ICD-10 Reference Guide: Cardiovascular & Cardiovascular Surgery

ICD-10 General Overview

ICD-10-CM

- Acute, Subacute, and Chronic
  - ICD-10-CM can accommodate more specificity when describing acute, subacute, and chronic conditions
  - Some conditions may meet both acute and chronic criteria and should be documented as such

Anatomic Site/Location

- More detail in terms of location of injury/condition
- Document precisely where injury/condition occurs
- Read through ICD-10-CM descriptions to understand the type of clinical detail that is required

Laterality

- Left
- Right
- Bilateral
- Multiple Locations (if applicable)

Signs/Symptoms

- Documentation of signs/symptoms continue to be acceptable when there is no definitive diagnosis identified by physician
- Document to highest degree of specificity (e.g. severity, acute vs chronic)

Type of Encounter (Episode of Care)

- Initial encounter
  - Actively receiving treatment
- Subsequent encounter
  - Active phase of treatment/receiving routine care during period of healing/recovery
  - Healing – routine vs delayed
  - Complications – nonunion or malunion
- Sequela
  - Complications or conditions that arise as direct result of an injury

ICD-10-PCS

Access

- How did you gain access to the procedure site?
  - Incision
  - Open
  - Natural Orifice/Artificial Opening (Mouth, Vagina, Ostomy, Urethra, etc.)
  - Scope
  - Needle
  - Directly on the Skin

Anatomic Site/Location

- Specify exact site of procedure to ensure accurate coding
- Some procedure codes cannot be identified (by coding staff) without the exact site/location being documented

Intent

- Be clear in documentation as to what procedure(s) are performed

Other Helpful Hints

- Insufficiencies vs Failure
  - Insufficiency adds no severity of illness
  - State Failure when appropriate
- Post-Operative Complications
  - Reserve “Post-Op” verbiage to reflect a true complication of the procedure
- Links:
  - Symptoms to etiology
  - Home Meds to Applicable Diagnosis
  - Manifestations to etiology
  - History & Physical (Current, updated, signed copy)
  - Present on Admission
  - Documentation should reflect the onset
  - Abnormal Lab Values
  - Document disease process

Clinical Scenario

54 year old male with PMH significant for HTN, type II DM, and 25 pack year cigarette smoking history (dependence) presented to the ED with sudden onset chest pain radiating to left arm and jaw. Pain is progressive and not improved with rest. Associated SOB is present. EKG revealed ST elevations in multiple leads. Patient underwent emergent bilateral cardiac catheterization and was found to have 90% stenosis in the left circumflex and LAD arteries with fluoroscopy of left heart with high osmolar contrast. Neither lesion was amenable to stenting. Patient was then taken for coronary bypass due to their CAD. He underwent open two vessel bypass off pump. It was completed by grafting two coronary arteries together by using the left autologous greater saphenous vein which was harvested endoscopically. The procedure was without complication.

CODING – DX

I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris
I10 Essential (primary) hypertension
E11.9 Type 2 diabetes mellitus without complications
F17.210 Nicotine dependence, cigarettes, uncomplicated

CODING – PCS

0211093 Bypass Coronary Artery, Two Sites from Coronary Artery with Autologous Venous Tissue, Open Approach
82150zz Fluoroscopy of Left Heart using High Osmolar Contrast
4A023N8 Measurement of Cardiac Sampling and Pressure, Bilateral, Percutaneous Approach
06BQ4ZZ Excision of Left Greater Saphenous Vein, Percutaneous Endoscopic Approach
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**ICD-10-CM: CARDIOVASCULAR & CARDIOVASCULAR SURGERY**

*The following items should be documented (as appropriate) to allow complete coding under ICD-10-CM*

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<tr>
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**Specialty Links**

**General ICD-10**

*World Health Organization - ICD-10 Interactive Self Learning Tool*

**Cardiovascular Surgery**

*STS Advocacy-Coding Reimbursement (ICD-10 Coding Resources)*

*STS News - What Cardiothoracic Surgeons Must Know About ICD-10*
## Anemia

- **Etiology/Type**
  - Vitamin/Iron Deficiency, Due to Chronic Disease, Pernicious, Sickle Cell
  - Symptoms Related To …
  - Due to Chronic Disease (name disease)
    - Autoimmune, Cancer, CKD, Liver Cirrhosis, HIV/AIDS, Hepatitis
  - Acquired vs hereditary hemolytic anemia
  - Cause of aplastic anemia

## Congestive Heart Failure (CHF)

- **Specify:**
  - Acute vs Chronic vs Both
  - Systolic and/or Diastolic Dysfunction
- **For Acute, state “due to …”**
  - Non-compliance, Afib with RVR, Ischemia (USA, AMI), Hypertensive Crisis, Other (name it)
- **For Chronic, state “due to …”**
  - CAD (ischemic cardiomyopathy), HTN (hypertensive heart disease), Specify other cause of cardiomyopathy
  - A document EF is not a diagnosis of heart failure, need verbiage in medical record to support

## Diabetes Mellitus (DM)

- **Type**
  - Type 1, Type 2, Secondary (specify drug or chemical induced), Due to other condition (specify underlying disease)
- **Link Manifestations/Complications with “due to …”**
  - Neuropathy, Ophthalmic, Pregnancy, CKD
  - Long Term Use of Insulin
  - Presence of Insulin Pump

## Decubitus Ulcers

- **Location – Stage** (1-4, Unstageable, Unspecified)
  - Laterality

## Nutritional

- **Deficiencies (Specify substance)**
  - Overweight vs Obesity vs Morbid Obesity (BMI value)
  - Malnutrition
    - With or without complications
    - Mild, moderate or severe

## Pneumonia

- **Type** (Aspiration, Bacterial, Virus)
  - Identify causative organism

## Seizure

- **Seizure disorder = Epilepsy**
  - Seizure = single event to yet-to-be diagnosed

## Urinary Tract Infections (UTI)

- **Location**
  - Bladder, Kidney, Urethra
  - Identify Infectious Agent
  - Complicating Pregnancy
    - Specify Trimester Where Condition Began