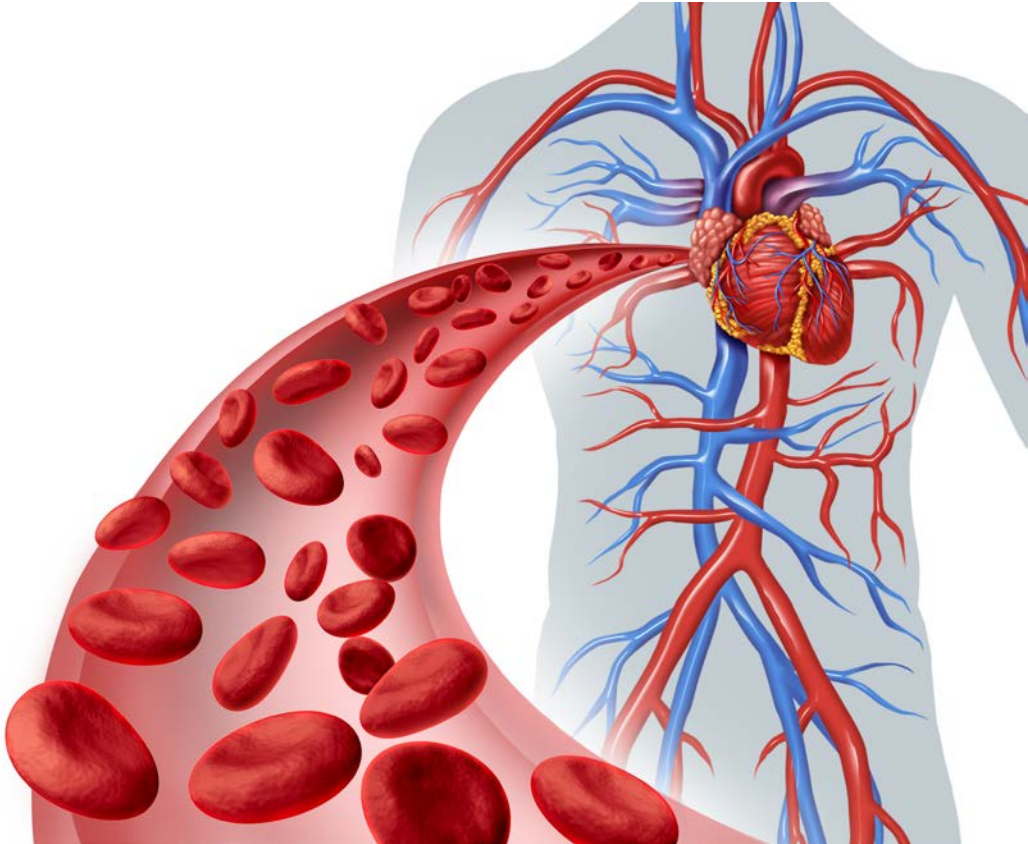


Cardiovascular Disease



This is a 15 minute webinar session for CNC physicians and staff

CNC holds webinars on the 3rd Wednesday of each month to address topics related to risk adjustment documentation and coding

