Other Forms of Heart Disease I30-I52
Include various forms of pericarditis, cardiomyopathy, heart block, arrhythmias, valve disorders, pericardial effusion, and heart failure.

A) Heart Failure (I50-): The subcategories indicate the type: left ventricular; systolic; diastolic and combined systolic and diastolic.

“Congestive” is a nonessential modifier in the heart failure codes. It is broken down by time parameters as acute, chronic and acute on chronic.

The same heart conditions (I50., I51.4-I51.9) with hypertension, but without a stated causal relationship, are coded separately. Sequence according to the circumstances of the admission/encounter. Example: Patient comes for a check-up of his chronic diastolic heart failure. Reports he’s sleeping and feeling better on meds. He will return in 3 months.

ICD-10-CM: Chronic diastolic (congestive) heart failure (I50.32). Example: 78 years old female who return for recheck. She has acute on chronic systolic heart failure due to hypertension.

ICD-10-CM: Hypertensive heart disease with heart failure (I11.0) and Acute on chronic systolic heart failure (I50.23). Example: Patient with diagnosis of congestive heart failure due to hypertensive heart disease and stage 5 chronic kidney failure. The patient has been prescribed Lasix previously but admits he forgets to take his medication every day due to his advanced age.

ICD-10-CM: Hypertensive heart and CKD with heart failure and with stage 5 CKD or ESRD (I13.2); Systolic (congestive) heart failure (I50.20) and CKD 5 (N18.5).

B) Atrial Fibrillation can now be identified as:

- Paroxysmal I48.0
- Persistent I48.1
- Chronic I48.2
- Unspecified I48.91

C) Atrial Flutter

- Typical I48.3
- Atypical I48.4
- Unspecified I48.92

D) Sick sinus syndrome (I49.5)

Cerebrovascular Diseases (I60-I69)

- List conditions that exist because of a cerebrovascular event.
- Describe the residual condition fully (e.g., cognitive deficits, aphasia, dysarthria, hemiplegia, ataxia, etc.).
- Specify the anatomic site (e.g., upper limb, lower limb).
- State the laterality when applicable (i.e., right or left).
- Identify the affected side as dominant or non-dominant.
- Provide the underlying cause (e.g., homonymous hemianopia secondary to history of a ruptured aneurysm).

1. Nontraumatic hemorrhagic CVAs (I60.- to I62.-): Important to provide the location or source of the hemorrhage (if known); Right or left artery (if applicable). If the documentation states bilateral hemorrhage sites, assign codes for each side, since there is no bilateral option for this series. Example: A patient has a nontraumatic subarachnoid hemorrhage of bilateral vertebral arteries.

ICD-10-CM: Nontraumatic sub-arachnoid hemorrhage from right vertebral artery (I60.51) and Nontraumatic subarachnoid hemorrhage from left vertebral artery (I60.52).

2. Occlusive CVAs (I63.– to I68.-). Must specify if it is Thrombosis, embolism, or unspecified; Infarction or not resulting in infarction and the Location of occlusion. If the patient has an infarction due to bilateral thromboses in the right and left carotid arteries, both codes would need to be assigned.

3. Cerebral infarction due to thrombosis of unspecified carotid artery (I63.039).

SEQUELAE
Sequela of cerebrovascular disease (i.e., synonymous with late effect) appears in ICD-10-CM code (I69.-) and it specifies whether the sequelae is a result of a hemorrhagic or occlusive CVA, as well as the residual condition. The combination codes make it easier to identify all specific information in one code.

Report code Z86.73 (Personal history of CVA/TIA without residual deficits) as an additional code for history of cerebrovascular disease when no neurologic deficits are present. Codes from category (I69.-), Sequelae of cerebrovascular disease, that specify hemiplegia, hemiparesis and monoplegia, identify whether the dominant or non-dominant side is affected:

- For ambidextrous patients, the default should be dominant.
- If the left side is affected, the default is non-dominant.
- If the right side is affected, the default is dominant.

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Chapter 9 (I00–I99): Circulatory system
Hypertensive Diseases I10-I15
- The hypertension codes extend from I10 to I15 and there is no I14.
- Include various hypertensive diseases, such as hypertensive heart disease, hypertension with acute renal failure, and hypertension with chronic renal failure.
- For a patient with chronic and acute on chronic renal disease and hypertension, the primary code should be from category I12 Hypertensive chronic kidney disease, followed by a secondary code form category N18 to report the stage of the renal disease.
- The combination hypertensive codes require supplementary codes to identify the stage of kidney disease and/or the type and acuteness of heart failure when those disorders are present.
- There are just two base codes for patients with hypertension and heart disease: I11.0 (with heart failure) and I11.9 (without heart failure).
- ICD-10 assumes a causal relationship between HTN and CKD but the provider must document the relationship between HTN and heart disease.

