

Transition to ICD-10-CM Cardiovascular System

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Objectives



- **Analyze the ICD-10-CM Chapter 9 categories (I00 - I99)**
- **Review Chapter 9 Guidelines**
- **Explain ICD-10-CM terminology as it relates to coding diseases of the circulatory system**
- **Identify pathophysiology terms as they relate coding circulatory diseases**
- **Apply ICD-10-CM to common home health scenarios**

Housekeeping Information

- **Handout Materials**

- **Webcast Participants**

- If you haven't done so already, you can download the handouts and tools in the handout box to the left of your screen. At any time during the presentation – you can “**pause**” the program. Go to the lower left of the screen and click on the “**pause**” button. Please note you may have to scroll down on the page to see the “**pause**” button.

- **DVD Participants**

- The main contact should have received the handout materials link in the receipt email that was issued upon completion of purchase. If you still need a copy of the handouts, ask your contact or email RBC at [**rbc@netstep.net**](mailto:rbc@netstep.net).

- Email your questions to [**rbc@netstep.net**](mailto:rbc@netstep.net)

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Cardiovascular Diseases: A National Focus

- **CMS has focused initiatives on Cardiovascular Diseases**

- **Primary Reason for Hospitalization in United States**
 - **Medicare Payment Changes for Re-Hospitalization for Heart Failure**

- **American Heart Association**

- **5 Million Americans Have Heart Failure**

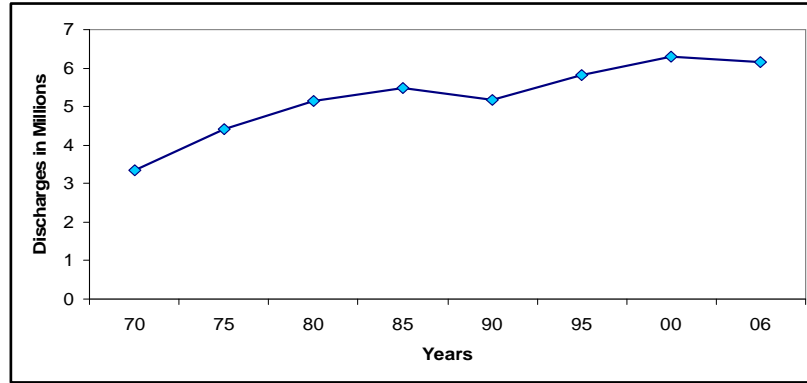
- **ICD-10-CM codes aligns updated medical terminology & practices with enhanced codes**

- **Increased code specificity to track and correlate with quality outcomes & costs**

- **Treatment & Best Practice Updates**

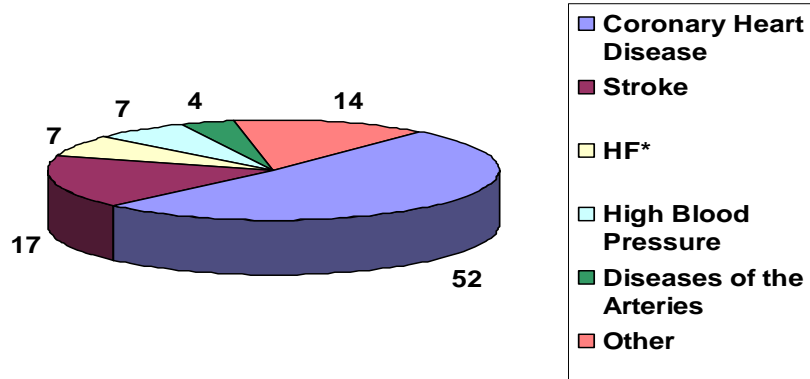
Hospital Discharges with CV Disease

Has doubled in the past 35 years



Source: NCHS

Deaths from Cardiovascular Disease

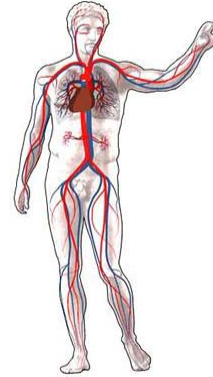


Sources: American Heart Association; NCHS

Death from cardiac disease has declined by over 200,000 per year the past 3 years

Cardiovascular System

- **Heart & 60,000 miles of blood vessels**
 - Supplies nutrients & oxygen to body's cells
 - Delivers hormones & electrolytes
 - Removes Carbon dioxide & waste products
- **Works with Other Body Systems**
 - To ensure homeostasis
 - Maintain internal stability
- **Systemic Circulation**
 - Heart; Lungs and Blood Vessels
 - Five liters of blood continually moving through the body's system
 - Pulmonary Circulation
 - Coronary Circulation