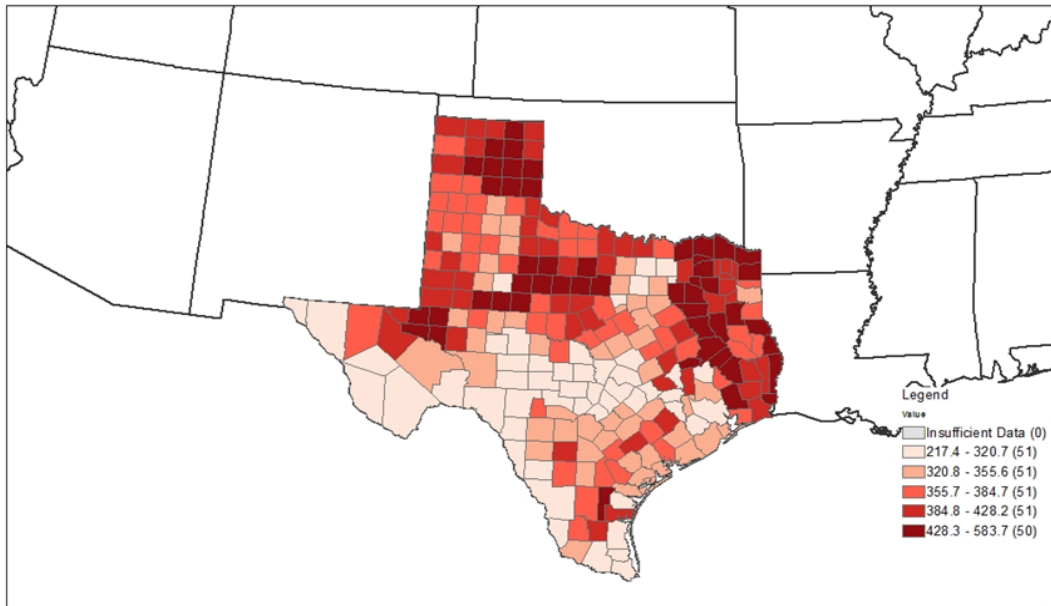
Next scheduled webinar:

- Wednesday, February 28th
- Topic: Respiratory Disease

CNC does not accept responsibility or liability for any adverse outcome from this training for any reason including undetected inaccuracy, opinion, and analysis that might prove erroneous or amended, or the coder/physician's misunderstanding or misapplication of topics. Application of the information in this training does not imply or guarantee claims payment.



Heart Disease Death Rate per 100,000, 35+, All Race, All Gender, 2012-2014



This map was created using the Interactive Atlas of Heart Disease and Stroke, a website developed by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention. <http://www.cdc.gov/dhdsp/maps/atlas>



- Nearly 35 percent of Tarrant County and Dallas area deaths each year are attributed to cardiovascular disease.
- About **610,000** people die of heart disease in the United States every year—that's **1 in every 4 deaths**
- Heart disease is the leading cause of death for both men and women
- Every year about **735,000 Americans** have a heart attack. Of these, (approximately 70%) 525,000 are a first heart attack and (approximately 30%) 210,000 happen in people who have already had a heart attack



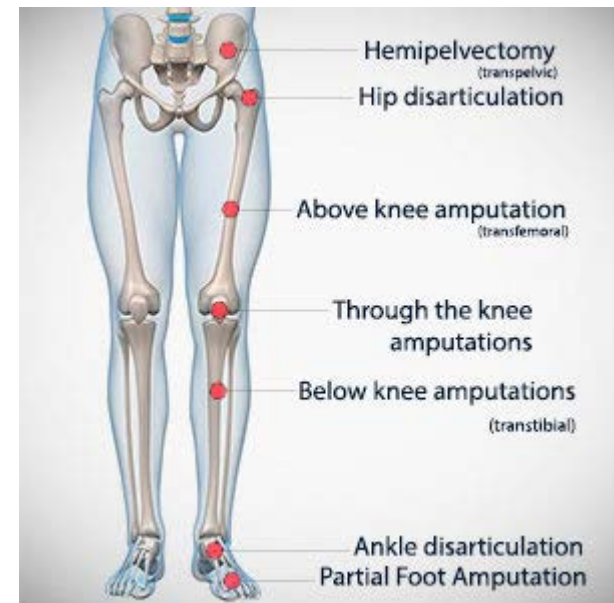
Amputations

There are nearly 2 million people living with limb loss in the United States

Approximately 185,000 amputations occur in the United States each year

Nearly half of the individuals who have an amputation due to vascular disease will die within 5 years. This is higher than the five year mortality rates for breast cancer, colon cancer, and prostate cancer

