



Banner Health[®]

ICD-10-CM

CODING FOR CARDIOLOGY



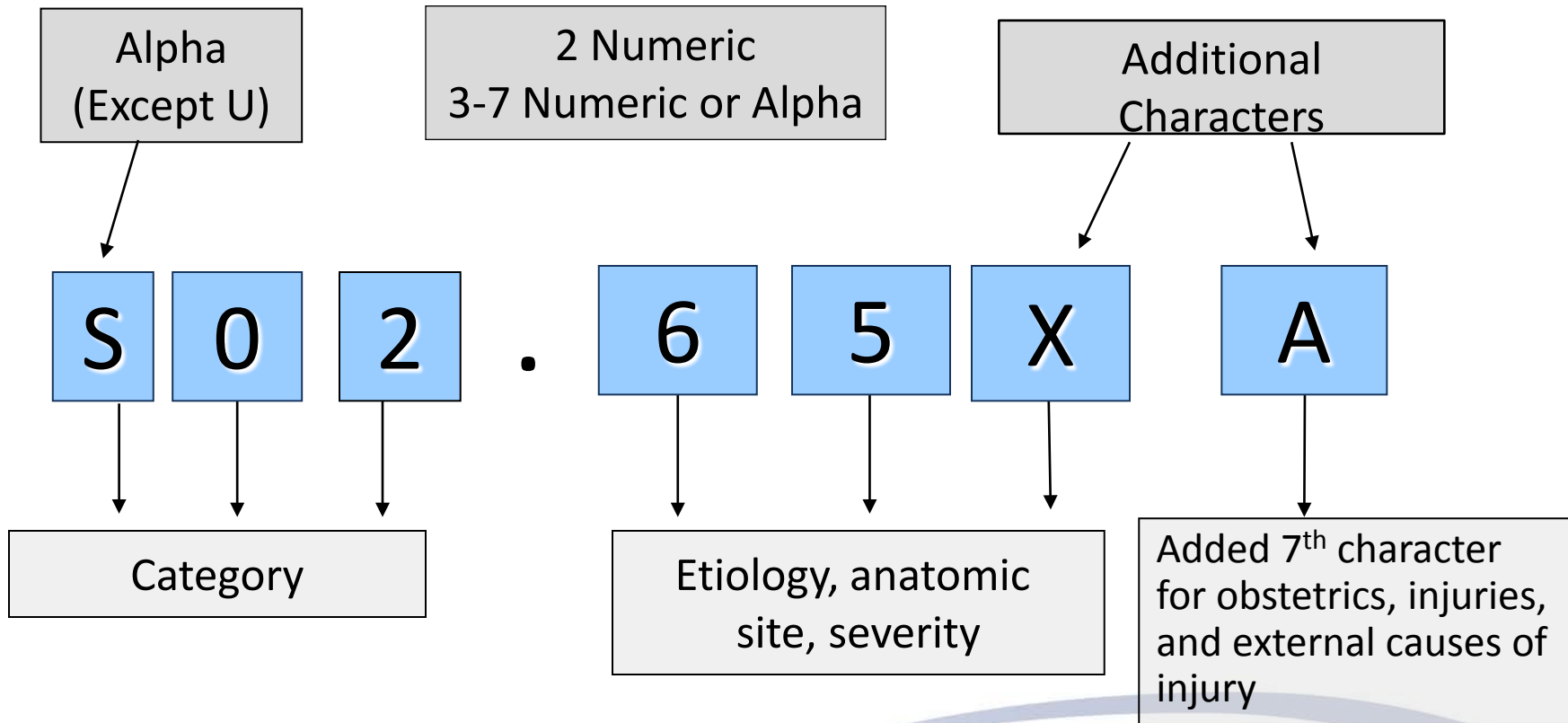
ICD-10-CM Documentation Concepts

- **Acuity** (acute vs. chronic systolic/diastolic HF)
- **Specificity** (type of cardiomyopathy)
- **Causality** (cause of cardiac tamponade)
- **Site** (ASHD of native artery vs. bypass graft)
- **Linkage**-associate manifestation w/ underlying disease (HHD/HRD w/ HF, CKD) (Combination codes)
- **Substance abuse** - effects, patterns of use and manifestations (Alcohol dependence w/ delirium)

