



ICD-10 Diagnosis Documentation Tips – Cardiac Electrophysiology

Hypertension:

- ❖ No longer classified as controlled or uncontrolled, malignant, benign
- ❖ Very important to document the causal relationship between hypertension and heart disease
- ❖ Heart failure type specificity:
 - Acute, chronic, acute on chronic
 - Systolic, diastolic, combined systolic and diastolic

Acute MI:

- ❖ STEMI and NSTEMI are now codeable terms
- ❖ Document location: Anterior (left main coronary, left anterior descending, other coronary artery), Inferior (right coronary artery, other), Other (left circumflex, other sites)
- ❖ An AMI is considered acute under ICD-10 if it occurred within the past 4 weeks (was 8 weeks under ICD-9) - document
- ❖ Subsequent AMI – NEW
 - Defined as an AMI occurring within 4 weeks of previous AMI, regardless of site

Note: Unspecified aortic/mitral and multiple valve disorders default to rheumatic valve disease unless specified as non-rheumatic



ICD-10 [INPATIENT] Procedural Coding Tips – Cardiac Electrophysiology

Section – typical procedures are medical/surgical, don't need to state

- **Electrophysiologic mapping** – in the mapping section
- **Ablation** – a medical/surgical procedure (destruction)
- **Stress Test** – measurement and monitoring section
- **Stress Thallium** – in the nuclear medicine section

Body system –

Root operation – describes the intent of the procedure (common examples)

- **Drainage** – paracentesis, aspiration, etc.
- **Excision** – removal of a portion of a body part (biopsies)
- **Resection** – removal of all of a body part
- **Insertion / removal** – central line placement

Body part – the specific body part (or subsection thereof) addressed in an procedure (chest tube place in R pleural space)

Approach – open, percutaneous, via natural opening (foley, etc.)

Device – describe the type or simply state the exact device(s) left in the patient at the conclusion of the procedure

Qualifier – if aspiration is diagnostic, be sure to state so

PTCA Documentation:

- ❖ Document the number of sites dilated
 - For each site dilated, document the device utilized; i.e.; drug-eluting stent, non-drug-eluting stent, radioactive drug, none

Insertion of dual chamber pacemaker:

- ❖ Principle: get credit for each component procedure, by specifically describing each component at the top of your procedure note:
 - Percutaneous insertion pacemaker lead into left atrium (coded)
 - Percutaneous insertion pacemaker lead into left ventricle (coded)
 - Open insertion dual chamber pacemaker into subcutaneous tissue chest wall (coded)