ICD 10-CM Case studies for the Heart

May 14, 2015
10:00 am - 12:00 pm

By attending this workshop, participants will

• Apply CV-related coding guidelines by completing exercises and case studies related to requested heart conditions
• Explain related ICD-10-CM documentation requirements

Book for 2015 Sessions

• Basic 1CD-10-CM/PCS Coding
  • Schraffenberger, Lou Ann
  • AHIMA AC200512
  • Chapter 12 Diseases of the Circulatory System

• CV A&P, Pathophysiology - 2010 Webinar
• Transition to ICD 10 CM/PCS – Preparing for October 1, 2015 - 2014 Webinars
Basic ICD-10-CM Coding Steps

- ID all main terms in dx statement
- ID all modifiers (subterms) in dx statement
- Locate main term(s) in AI (disease, condition)
- Locate subterm(s) (site, etiology, clinical type)
- Follow any cross-references IF not under 1st code
- Verify tentative code in TL
- Follow any instructions
- Assign codes to highest level of specificity

Heart Diagnoses

- Identified in 2015 Survey of Participants
- Coronary Artery Disease (ASHD)
- Arrhythmias
- Congestive Heart Failure
- Myocardial Infarctions

ICD-10-CM Chapter 9

Chapter 9

Diseases of the circulatory system (00.00–99.99)

- Acute rheumatic fever
- Acute coronary artery disease
- Hypertrophic diseases
- Congenital heart diseases
- Pulmonary heart disease and diseases of pulmonary circulation
- Other forms of heart disease
- Congenital diseases
- Diseases of arteries, arterioles, and capillaries
- Diseases of veins, lymphatics, vessels, and lymph nodes, not otherwise classified
- Other and unspecified disorders of the circulatory system
Angina

• "...causal relationship between atherosclerosis and angina assumed unless documentation specifically indicates that angina due to condition other than atherosclerosis..."
• Combination codes include CAD
  • w/angina (unstable, with spasm, other)
  • w/ischemic chest pain
  pp. 199-200

Angina

• I20 reserved for patients w/angina NOT related to CAD

Arrhythmias

• Atrial Fibrillation/flutter –
  • Code requires 4th digit to ID status of condition
• Tachycardia –
  • Code requires 4th digit to ID location of tachycardia
Coding Cardiac arrhythmia

- Type of Arrhythmia required
- Afib/flutter – status required (4th character)
- Vtach – location required
- Vfib/ - type required (5th character)
- Cardiac Arrest

pp. 206-207

CAD

- CAD NOS defaults to code for CAD of native artery (I25.10)
  - "native artery" = artery patient born with and not grafted in CABG
  - "bypass graft" = graft inserted by surgeon during CABG to bypass blocked coronary artery

pp. 202-204

CAD Documentation

- CAD (coronary arteriosclerosis) specified native vessel, bypass graft, or transplant
- Combination codes include CAD
  - wiangina (unstable, with spasm, other)
  - wiischemic chest pain
- MI specified as
  - current (w/in past 4 weeks)
  - diagnosed on EKG but w/no presenting symptoms
  - healed/old
  - Intraoperative
  - Post-operative,
  - Recurrent
- When current MI
  - MUST specify by site (anterior, STEMI, Q wave, etc.)
CAD Documentation

- Ex: Pt has CAD w/o angina pectoris. Previously had CABG.
- 1) Physician didn't document whether CAD in graft or native vessel.
  - Coder defaults to I25.10 = non-CC
- 2) Physician clarified that pt had CAD of bypass graft w/o angina pectoris
  - Coder assigns
  - I25.810 (atherosclerosis of CABG w/o angina pectoris) OR
  - I25.812 (atherosclerosis of bypass graft of coronary artery of transplanted heart w/o angina pectoris)
  - Both codes are CCs

Heart Failure

- I50 – Heart failure
- I11.0 - Hypertensive heart disease w/heart failure
- I09.81 - Rheumatic heart failure
- T86.22 - Heart transplant failure
- I97.131 - Postprocedural heart failure following other surgery
- I97.130 - Postprocedural heart failure following cardiac surgery
- I13.0 - Hypertensive heart & chronic kidney disease w/heart failure & stage 1 - stage 4 chronic kidney disease, or unspecified chronic kidney disease
- P29.0 - Neonatal cardiac failure

Heart Failure Documentation

- IF no cause of heart failure specified, code just heart failure dx alone (Systolic heart failure, etc.), even if 2ndary dx present, such as HTN

- Coder CANNOT assume connection
  - Assign two codes, one for each condition

I.C.9.a.1. pp. 204-206
HTN and Heart

- I10, Essential (primary) hypertension;
- I11, Hypertensive heart disease;
- I12, Hypertensive chronic kidney disease;
- I13, Hypertensive heart & chronic kidney disease
- I15, Secondary hypertension
- I97.3 Postprocedural hypertension
- R03.0, Elevated blood pressure reading w/ diagnosis of hypertension

Benign, Malignant or Unspecified terms removed from Essential Hypertension codes

NO HTN Table in ICD-10-CM

Assign code for hypertensive heart disease ONLY WHEN physician documents causal relationship between hypertension and heart disease

- "Hypertensive," "Due to HTN," etc.