- Z89.411** Acquired absence of right great toe
- Z89.412** Acquired absence of left great toe
- Z89.421** Acquired absence of other right toe(s)
- Z89.422** Acquired absence of other left toe(s)
- Z89.431** Acquired absence of right foot
- Z89.432** Acquired absence of left foot
- Z89.441** Acquired absence of right ankle
- Z89.442** Acquired absence of left ankle
- Z89.511** Acquired absence of right leg below knee
- Z89.512** Acquired absence of left leg below knee
- Z89.611** Acquired absence of right leg above knee
- Z89.612** Acquired absence of left leg above knee



Peripheral arterial disease, Peripheral vascular disease, and Intermittent claudication are coded as **I73.9**.

****This code excludes atherosclerosis of the extremities**

Atherosclerosis
I70.21- Atherosclerosis of native arteries of extremities with <u>intermittent claudication</u> (enter appropriate 6th digit) --- . -1 Right Leg --- . -2 Left Leg --- . -3 Bilateral Leg --- . -8 Other Extremity
I70.22- Atherosclerosis of native arteries of extremities with <u>rest pain</u> (enter appropriate 6th digit) --- . -1 Right Leg --- . -2 Left Leg --- . -3 Bilateral Leg --- . -8 Other Extremity
I70.26- Atherosclerosis of native arteries of extremities with <u>gangrene</u> (enter appropriate 6th digit) --- . -1 Right Leg --- . -2 Left Leg --- . -3 Bilateral Leg --- . -8 Other Extremity



ICD-10-CM has combination codes for atherosclerotic heart disease 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 can be assumed in a patient with both atherosclerosis and angina pectoris**, unless the documentation indicates the angina is due to something other than the atherosclerosis.

Angina is chest pain or discomfort caused when your heart muscle doesn't get enough oxygen-rich blood

- Stable Angina sx- pain or discomfort during physical exertion, lasts a short time (<5 min), relieved by rest or medicine, feels like gas or indigestion, pain spreads to arms back other areas
- Unstable Angina sx- occurs while resting, sleeping or little physical exertion, comes as a surprise, last longer than stable angina, rest and meds do not relieve it, may get worse over time, can lead to heart attack

I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm (prinzmetal's variant angina)
I20.8	Other forms of angina pectoris (stable)
I20.9	Angina pectoris, unspecified
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
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



The ICD-10-CM codes for acute myocardial infarction (AMI) identify the site, such as anterolateral wall or true posterior wall.

- For encounters occurring while the myocardial infarction is equal to, or less than, four weeks old, codes from category **I21** may continue to be reported.
- For encounters after the 4 week time frame and the patient is still receiving care related to the myocardial infarction, the appropriate aftercare code should be assigned, rather than a code from category I21. For old or healed myocardial infarctions, code I25.2, *Old myocardial infarction*, may be assigned.

NEWLY DEFINED TYPES OF MYOCARDIAL INFARCTION

Type 1	Spontaneous MI associated with ischemia and due to a primary coronary event such as plaque erosion, rupture, fissuring or dissection.
Type 2	Due to imbalance in supply and demand of oxygen. Result of ischemia but not ischemia form thrombosis of coronary artery.
Type 3	Sudden cardiac death, including cardiac arrest, with symptoms of ischemia, accompanied by new ST elevation or LBBB, Verified coronary thrombus by angiography or autopsy but death occurring before blood samples could be obtained or before biomarkers appear in the blood.
Type 4a	MI associated with percutaneous coronary intervention. PCI-related increase of biomarkers (assuming a normal troponin baseline) greater than 3 X 99 th percentile of the upper reference limit is by convention defined as MI.
Type 4b	MI associated with verified stent thrombosis via angiography or autopsy.
Type 5	MI associated with CABG >5 X 99 th percentile upper reference limit plus new Q waves or LBBB or imaging evidence of new loss.



Specified Heart Arrhythmias

Heart rhythm problems (heart arrhythmias) occur when the electrical impulses that coordinate your heartbeats don't work properly, causing your heart to beat too fast, too slow or irregularly.

