Hypertensive diseases (I10-I15)

- 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 (I05-I09)

- Includes disorders related to rheumatic fever

Pulmonary heart disease and diseases of pulmonary circulation (I26-I28)

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

Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified (NEC) (I80-I89)

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

Other and unspecified disorders of circulatory system (I95-I99)

- Includes hypotension, gangrene, intraoperative and postprocedural complications and conditions NEC (Grebner and Suarez, 2013)
A. Chronic ischemic heart disease, unspecified (I25.9).

Symptoms for more than four months: locate in I11.3.

B. Chronic angina pectoris (I25.7-).

If a patient with coronary artery disease is admitted due to an acute myocardial infarction (MI), the coder must report a code from the I22.- category. The sequencing of the I22 and I23 codes is determined by the temporal parameter (initial, subsequent MIs, and old MI).

Example: A patient comes for a check-up of his chronic ischemic heart disease, recently diagnosed. He is getting better after his two week hospital follow-up. He is getting better. The coder assigns code I21.3.

ICD-10 defines acute MI as an event with a duration of four weeks. It does not include those with a duration of more than four weeks.

Note that states AMIs define as having a duration of four weeks (28 days) or less from onset.

C. Acute myocardial infarction (MI). I22.

The default for the unspecified term acute is the I22.11; denotes the specific wall and the coronary artery involved in the MI. Code I22.11 - has a note that states AMIs are defined as having a duration of four weeks (28 days) or less from onset.

D. A patient comes for a check-up of his chronic ischemic heart disease, recently diagnosed. He is getting better after his two week hospital follow-up. He is getting better. The coder assigns code I21.3.

ICD-9: ST/NI (STEMI) or non STEMI (NSTEMI) when applicable. The coder assigns code I21.3.

Example: A patient comes for a check-up of his chronic ischemic heart disease, recently diagnosed. He is getting better after his two week hospital follow-up. He is getting better. The coder assigns code I21.3.

ICD-10: I21.- has a note that states AMIs are defined as having a duration of four weeks (28 days) or less from onset.

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