Assign code for hypertensive chronic kidney disease whenever CKD and hypertension occur together, even if there is NO causal relationship documented

I13 codes used WHEN

- BOTH hypertensive kidney disease AND hypertensive heart disease diagnosed
  - Assume relationship between HTN & CKD

- Add’l codes
  - N18.- to ID stage of CKD
  - I50.- to ID type of heart failure

- IF pt has HTN, heart disease AND chronic kidney disease –
  - I13 code used, NOT individual codes for HTN, heart disease, and CKD

I.C.9.a.2. pp. 196-199
HTN Coding Example

- Pt has acute diastolic heart failure due to HTN with stage 5 CKD
- I13.2 Hypertensive heart and renal disease with both heart failure and chronic renal failure
- N18.5 Chronic kidney disease, stage 5
- I50.31 Acute diastolic (congestive) heart failure

MIs

- AMI time period = 28 days (4 weeks)

  - If NSTEMI evolves to STEMI
    - Assign STEMI code
  
  - If STEMI converts to NSTEMI due to thrombolytic tx
    - Code to STEMI
  - When pt w/CAD admitted due to AMI, infarction sequenced before code(s) for CAD

MI Documentation

- Location of infarct
  - Artery (I21) - Main, LAD, RCA, LC; Other
  - Site (I22) - Anterior wall, Inferior wall, Other
- Onset of MI
  - 4 weeks or less
- Episode of care
  - Initial OR
  - Subsequent (MUST code BOTH I21 AND I22 (sequencing depends on Admission)
MI Documentation

- Identify episode of care
  - NO Unspecified Code
- Identify type of MI
- Identify site (very specific)
- Identify any current complications of STEMI or NSTEMI (w/in 28 day period)

NB: IF initial/subsequent NSTEMI – NO site specific info required; code selection based on episode of care ONLY

- Ex: “STEMI of LAD coronary artery, Initial Encounter” – NOT “Acute MI”

Subsequent AMIs

- Code subsequent STEMI or NSTEMI when patient who suffered AMI has new AMI within 4 week time frame of initial AMI
- Code from I22 must always be used in conjunction with code from I21
  - Sequencing depends on reason for encounter
- History of MI = I25.2 (Older than 4 weeks)
CV Documentation
Examples
• Physician office
  • "reports hx of CAD, HTN and angioplasty."
  • MUST specify if CAD still present after angioplasty
  • If so, native artery (I25.10) OR of bypass (I25.810)
• Inpatient physician
  • "patient has hx of ESRD, CHF and high blood pressure."
  • When conflicting documentation on chart from another physician stating patient has HTN
• HBP and HTN coded differently
  • IF patient truly has HTN (I10) it should be documented as such, not HBP (R03.0)

CV Documentation
• Coders must differentiate terms when assigning I63-I65 codes
• Stenosis-narrowing of artery
• Occlusion-Complete/partial obstruction
• Thrombus-Solid mass of platelets or fibrin that forms and remains in blood vessel (stationary blood clot)
• Embolism-Blood clot that travels from site where formed to another location in body

Heart Coding Case 1
• Outpt Hospital Dept
• Hx: 66-y-o man had CABG 2 mos ago & continues to do well. Sometime after D/C to home, he had 2 days of black stools. Not had any other evidence of hematemesis, melena, or hematochezia, but feeling rather weak & fatigued. Blood work showed hemoglobin 5.7; hematocrit 20.9; MCV 80; and serum iron of 8.2% saturation. No indigestion, heartburn, or abdominal pain of any kind. No past hx of anemia or GI bleed.
• PMH: General health has been good.
• Allergies: None known
• Previous Surgeries: CABG
• Medications: At admission include Glucotrol, Lasix, potassium, aspirin
Heart Coding Case 1

• ROS: Endocrine: He has diabetes, controlled w/oral meds. CV: CAD w/CABG. No recent symptoms of chest pain or SOB. Respiratory: No chronic cough or sputum production. GU: No dysuria, hematuria, hx of stones, or infections. MS: No arthritic complains or muscle weakness. Neuropsychiatric: No syncope, seizures, weakness, paralysis, depression.

• Family Hx: Positive for CV disease and diabetes in his mother. No hx of cancer.

• Social Hx: Pt is married. Never smoked and doesn’t drink. Works in factory where exposed to high levels of industrial toxic agents.

Heart Coding Case 1


• Lab values show severe anemia w/hemoglobin of 5.7. Iron studies showed low iron and low ferritin, consistent w/chronic blood loss anemia. His B-12 and folate levels normal. His SMA-12 essentially unremarkable.

Heart Coding Case 1

• Recommendations: Pt should have EGD and colonoscopy, possible bx or polypectomy, as well as blood transfusion, which have been explained to pt along with potential risks and complications. To be scheduled ASAP.

• Final Dx: 1. Severe blood loss anemia; weakness
2. Type 2 DM
3. CAD status post CABG
4. Unhealthy work environment
Heart Coding Case 1 - TL

261 Presence of cardiac and vascular implants and grafts
   Excludes: complications of cardiac and vascular devices, implants and grafts (I82.1)
261.1 Presence of cardiac pacemaker
   Excludes: adjustment or management of cardiac pacemaker (248.6)
   presence of automatic (implantable) cardio defibrillator with synchronous cardiac pacemaker (258.61)
261.1. Presence of coronary artery bypass graft

Heart Coding Case 2

- Patient admitted & treated for following diagnosis
- Stage 5 chronic kidney disease with acute on chronic systolic congestive heart failure (CHF) due to hypertension
- Documentation = Hypertensive heart disease with CKD = I13.-
- I.C.9.a.3 p. 190

External Causes AI & TL

Environmental pollution related condition - see Z51

Z57.5 Occupational exposure to toxic agents in other industries
   Occupational exposure to solids, liquids, gases or vapors in other industries

