

Cardiology Coding Alert

ICD-10: Brush Up on Your Atherosclerosis Knowledge for ICD-10 Coding Success

Hint: Always report a combo code when the cardiologist documents CAD with angina.

When a patient suffers from atherosclerosis, the walls of his arteries have hardened. In turn, if atherosclerosis causes a build-up of plaque in the arteries of the patient's heart, this can cause coronary artery disease (CAD).

You learned handy tips to help submit clean atherosclerosis claims in the article, "Pinpoint Your Atherosclerosis Codes With This Advice," in *Cardiology Coding and Billing Alert* Vol. 21, No. 3.

Now, take a look at some common errors people make when reporting atherosclerosis and learn what you can do to sidestep these pitfalls in your own cardiology practice.

Always Report Correct Dx Code for Atherosclerosis With Angina

Mistake 1: "I tend to see I25.10 (Atherosclerotic heart disease of native coronary artery without angina pectoris) used for everything because it is the easiest to remember," says **Rebecca Sanzone, CPC, CPMA**, compliance administrator at St. Vincent Medical Group/Ascension Health in Indianapolis, Indiana. "But, if the patient has angina, you cannot use that code."

Solution 1: If the patient has atherosclerotic heart disease of the native coronary artery, along with angina pectoris, you would report a code from category I25.11- (Atherosclerotic heart disease of native coronary artery with angina pectoris).

You need to confirm in the documentation the specific area of the CAD - whether it is within the native artery or documented to be within the artery or vein graft and whether the angina is present or controlled, says **Mari Robinson, CPC, CPMA, CRC, CCC**, compliance analyst of chronic conditions at Riverside Medical Group in Newport News, Virginia.

When the patient has atherosclerotic heart disease of the native coronary artery, along with angina pectoris, you must use an appropriate combination code from I25.110 through I25.119, according to Robinson. "Do not code the angina and CAD separately," she adds.

Your ICD-10 choices from category I25.11- are as follows:

- I25.110 (Atherosclerotic heart disease of native coronary artery with unstable angina pectoris)
- I25.111 (Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm)
- I25.118 (Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris)
- I25.119 (Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris).

Know Whether Native or Grafted Artery is Involved

Mistake 2: Another common mistake is the cardiologist not documenting whether the atherosclerosis is of a native or grafted artery, says **Carol Hodge, CPC, CCC, CEMC**, certified medical coder of St. Joseph's Cardiology in Savannah, Georgia.

Solution 2: To combat making this mistake, you should teach your physicians to document specifically what type of atherosclerosis the patient has, Hodge says.

Double-Check the Documentation for Important Details

Mistake 3: A third common mistake that can cause you to stumble is not paying attention to the documentation details regarding the bypass graft with angina.

Solution 3: You should only code atherosclerotic heart disease involving a bypass graft with angina, I25.7- (Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris), when documented by the provider, Robinson says.

"Do not use these codes for atherosclerotic heart disease for a patient that has had a bypass in the past, unless the provider specifically documents the atherosclerosis is in the bypass graft," Robinson adds.