

# Insider

Informative and educational coding information for providers

## FOCUS ON: CARDIOVASCULAR DISEASE



### Facts about Cardiovascular Disease

Cardiovascular disease (CVD) is common in the general population and is the leading cause of death and hospitalizations in the United States.<sup>1</sup> CVD includes: Coronary heart disease (CHD) manifested by myocardial infarction (MI), angina pectoris, heart failure and

coronary death; Cerebrovascular disease manifested by stroke and TIA; Peripheral artery disease manifested by intermittent claudication; Aortic atherosclerosis and thoracic or abdominal aneurysm.

The American Heart Association reported that 17.6 million persons in the United States have coronary heart disease (CHD), including 8.5 million with MI and 10.2 million with angina pectoris.<sup>2</sup> The reported prevalence increases with age for both sexes. In the worldwide INTERHEART study of patients from 52 countries, nine potentially modifiable factors accounted for over 90 percent of the population-attributable risk of a first MI: smoking, dyslipidemia, hypertension, diabetes, abdominal obesity, psychosocial factors, daily consumption of fruits and vegetables, regular alcohol consumption and regular physical activity.<sup>3</sup>

Thus, the Centers for Medicare and Medicaid Services now cover annual Intensive Behavioral Therapy (IBT) for CVD.<sup>1</sup> CMS covers this 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 IBT for CVD also MUST include three components:

- 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.

Effective interventions combine education with behaviorally-oriented counseling to help patients acquire the skills, motivation, and support needed to alter their lifestyle choices and must be properly documented.

Optum does not warrant that this easy reference guide, supplied for informational purposes, is complete, accurate or free from defects; the ICD-9-CM and ICD-10-CM code books are the authoritative references. 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. In 2013, CMS announced an "updated, clinically revised CMS-HCC risk adjustment model" that differs from the proposed model. See: [www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2014.pdf](http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2014.pdf), [www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2014.pdf](http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2014.pdf) and [www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html](http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html).

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From the ICD-10-CM Official Guidelines for Coding and Reporting 2014 by The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS): "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."

### ALWAYS REMEMBER...

- Document the **site** and the **date** of the acute myocardial infarction
- Document the **type** of angina
- Document the **type** of heart failure

### DOCUMENTATION AND CODING TIPS

#### ICD-9-CM<sup>4</sup>

**Acute Myocardial Infarction:** 410.xx Acute myocardial infarction (acute or **8 weeks or less** from the MI)

- The 4th digit reports the **site of the infarction**
- The 5th digit 0, 1 or 2 reports the **episode of care**

Example:

**410.01** Acute myocardial infarction of anterolateral wall, initial episode of care

**Angina:** 413.x Angina pectoris

- The 4th digit reports the **type of angina**

Example:

**413.1** Prinzmetal angina

**Heart Failure:** 428.xx Heart failure

- The 4th digit reports the **type of heart failure**
- The 5th digit 0, 1, 2 or 3 reports the heart failure as unspecified, acute, chronic or acute-on-chronic

Example:

**428.22** Chronic systolic heart failure

#### ICD-10-CM<sup>5</sup>

**Acute Myocardial Infarction:** I21.- ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (acute or **4 weeks, 28 days or less from MI**)

- The 4th digits 0, 1, 2, 3 report STEMI and the **site of the infarction**
- The 4th digit 4 reports NSTEMI
- The 5th digits beneath .0, .1 and .2 further define **exact vessel or site**

Example:

**I21.09** ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall

**Angina:** I20.- Angina pectoris

- The 4th digits 0, 1, 8, 9 report the **type of angina**

Example:

**I20.1** Angina pectoris with documented spasm

**Heart Failure:** I50.- Heart failure

- The 4th digit reports the **type of heart failure**
- The 5th digits beneath .2, .3, and .4 report the heart failure as unspecified, acute, chronic or acute-on-chronic

Example:

**I50.22** Chronic systolic (congestive) heart failure

Note: If a provider documents "congestive heart failure," it now codes to I50.9, Heart failure, unspecified.

1 "Cardiovascular Disease Services." Medicare Learning Network. Centers for Medicare & Medicaid Services, July 2012. Web. 15 Jan. 2013. <<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Cardiovascular-Disease-Services-Booklet-ICN907784.pdf>>.

2 Lloyd-Jones D, Adams RJ, Brown TM, et al Executive summary: heart disease and stroke statistics-2010 update: a report from the American Heart Association. *Circulation* 2010; 121:948.

3 Yusuf S, Hawken S, Ounpuu S, et al. Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study. *Lancet* 2004; 364:937.

4 World Health Organization: ICD-9-CM for Providers, Professional Ed. Volumes 1&2. 2014. Alexandria, VA: OptumInsight, 2013

5 World Health Organization: ICD-10-CM The Complete Official Draft Code Set. Volumes 1&2. 2014. Alexandria, VA: OptumInsight, 2013