D50.0
E11.9
I25.10
Z95.1
Z57.5
Heart Coding Case 2 - AI

- Heart Failure (acute) (sudden) (ISO 9)
  - with:
    - acute pulmonary edema (see Heart Failure, ventricular, left)
    - decomposition (see Heart Failure, congestive)
    - dilatation (see Dilatation, heart)
    - atrioventricular (ISO 30)
    - bronchial (ISO 58)
    - combined left right sided (ISO 9)
    - compensated (ISO 9)
    - congestive
    - aneurysm (general) (lesion or other solution)
    - in dilatation and dilatation (ISO 40)
    - in pregnancy (ISO 32)
    - polythemia, pericardial
    - delivery (pulmonary, congenital) (ISO 15)
    - with: constrictive (ISO 8)
      - mitral (ISO 8)
      - mitral or equivalent (with closure) (ISO 81)
      - mitral or equivalent (ISO 81)
      - mitral or equivalent (ISO 81)
      - mitral or equivalent (ISO 81)

FINALLY!

Heart Coding Case 2 - TL

113.0 Hypertensive heart and chronic kidney disease
Includes: any condition in I13.9 with any condition in I12 -
cardiovascular disease
Cardiovascular renal disease
113.1 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Use additional code to identify stage of chronic kidney disease (N15.5, N15.6, N15.9)
113.2 Hypertensive heart and chronic kidney disease without heart failure
113.3 Hypertensive heart and chronic kidney disease with heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Hypertensive heart disease and hypertension, chronic kidney disease (N15.1, N15.2, N15.3, N15.6, N15.8, N15.9)
Use additional code to identify the stage of chronic kidney disease (N15.5, N15.6, N15.9)
113.4 Hypertensive heart and chronic kidney disease without heart failure, with stage 4 chronic kidney disease, or end stage renal disease
Use additional code to identify the stage of chronic kidney disease (N15.5, N15.6, N15.9)
113.5 Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
Use additional code to identify type of heart failure (ISO 2)
Heart Coding Case 2 - TL

113.2 Acute systolic (congestive) heart failure

I would try to find out if pt on Dialysis

Heart Coding Case 3

Pt admitted for unstable angina due to CAD of bypass graft

LIMA to LAD and 2 saphenous vein grafts – one to right coronary artery system one to obtuse marginal system

Heart Coding Case 3 - AI

Angina (attack) (cardiac) (chest) (heart) (pectoris) (syndrome) (vasomotor) 229.9
- with
-- atherosclerotic heart disease — see Atherosclerosis, coronary (artery).
- unstable 220.0

Atherosclerosis, atherosclerotic (diffuse) (obliterans) (st) (stenile) [with calcification] 70.0
- coronary (artery) 225.10
-- due to
--- calcified coronary lesion (severely) 225.84
--- lipid rich plaque 225.83
--- bypass graft 225.810
--- with
--- angina pectoris 225.709
--- - - - - with documented spasm 225.701
--- - - - - specified type NEC 225.708
--- - - - - unstable 225.700
--- - - - - ischemic chest pain 225.709

Heart Coding Case 3 - TL

I25 Chronic ischemic heart disease

Use additional code to identify:
chronic total occlusion of coronary artery (I25.82)
exposure to environmental tobacco smoke (I27.22)
history of tobacco use (I27.11)
occupational exposure to environmental tobacco smoke (I27.31)
tobacco dependence (F17.3)
atherosclerosis (I27.3a)

I25.70 Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris

I25.700 Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
Excluded: unstable angina pectoris without atherosclerosis of coronary artery bypass graft (I22.0)

I25.701 Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
Excluded: angina pectoris with documented spasm without atherosclerosis of coronary artery bypass graft (I22.1)

I25.708 Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
Excluded: other forms of angina pectoris without atherosclerosis of coronary artery bypass graft (I22.3)

I25.709 Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
Excluded: unspecified angina pectoris without atherosclerosis of coronary artery bypass graft (I22.9)
Heart Coding Case 4

- Pt suffered a STEMI involving left circumflex coronary artery 2 weeks ago and was discharged. Same patient seen in ED today for STEMI of anterior wall.
Heart Case 4 Guideline

• I.C.9.e.4

4) Subsequent acute myocardial infarction
A code from category I22. Subsequent ST elevation (STEMI) and non ST elevation (NSTEMI) myocardial infarction, is to be used when a patient who has suffered an AMI has a new AMI within the 4 week time frame of the initial AMI. A code from category I22 must be used in conjunction with a code from category I21. The sequencing of the I22 and I21 codes depends on the circumstances of the encounter.

Chapter 9 Coding Case 5

• Pt, 67-y-o male admitted w/ unstable angina. Hx - 2 vessel CABG about 18 months ago. Recent cardiac catheterization shows continued evidence of CAD but both bypass grafts patent. Pt also suffered CV Infarction 4 years ago, resulting in right-sided (dominant) hemiparesis

Heart Coding Case 5 - AI

Angina (attack) (cardiac (chest) (heart) (pectoris) (syndrome) (vasomotor) I25.9
- ICP and coronaryartery disease — see Arteriosclerosis, coronary artery.