Ischemic Heart Diseases: I20-I25
A) Coronary artery disease and angina
ICD-10-CM establish the code selection by type of vessel or graft:
1- CAD of a native artery appears in category (I25.1-).
The additional characters in this code denote the presence or absence of angina pectoris, making it a combination code. By creating a combination code, it is eliminated the argument about which diagnosis should be considered the principal diagnosis.
- The default code is I25.10 for a native artery without angina pectoris. I25.11 correspond to Atherosclerotic heart disease of native coronary artery with angina pectoris.
- 2- Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris. (I25.7-).
- When using one of these combination codes it is not required to use an additional code for angina pectoris. A causal relationship can be implicit in a patient with both atherosclerosis and angina pectoris, except the documentation specifies the angina is due to something other than the atherosclerosis.
- If a patient with coronary artery disease is admitted due to an AMI, the AMI should be sequenced before the coronary artery disease.

Angina Pectoris:
- Unstable (I20.0) With documented spasm (I20.1)
- Other forms (I20.8)
Example: A patient is diagnosed with CAD and Angina with no previous history of a CABG.

B) Chronic ischemic heart disease, unspecified. (I25.9)
Symptoms for more than 4 weeks. Locate it in the Alphabetic Index by looking for the terms “disease,” “heart,” “ischemia,” “myocardium,” and then chronic.
C) Myocardial infarctions:
- Acute MI is coded by:
  - Site (anterolateral wall or posterior wall)
  - Type (STEMI or NSTEMI)
  - Temporal Parameter (Initial, subsequent and old)
In ICD-10-CM, MIs appear in the following code categories:
- (I21.-) ST elevation (STEMI and non-ST elevation (NSTEMI) MIs. Denotes the specific wall and the coronary artery involved in the MI. Code (I21.-) has an includes note that states acute MIs are defined as having a duration of four weeks (28 days) or less from onset. Code I21.3, STEMI of unspecified site, is the default for the unspecified term acute myocardial infarction. If only STEMI or transmural MI without the site is documented, query the provider as to the site, or assign code I21.3.
- (I22.-) Subsequent ST elevation (STEMI and non-ST elevation (NSTEMI) MIs. There is a separate code specifically for subsequent MIs, and the term “subsequent” denotes an additional AMI within 4 week time frame of an initial MI. Code category (I22.-) also distinguishes between STEMI vs. NSTEMI and denotes the specific wall involved in the MI. Code (I22.-) has an includes note that states the subsequent MI occurs within four weeks (28 days) of a previous MI, regardless of site. Coders must report a code from the (I22.-) category in conjunction with a code from the (I21.-) category. The sequencing of the I22 and I21 codes depends on the circumstances of the encounter.
- (I23.-) Complications following MI within the 28 day period.
- I25.2—Old MI. Patient has a history of an MI.
  Example: A patient is being treated for an Acute Non-ST Anterior Wall MI which she suffered 5 days ago. The patient also has Atrial Fibrillation.
ICD-10-CM: Non-ST-Elevation (NSTEMI) Myocardial Infarction (I21.4) and Unspecified Atrial Fibr (I48.91).
Example: Patient suffered an acute MI of the right coronary artery 3 weeks ago. He is presenting for his 2 week hospital follow-up. He is getting better

ICD-10-CM: ST elevation (STEMI) myocardial infarction involving right coronary artery (I21.11) (Less than 28 days).
  Example: Patient presents for a check-up. She suffered an MI of the left main coronary artery. She is asymptomatic and requires no continued care for the MI. Due to her history, is being followed.

ICD-10-CM: I25.2 Old myocardial infarction

The ICD-10-CM codes that denote Circulatory diseases in Chapter 9 start with the letter I, not the digit 1.

Chronic Rheumatic Heart Diseases - I05-I09
Include disorders related to rheumatic fever.

Pulmonary Heart Disease and Diseases of Pulmonary Circulation I26-I28
 Include pulmonary embolism, pulmonary hypertension, cor pulmonale, arteriovenous fistula, and pulmonary artery aneurysm.

Diseases of Veins, Lymphatic Vessels, and Lymph Nodes, NEC (I80-I89)
Include phlebitis, thrombophlebitis, embolism, thrombosis, varicose veins, hemorrhoids, venous insufficiency, vein strictures, lymphangitis, lymphedema, and esophageal varies.

Other and Unspecified Disorders of Circulatory System (I95-I99)
Include hypotension, gangrene, intra-operative and post procedural complications, and conditions NEC (Grebnorn & Suarez, 2013).

Diseases of Arteries, Arterioles and Capillaries (I70-I79)
- Include atherosclerosis, aneurysm, thrombus, embolism, PVD, and other strictures and dissections of these vessels. Examples: Arteriosclerosis of legs with intermittent claudication (I70.213); Abdominal aortic aneurysm (I71.4); CABB status post (Z95.1).
- As required by the specificity needed in ICD-10, is important to:
  - State laterality and acuity, when applicable.
  - Identify any chronic total occlusion of an artery.
  - Detail the diseased vessel (e.g., atherosclerosis of popliteal artery Gore-Tex graft).
  - Clarify atherosclerosis versus PVD.
  - Differentiate a bypass graft in-stent versus end-stent stenosis.