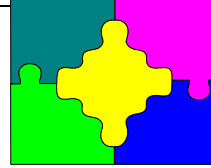
Chapter 9: I00-I99



- **Diseases of the Circulatory System**
 - Circulatory System (I00-96)
 - Diseases & Disorders
 - Other Unspecified Disorders (I95-I96)
 - Intraoperative & Postprocedural Complications (I97)
- **ICD-10-CM Chapter 9 Guideline Focus**
 - Hypertension
 - CAD & Angina
 - Sequela of Cerebrovascular Disease
 - Acute Myocardial Infarctions
- **ICD-10-CM**
 - Updates terminology to reflect current medical practice

Specific Chapter 9 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 & Diseases of Pulmonary Circulation**
- **I30-I52 Other Forms of Heart Disease**
- **I60-I69 Cerebrovascular Diseases**
- **I70-I79 Diseases of Arteries, Arterioles & Capillaries**
- **I80-I89 Diseases of Veins, Lymphatic Vessels & Lymph Nodes, Not Elsewhere Classified**
- **I95-I99 Other & Unspecified Disorders**



Official Code Guidelines

- **Chapter 9: Diseases of the Circulatory System**
 - Parallel ICD-9-CM Code Guidelines
 - Increased Instruction Notes (Code first; Use Additional Code)
 - Enhanced Combination Codes
 - Revised Guidelines for Hypertension and Acute Myocardial Infarction
- **Hypertension**
 - Deletes Axis of Classification (No ICD-10-CM HTN Table)
 - I10 Essential (primary) hypertension includes
 - Arterial
 - Benign
 - Essential
 - Malignant
 - Primary
 - Systemic



More on CV Code Guidelines

- **Sequencing for HTN & HTN Diseases has NOT Changed**
 - An *Assumed relationship* between HTN and CKD
 - *HTN with Stage IV CKD*
 - I12.9 Hypertensive CKD with stage 1-4 CKD or unspecified
 - N18.4 CKD, Stage IV (severe)
 - Need *Causal Documentation* for HTN & Heart Disease
 - *Hypertensive Heart Disease with Heart Failure*
 - I11.8 Hypertensive Heart Disease with Left Heart Failure
 - I50.1 Left Ventricular Failure
- **Use Combination Codes to Report Conditions in Both Categories**
 - Hypertensive Heart & Stage 2 CKD with Heart Failure
 - I13.0 Hypertensive Heart & CKD with Heart Failure & State 1-4 CKD or unsp.
 - I50.9 Heart Failure, unspecified
 - N18.2 CKD, Stage 2 (mild)

More on CV Code Guidelines

- **Other HTN Guidelines**
 - Hypertensive cerebrovascular disease requires two codes
 - I60-I69 followed by HTN code (I10)
 - Secondary HTN Requires Two Codes
 - One code to identify etiology; then I15 HTN code
 - Uncontrolled HTN is not identified as a unique code
 - Transient HTN is not synonymous with systemic HTN
Transient HTN with pregnancy is reported with O13.- or O14.- as indicated
- **Remember**
 - The only assumed HTN code is *HTN with CKD*
 - All other HTN conditions need documentation to support cause and effect relationships

More on CV Code Guidelines

■ Atherosclerosis Coronary Artery Disease & Angina

- Combination codes for ASHD & Angina Pectoris
 - I25.11 Atherosclerotic heart disease of native coronary artery with angina pectoris
 - I25.7- Atherosclerosis of coronary artery bypass graft(s) & coronary artery of transplanted heart with angina pectoris
- When using one of these combination codes it is **NOT** necessary to use an additional code for angina pectoris
- A Causal relationship is *assumed* with atherosclerosis and angina, unless the documentation indicates otherwise
- If a patient with CAD is admitted due to an acute MI, then code the AMI before the CAD

More CV Code Guidelines

■ Acute Myocardial Infarctions (AMI)

- Time parameters for reporting AMI change from 8 weeks or less in ICD-9-CM to 4 weeks or less in ICD-10-CM
 - AMI four weeks (28 days or less) from onset I21
- Episode of Care eliminated in ICD-10-CM. Initial AMI or subsequent AMI regardless of Episode of Care
 - Initial AMI I21
 - Subsequent AMI I22
- Revised anatomic specificity to specify *affected* coronary vessel

■ Remember

- Enhanced Instructional Notes in Chapter 9
- Additional codes for tobacco exposure, use or dependence
- Additional codes for tPA or BMI

More CV Code Guidelines

■ Sequelae of Cerebrovascular Disease

- Classifies late effects of CVA as “sequelae” category I69
- Sequelae codes specify the residual effect that remains after the acute phase of illness
- Greater specificity regarding type of stroke & location so stroke and type of residual
- Use additional codes for residuals
 - I69.091 Dysphagia following nontraumatic subarachnoid hemorrhage
 - R13.1- Dysphagia

■ Remember

- Enhanced Instructional Notes in Chapter 9
- No time limits on reporting sequelae (late effects)
- Residual conditions may occur months or years from the acute causal condition
- History of TIA or CVA without residual deficits: Z86.73