Arteriosclerosis, atherosclerotic (diffuse) (obliterans) (obl) (ischemic) (with calcification) I03.9
- coronary artery I25.10
- - due to
- - - calcified coronary lesion (severely) I25.84
- - - lipid rich plaque I25.83
- - - bypass graft I25.810
- - native vessel
- - - with
- - - - angina pectoris I25.119
- - - - - with documented spasm I25.111
- - - - specified type NEC I25.118
- - - - - unstable I25.118
Heart Case 5 Guidelines

I.C.9.b.

b. Atherosclerotic Coronary Artery Disease and Angina

ICD-10-CM has combination codes for atherosclerotic heart disease with major pectoris. The subcategories for these codes are I25.1, Atherosclerotic heart disease of native coronary artery with major pectoris and I25.7, Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with major pectoris.

When using one of these combination codes it is not necessary to use an additional code for major pectoris. A causal relationship can be assumed in a patient with both atherosclerosis and major pectoris, unless the documentation indicates the pectoris is due to something other than the atherosclerosis.

Break Time

• Fluid Exchanges

Heart Coding Case 6

• Indications: CHF, acute on chronic.
• Hx: 84-y-o male living w/family. Pt ran out of Lasix 4 days ago & noticed increasing SOB & lower extremity edema. Hx of Afib, on Coumadin. Cardiologist in Dallas stated he has normal LV systolic function, stiff L ventricle, & CAD. Denies chest discomfort. Feeling better w/improved respiratory status.
• Meds: Toprol, Coumadin, Vicodin. Lasix, until 4 days ago.
• PAST MEDICAL Hx:
  - MH/PSH: Hx of atrial fibrillation
  - SOCIAL Hx: Stopped smoking in 1970s. No alcohol
  - FAMILY Hx: Noncontributory.
• ROS: 10 point review of systems reviewed and negative.
• GEN: Elderly gentleman, very hard of hearing, hearing aid.
Heart Coding Case 6

- **HEAD:** Normocephalic, atraumatic.
- **NECK:** Supple w/o JVD, w/o bruits. **PULM:** Diminished breath sounds bilaterally, L > R, rales not auscultated.
- **CV:** Irregularly irregular grade 1/6 systolic murmur L sternal border.
- **GASTRO:** Normal abdominal bowel sounds, soft. **EXTREMITIES:** Trace to 1+ pre-tibia edema bilaterally.
- **Lab:** Na 138, K 2.6, CL 103, CO₂ 26, BUN 20, creatinine 0.6, INR 2.1 CBC: WBC 7.5, H/H 13. 4 & 40.8, platelet count 213.
- **CHEST X-RAY:** AP portable single view. No full inspiratory effort; heart size normal. Cephalization of pulmonary vasculature interstitial markings increased; worrisome for pulmonary vascular congestion with interstitial edema. Above consistent with mild CHF.

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Heart Coding Case 6

- **EKG 11/25/09 at 5:21 in atrial fibrillation with RVR at 102, no ST wave changes, PVC noted, low voltage limb leads**
- **Impression:** Congestive heart failure, acute on chronic. He has history of diastolic dysfunction. Atrial fibrillation, chronic on Coumadin. INR therapeutic. Rate needs better control.
- **Recommendations:** Continue pt’s Coumadin, medication for rate control. Continue IV Lasix. EKG ordered to re-evaluate ventricular & valvular function. Thyroid ordered; also obtain digoxin level. Pt doesn’t know that he is on digoxin but would like to evaluate as such. Further evaluation & treatment as hospital course mandates.

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Heart Coding Case 6 – AI

- **Failure, failed**
  - Heart attack (sudden) ISO 9
    - congestive (compensated) (decompensated) ISO 9
    - acute (compensated) ISO 31
    - and (see) chronic (compensative) ISO 33
- **Fibrillation**
  - atrial or auricular (transient) H4 91
  - chronic H4 91
  - paroxysmal H4 98
  - permanent H4 22
  - persistent H4 1
  - cardio H4 9

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References:
- Long-term (current) prophylactic drug therapy: use of agents affecting platelet aggregation, including ticlopidine NEC 278.013
- warfarin sodium (oral) ISO 91
- aspirin (oral) ISO 2
- diltiazem oral ISO 2
- anticoagulants ISO 2
Heart Coding Case 6 – TL

I50.33, I48.2, Z79.01, Z51.81

Heart Case 6 Guidelines

ISO: 33, I48.2, Z79.01, Z51.81
Heart Case 7

- CC: L knee pain
- Admission Dx: Hypotension, bradycardia, possible GI bleed
- 83-y-o male presents to office today complaining of knee pain & wanting to see orthopedic surgeon for knee replacement. 1st impression of pt was he appeared lethargic & extremely tired-looking. He stated far more tired than normal and "just didn't feel good," attributing this to chronic knee pain. Reviewed meds and did 10-point ROS, which revealed increasing bouts of periodic diarrhea w/dark stool. Overall poor health w/previous surgeries & hypotension difficult to control. Other systems negative for new complaints. Arranged for direct admission to hospital.

<table>
<thead>
<tr>
<th>Hypotension</th>
<th>Bradycardia</th>
</tr>
</thead>
<tbody>
<tr>
<td>(arterial)</td>
<td>R00.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diarrhea, diarrheal disease</th>
<th>Inflammatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>(infantile)</td>
<td>R19.7</td>
</tr>
</tbody>
</table>

Pain (s) (see also Painful) R52:
- joint M25.50
- ankle M25.57
- elbow M25.52
- finger M79.64
- foot M25.57
- hand M79.64
- hip M25.55
- knee M25.56

Heart Case 7 – TL

R59: Hypotension, unspecified
R00: Abnormalities of heart beat
R91: Bradycardia, unspecified

- Sinus bradycardia
- Sinus heart beat
- Vagal bradycardia

Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

Excludes1: Isolated bradycardia (P20.1)
Heart Case 7 – TL

**I95.9**
**R00.1**
**R19.7**
**M25.562**

Heart Case 7 Guidelines

IV. A. K. Sequencing Guideline

For patients receiving diagnostic services only during an encounter/visit, sequence first the diagnosis, condition, problem, or other reason for encounter/visit shown in the medical record to be chiefly responsible for the outpatient services provided during the encounter/visit. Codes for other diagnoses (e.g., chronic conditions) may be sequenced as additional diagnoses.

