATTACK

- Also known as: TIA, mini stroke

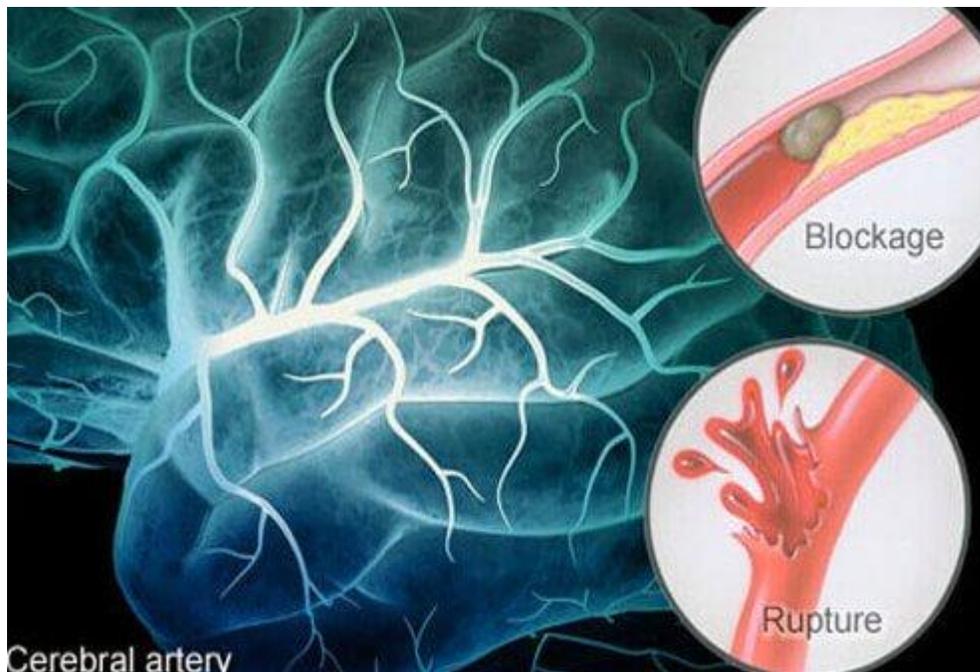
A short time stroke that lasts for minutes to hours



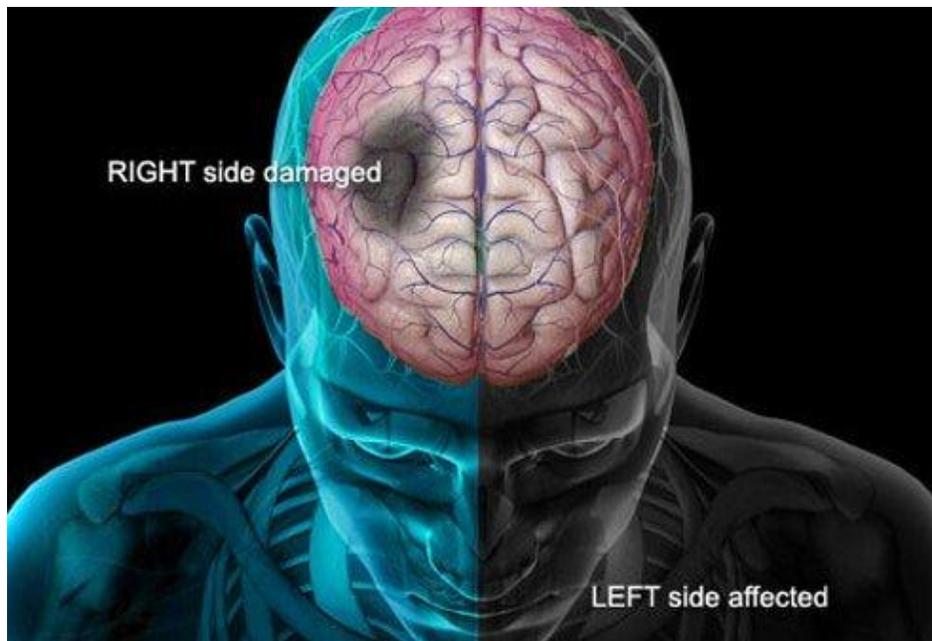
TIA Causes

- A transient ischemic attack has the same origins as that of an ischemic stroke, the most common type of stroke. In an ischemic stroke, a clot blocks the blood supply to part of your brain. In a transient ischemic attack, unlike a stroke, the blockage is brief, and there is no permanent damage.
- The underlying cause of a TIA often is a buildup of cholesterol-containing fatty deposits called plaques (atherosclerosis) in an artery or one of its branches that supplies oxygen and nutrients to your brain.
- Plaques can decrease the blood flow through an artery or lead to the development of a clot. A blood clot moving to an artery that supplies your brain from another part of your body, most commonly from your heart, also may cause a TIA.