Compare CV Code Sets

■ ICD-9-CM

- *Manifestation/etiology requires 2 codes*
- *Late effects lack specificity*
- *Controlled or uncontrolled*
- *AMI is 8 weeks or less*
- *HTN Table*
- *Assumes HTN & CKD Combination Code*

■ ICD-10-CM

- *Manifestation/etiology uses a single combination code*
- *Sequelae CVA (late effects) increased specificity*
- *Acute MI is 4 weeks or less*
- *Eliminates HTN Table*
- *Assumes HTN & CKD Combination Code*
- *Classifies Gangrene to I96*
- *I97-I99 Intraoperative & Postprocedural Complications*

ICD-10-CM Conventions

- **Ensure Coder Reads**
 - Includes notes: Further defines a category
 - Inclusion terms: Some of the conditions included in that code
 - Code first/use additional code notes
 - Code also – Two codes may be required but sequencing is dependent upon circumstances
 - See and See Also
- **ICD-10-CM has many more combination codes**
 - Specificity; manifestation & complications

Steps to Accurate Coding



- **See Basic Code Rules**
- Identify the main diagnostic term
- Find the main term in the alphabetical index
- Read the sub-terms under the main term
- Follow the cross-reference instructions
- **ALWAYS Verify the code in the Tabular Index**
- **Read ALL Instructions**
 - * Exclusion notes *NOS (not otherwise specified)
 - * Inclusion notes *NEC (not elsewhere classified)
 - * Code 1st notes *Manifestation notes

Code Steps Applied

- Subarachnoid CVA with left non-dominant hemiplegia
- Step 1
- Look up term in Alphabetical Index
- Sequelae, subarachnoid, hemiplegia
 - Subarachnoid CVA, Hemiplegia
 - I69.05-

Code Steps Applied

- Subarachnoid CVA with left non-dominant hemiplegia
- Step 2
- Verify the code in the Tabular index
 - I69.05- Hemiplegia & hemiparesis following a nontraumatic subarachnoid hemorrhage
 - I69.051 Hemiplegia & hemiparesis following nontraumatic subarachnoid hemorrhage affecting the right dominant side
 - I69.052 Hemiplegia & hemiparesis following nontraumatic subarachnoid hemorrhage affecting the left dominant side
 - I69.053 Hemiplegia & hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
 - I69.054 Hemiplegia & hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side

Sample CV Alpha Index

■ Infarction

□ Cerebral I69.30

- alteration of sensation I69.398
- aphasia I69.320
- apraxia I69.390
- ataxia I69.393
- cognitive defects I69.31
- disturbance of vision I69.398
- dysarthria I69.322
- dysphagia I69.391
- dysphasia I69.321
- facial droop I69.392
- facial weakness I69.392
- fluency disorder I69.323

Sample CV Tabular Index

■ I69.3 Sequelae of cerebral infarction

Sequelae of stroke NOS

- I69.30 Unspecified sequelae of cerebral infarction
- I69.31 Cognitive deficits following cerebral infarction
- I69.32 Speech and language deficits following cerebral infarction
 - I69.320 Aphasia following cerebral infarction
 - I69.321 Dysphasia following cerebral infarction
 - I69.322 Dysarthria following cerebral infarction
 - I69.323 Fluency disorder following cerebral infarction
 - I69.328 Other speech and language deficits following cerebral infarction
- I69.391 Dysphagia following cerebral infarct
 - Use additional code to identify type of dysphagia (R13.1-)

Quick Check

- **ICD-10-CM aligns terminology with updated clinical practice.**
 - True
 - False
- **ICD-10-CM Code Guidelines now defines an acute myocardial infarction as 12 weeks or less.**
 - True
 - False
- **ICD-10-CM directs coders to *assume* a relationship between HTN and CKD.**
 - True
 - False

Hypertension (HTN)

- **Blood Pressure**
 - Measurement of the force exerted against the arterial walls produced by left ventricle during systole
 - Atherosclerosis is one of the conditions that causes increased pulse pressure
 - HTN is associated with an increased risk of stroke; heart attack; heart failure
- **Primary (Essential) HTN is the most common type**
 - Primary cause: Genetics
 - Other Factors: Obesity; dietary sodium; stress
- **Streamlined Classification System**
 - Benign & Malignant integrated into Essential HTN

ICD-10-CM HTN

- **I10 Essential HTN**
 - Includes: Arterial; Benign; Malignant; Unspecified
- **I11.0 Hypertensive Heart Disease with Heart Failure**
 - Use additional code for heart failure I50.-
- **I11.9 Hypertensive Heart Disease without Heart Failure**
- **I12 Hypertensive CKD**
 - Use additional code for CKD (N18-)
- **I13 Hypertensive Heart & Chronic Kidney Disease with Stage 5 CKD or End Stage Renal Disease**

More on HTN

- **I15 Secondary HTN**
 - Code also the underlying condition
 - **I15.0 Renovascular HTN**
 - **I15.1 HTN secondary to other renal disorders**
 - **I15.2 HTN secondary to endocrine disorders**
 - **I15.8 Other secondary HTN**
 - **I15.9 Secondary HTN, unspecified**
- **Sequencing for Secondary HTN is determined by the encounter needs**
 - Discretionary based on the Plan of Care



Case Scenario

- Patient admitted post hospitalization with a chronic nonhealing stage 3 decubitus ulcer of the right ankle. Patient is a Type 1 diabetic with peripheral vascular disease due to the diabetes. Stage 4 CKD, HTN, hypercholesterolemia, status post BKA.