Heart Case 8

• 54-y-o female being treated for an acute non-ST anterior wall myocardial infarction, which she suffered 5 days ago. Also on chronic medication for her Afib.
Heart Coding Case 8 – Part 2

- Same 54-y-o female presents to ED 2 weeks later & diagnosed w/ acute inferior wall MI. Still being monitored following her initial heart attack 3 weeks earlier & continues on medication for her Afib. Will be transferred to larger facility for cardiac catheterization and possible further intervention.

Heart Coding Case 8 - AL

<table>
<thead>
<tr>
<th><strong>Infarct, Infarction</strong></th>
</tr>
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<tbody>
<tr>
<td>Acute myocardial infarction (STEMI) (with stated duration of 4 weeks or less) (I21)</td>
</tr>
<tr>
<td>Subsequent transmural myocardial infarction of inferior wall</td>
</tr>
<tr>
<td>Inferior (with duration of 4 weeks or less) (I22.0)</td>
</tr>
<tr>
<td>Diaphragmatic (without duration of 4 weeks or less) (I22.1)</td>
</tr>
<tr>
<td>Inferior (duration of 4 weeks or less) (I22.2)</td>
</tr>
</tbody>
</table>

Heart Coding Case 8 - TL

<table>
<thead>
<tr>
<th><strong>I22.1 Subsequent ST elevation (STEMI): myocardial infarction of inferior wall</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsequent acute transmural myocardial infarction of inferior wall</td>
</tr>
<tr>
<td>Subsequent transmural (Q-wave) infarction (acute) of diaphragmatic wall</td>
</tr>
<tr>
<td>Subsequent transmural (Q-wave) infarction (acute) of inferior (wall)</td>
</tr>
<tr>
<td>Subsequent inferoposterior transmural (Q-wave) infarction (acute)</td>
</tr>
</tbody>
</table>

| 122.1 |
| 121.4 |
| 148.91 |
Heart Coding Case 9

- 85-y-o pt seen in hospital w/dx of CHF due to hypertensive heart disease. Pt also has stage V CKF. Pt had been prescribed Lasix previously, but admits that he forgets to take his meds every day. Pt is Type 1 diabetic.
Heart Case 9 Guidelines

- I13.2
- I50.9
- N18.5
- E10.9
- T50.1X6A
- Z91.130

Heart Coding Case 10

- HPI: 85-y-o female admitted via ED from nursing home w/SOB, confusion, and congestion. No hx of fever, cough noted. Pt also has hx of alcohol-induced dementia and COPD. Prior to admission pt on following meds: Prednisone, Lasix, Benicar, Haldol, Colace. Pt had long hx of tobacco dependence prior to being in Nursing Home.
- PE: BP: 140/70, pulse 125, Respirations 30, T 101.4. Eyes postsurgical, nonreactive to light. Lungs w/bilateral bibasilar crackles. Heart showed S1 and S2, w/no S3. Abdomen soft and nontender. Extremities showed leg edema. Neuro: No deficits and was alert X3.
- Lab Data: ABGs 7.4; PO2 63; bicarb 26; sat of 89. Hemoglobin 11.7; hematocrit 31.5; platelets of 207,000. Na 139; Cl 107; K 4.4; BUN 42; creatinine 1.2. EKG unremarkable.

Heart Coding Case 10

- Hospital Course: Pt admitted to Coronary Care Unit w/acute pulmonary edema, Rule Out MI. Serial cardiac enzymes done, within normal limits, MI Ruled out. Chest X-ray done day before admission confirmed CHF and pneumonia. Pt started on Unasyn and Tobramycin for pneumonia, which improved. CHF not improving w/Lasix. Pt not taking food/liquids well. At family’s request, made DNR. On day 12 found w/o respirations, w/no heart sounds, and pupils were fixed. Declared dead by physician, and family notified.
- D/C Dx:
  - Acute pulmonary edema with CHF
  - Myocardial infarction ruled out
  - COPD
  - Pneumonia
  - Senile Dementia
Heart Coding Case 10 -AI

**Edema, edematous (infectious) (pitting) (toxic)** R00.1
- pulmonary — see Edema, lung
- lung J81.1
- with heart condition or failure — see Failure, ventricular, left
- ventricular (see also Failure, heart R00.9)
- left ischaemic J81.1

**Pneumonia** (acute, (double) (migratory) (purulent) (septic) (unresolved) J18.9

Disease, disease — see also Symptoms
- pulmonary — see also Failure, lung
- allergy Q9.9
- disease obstructive J47.9
- edema of lung with heart disease NOS
- edema of lung with heart failure
- left heart failure
- pulmonary edema with heart disease NOS
- pulmonary edema with heart failure

Excludes1: edema of lung without heart disease or heart failure (J61.1)
- pulmonary edema without heart disease or failure (J81.1)