ICD-9-CM AND ICD-10-CM COMPARISON

ICD-9-CM	ICD-10-CM
Three to five characters	Three to seven characters
First digit is numeric but can be alpha (E or V)	First character always alpha
2–5 are numeric	All letters used except U
Always at least three digits	Character 2 always numeric: 3–7 can be alpha or numeric
Decimal placed after the first three characters (or with E codes, placed after the first four characters)	Always at least three digits
Alpha characters are not case-sensitive	Decimal placed after the first three characters
	Alpha characters are not case-sensitive

ICD-10-CM CODE STRUCTURE



Place holder X

- Where a placeholder exists, the X must be used in order for the code to be considered a valid code.
- Certain ICD-10-CM categories have applicable 7th characters. The applicable 7th character is required for all codes within the category.
- The 7th character must always be the 7th character in the data field.
- Codes that require a 7th character but no 6th, a placeholder X must be used to fill in the empty 6th place character.
 - Fall down Escalator, initial encounter
 - W100XXA

NEC and NOS

- NEC “Not elsewhere classifiable”
 - Used when no specific code is available to represent the condition
- NOS “Not otherwise specified”
 - Used when there isn’t enough documentation to assign a more specific code

Excludes Notes

The ICD-10-CM has two types of excludes notes:

Excludes1

- “NOT CODED HERE” - indicates that the code excluded should **never** be used at the same time as the code above the Excludes1 note.
- Indicates that two conditions **cannot** occur together, such as a congenital form vs an acquired form of the same condition.

Excludes2

- “NOT INCLUDED HERE” – Indicates that a patient may have both conditions at the same time. Indicates it is **acceptable** to **report both** the codes together, when appropriate.

Inclusion Notes

Inclusion notes contain terms that are the condition for which that code number is to be used.

The terms may be:

- Synonyms of the code title, or
- in the case of “other specified” codes, the terms are a list of various conditions assigned to that code.
- The inclusion terms are **not** necessarily exhaustive.

Seventh Characters A, D and S

- A - **initial** encounter:
 - patient is receiving active treatment for the condition
- D - **subsequent** encounter:
 - the patient has received active treatment for the condition and is receiving routine care for the condition during the healing or recovery phase
- S – **sequela**:
 - complications or conditions that arise as a direct result of a condition

Code Also, Code First, Use Additional Code

- A “code also” note instructs that:
 - two codes may be required to fully describe a condition
 - this note does not provide sequencing direction.
- The “code first” and “use additional code” notes provide sequencing order of the codes.

Place of Occurrence and Activity Codes

Regardless of the number of external cause codes assigned on a particular record, there should only be one place of occurrence Code and one activity code assigned to a record.

Y92 Place of occurrence of the external cause,

- Report once, at the initial encounter for treatment with only one code from Y92 category being recorded on the medical record.

Y93 Activity Code

- Report once, at the initial encounter for treatment with only one code from Y93 category being recorded on a medical record.

Chapter 9 Organization

This chapter contains the following blocks:

I00-I02 Acute rheumatic fever

I05-I09 Chronic rheumatic heart diseases

I10-I15 Hypertensive diseases

I20-I25 Ischemic heart diseases

I26-I28 Pulmonary heart disease

I30-I52 Other forms of heart disease

I60-I69 Cerebrovascular diseases

I70-I79 Disease of arteries, arterioles and capillaries

I80-I89 Diseases of veins, lymphatic system

I95-I99 Other, unspec. disorders of circulatory syst.