Ventricular tachycardia may be either well-tolerated or it can be life-threatening and may require defibrillation, medication, ablation or surgery.

Ventricular tachycardia is never well tolerated. PSVT can be well tolerated but that is, by definition, not VT. A patient may also have a brief run of VT that is not even noticed but anything longer will result in syncope and has a high risk of progressing to cardiac arrest/V-fib.

DO NOT code SSS (or Compete AV Block) when a pacemaker is present

If the pacemaker is having mechanical complications and it puts the patient back into the arrhythmia then code....

- **T82.598A Other mechanical complication of other cardiac and vascular devices and implants, initial encounter**
- **I49.5 Sick sinus syndrome**
- Z95.0 Presence of cardiac pacemaker

I44.2	Atrioventricular block, complete
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I48.0	Paroxysmal atrial fibrillation
I48.1	Persistent atrial fibrillation
I48.2	Chronic atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I49.2	Junctional premature depolarization
I49.5	Sick sinus syndrome



When documenting heart failure specify the type such as left ventricular failure, systolic heart failure, diastolic heart failure, combined, or rheumatic. Also specify if it is acute or chronic or acute on chronic.

If a provider documents congestive heart failure, it would be coded as heart failure, unspecified

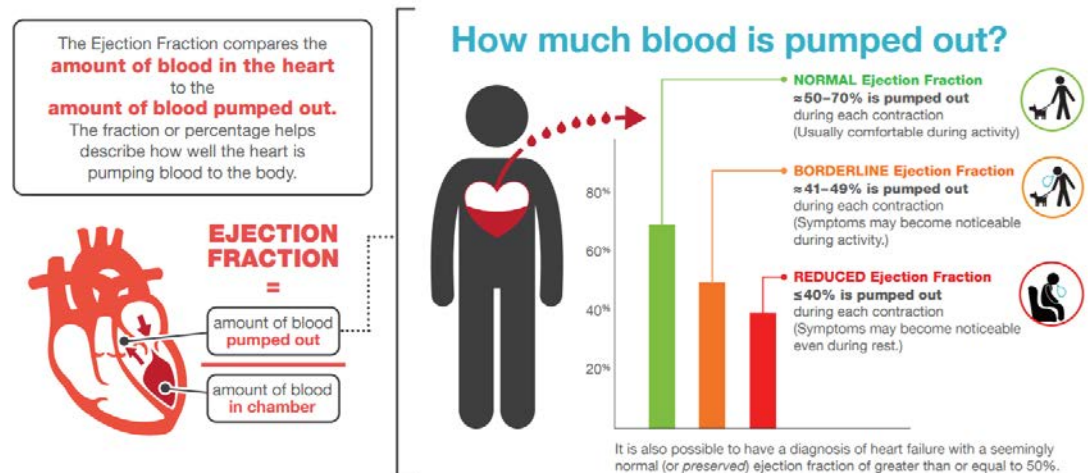
- Effective October 1, 2017 there were new codes for biventricular HF, High-output heart failure and end-stage HF.

I50.1	Left ventricular failure
I50.21	Acute systolic CHF
I50.22	Chronic systolic CHF
I50.23	Acute on chronic systolic CHF
I50.31	Acute diastolic CHF
I50.32	Chronic diastolic CHF
I50.33	Acute on chronic diastolic CHF
I50.41	Acute combined systolic and diastolic CHF
I50.42	Chronic combined systolic and diastolic CHF
I50.43	Acute/chronic combined CHF
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure



The ejection fraction (EF) is an important measurement in determining how well your heart is pumping out blood and in diagnosing and tracking heart failure.

You can have a normal ejection fraction reading and still have heart failure (HFpEF or heart failure with preserved ejection fraction). If the heart muscle has become so thick and stiff that the ventricle holds a smaller-than-usual volume of blood, it might still seem to pump out a normal percentage of the blood that enters it. In reality, though, the total amount of blood pumped isn't enough to meet your body's needs.



