Diseases of the Circulatory System

ICD-10

Chapter 9 (100-199): circulatory system

Hypertensive diseases (110-115)

- The hypertension codes extend from I10 to I15, and there is no I14.
- Include various hypertensive diseases, such as hypertensive heart disease, hypertension with acute renal failure and hypertension with chronic renal failure.
- For a patient with chronic and acute on chronic renal disease and hypertension, the primary code should be from category I12, hypertensive chronic kidney disease, followed by a secondary code from category N18 to report the stage of the renal disease.
- The combination hypertensive codes require supplementary codes to identify the stage of kidney disease and/or the type and acuteness of heart failure when those disorders are present.
- There are just two base codes for patients with hypertension and heart disease: I11.0 (with heart failure) and I11.9 (without heart failure).
- ICD-10 assumes a causal relationship between hypertension (HTN) and CKD, but the provider must document the relationship between HTN and heart disease.

Chronic rheumatic heart diseases (195-199)

- Includes disorders related to rheumatic fever

Pulmonary heart disease and diseases of pulmonary circulation (126-128)

- Includes pulmonary embolism, pulmonary hypertension, cor pulmonale, arteriovenous fistula and pulmonary artery aneurysm

Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified (NEC) (180-188)

- Includes phlebitis, thrombophlebitis, embolism, thrombosis, varicose veins, hemorrhoids, venous insufficiency, vein strictures, lymphangitis, lymphedema, and esophageal varices

Other and unspecified disorders of circulatory system (195-199)

- Includes hypotension, gangrene, intraoperative and postprocedural complications and conditions NEC (Grebner and Suarez, 2013)

The ICD-10 codes that denote circulatory diseases in chapter 9 start with the letter I, not the digit 1.
ICD-10 defines acute MI as encounters that occur when MI is less than or equal to four weeks old.

Other forms of heart disease (I00-19)

Involves various forms of pericarditis, cardiomyopathy, heart block, arrhythmias, valve disorders, pericardial effusion and heart failure

Heart failure (I50-52): Denotes the type: left ventricular, systolic, diastolic, and combined systolic and diastolic. Congestive is a nonspecific modifier in the I50.21 category. The sequencing of the I22 and I23 category in conjunction with a code from the I21.- category depends on the circumstances of the MI.

STEMI involving right coronary artery (I21.13), which she suffered 5 days ago.

B. Atrial fibrillation can now be identified as:

Persistent (428.1)

Atrial flutter

Typical (485.3)

Atrial flutter

Atypical (484.3)

Unspecified (484.92)

With documented spasm (484.94)

D. Sinus dysrythmia (490.4)

Cerebrovascular diseases (I60-169)

List conditions that exist because of a cerebrovascular event.

Describe the residual condition fully (e.g., cognitive deficits, aphasia, dysarthria, hemiplegia, ataxia, etc.)

Specify the anatomic site (e.g., upper limb, lower limb, etc.)

State the laterality when applicable (e.g., left, right, nondominant)

Identify the affected side as dominant or nondominant.

Provide the underlying cause (e.g., hemodynamic hypoxia secondary to history of a ruptured aneurysm).

1. Nontraumatic hemorrhagic cerebral vascular accidents (I66.0- to I66.2-): Important to provide the location or source of the hemorrhage (e.g., left, right limb, etc.); if the documentation states bilateral hemorrhage sites, assign codes for each side when there is no bilateral option for this series.

2. Occlusive CVAs (I63- to I68-): Must specify if it is thrombotic, embolic or use unspecified if not resulting in infarction and the location of occlusion; if the patient has an infarction due to bilateral thromboses in the right and left carotid arteries, both codes would be assigned.

3. Cerebral infarction due to thrombosis of unspecified carotid artery (I63.099)

Sequela

Sequence of cerebrovascular disease (i.e., synchronous with late effect) appears in ICD-10 code (I60-), and it specifies whether the sequelae is a result of a hemorrhagic or occlusive CVA as well as the residual condition. The combination codes make it easier to identify all specific information in one code.

Report code Z86.75 (personal history of CVA/TIA without residual deficits) as an additional code for history of cerebrovascular disease when no neurologic deficits are present. Codes from category I60- are applicable to a history of cerebrovascular disease with specified hemiplegia, hemiparesis, or heminopia, identify whether the dominant or nondominant side is affected.

For ambidextrous patients, the default should be dominant.

If the left side is affected, the default is nondominant.

If the right side is affected, the default is dominant.