HYPERTENSION

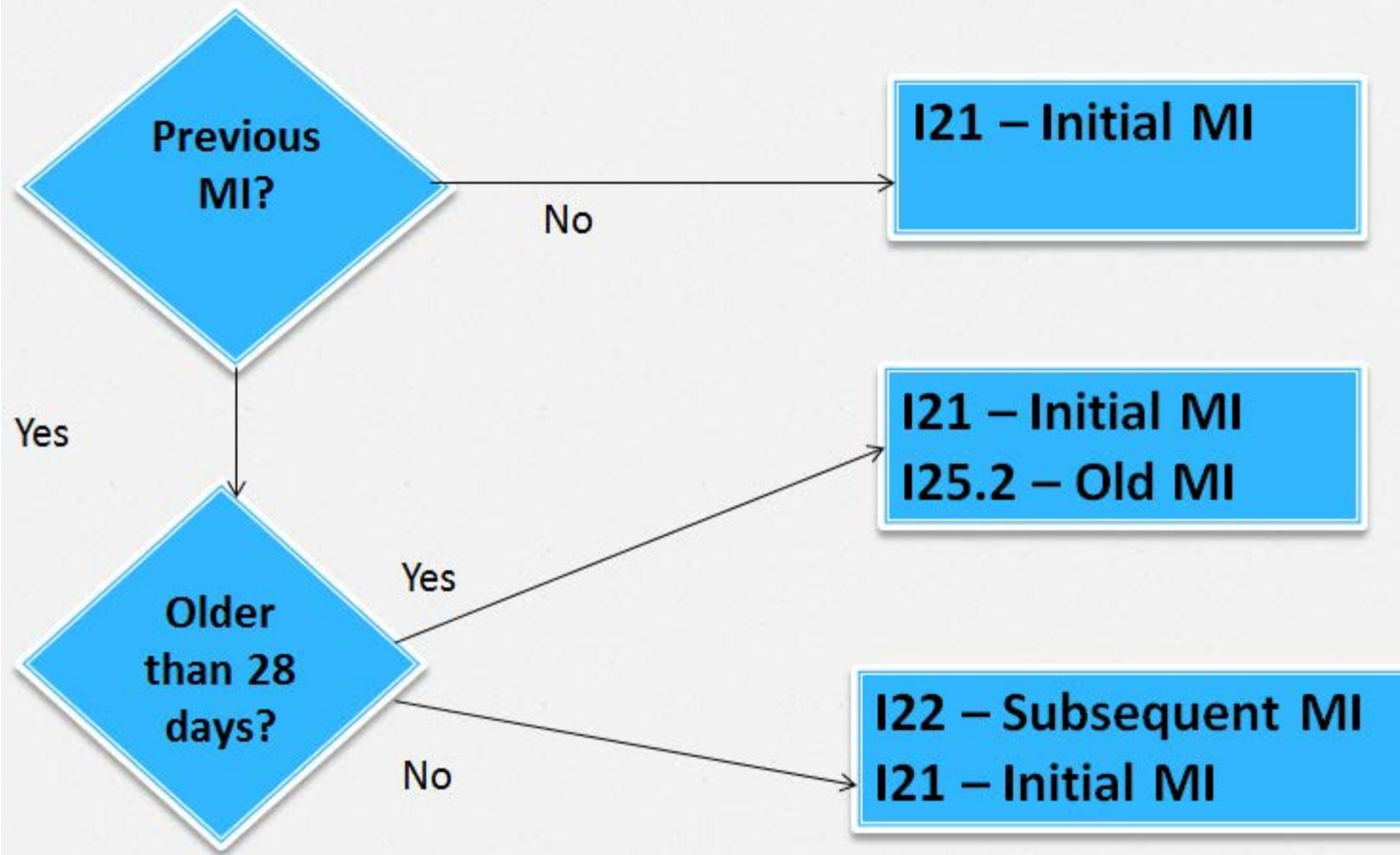
ICD-10-CM does not differentiate between benign and malignant hypertension