With the proper care and treatment, many patients are able to improve their ejection fraction and live a longer and healthier life. Talk with your healthcare provider about your options.

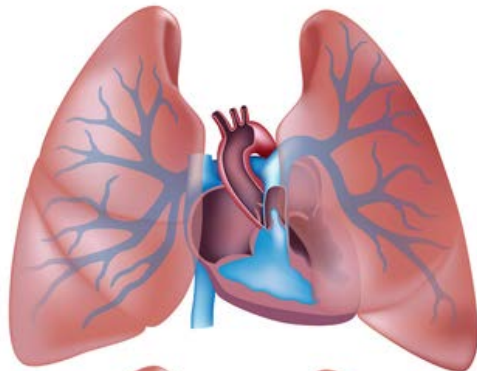
- A measurement under 40 may be evidence of heart failure or cardiomyopathy.
- An EF from 41 to 49 may be considered “borderline” but does not always indicate that a person is developing heart failure. It may indicate damage, perhaps from a previous heart attack.



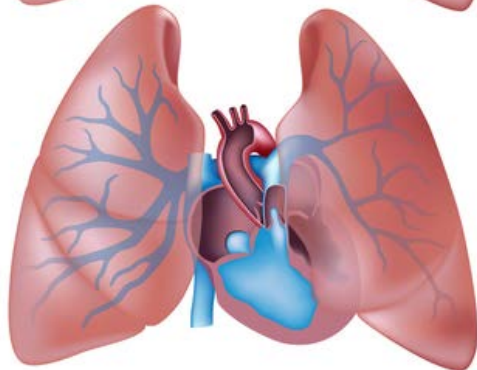
Pulmonary Hypertension

Pulmonary Hypertension may be defined as a pulmonary artery systolic pressure greater than 30 or a pulmonary artery mean pressure greater than 25 and invariably precedes cor pulmonale.

Pulmonary hypertension is classified to category I27, Other pulmonary heart diseases. For secondary pulmonary hypertension (I27.1, I27.2-), code also any associated conditions or adverse effects of drugs or toxins.



Normal



Pulmonary hypertension

I27.20	Pulmonary hypertension, unspecified
I27.21	Secondary pulmonary arterial hypertension
I27.22	Pulmonary hypertension due to left heart disease
I27.23	Pulmonary hypertension due to lung diseases and hypoxia
I27.24	Chronic thromboembolic pulmonary hypertension
I27.29	Other secondary pulmonary hypertension



Cardiomyopathy refers to diseases of the heart muscle. The heart muscle becomes enlarged, thick or rigid in cardiomyopathy, and in rare cases the muscle tissue is replaced with scar tissue.

As the condition worsens, the heart becomes weaker and less able to pump blood through the body and maintain a normal electrical rhythm. The result can be heart failure or irregular heartbeats called arrhythmias. A weakened heart also can cause other complications, such as heart valve problems.

When documenting cardiomyopathy, it is important to document the type e.g. dilated/obstructive, location- right ventricle, cause – congenital or alcohol

A36.81	Diphtheritic cardiomyopathy
B33.24	Viral cardiomyopathy
I42.0	Dilated cardiomyopathy
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I43	Cardiomyopathy in diseases classified elsewhere



Hypertensive Heart Disease

ICD-10-CM **presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement**, as the two conditions are linked by the term “with” in the Alphabetic Index. These conditions should be coded as related **even in the absence of provider documentation explicitly linking them**, unless the documentation clearly states the conditions are unrelated.

- | | |
|--------------|--|
| I11.0 | Hypertensive heart disease with heart failure |
| I13.0 | Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease |
| I13.2 | Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease |

Avoid using Hypertension I10 when CKD, Heart Disease, and Heart Failure are present unless the documentation clearly states the conditions are unrelated





Please submit coding and documentation questions to
RAFeducation@cnchealthplan.com

