

Cardiovascular Documentation Tips

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

General:

- Document diagnosis that were “present on admission” as POA.
- Include diagnoses monitored, treated, evaluated on discharge summary.
- Laterality should be specified for all body parts and sites.

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

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Hypertension	<p>New Change: In ICD-10, benign or malignant hypertension no longer exists. Hypertension is defined as essential.</p> <p>Type: Essential, Secondary, etc.</p> <p>Causal Relationship: Renal, pulmonary, etc.</p>
Hypertension Heart Disease CHF	Document if relationship exists between conditions. Ex. CHF 2/2 hypertensive heart disease, Hypertensive cardiomyopathy
Paroxysmal Tachycardia	Type: Re-entry ventricular, SVT, VT, Paroxysmal unspecified
PE	Specify: with or without Cor Pulmonale
Pericarditis	Acuity: Chronic, Acute
SA Node Dsyfunction	Type: SSS, Tachy-bradycardia, Sinus bradycardia, sinoatrial bradycardia,
Shock	Type: Cardiogenic, Hemorrhagic, Hypovolemic, etc.
STEMI	<p>Episode of care: Initial or Subsequent</p> <p>Infarction site and or vessel: Anterior (Left Main, LAD, other) Inferior (RCA, other) Other (Left Circumflex, other) Unable to Determine</p>
NonSTEMI	Episode of care: Initial or Subsequent
Syncope	Etiology of: Dehydration, Orthostatic hypotension, Med effect, Arrhythmia, etc.
Procedures	
Ablation	<p>Site Laterality</p>
CABG	<p>Body part bypassed from: Ex. Aorta, LIMA, other</p> <p>Body part bypassed to: Coronary</p> <p>Number of sites treated: Ex. 2</p> <p>Type of graft: Autologous, vein/artery, synthetic</p>
Pacemaker Insertion	Type: Permanent, Single chamber, Dual chamber
PTCA	<p>Number of treated sites Type of Stent: DES, BMS</p>
Valve Replacement	<p>Type: Aortic, Mitral, Pulmonary</p> <p>Type of valve: Synthetic, Animal, Autologous, Nonautologous</p>

Reference(s):

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

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