

Circulating the News for ICD-10

Do you want your quality profile data collected by Medicare and other publicly reported databases to reflect how sick your patients really are? Our Clinical Documentation team wants to help you validate this through your documentation in the medical record. Your words really do matter! Any documentation queries that you receive are intended to ensure accurate coding and reflect the true clinical picture of your patient.

As a part of our ongoing efforts to improve documentation, and to help you prepare for ICD-10, queries left for physicians going forward will begin to reflect the new specificity requirements for ICD-10. In addition, each physician newsletter will provide key documentation points related to specific diseases or disease categories, this issue deals with the circulatory diseases.

Diseases of the Circulatory System (I00-I99)

- The time frame for acute myocardial infarction (AMI) codes has changed from eight weeks or less in ICD-9-CM to four weeks or less in ICD-10-CM, so please specify suspected time of occurrence.
- The circulatory chapter contains codes for initial AMIs (I21) and subsequent AMIs (I22). 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 four-week time frame of the initial AMI.

- The acute MI code is now assigned based on what coronary artery is affected as relating to the anterior wall, inferior wall, or other specified wall. Documentation should specify both the wall and which artery is associated with the MI. (Also, further specify the type of occlusion; is it due to lipid rich plaque, calcified lesion or chronic total occlusion.)
- 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.
- In ICD-9-CM, hypertension codes classify the type of hypertension (benign, malignant, unspecified). In ICD-10-CM, hypertension codes no longer classify the type. There is only one code for essential hypertension (I10).
- Hypertensive Heart and Chronic Kidney Disease: A relationship between the hypertension and the chronic kidney disease is assumed, whether or not the condition is so designated, but the

relationship between heart disease and HTN must be documented. If heart failure is present, assign an additional code from category I50 to identify the type of heart failure. The appropriate code from category N18, Chronic kidney disease, should be used as a secondary code with a code from I13 to identify the stage of chronic kidney disease.

- Codes from category I69, Sequelae of cerebrovascular disease, that specify hemiplegia, hemiparesis and monoplegia, please identify whether the dominant or nondominant side is affected.
- When documenting a CVA, please specify acuity and:
 - the cause of the ischemic stroke (thrombosis, embolus, occlusion, stenosis)
 - the specific location and laterality of the occlusion (the specific artery - i.e., vertebral, basilar, carotid/ anterior, middle, posterior cerebral, etc.)
 - the Glasgow Coma Scale (used to show the severity of the cerebrovascular event in ICD-10-CM)

Resources: ICD-10-CM Coder Training Manual, AHIMA and 2014 Official ICD-10-CM Guidelines for Coding and Reporting