Heart Coding Case 10 -TL

**50 Heart failure**

**Code first**
- heart failure complicating abortion or ectopic or molar pregnancy (O00-007, O08.1)
- heart failure due to hypertension (I11.9)
- heart failure due to hypertension with chronic kidney disease (I13.9)
- heart failure following surgery (I97.13)
- obliterative and reconstructive procedures (C75.4)
- neumatic heart failure (I90.81)

Excludes1: cardiac arrest (J46.3)
- neumonic cardiac failure (P29.0)

190.1 Left ventricular failure
- Cardiac arrhythmias
- Edema of lung with heart disease NOS
- Edema of lung with heart failure
- Left heart failure
- Pulmonary edema with heart disease NOS
- Pulmonary edema with heart failure

Excludes1: edema of lung without heart disease or heart failure (J61.1)
- pulmonary edema without heart disease or failure (J81.1)

**Does Coder Need to Query Physician? — Is CHF hypertensive??**
- On Benecar and BP 140/70

Heart Coding Case 10 -TL

Use additional code to identify: exposure to environmental tobacco smoke (Z27.22)
- exposure to tobacco smoke in the perinatal period (P26.81)
- history of tobacco use (Z27.81)
- occupational exposure to environmental tobacco smoke (Z27.31)
- tobacco dependence (F17.1)

**Note after Beginning of Chapter 10**

**J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection**

Use additional code to identify the infection

**J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation**
- Decompenated COPD
- Decompenated COPD with (acute) exacerbation
- Excluded2: chronic obstructive pulmonary disease (COPD) without acute bronchitis (J44.0)

**J44.9 Chronic obstructive pulmonary disease, unspecified**
- Chronic obstructive airway disease NOS
- Chronic obstructive lung disease NOS

**J18.9 Pneumonia, unspecified organism**
Heart Coding Case 10 - TL

F33.9 Unspecified dementia
F03.90 Unspecified dementia without behavioral disturbance
Dementia NOS

Z87.891 Personal history of nicotine dependence
Excludes: current nicotine dependence (F17.2)

Z66 Do not resuscitate
DNR status

Connection
Bet. HTN & CHF
11.0
150.1
J18.9
J44.9
F10.97
Z87.82

No Connection
Bet. HTN & CHF
150.1
J44.0
J18.9
F10.97
Z87.82
Z87.891

Personally, I
would query
before I coded
this record

Heart Case 10 Guidelines


1) Hypertension with Heart Disease

Heart conditions classified as I10 - I151.9, are assigned to a code from category I11. Hypertensive heart disease, where a causal relationship is stated due to hypertension or implied (hypertensive). Use an additional code from category I00. Heart failure, to identify the type of heart failure in those patients with heart failure.

The same heart conditions (I00 - I151.4-I151.9) with hypertension, but without a stated causal relationship, are coded separately. Sequence according to the circumstances of the admission/discharge.

Heart Coding Case 11

• Pt w/hx of serious illnesses, incl. ventilator dependency in past due to pulmonary edema & COPD & Type 1 diabetic complications, incl. peripheral vascular disease of extremities, presents to ED via ambulance w/chest pain & SOB. Past Hx of cardiac cath showing 3-vessel arteriosclerotic CAD. Due to other health problems, surgery wasn’t done. Pt has frequent angina bouts controlled w/nitroglycerin. Hypertensive for many years, currently well-controlled w/medication. BP in ED stable, frequently monitored. Pt’s blood sugar monitored. Non-healing ulcer L foot, skin only.
Heart Coding Case 11

• Impression: 1) Chest pain & shortness of breath
• 2) R/O exacerbation of CHF vs pulmonary edema
• 3) Uncontrolled DM, Type 1, w/significant peripheral vascular disease
• 4) Non-healing ulceration on L foot, 1-year duration
• Plan: Transfer to University Hospital
Heart Coding Case 11 - TL

R07.9, R06.02, I10, E10.51, L97.521

Heart Case 11 Guidelines

IV.

H. Uncertain diagnosis

Diagnose code diagnoses documented as “probable”, “suspected”, “questionable”, “ Feeling sick” or “undiagnosed” or other similar terms indicative of uncertainty. Follow code the condition(s) to the highest degree of certainty for that encounter/visit such as symptoms, signs, abnormal test results, or other reason for the visit.

J. Code all documented conditions that coexist

Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care treatment or management. Do not code conditions that were previously treated and no longer exist. However, history codes (categories Z00-Z98) must be used as secondary codes if the historical condition or event history has an impact on current care or influence treatment.

Would you code CAD, COPD?

Heart Coding Case 12

- Office Visit. Pt 6 weeks post anterior MI with CHF has been taking Digoxin and is experiencing nausea and vomiting and profound fatigue. Pt indicates that he has been taking drug appropriately. Evaluation and treatment only focused on adjustment of medication.

Heart Coding Case 12 - AI

### Adverse effect—see Table of Drugs and Chemicals, categories T30-T50, with 6th character 5.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Extensive / Abundant (if water-dispersible or volatile)</th>
<th>Extensive / Abundant (if water-dispersible or volatile)</th>
<th>Extensive / Abundant (if water-dispersible or volatile)</th>
<th>Extensive / Abundant (if water-dispersible or volatile)</th>
<th>Extensive / Abundant (if water-dispersible or volatile)</th>
<th>Extensive / Abundant (if water-dispersible or volatile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>(without vomiting) R11.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- with vomiting R11.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>R53.83</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Failure, failed</td>
<td>- heart (acute) (sudden) (50.9)</td>
<td>- cognitive (compensated) (65.0)</td>
<td>- cardiac (ischemic) (50.0)</td>
<td>- cardiac (chronic) (50.0)</td>
<td>- cardiac (diabetic) (50.0)</td>
<td>- cardiac (dysrhythmic) (50.0)</td>
</tr>
</tbody>
</table>

### Heart Coding Case 12 - TL

Processing by adverse effects of and understanding of drugs, medicaments and biological substances (T30-T50).