- **Hypertension with Heart Disease**- must document a causal relationship (due to HTN) or implied (Hypertensive)
- **Hypertensive Chronic Kidney Disease** - ICD-10-CM presumes a cause-and-effect relationship and classifies Chronic Kidney disease with Hypertension as hypertensive chronic kidney disease
- **Hypertensive Heart and Chronic Kidney Disease**- assign codes from the combination category I13 when both hypertensive kidney disease and hypertensive heart disease are documented

Acute Myocardial Infarction

- **Initial** (I21.01-I21.4) – duration of 4 weeks or less from onset
- **Subsequent** (I22.0-I22.9) Occurs within 4 weeks of previous AMI
 - 2 codes required: (I22.0-I22.9) + (I21.01-I21.4)
 - Sequencing depends on circumstances of admission
- **AMI Complications** (I23.0-I23.8) occurring within 28 days of AMI
 - Sequencing w/ AMI depends on circumstances of admission
- **NSTEMI w/ specified site**-coded to NSTEMI (I21.4), which does not have specific code for site

Patient Admitted with AMI



ASHD with Angina

- **Atherosclerotic heart disease with angina pectoris**
 - Native coronary artery (I25.11)
 - coronary artery bypass graft(s) and coronary artery of transplanted heart (I25.7)
- **Causal relationship** between ASHD and angina pectoris is assumed if both documented unless provider indicates otherwise
- **Sequencing** – AMI is sequenced over ASHD if patient admitted for AMI

ATRIAL FIBRILLATION/FLUTTER

- Specify type
 - Paroxysmal (I48.0)
 - Persistent (I48.1)
 - Chronic (Permanent) (I48.2)
 - Typical atrial (I48.3)
 - Atypical atrial flutter (I48.4)
 - Unspecified atrial fibrillation (I48.91)
 - Unspecified atrial flutter (I48.92)

HEART FAILURE

- Specify Acuity and Type
 - Acute, Chronic, Acute-on-Chronic
 - Diastolic, Systolic, Combined Systolic & Diastolic
 - No codes in ICD-10-CM for reduced, preserved ejection fraction
- Heart dysfunction (systolic, diastolic) without mention of heart failure is indexed to **I51.89, Other ill-defined heart diseases**

CVA

Specify cause, site, artery, laterality as applicable

- **Hemorrhage (I60.00-I62.9)**
 - Subarachnoid-specify artery
 - Intracerebral-specify location
 - Intracranial –specify subdural/extradural, acute/chronic
 - Laterality
- **Infarction (I63.00-I63.9)**
 - Cause: embolic, thrombotic, other, unspecified occlusion, stenosis
 - Site: precerebral, cerebral arteries
 - Laterality
- **Procedure-related Cerebrovascular Accident**
 - Must document cause-and-effect relationship between the procedure and CVA
 - Specify whether infarction or hemorrhage
 - Specify whether intraoperative or postoperative
 - If hemorrhage, specify type of procedure performed
- **Sequelae (I69.00-I69.998)** - Specify whether dominant or nondominant side is affected (e.g., hemiplegia, hemiparesis and monoplegia); apply to old and new deficits

Risk Factors/Health Status

- **Nicotine-Use (Z72.0), Dependence (F17.200-F17.299), Hx Dependence (Z87.891)**
- **S/P CABG (Z95.1)**
- **S/P PTCA (Z98.61, Z95.5)**
- **Obesity (E66.01-E66.9) Specify if morbid**
- **BMI (Z68.1-Z68.54)**
- **Metabolic Syndrome (E88.81)**
- **Hyperlipidemia (E78.0-E78.9)**

Common Comorbidities

Specify in Documentation:

- **COPD**- acute exacerbation, acute bronchitis, lower respiratory infection if present
- **Renal failure**-acute/chronic, stage, etiology, dialysis status
- **Diabetes Mellitus**-type, degree of control, insulin use, link early and late complications
- **Anemia**-type, etiology, acute/chronic
- **Deep Vein Thrombosis**-Location, acute vs. chronic
- **Drug/Alcohol**-Specify substance, dependence vs. abuse vs. remission, intoxication, withdrawal effects if present



Email questions to BHICD-10@bannerhealth.com