L89.513 Pressure ulcer, stage 3, ankle

E10.51 Type 1 diabetes with peripheral angiopathy

I12.9 Chronic hypertensive kidney disease (Stage 1-4)

N18.4 Stage 4 (severe) CKD

E78.0 Hypercholesterolemia

Z89.52 Absence, limb, below the knee (acquired)

Another Scenario

- Patient admitted to home health with new diagnosis of Type 2 diabetes. SNV for diabetic teaching, insulin management. HTN; Hypothyroidism.

- **ICD-9-CM**

250.00 DM

410.9 HTN

244.9 Hypothyroidism

V58.67 L-T Use Insulin

- **ICD-10-CM**

E11.9 Type 2 Diabetes mellitus without complications

I10 Essential (primary) HTN

E03.9 Hypothyroidism, unspecified

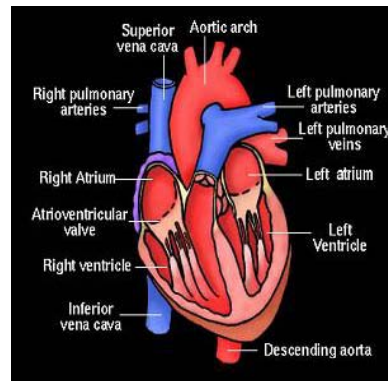
Z79.4 L-T Use of Insulin

More Case Scenarios

- **Stage III CKD, HTN, mild chronic heart failure**
 - I12.9 Hypertensive CKD with Stage 1 through Stage 4 or unspecified CKD
 - N18.3 CKD, Stage III (moderate)
 - I50.9 Heart Failure, Unspecified
- **COPD; Hypertensive Heart Disease with Heart Failure; Oxygen Dependent**
 - J44.9 Pulmonary, chronic obstructive
 - I11.0 Hypertensive Heart Disease *with* Heart Failure
 - I50.9 Heart Failure, unspecified
 - Z99.81 Oxygen (long term) (supplemental)

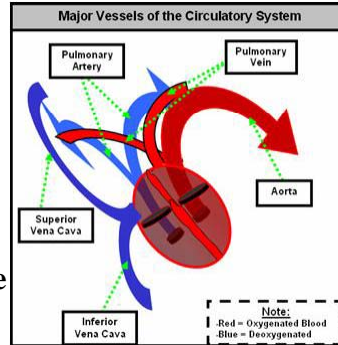
Pathophysiology Review

- **Heart: Mediastinum**
 - **Fist Size**
- **Four Chambers**
 - **Right & Left Atria**
 - **Right & Left Ventricle**
 - **Four Valves**
 - **Aortic & Pulmonary Vessels**
- **Conduction System**
 - **Impulse stimulation**
 - **Impulse transmission from cell to cell**
 - **Excitability: Capacity of cells to respond to stimulus**



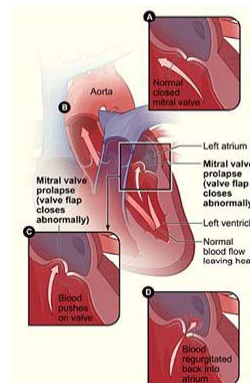
CV Diseases & Disorders

- **Valve Disorders**
 - Coded by Location & Etiology
- **Conduction Disorders**
 - Blocks; Arrhythmias
- **Ischemic Heart Disease**
 - Chronic Ischemic Heart Disease
- **Heart Failure (I50.-)**
- **Acute Myocardial Infarctions (I21.-; I22.-)**
- **Cerebrovascular Disease (I60-I69)**
 - Sequelae: Residuals Post Acute CVA I69.-



Heart Valve Disorders

- **Stenosis**
 - Narrowing of valve orifice (calcification)
- **Prolapse**
 - Most Common Valve Disorder
 - 5-10% of population
 - Mitral Valve Prolapse (MVP)
 - “Click Murmur” or “Barlow’s Syndrome”
- **Regurgitation**
 - Valve Insufficiency
 - Does not close properly
 - Backflow



