INSIDER
Educational and coding information for providers

February 2019 | February is American Heart Month

FOCUS ON: Heart disease

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 (CAD), 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. This can lead to myocardial infarction (MI), angina pectoris, heart failure and coronary death.

The American Heart Association report that 15.5 million persons in the United States have CHD, including 7.6 million with MI and 8.2 million with angina pectoris.[2] 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 reduces the lifetime risk of cardiovascular disease.[3]

The Centers for Medicare & Medicaid Services (CMS) covers a 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*:[4]

- 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.

Documentation and coding tips

- Document the type of angina (unstable, documented spasm, etc.)
- Document the date of the MI, the type (transmural, subendocardial) and site (affected vessel)
  - Severity (mild, moderate, severe, with or without psychotic features)
  - Clinical status (in partial/full remission)

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 anginapectoris with atherosclerotic heart disease (category I25) or postinfarction angina (**I23.7**).

I25.10	Atherosclerotic heart disease of native coronary
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.-   Acute myocardial infarction (type 1)
- The 4th characters 0, 1, 2, 3 report STEMI and the *site of the infarction*
- The 4th character 4 reports NSTEMI
- The 4th character 9 reports unspecified
- The 5th characters after .0, .1 and .2 further define exact vessel or site

I21.A1   Myocardial infarction type 2

I21.A9   Other myocardial infarction type (examples: types 3, 4a, 4b, 4c and 5)
Note: Code also the underlying condition or disease processes that cause the Type 2 MI.

If patient is outside of 4 weeks from the acute MI:
- Asymptomatic, report I25.2 Old myocardial infarction
- Symptomatic old MI, report I25.9 Chronic ischemic heart disease, unspecified or an appropriate aftercare code

For categories **I20**-I25: Use additional code to identify presence of hypertension (I10-I16)

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)

Optum360 ICD-10-CM: Professional for Physicians 2019. Salt Lake City, UT: 2018.
1. Centers for Disease Control and Prevention. Underlying Cause of Death, 1999-2017. Accessed on December 7, 2018, at <https://wonder.cdc.gov/ucd-icd10.html>
2. Mozaffarian D, Benjamin EJ, Go AS, et al. On behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2015 update: a report from the American Heart Association Circulation. 2015; 131(4):e29-322.
3. Berry JD, Dyer A, Cai X, Garside DB et al. Lifetime Risks of Cardiovascular Disease. N Engl J Med 2012; 366(4):321-9.
4. Centers for Medicare and Medicaid Services. Intensive Behavioral Therapy for Cardiovascular Disease. MLN Matters #MM7636 Revised. March 23, 2012. Accessed on December 7, 2018 at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7636.pdf>