

## Part B Insider (Multispecialty) Coding Alert

### Part B Coding Coach: Looking Ahead: 7 ICD-10-CM Revelations for 2017 That Change Cardiology

**Dreams do come true**—new stent codes that will make your coding easier.

The CDC has posted a preliminary list of ICD-10-CM changes for October 1 (aka ICD-10-CM 2017), and just in case you don't want to sort through about 2,000 new codes, we've narrowed down the list to seven main areas cardiology coders need to know.

**Be warned:** The list is not yet final. The CDC will post the final addendum in June.

**Resource:** To review the complete list, head to [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Publications/ICD10CM/2017/NewICD10CMCodes\\_FY2017.txt](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2017/NewICD10CMCodes_FY2017.txt).

#### 1. Find Fresh Approach to Familial Hypercholesterolemia

If you had to code "familial hypercholesterolemia" today, you would have to use generic code E78.0 (Pure hypercholesterolemia).

But you can expect ICD-10-CM 2017 to replace E78.0 with two new options:

- E78.00, Pure hypercholesterolemia, unspecified
- E78.01, Familial hypercholesterolemia.

**Don't miss:** ICD-10-CM has another familial hypercholesterolemia code planned, too:

- Z83.42, Family history of familial hypercholesterolemia.

#### 2. Get Specific About Hypertensive Crisis Coding

Currently, the ICD-10-CM Index directs you to see the Hypertension entry if you look up "Urgency, hypertensive."

You can anticipate all new hypertensive crisis coding options in October:

- I16.0, Hypertensive urgency
- I16.1, Hypertensive emergency
- I16.9, Hypertensive crisis, unspecified.

According to the American Heart Association, hypertensive urgency involves severely elevated blood pressure (180 or higher systolic or 110 or higher diastolic) with no associated organ damage. With hypertensive emergency there is organ damage. You will use the unspecified code if the provider does not document urgency or emergency for the hypertensive crisis.

#### 3. Step Up Specificity for Aneurysm and Dissection

ICD-10-CM will likely offer a couple of new options that will allow you to be more specific in your artery aneurysm coding:

- I72.5, Aneurysm of other precerebral arteries
- I72.6, Aneurysm of vertebral artery.

Artery dissection will probably see more specific options in October, as well, with the following additions to I77.7- (Other

arterial dissection):

- I77.70, Dissection of unspecified artery
- I77.75, Dissection of other precerebral arteries
- I77.76, Dissection of artery of upper extremity
- I77.77, Dissection of artery of lower extremity.

You also can expect a revision to "other" code I77.79:

- **2016:** I77.79, Dissection of other artery
- **2017:** I77.79, Dissection of other specified artery.

#### 4. Add These Congenital Aorta Anomaly Options

If your patients include those with congenital anomalies, you may appreciate the expected addition of a variety of aorta codes. Pediatric cardiologists may find these particularly helpful, says **Christina Neighbors, MA, CPC, CCC**, Coding Quality Auditor for Conifer Health Solutions, Coding Quality & Education Department.

The first two replace current option Q25.2 (Atresia of aorta):

- Q25.21, Interruption of aortic arch
- Q25.29, Other atresia of aorta.

The next grouping gives you 10 codes in place of Q25.4 (Other congenital malformations of aorta):

- Q25.40, Congenital malformation of aorta unspecified
- Q25.41, Absence and aplasia of aorta
- Q25.42, Hypoplasia of aorta
- Q25.43, Congenital aneurysm of aorta
- Q25.44, Congenital dilation of aorta
- Q25.45, Double aortic arch
- Q25.46, Tortuous aortic arch
- Q25.47, Right aortic arch
- Q25.48, Anomalous origin of subclavian artery
- Q25.49, Other congenital malformations of aorta.

You also can expect to see a new option for a rare genetic disorder with Q87.82 (Arterial tortuosity syndrome).

And if your cardiologist is called in to check a newborn, you may find this new code useful: Z05.0 (Observation and evaluation of newborn for suspected cardiac condition ruled out).

#### 5. Pick Up on Subtle Postprocedural Updates

You can expect to see patterns in the revisions to postprocedural complication codes.

First, watch for changes to postprocedural hemorrhage and hematoma codes, with ICD-10-CM 2017 providing distinct options for each.

For example, note the changes to these cardiac catheterization codes:

- **2016:** I97.610, Postprocedural **hemorrhage and hematoma** of a circulatory system organ or structure following a cardiac catheterization
- **2017:** I97.610, Postprocedural **hemorrhage** of a circulatory system organ or structure following a cardiac catheterization
- **2017:** I97.630, Postprocedural **hematoma** of a circulatory system organ or structure following a cardiac catheterization.

Postprocedural cerebrovascular infarction codes will see a minor wording change that helps clarify proper use of the

codes:

- **2016:** I97.820, Postprocedural cerebrovascular infarction **during** cardiac surgery
- **2017:** I97.820, Postprocedural cerebrovascular infarction **following** cardiac surgery.

## 6. Keep Tabs on Prosthetic Device Complication Codes

You'll see another pattern when you sift through the changes to T82.8- (Other specified complications of cardiac and vascular prosthetic devices, implants and grafts).

The expected 2017 update clarifies the code descriptors by changing them to specify the named complication is "due to" the device rather than "of" the device.

For example, check out these embolism codes:

- **2016:** T82.817A, Embolism **of** cardiac prosthetic devices, implants and grafts, initial encounter
- **2017:** T82.817A, Embolism **due to** cardiac prosthetic devices, implants and grafts, initial encounter.

In addition to embolism, the complications you'll find in codes with this wording change include fibrosis, hemorrhage, and thrombosis.

Pain codes see a similar change, which keeps the language used consistent. The pain codes replace the term "from" with the term "due to."

For example, compare these two codes:

- **2016:** T82.848A, Pain **from** vascular prosthetic devices, implants and grafts, initial encounter
- **2017:** T82.848A, Pain **due to** vascular prosthetic devices, implants and grafts, initial encounter

## 7. See What's New for Stent Stenosis

Last but certainly not least, you can anticipate new options to report vascular stent stenosis with the new codes listed below. This should be a useful addition, Neighbors says.

### Coronary:

- T82.855A, Stenosis of coronary artery stent, initial encounter
- T82.855D, Stenosis of coronary artery stent, subsequent encounter
- T82.855S, Stenosis of coronary artery stent, sequela

### Peripheral Vascular:

- T82.856A, Stenosis of peripheral vascular stent, initial encounter
- T82.856D, Stenosis of peripheral vascular stent, subsequent encounter
- T82.856S, Stenosis of peripheral vascular stent, sequela

To make way for these additions, the existing stenosis codes will add the term "other."

### Cardiac:

- **2016:** T82.857-, Stenosis of cardiac prosthetic devices, implants and grafts ...
- **2017:** T82.857-, Stenosis of **other** cardiac prosthetic ...

### Vascular:

- **2016:** T82.858-, Stenosis of vascular prosthetic devices, implants and grafts ...
- **2017:** T82.858-, Stenosis of **other** vascular prosthetic...

**Stay tuned:** We'll keep you posted once the final addendum comes out. Check out "Does Your Cardiologist Document MI Type 1-5?" in this issue to see another update under consideration for October 1 implementation.