Coding Valve Disorders

- **Code Disorders**
 - Type of Disorder
 - Valve(s) Involved
 - Cause of disorder, if applicable
 - Congenital or non-congenital
- **I05.0 Rheumatic Mitral Stenosis**
- **I05.1 Rheumatic Mitral Insufficiency**
- **I07.0 Rheumatic Tricuspid Stenosis**
- **I34.1 Nonrheumatic Mitral Valve Prolapse**
- **I35.1 Nonrheumatic Aortic Valve Insufficiency**
- **I37.0 Nonrheumatic Pulmonary Valve Stenosis**

Conduction Disorders

- **Etiology**
 - Abnormalities in the generation or conduction of the heart's electrical impulses or both
- **Conduction System**
 - Sinoatrial (SA) & atrioventricular (AV) nodes
 - Atrioventricular (AV) Bundle
 - Purkinje Fibers
- **Blocks**
 - Partial *or* complete (Incomplete AV Block)
 - Arrhythmias or Dysrhythmias
 - Abnormal electrical activity in the heart

Coding Coonduction Disorders

- **Code Disorders**

- Type of Disorder
- Site(s) Involved

- **Common Conduction Disorders**

- **Premature Beats (PVC's)**
- **Tachycardia**
 - 100 beats per minute or more
 - Causes: Drugs; Caffeine; Hyperthyrodism; Anxiety; Other
- **Bradycardia**
 - Less than 60/minute
- **Atrial Fibrillation**
 - Increased Blood Clot Formation
- **Ventricular Arrhythmias**

Common Conduction Disorders

- **I48.0 Paroxysmal Atrial Fibrillation**
- **I48.1 Persistent Atrial Fibrillation (Flutter)**
- **I49.1 Atrial Premature Depolarization**
- **I00.1 Bradycardia**
- **I49.01 Ventricular Fibrillation**
- **I49.02 Ventricular Flutter**
- **I47.0 Re-entry Ventricular Arrhythmia**
- **R00.0 Tachycardia**

Myocardial Infarction

- **Myocardial Infarction (MI or Acute Myocardial Infarction (AMI))**
 - Interruption of blood supply to a part of the heart
 - Ischemia & Oxygen Shortage for Heart Cells
 - Myocardial Damage &/or Cell Death
- **Common Causes**
 - Occlusion of Coronary Artery
 - Atherosclerotic Plaque
 - Unstable Lipids and White Blood Cells
- **Risk Factors**
 - Genetics; Diet; Obesity; HTN; Other Co-morbidities

Coding MI's

- **Two Types of Acute MI's**
 - Transmural: Extends through Thickness of Heart Muscle
 - Anterior; Posterior; or Inferior
 - Subendocardial: Local Occlusion
- **Code Selections Based on**
 - Location: Heart Wall Involved
 - Initial or Subsequent Event
 - STEMI or NSTEMI
- **STEMI: ST Elevation**
 - Elevated or depressed ST Segment
- **NSTEMI: Non-ST Elevation**



Code Guidelines

- **AMI: 4 week timeframe (28 days) I21**
- **Subsequent MI codes (I22) to be used when a patient has a new AMI within 4 weeks or less of an initial AMI (I21)**
- **A Code from I22 MUST be used in conjunction with a code from category I21**
- ***ST Elevation MI of Unspecified Site is the Default for an Unspecified MI (I21.3)***
 - Query the physician on location AMI when possible

Common AMI Codes

- **I21.01 ST elevation MI involving the left main coronary artery**
- **I21.02 ST elevation MI involving the left anterior descending coronary artery**
- **I21.09 ST elevation MI involving other coronary artery of anterior wall**
- **I21.11 ST elevation MI involving right coronary artery**
- **I21.19 ST elevation MI involving other coronary artery of inferior wall**
- **I21.21 ST elevation MI involving left circumflex coronary artery**
- **I21.9 ST elevation MI involving other sites**

More on AMI Codes

- I21.3 ST elevation MI of unspecified site
- I21.4 Non-ST elevation MI
- I22.0 Subsequent ST elevation MI of anterior wall
- I22.1 Subsequent ST elevation MI of inferior wall
- I22.2 Subsequent ST elevation MI myocardial infarction
- I22.8 Subsequent ST elevation MI of other sites
- I22.9 Subsequent ST elevation MI of unspecified site
- **Remember: Use the I22 codes for a patient who has a second MI within the 4 week timeframe of the initial AMI**

Case Scenario

- **Patient has a subsequent inferior STEMI AMI two weeks post acute NSTEMI**

I22.1 Subsequent STE elevation (STEMI) Myocardial Infarction of Inferior Wall

I21.4 Non-ST elevation (NSTEMI) Myocardial Infarction

Another Case Scenario

- Patient admitted post hospitalization for acute transmural anterior wall STEMI. Parkinson's; mild asthma; diabetes controlled by oral hypoglycemics.

