

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 angina pectoris 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)

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2019: "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." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2019. Codes marked with a + directly after them represent new additions to the FY 2019 ICD-10-CM code classification.

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 2, 2018, the Centers for Medicare & Medicaid Services (CMS) announced that 2018 dates of service for the 2019 payment year model is based on 100% of the 2019 CMS-HCC model mappings released April 2, 2018. See: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf>

For additional information as well as publications and products available for HEDIS[®], please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org. For additional information about the Five-Star Quality Rating System, please refer to: <http://go.cms.gov/partcandstarratings>.

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>>