

Insider

Informative and educational coding information for providers

Focus on: Heart disease

Facts about chronic conditions of the heart

Cardiovascular disease (CVD) is common in the general population and is the leading cause of death and hospitalizations in the United States.¹ CVD includes coronary heart disease (CHD), also called coronary artery disease, and is a disease in which plaque builds up inside the coronary arteries. The coronary artery is then narrowed by the build-up of plaque which limits the flow of oxygen-rich blood through the artery.² This can lead to myocardial infarction (MI), angina pectoris, heart failure and coronary death.

The American Heart Association report that 17.6 million persons in the United States have CHD, including 8.5 million with MI and 10.2 million with angina pectoris.³ The reported prevalence increases with age for both sexes, independent of race. The Cardiovascular Lifetime Risk Pooling Project also demonstrates that optimizing modifiable risk factors reduce the lifetime risk of cardiovascular disease.⁴

The Centers for Medicare & Medicaid Services (CMS) covers this CVD Risk Reduction Visit (HCPCS code G0446) as long as (1) eleven months or more have elapsed from the month of the last CVD Risk Reduction Visit, (2) the beneficiary is competent at the time of the visit, and (3) the visit occurs in an outpatient setting by a primary care provider (PCP). The Intensive Behavioral Therapy (IBT) for CVD *must also include the following three components:*⁵

- Encouraging aspirin use for the primary prevention of cardiovascular disease for men aged 45 through 79 years and women aged 55 through 79 years, whenever appropriate;
- Screening for high blood pressure in adults aged 18 and older;
- And intensive behavioral counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advancing age and other known risk factors for cardiovascular and diet-related chronic diseases.

Always remember ...

- Document the **type of angina**
- Document the **date of the MI** and the **site** or the **vessel affected**

Documentation and coding tips

Coding angina

- I20.0** Unstable angina
- I20.1** Angina pectoris with documented spasm
- I20.8** Other forms of angina pectoris
- I20.9** Angina pectoris, unspecified

Codes from category I20 are not reported if a patient has angina pectoris with atherosclerotic heart disease (category I25) or postinfarction angina (**I23.7**).

- I25.10** Atherosclerotic heart disease of native coronary artery without angina pectoris
- I25.110** Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
- I25.111** Atherosclerotic heart disease of native coronary 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

Coding myocardial infarction (MI)

MI specified as acute or with a stated duration of 4 weeks (28 days) or less from onset

- I21.-** ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
 - The 4th characters 0, 1, 2, 3 report STEMI and the **site of the infarction**
 - The 4th character 4 reports NSTEMI
 - The 5th characters after .0, .1 and .2 further define exact vessel or site

Example:

- I21.09** ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall

If patient is outside of 4 weeks from the AMI & asymptomatic, report I25.2 Old myocardial infarction.

For categories I20-I25:

Use additional code to identify presence of hypertension (I10-I15)

For categories I20, I21, I22 and I25:

Use additional code to identify exposure to tobacco smoke (Z77.22, Z87.891, Z57.31, F17.-, Z72.0).

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2016: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required."

This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2015, CMS announced the CMS-HCC Risk Adjustment model for payment year 2016 driven by 2015 dates of service. For more information see: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2016.pdf>, and <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>.

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1. CDC, NCHS. Underlying Cause of Death 1999-2013 on HYPERLINK "<http://wonder.cdc.gov/ucd-icd10.html>" CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed Feb. 3, 2015.
2. CDC. HYPERLINK "http://mmwr/preview/mmwrhtml/mm6036a4.htm?s_cid=mm6036a4_w" Million Hearts: strategies to reduce the prevalence of leading cardiovascular disease risk factors(http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6036a4.htm?s_cid=mm6036a4_w). United States, 2011. MMWR2011;60(36):1248-51.
3. Lloyd-Jones D, Adams RJ, Brown TM, et al Executive summary: heart disease and stroke statistics-2010 update: a report from the American Heart Association. *Circulation* 2010; 121:948.
4. Berry JD, Dyer A, Cai X, Garside DB et al. Lifetime Risks of Cardiovascular Disease. *N Engl J Med* 2012; #66: 321-329.
5. Centers for Medicare and Medicaid Services. Intensive Behavioral Therapy for Cardiovascular Disease. MLN Matters #MM7636 Revised. March 23, 2012. Accessed on November 21, 2015 at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7636.pdf>
6. *Optum360 ICD-10-CM: Professional for Physicians 2016*. Salt Lake City: 2015.