I21.09 ST elevation (STEMI) MI involving other coronary artery of anterior wall

G20 Parkinson's Disease

J45.909 Asthma

E11.9 Diabetes, Type 2

Quick Check

- ICD-10-CM Guidelines direct coders to assign the default code of *I21.3* if the site of the MI is not specified in the medical documentation.
 - True
 - False
- Clotting disorders are common with arrhythmias.
 - True
 - False
- The Category of I22 is never reported without the I21 code category.
 - True
 - False

Angina: I20.0-I20.9

- **Angina Pectoris**
 - Discomfort or pain in Chest
 - Inadequate Blood Supply to the Heart
 - Early Warning Sign of AMI
- **Code Selection**
 - Based on Type of Angina
- **Other Code Guidance**
 - When using a combination code that includes atherosclerosis, it is **NOT** necessary to use an additional code for angina pectoris
 - A Causal relationship is *assumed* with atherosclerosis and angina, unless the documentation indicates otherwise

Angina Codes

- **I20.0 Unstable Angina**
 - Accelerated; Crescendo; De Nove; Intermediate Coronary Syndrome; Preinfarction Syndrome; Worsening Effort Angina
- **I20.1 Angina Pectoris with Documented Spasm**
- **I20.8 Other Forms of Angina**
 - Angina equivalent; Angina of effort; Coronary slow flow syndrome; Stenocardia
- **I20.9 Angina Pectoris, Unspecified**
 - Angina NOS; Anginal syndrome; Cardiac angina; Ischemic chest pain

One Case Scenario

- Patient admitted home health with Unstable Angina, HTN, CHF, DM controlled with oral hypoglycemics.
- **I20.0** Unstable Angina
- I50.9 Congestive Heart Failure NOS
- I10 Essential (Primary) Hypertension
- E11.9 Type 2 Diabetes without complications

Ischemic Heart Disease: I25

- **Etiology**
 - Narrowing of coronary arteries
- **Code Selection**
 - Location of Blockages
 - Past Medical History & Symptomatology
 - Type of Angina, if applicable
- **Code Guidance**
 - When using one of these combination codes it is **NOT** necessary to use an additional code for angina pectoris
 - A **causal relationship** is assumed with atherosclerosis and angina, unless the documentation indicates otherwise

Common Ischemic Heart Codes

- **I25.10 Atherosclerotic heart disease of native artery without angina pectoris**
- **I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris**
- **I25.111 Atherosclerotic heart disease of native artery with angina pectoris with documented spasm**
- **I25.118 Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris**
- **I25.119 Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris**
- **I25.2 Old myocardial infarction**
- **I25.3 Aneurysm of heart**
- **I25.41 Coronary artery aneurysm**

More Ischemic Heart Codes

- **I25.41 Coronary artery aneurysm**
- **I25.42 Coronary artery dissection**
- **I25.5 Ischemic cardiomyopathy**
- **I25.6 Silent myocardial ischemia**
- **I25.7--Atherosclerosis of coronary artery bypass grafts and coronary artery of transplanted heart with angina pectoris**
 - See Multiple Codes Here
- **I25.8– Other forms of chronic ischemic heart disease**
 - See Multiple Codes Here
- **I25.9 Chronic ischemic heart disease, unspecified**
 - *Ischemic Heart Disease (Chronic) NOS*

Heart Failure



- **Heart Failure is the leading cause of hospitalization for Medicare beneficiaries**
- **Heart Failure represents 3% of the annual health care budget or *38 billion dollars* annually**
- **Heart Failure is among the top diagnostic related groups and a leading revenue loser for hospitals**
- **Heart Failure is part of the current Hospital P4P initiatives**
- **Home health's success with ACH Rates hinge on successful Heart Failure & Disease Programs**
- **What elements are critical for home health?**

IOM Study on Heart Failure

- **42% of CHF patients were readmitted to hospital within 90 days of discharge**
- **90% CHF discharges had NO home care services**
- **62% of CHF patients visit ER's**
- **Of those ER visits, 90 % are admitted**



Disease Management decreases ED utilization, and optimizes cardiac functioning and independence

Definitions of Heart Failure (HF)

- **Heart Failure (HF) preferred over the older term of Congestive Heart Failure (CHF)**
- **Clinical syndrome that can result from any structural or functional cardiac disorder that impairs the ability of the ventricle to fill with or eject blood. (AHA/ACC HF Guidelines)**
- **Impaired ability of the ventricle to fill or eject blood**
 - **Dyspnea & fatigue**
 - **Fluid retention**
 - **Exercise intolerance**
 - **Peripheral edema**



More on Heart Failure

- **Cardiac Output is Compromised**
- **Heart unable to provide adequate blood flow to meet body's needs**
 - **Reduced Stroke Volume**
 - **Reduced Spare Capacity**
 - **Increased Sympathetic Activity to Improve Contractility**
 - **Hypertrophy of Myocardium**
 - **Enlargement of Ventricles**
 - **Spherical Shape of Failing Heart**
- **Reduced Cardiac Output Increases Risk**
 - **Arterial & kidney perfusion**

