

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 statistics state that between 2013 and 2016, 121.5 million American adults had some form of cardiovascular disease.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 5th characters after **.0, .1** and **.2** further define exact vessel or site, or **.9** other sites

I21.A1 Myocardial infarction (type 2)**I21.A9** Other myocardial infarction type (for example, types 3, 4a, 4b, 4c and 5)

Note: Code first the underlying cause the Type 2 MI, such as anemia, COPD, paroxysmal tachycardia or shock.

I21.9 Acute myocardial infarction, unspecified

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 2020: "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 2020.

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification 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 1, 2019, the Centers for Medicare & Medicaid Services (CMS) announced that 2019 dates of service for the 2020 payment year model are based on the Centers for Medicare & Medicaid Services Announcement April 1, 2019. Website: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>

Optum360 ICD-10-CM: Professional for Physicians 2020. Salt Lake City, UT: 2019.

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. Benjamin EJ, Muntner P, Alonso A, Bittencourt MS, Callaway CW, Carson AP, Chamberlain AM, Chang AR, Cheng S, Das SR, Delling FN, Djousse L, Elkind MSV, Ferguson JF, Fornage M, Jordan LC, Khan SS, Kissela BM, Knutson KL, Kwan TW, Lackland DT, Lewis TT, Lichtman JH, Longenecker CT, Loop MS, Lutsey PL, Martin SS, Matsushita K, Moran AE, Mussolino ME, O'Flaherty M, Pandey A, Perak AM, Rosamond WD, Roth GA, Sampson UKA, Satou GM, Schroeder EB, Shah SH, Spartano NL, Stokes A, Tirschwell DL, Tsao CW, Turakhia MP, VanWagner LB, Wilkins JT, Wong SS, Virani SS, on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics - 2019 update: a report from the American Heart Association [published online ahead of print January 31, 2019]. Circulation. doi: 10.1161/CIR.0000000000000659. https://professional.heart.org/idc/groups/ahamh-public/@wcm/@sop/@smd/documents/downloadable/ucm_503396.pdf

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>>