Includes: adverse effect of correct substance properly administered.

- poisoning by overdose of substance.
- poisoning by wrong substance given or taken in error.
- understanding by (naive/elderly) (40.0-49.9).
- taking less substance than prescribed or prescribed.

### Code first:
- for adverse effects, the nature of the adverse effect, such as:
  - adverse effect R53.83
  - sleep-related (42.0). (discontinued)
  - contact dermatitis (42.0-49.9).
  - dermal due to substance taken internally (42.0-49.9).

Note: The drug name may be the adverse effect should be identified by use of codes from categories T30-T50 with fifth or sixth character.

Use additional comments to specify:
- manifestations of poisoning.
- understanding of failure in dosage during medical and surgical care (55.0-59.9).
- understanding of dosage (55.0-59.9).

5/11/2015

Heart Coding Case 12 - AI

<table>
<thead>
<tr>
<th>T46</th>
<th>Processing by adverse effect of endotoxin primarily affecting the cardiovascular system.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The appropriate 6th character is to be added to each code from category T46.</td>
</tr>
<tr>
<td>A</td>
<td>Initial encounter</td>
</tr>
<tr>
<td>D</td>
<td>Subsequent encounter</td>
</tr>
<tr>
<td>S</td>
<td>Sequel</td>
</tr>
</tbody>
</table>

T46.0X5 - Adverse effect of cardiac-stimulant glycosides and drugs of similar action.

R11 Nausea and vomiting
- Excessive vomiting associated with migraine (55.2).
- Excessive vomiting in pregnancy (521).
- Neonatal hematemesis (54.3).
- Non-neonatal hematemesis (54.5).
- Psychogenic vomiting (55.2).
- Vomiting associated with pulmonar hypoventilation (55.2).
- Vomiting following gastrointestinal surgery (593).

R11.2 Nausea with vomiting, unspecified
- Persistent nausea with vomiting (593).
Heart Coding Case 12 - TL

R53.3 Other malaise and fatigue
- bodily exhaustion and fatigue (F43.9)
- somatic fatigue (P96.9)
- exhaustion and fatigue due to depressive episode (F32.2)
- exhaustion and fatigue due to excessive exertion (R73.3)
- exhaustion and fatigue due to exposure (R73.2)
- exhaustion and fatigue due to heat (T67.7)
- exhaustion and fatigue due to pregnancy (O26.6)
- exhaustion and fatigue due to recent depressive episode (F33.3)

R53.03 Other fatigue
- Fatigue NOS
- Lack of energy
- Lethargy
- Weakness

T46.0x5A
R11.2
R53.8
I50.9
I25.2

Heart Case 12 Guideline

I.C.19.e.5.a.
(a) Adverse Effect

When coding an adverse effect of a drug that has been correctly prescribed and properly administered, assign the appropriate code for the nature of the adverse effect followed by the appropriate code for the adverse effect of the drug (T16-T50). The code for the drug should have a 5th or 6th character "5" (e.g., T36.0X5). Examples of the name of an adverse effect are nausea, diarrhea, gastrointestinal hemorrhage, vomiting, hypokalemia, hepatitis, renal failure, or respiratory failure.

Heart Coding Case 13

• Pt seen in office due to R knee pain and decreased mobility of R leg. Approx. 15 years ago pt had a R TKR for osteoarthritis. Pt also has extensive medical problems, all monitored and treated while in hospital: Parkinson disease, hypertensive heart disease, CHF, bilateral capsular glaucoma, old MI 6 mos ago, and recent abnormal cardiac stress test. Evaluation of R knee indicated pt has aseptic loosening of tibia component of knee. Orthopedic consultant indicated that pt would need revision arthroplasty once cleared by cardiology for surgery. Surgery Clearance will be as outpatient, and procedure scheduled once pt cleared.
Heart Coding Case 13 – TL

T84.03 Mechanical loosening of internal prostatic joint
T84.039 Mechanical loosening of prostatic joint
T84.031 Mechanical loosening of internal right hip prostatic joint
T84.032 Mechanical loosening of internal left hip prostatic joint
G30 Parkinson's disease
Hypertension
Idiopathic Parkinsonism or Parkinson's disease
I11 Hypertensive heart disease
Includes: any condition in I11.4-45.9 due to hypertension
I11.0 Hypertensive heart disease with heart failure
I11.9 Hypertensive heart failure
Use additional code to identify type of heart failure I60.

Heart Coding Case 13 – TL

MH0.14 Capsular glaucoma with pseudosclerosis of lens
One of the following 7th characters is to be assigned to each code in subcategory MH0.14 to designate the stage of glaucoma:
- 0 - stage unspecified
- 1 - mild stage
- 2 - moderate stage
- 3 - severe stage
- 4 - end-stage stage
T84.032A
G23
111.0
103.9
H46.0.143
125.2
R94.39
R84.3 Abnormal results of cardiovascular function studies
R84.30 Abnormal result of cardiovascular function study, unspecified eye
R84.31 Abnormal electrocardiogram (ECG) [EKG]
Excluded: long QT syndrome (R45.01)
R84.39 Abnormal result of other cardiovascular function study
Abnormal electrophysiological intracardiac studies
Abnormal phonocardiogram
Abnormal venocardiogram

Heart Case 13 Guidelines

a. Application of 7th Characters in Chapter 19
Most categories in chapter 19 have a 7th character requirement for each applicable code. Most categories in this chapter have three 7th characters (with the exception of fractured A, unless otherwise noted in the subcategory), and 7th character 0-9 are additional 7th character values. While the patient may be seen by a new or different provider over the course of treatment for an injury, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.