Code Selection

- **Code Selection**

- Site
- Acute/Chronic/Acute on Chronic
- Type of Failure



- **Guidelines**

- Code etiology first if indicated
- Heart failure following surgery: I97.13-
- Heart Failure due to HTN: I11.0
- Rheumatic Heart Failure: I09.81

- **Heart Failure Should Always Listed in First 6 Diagnoses for Home Care**

Common HF Codes

- **I50.1 Left Ventricular Failure**
- **I50.20 Unspecified systolic (congestive) HF**
- **I50.21 Acute systolic (congestive) HF**
- **I50.22 Chronic systolic (congestive) HF**
- **I50.23 Acute on chronic systolic (congestive) HF**
- **I50.9 Heart Failure, unspecified**
- **I50.30 Unspecified diastolic (congestive) HF**
- **I50.31 Acute diastolic (congestive) HF**
- **I50.32 Chronic diastolic (congestive) HF**
- **I50.33 Acute on chronic diastolic (congestive) HF**

More Common HF Codes

- **I50.40 Unspecified combined systolic and diastolic (congestive) HF**
- **I50.41 Acute combined systolic and diastolic (congestive) HF**
- **I50.42 Chronic combined systolic and diastolic (congestive) HF**
- **I50.43 Acute on chronic combined systolic and diastolic (congestive) HF**

One Case Scenario

- **Patient admitted home health with a Stage 3 pressure ulcer on her right heel. DM, HTN, CHF.**
- L89.613 Pressure ulcer of right heel, Stage 3
- E11.9 Type 2 Diabetes without complications
- **I50.9 Congestive Heart Failure NOS**
- I10 Essential (Primary) Hypertension

Code These Scenarios

- **Spastic angina pectoris in a patient post CABG with progressive coronary disease of native vessels**

- **Acute on chronic diastolic congestive heart failure**

Code These Scenarios

- **Spastic angina pectoris in a patient post CABG with progressive coronary disease of native vessels**
 - **Z48.812** Aftercare following surgery of circulatory system
 - **I25.111** Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm

- **Acute on chronic diastolic congestive heart failure**
 - **I50.33** Acute on chronic diastolic (congestive) heart failure

Sequelae of CVA: I69

- **Late Effects of CVA: Sequelae**
- **No Time Limits on Sequelae**
- **Sequelae Specify the Residual of the CVA**
- **ICD-10-CM Expands Specificity**
 - Type of Stroke (Hemorrhagic; Embolic)
 - Location of Stroke (Specific artery)
 - Residual
 - Laterality
- **Expanded Instructional Notes Prompt Coder**
 - Report Multiple Codes for One Condition
- **Two Codes are Often Required**

Common CVA Codes

- **I69.3 Sequelae of cerebral infarction**
 - Sequelae of stroke NOS*
 - I69.30 Unspecified sequelae of cerebral infarction
 - I69.31 Cognitive deficits following cerebral infarction
 - I69.32 Speech and language deficits following cerebral infarction
 - I69.320 Aphasia following cerebral infarction
 - I69.321 Dysphasia following cerebral infarction
 - I69.322 Dysarthria following cerebral infarction
 - I69.323 Fluency disorder following cerebral infarction
 - I69.328 Other speech and language deficits following cerebral infarction

More on CVA Codes

- **I69.3 Sequelae of cerebral infarction**

Sequelae of stroke NOS

I69.34 Monoplegia of lower limb following cerebral infarction

I69.341 Monoplegia of lower limb following cerebral infarction affecting right dominant side

I69.342 Monoplegia of lower limb following cerebral infarction affecting left dominant side

I69.343 Monoplegia of lower limb following cerebral infarction affecting right non- dominant side

I69.344 Monoplegia of lower limb following cerebral infarction affecting left non- dominant side

I69.349 Monoplegia of lower limb following cerebral infarction affecting unspecified side

One Case Scenario

- **Patient admitted post hospitalization for monoplegia of right dominant lower limb post CVA. CHF, HTN, peripheral vascular insufficiency, and hypothyroidism. SNV for observation, medication management.**
- **I69.341 Monoplegia of lower limb following cerebral infarct affecting right dominant side**
 - I50.9** Congestive Heart Failure
 - I10** Essential (primary) HTN
 - I73.9** Insufficiency, vascular, peripheral
 - E03.9** Hypothyroidism (acquired)

Another Case Scenario

- Patient admitted post acute cerebellar stroke due to nontraumatic hemorrhage. Ataxia due to CVA. HTN; BPH with LUTS; Urinary incontinence without sensory awareness.
- **I69.193** Ataxia following nontraumatic intracerebral hemorrhage
- **I10** HTN
- **N40.1** BPH with LUTS
- **N39.42** Urinary Incontinence without sensory awareness