CEREBROVASCULAR ACCIDENT/STROKE



When the brain's blood supply is insufficient, a stroke occurs. Stroke symptoms (for example, slurring of speech or loss of function in an arm or leg) indicate a medical emergency. Without treatment, the brain cells quickly become impaired or die. This results in damage to the brain, serious disability, or even death. If you see these stroke symptoms developing in someone, please call 9-1-1.



Stroke symptoms

Initial symptoms of a stroke can occur in someone suddenly.

Know these signs of a stroke:

- Slurring of speech or difficulty speaking
- Difficulty understanding and performing simple tasks
- Weakness or decrease in muscle strength, especially on just one side of the body
- Numbness, especially on just one side of the body
- The worst headache you have ever had
- Vision changes (in one or both eyes)
- Dysphagia or trouble swallowing
- A facial droop on one side



Signs of a stroke

In 1998, the F.A.S.T. test was designed to help ambulance staff in the United Kingdom quickly assess a possible stroke. It is designed to help quickly assess a stroke with very little training. It evaluates the most likely symptoms of a stroke.

F.A.S.T. Test

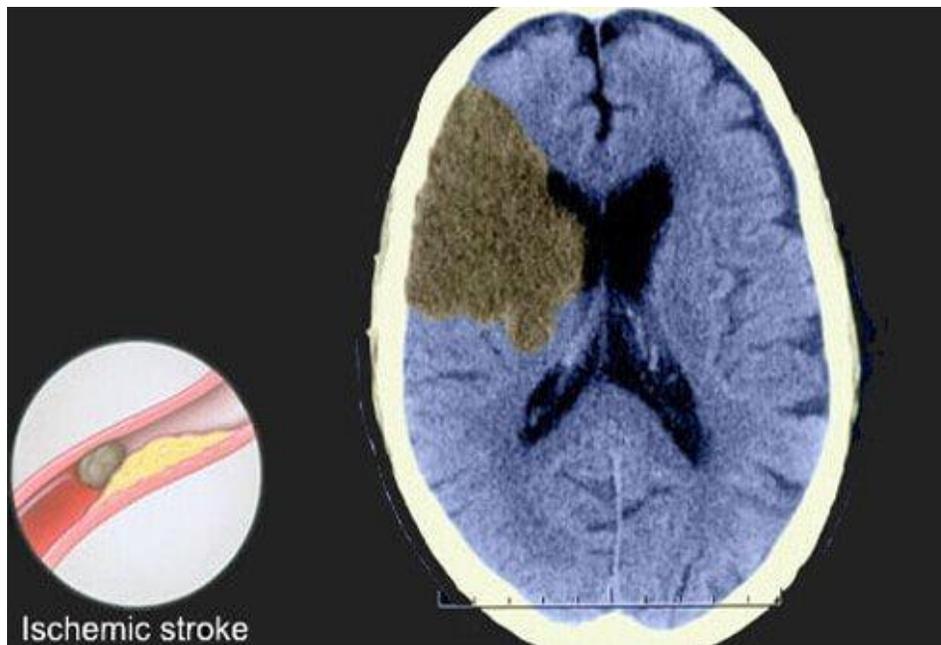
- F means face -- If one side of the face droops, it's a sign of a possible stroke
- A means arms -- If the person cannot hold both arms out, it's another possible stroke sign
- S means speech -- Slurring words and poor understanding of simple sentences is another possible stroke sign
- T means time -- If any of the FAS signs are positive, it's Time to call 9-1-1 immediately

F.A.S.T. also means the longer the blood supply to the brain is blocked, the greater chance of a brain injury is possible.



Strokes are a major cause of long-term disability in people.

Time limits to diagnose and treat a stroke patient is usually within approximately 3 hours. The use of anticoagulants or clot-busting drugs, like tPA, might be used to break up the occlusion and re-establish the patient's blood flow. Not all patients qualify for this treatment. The usual timing is within 3 or 4 hours of symptoms. There are also some possible complications of this treatment such as bleeding that may cause problems.