For complication codes, active treatment refers to the treatment described by the code, even though it may be related to an extrinsic precipitating problem. For example, code T84.039A, infective and inflammatory reaction due to unspecified internal joint prosthesis, initial encounter, is used when active treatment is provided for the infection, even though the condition relates to the prostatic device implant or graft that was placed at a previous encounter.

The character “A” indicates a new encounter is used while the patient is receiving active treatment for the condition. Examples of active treatment are surgical inpatient, emergency department inpatient, and evaluating and confirming treatment by the same or a different provider.
Heart Coding Case 14

- 62 y-o woman, seen in ED w/ atrial fibrillation. This morning she was grocery shopping, when she felt rapid fluttering sensations in her chest. Blood pressure 145/74 mm Hg, & heart rate 175 bpm & irregular. Respirations: 20. Peripheral pulses are slightly diminished. Lung are clear to auscultation. Pt placed on continuous telemetry monitoring, & 12-lead ECG obtained. ECG shows Afib w/ slow ventricular response. Pt states she has had Afib for several months. Initially, heart rate controlled on oral antiarrhythmic medications. However, over last month, has been experiencing increasing episodes of palpitations & rapid heart rate. Few days prior to admission, her oral antiarrhythmic medication changed.

Heart Coding Case 14

- Laboratory tests: vital signs are monitored every 4 hours. Her heart rate remains between 68 and 72 bpm on antiarrhythmic medication. Patient’s CBC comes back within normal limits. Review of her outpatient laboratory results shows that her international normalized ratio (INR) has been maintained between 2.6 and 3.1 for more than 6 weeks. After counseling, patient elected to schedule electrical cardioversion. Patient remains in normal sinus rhythm at an acceptable rate in immediate period post cardioversion. Her blood pressure stable. She is discharged on a low-dose oral antiarrhythmic and warfarin. Electronically signed by: Jane Johnson, MD on 3/1/2015

Heart Coding Case 14

- Fibrillation:
  - atrial or auricular (established) I48.9
  - paroxysmal I48.3
  - persistent I48.2
  - permanent I48.1
  - cardiac I48.0
  - noncardiac I48.9
  - unspecified I48.9

- INR between 2.6 and 3.1 = Therapeutic Range

- I48.9 Unspecified atrial fibrillation and atrial flutter
  - I48.91 Unspecified atrial fibrillation
  - I48.92 Unspecified atrial flutter
Assignment Exercises

• Chapter 12 Review Exercises
  • 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13

Assignment Case 1

• Office Visit: Middle-aged gentleman is receiving continuing care for his CAD and cardiac pacemaker in situ.

Assignment Case 2

• 82-y-o male was shoveling snow and collapsed in his driveway. Arrived in ED unresponsive and in asystole. Code Blue called and CPR administered w/o a return to consciousness.
• Final Dx: Cardiopulmonary arrest, probably secondary to acute MI induced by exertion.
Assignment Case 3

• 55 y-o male brought to ED with chest pain.
• Final dx statement: Preinfarction syndrome.

Resources

• AHIMA. ICD-10-CM/PCS
  • http://www.ahima.org/topics/icd10
• CMS Sponsored ICD-10 Teleconferences
  • http://www.cms.gov/Medicare/Coding/ICD10/CMS-Sponsored-ICD-10-Tel...html
• CMS. ICD-10 Resources
  • http://www.cms.gov/Medicare/Coding/ICD10/index.html

Resources

Funny ICD-10 Codes - PART 1. Target Coding
• GA Dept. of Community Health. State Office of Rural Health. 4 videos. ICD-10 Videos: Preparing for Implementation.
  • http://dch.georgia.gov/icd-10-videos-preparing-for-implementation.html
Resources

• ICD-10 Coding Basics 01/14/14. MLN Connects. CMS.
  https://www.youtube.com/watch?v=kCV6aFlA-Sc

• ICD-10 Training Course. CodeBusters.
  http://www.codebusters.com/icd-10-training/

• ICD-10-CM Official Guidelines for Coding and Reporting (current ed.)
  http://www.cdc.gov/nchs/icd/icd10cm.htm

Resources


• Understanding the ICD-10 Code Structure
  http://www.webpt.com/blog/post/understanding-icd-10-code-structure

Chapter 9 Resources

• A Closer Look: Documentation and Coding for Cardiac Conditions. Blue Cross Blue Shield of Illinois.


  http://www.hcpro.com/content/276543.pdf

• Mathews, T. E. Hypertension: Cross Walking Between ICD-10-CM and ICD-9-CM. CODEWRITE, 12/13. AHIMA.
  https://newsletters.ahima.org/newsletters/Code_Write/2013/December/hypertension.html
Documentation Resources

  - [http://bok.ahima.org/PdfView?oid=300621](http://bok.ahima.org/PdfView?oid=300621)

- California Rural Indian Health Board (CRIHB). ICD-10-CM Documentation & Coding. 2014.

- Douthit, D. Basic Introduction to ICD-10-CM/PCS. What documentation changes are needed?


Questions ? ? ?
ilemten@gmail.com

Thank You !