Complications: I97

- Moved to procedure specific body systems chapters
 - Intraoperative Complications
- Intraoperative Complications
 - I97.4; I97.7
- Postprocedural Complications
 - I97.1; I97.6
 - Additional Codes to specify nature of complication
- **Example:**
 - Heart Failure following surgery I97.13-
 - Use additional code for Heart Failure I50.-

More on Complications

- **I97.0 Postcardiotomy syndrome**
- **I97.1 Other postprocedural cardiac functional disturbance**
 - I97.11 Postprocedural cardiac insufficiency
 - I97.12 Postprocedural cardiac arrest
 - I97.13 Postprocedural heart failure
 - Use additional code to identify heart failure (I50.-)
 - I97.19 Other postprocedural cardiac functional disturbance
 - Use additional code, if applicable to further specify disorder
- **I97.2 Postmastectomy syndrome**
- **I97.3 Postprocedural hypertension**
- **I97.4- Intraoperative hemorrhage and hemtoma of a circulatory system organ or structure complicating a procedure**

More on Complication Codes

- **I97.5- Accidental puncture and laceration of a circulatory system organ or structure during a procedure**
- **I97.6 Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following a procedure**
- **I97.7- Intraoperative cardiac functional disturbances**
 - I97.710 Intraoperative cardiac arrest during cardiac surgery
- **I97.8- Other intraoperative and postprocedural complications and disorders of the circulatory system, not elsewhere classified**
 - Use additional code, if applicable to further specify disorder

Remember: *Medical documentation MUST indicate cause and effect relationship between complication and procedure*

What About Coding Clinic?

- **Coding Clinic to be refreshed at the ICD-10-CM implementation date (10/1/14)**
 - New Format and Guidance
 - Greater complexity inherent in ICD-10-CM Code Set
- **Retire ALL Other Coding Clinics**
 - Retire with ICD-9-CM Code Set
 - Dissolve all previous Code Guidances
 - Gangrene
- **ICD-10 is the Property of WHO**
 - Additional Guidance requires
 - Must meet current ICD-10 definitions

Consider Coder Challenges

- **Back to Basics**
 - Utilize 10 Steps of Code Assignment
 - Use both Alphabetic and Tabular Index
 - Visit: www.who.int.classifications/icd/en
 - Access searchable database of codes
- **Cannot Rely on Coding Guidance**
 - All Previous Guidances Retired with ICD-9-CM
 - Instructions embedded in Tabular Index
- **ICD-10 is the Property of WHO**
 - Additional Guidance requires WHO Approval
 - Stay tuned for more information on this process

More Challenges

- **Documentation Needs**
 - Requires *increased specificity* in the clinical documentation
- **Specific Documentation Needs**
 - *Laterality; Severity; Specific Affected site; Clinical Specificity*
 - **Examples:**
 - Atherosclerotic heart disease heart disease of native coronary artery with unstable angina pectoris (I25.110)
 - Rheumatic aortic valve diseases (I06)
 - STEMI MI involving left anterior descending coronary artery (I21.02)
 - Hemiplegia & hemiparesis following cerebral infarction affecting right dominant side (I69.351)

Agency Risk Areas



- **Lack of access to ICD-10-CM Resources**
- **Lack of supporting physician documentation for accurate primary and secondary diagnoses and code assignment**
 - Lack of access to precise clinical documentation
- **Lack of substantiating clinician documentation in the OASIS assessment to support the selection and sequencing of primary and secondary diagnoses**
- **Not following ICD-10-CM code convention and Code Guidelines**

Resource Web Sites

www.cms.hhs.gov/ICD10
Centers for Medicare & Medicaid Services
ICD-10 Web Site

www.cdc.gov/nchs/icd/icd10cm.htm#10update
Centers for Disease Control
Official ICD-10-CM Code Guidelines

www.ahima.org
AHIMA (American Health Information Management Association)

www.cms.hhs.gov/ICD9ProvidersDiagnosticCodes/03_meetings.asp
ICD-9-CM Coordination & Maintenance Committee Meetings

www.medicalspecialtycoding.com
Board of Medical Specialty Coding



Available Education Programs as Webcasts and DVDs

- ICD-10-CM Transition - 6 Part Series
- Available as individual programs. Part 1: Fundamentals, Part 2: Diabetes, Part 3: Cardiovascular, Part 4: Pulmonary, Part 5: Rehabilitation, Part 6: Wounds
- ACOs: What Impact Do They Have on The Health Care System and Home Care?
- Infection Control for Home Care and Hospice Question and Answer Session
- Episodic Payment System (NY) Webcast Series - 2 Part Series
- Health Care Reform, Palliative Care and Quality of Life Issues - Live Webcast on 7/18/12 (1 - 2pm EST)
- 2013 ICD-9-CM Code Updates
- ICD-9-CM Code Series (Beginner; Intermediate; Advanced)
- 2013 Home Health PPS Updates
- FREE Program - Home Health Audit Priorities
- FREE Program - ICD-10-CM: Coming to Home Health in 2013

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