Eighty to ninety percent of all strokes are ischemic strokes as pictured above. These are caused by clots that block or decrease blood flow to the brain.

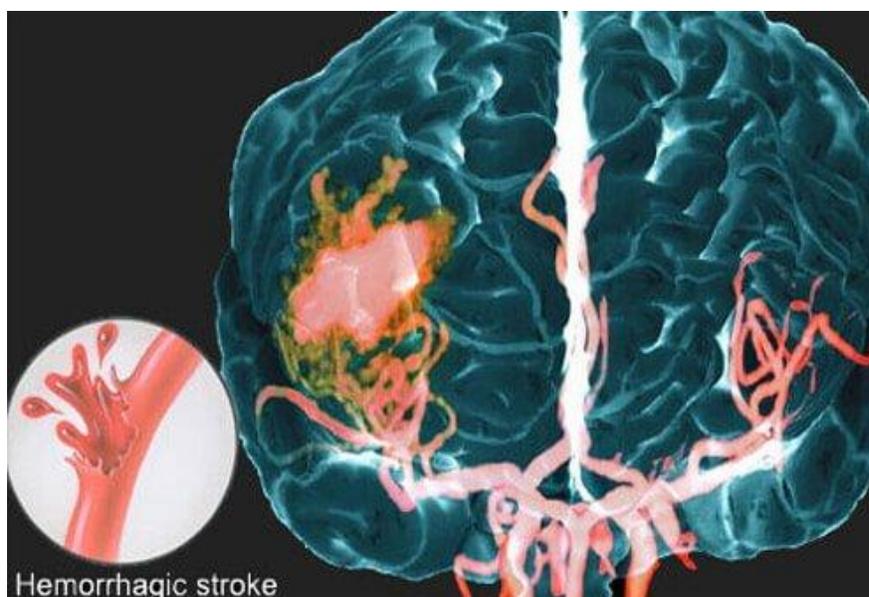
Two main subtypes of an ischemic strokes are usually thrombotic and embolic.

Thrombotic Stroke

Nearly half of all strokes are thrombotic strokes. A clot that forms in the brain itself, is known as a thrombosis and causes a thrombotic stroke. Usually due to a damaged or diseased cerebral arteries.

Embolic Stroke

A stroke caused by a clot that develops in another part of the body and travels and becomes lodged in a blood vessel in the brain is called an embolic stroke. These blood clots, known as embolisms, usually start in the heart and circulate until they become lodged in an artery of the brain. The physical and neurological damage embolic strokes cause is nearly immediate.



This MRI shows a picture of a hemorrhagic stroke. A hemorrhagic stroke occurs when a blood vessel in the brain breaks and blood escapes into the brain causing pressure. It compresses other blood vessels and causes brain cell injuries and sometimes brain cell death. This bleeding into the brain is difficult to stop and is more likely to be fatal.

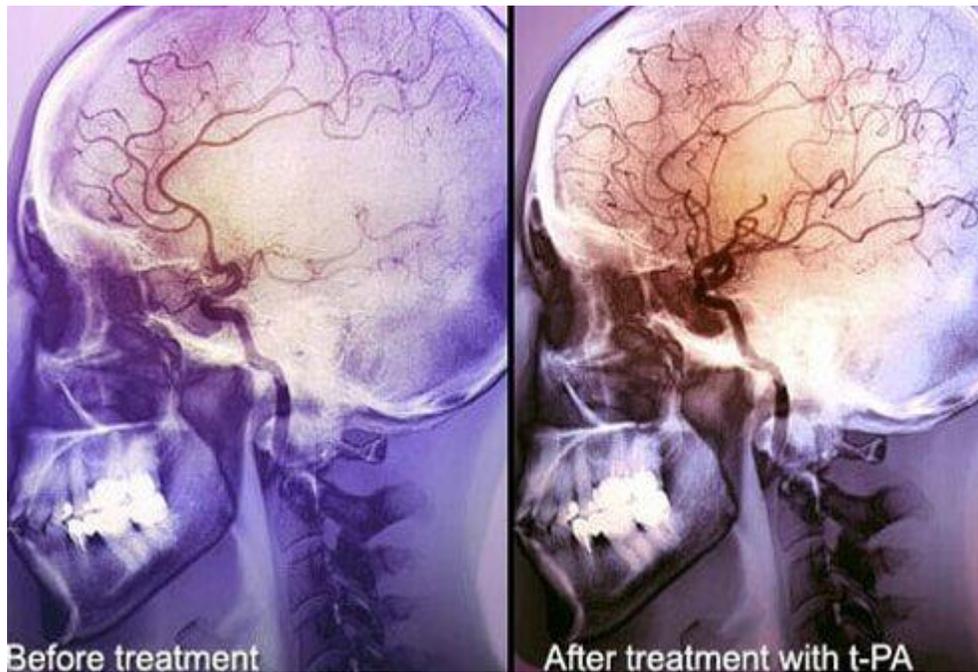
Two types of hemorrhagic strokes: intracerebral and subarachnoid.

