

## Cardiology Documentation Tips

The following are important documentation tips and strategies for ICD-10 compliance:

Condition/Concept	ICD-10 Documentation Tips
<b>Acute Myocardial Infarction</b>	<b>Timeframe:</b> An AMI is now considered “acute” for 4 weeks from the time of the incident, revised the ICD-9 period of 8 weeks. <b>Episode of Care:</b> Initial, subsequent, sequelae <b>Subsequent AMI:</b> Code a new MI that occurs during the 4 week “acute period” of the original AMI.
<b>Angina</b>	<b>Type:</b> Stable, Unstable, Dressler’s syndrome, Postmyocardial syndrome, Angina Decubitus, Prinzmetal’s, etc.
<b>Arrhythmias/ Dysrhythmias</b>	<b>Location:</b> Atrial, ventricular, supraventricular, etc. <b>Rhythm Name:</b> Flutter, fibrillation, type 1 atrial flutter, long QT syndrome, sick sinus syndrome, etc. <b>Cause:</b> Hyperkalemia, hypertension, alcohol consumption, digoxin, amiodarone, verapamil
<b>Artery or graft occlusion</b>	<b>Type:</b> Partial or Complete <b>Location :</b> Vessel or graft, laterality <b>Due to:</b> atherosclerosis, thrombus, embolism
<b>Atherosclerotic Heart Disease with Angina Pectoris</b>	<b>Cause:</b> Note any causes other than atherosclerosis <b>Stability:</b> Stable angina pectoris, unstable angina pectoris <b>Vessel:</b> Note artery (if known) involved and native / autologous
<b>Cardiac Arrest</b>	<b>Etiology of:</b> cardiac condition(note), other condition, unknown
<b>Cardiomyopathy</b>	<b>Type:</b> Dilated/Congestive, Restrictive, Ischemic, Obstructive or unobstructive hypertrophic, etc. <b>Location:</b> Endocarditis, right ventricle, etc. <b>Cause:</b> Congenital, Alcohol, etc.
<b>CHF</b>	<b>Type:</b> Systolic, Diastolic, Combined <b>Acuity:</b> Acute, Chronic, Acute/Chronic
<b>Chest Pain</b>	<b>Etiology of:</b> Angina, GERD, Musculoskeletal, Anxiety, etc.
<b>Device, Implant or Graft Complications</b>	<b>Type:</b> PM, AICD, lead, cardiac valve prosthesis, A-V fistula, etc. <b>Complication:</b> Infection, Device malfunction, broken lead, etc.
<b>Embolism/Thrombus</b>	<b>Type:</b> Chronic , Acute <b>Location:</b> Body part
<b>Heart Valve Disease</b>	<b>Cause:</b> Rheumatic or non-rheumatic <b>Type:</b> Prolapse, insufficiency, regurgitation, incompetence, stenosis, etc. <b>Location:</b> Mitral valve, aortic valve, etc.
<b>Hypertension</b>	<b>Type:</b> Essential, Secondary, etc. <b>Causal Relationship:</b> Renal, pulmonary, etc.
<b>Hx Rheumatic Fever</b>	<b>Link Manifestation &gt;</b> Rheumatic Valve Disorders > AS, MV, Tricuspid Rheumatic myocarditis/pericarditis/endocarditis Rheumatic chorea w/wo heart involvement Rheumatic heart failure, other disease
<b>Pericarditis</b>	<b>Acuity:</b> Chronic, Acute
<b>Shock</b>	<b>Type:</b> Cardiogenic, Hemorrhagic, Hypovolemic, etc.

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<b>STEMI</b>	<b>Episode of care:</b> Initial or Subsequent <b>Infarction site and or vessel:</b> Anterior (Left Main, LAD, other) Inferior (RCA, other) Other (Left Circumflex, other) Unable to Determine
<b>Syncope</b>	<b>Etiology of:</b> Dehydration, Orthostatic hypotension, Medications, Arrhythmia, etc.
<b>Underdosing</b>	<b>Type:</b> Intentional, Unintentional, Non-compliance <b>Reason:</b> Financial hardship, etc.

References:

<http://www.roadto10.org/action-plan/phase-2-train/primer-cardiology/>

<http://www.nhrmc.org/body.cfm?id=6083&action=tree>