Intracerebral Stroke

“Intracerebral” means “within the brain.” This refers to a stroke caused by a diseased blood vessel bursting within the brain. A common cause is high blood pressure.

Subarachnoid Stroke

A subarachnoid hemorrhage refers to bleeding immediately surrounding the brain in the area called the subarachnoid space. The symptoms of a subarachnoid stroke are a sudden, severe headache, the worst headache of your life. Other symptoms are a popping or snapping sound or feeling. Causes of a subarachnoid stroke include head injury, anticoagulant therapy or blood thinners, bleeding disorders and bleeding from an arteriovenous malformation.



Emergency stroke treatment depends on the type of stroke and underlying health of the patient.

Strokes with an ischemic cause are treated by methods designed to remove or dissolve or bypass the brain obstruction.

Hemorrhagic strokes are treated by attempts to control and stop the bleeding in the brain. High blood pressure control is needed. Procedures to reduce swelling in the brain are often used, such as a craniectomy, which removes a portion of the skull to release the pressure in the cranial cavity. Hemorrhagic strokes are more difficult to treat.

Aspirin

Aspirin is an antiplatelet agent. Antiplatelet agents like aspirin help prevent blood cell fragments from sticking together and forming clots. They are effective at preventing some forms of stroke. The American Heart Association recommends taking aspirin within two days of an ischemic stroke to reduce the stroke's severity. Patients who have had a mini-stroke may be recommended to take a daily aspirin.

TPA

TPA as mentioned earlier, may be used as treatment for an ischemic stroke. Usually given as an IV in the arm, this drug helps improve blood flow through areas of the brain blocked by clots as it dissolves the blood clot. TPA (rtpa) administration in a different facility within the last 24 hours prior to admission to current facility = Z92.82

Dominant/nondominant side

Codes from category G81, Hemiplegia and hemiparesis, and subcategories G83.1, Monoplegia of lower limb, G83.2, Monoplegia of upper limb, and G83.3, Monoplegia, unspecified, 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.

Hypertensive Cerebrovascular Disease

For hypertensive cerebrovascular disease, first assign the appropriate code from categories I60-I69, followed by the appropriate hypertension code.

Intraoperative and Postprocedural Cerebrovascular Accident

Medical record documentation should clearly specify the cause- and effect relationship between the medical intervention and the cerebrovascular accident in order to assign a code for intraoperative or postprocedural cerebrovascular accident.

Proper code assignment depends on whether it was an infarction or hemorrhage and whether it occurred intraoperatively or postoperatively. If it was a cerebral hemorrhage, code assignment depends on the type of procedure performed.

Sequelae of Cerebrovascular Disease

Category I69, Sequelae of Cerebrovascular disease

Category I69 is used to indicate conditions classifiable to categories I60-I67 as the causes of sequela 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.

Codes from category I69 with codes from I60-I67

Codes from category I69 may be assigned on a health care record with codes from I60-I67, if the patient has a current cerebrovascular disease and deficits from an old cerebrovascular disease.

Codes from category I69 and Personal history of transient ischemic attack (TIA) and cerebral infarction (Z86.73)

Codes from category I69 should not be assigned if the patient does not have neurologic deficits.

Coding references

2020 OPTUM 360 ICD-10- CM Professional for Hospitals

References for stroke and TIA information:

TIA Picture from: Data from Focus Medica.

www.mayoclinic.org/diseases-conditions/transient-ischemic-attack/symptoms-causes/syc-20355679

<https://medlineplus.gov/stroke.html>

www.medicinenet.com/stroke_pictures_slideshow/article.htm

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