

CODING SPOTLIGHT

FOCUS ON VASCULAR CONDITIONS



CVA, TIA, MI and Other Acute Vascular Conditions

Health plan claims analysis reveals that cerebral vascular accidents (CVA), transient cerebral ischemic attack (TIA), and myocardial infarctions (MI) are frequently miscoded diagnoses. It's important that accurate coding and correct documentation are used for reporting these conditions.

While some conditions develop slowly and exist over extended periods, others develop suddenly and last a short time, often only a few days or weeks. It is appropriate to report an acute condition when it is present and actively being treated.

Once an acute illness has resolved, it should no longer be reported as active. [ICD-10-CM](#) recognizes the need to report the occurrence of past conditions that have been resolved. Personal history codes are used for this purpose.

Only code the acute code when the condition is less than four weeks old. After that fourth week, it should be coded as a historical condition. If the patient is continuing treatment for the vascular condition, it is considered chronic.

Several coding grids are included to assist you in determining the appropriate codes.

| Myocardial infarctions | Code |
|--|------------------|
| STEMI myocardial infarction * 5 th digit identifies site | I21.0xI - I21.2x |
| NOS/STEMI, NOS myocardial infarction | I21.3 |
| NSTEMI/nontransmural | I21.4 |
| MI occurring within 4 weeks of prior MI *4 th digit loc and type | I22.X |
| Cerebrovascular accidents | Code |
| Initial emergent care 4 th and 5 th digits identify location/cause | I63.xx |
| Subsequent care sequelae of cerebral infarction | I69.3xx |
| Transient ischemic attack | Code |
| Initial diagnosis transient cerebral ischemic attack unspecified | G45.9 |
| Subsequent care should not be coded use the personal history code from above | Z86.73 |

Quality Corner

Personal history codes

The codes associated with historical vascular conditions are below.

| ICD-10-CM code | Condition |
|----------------|--|
| I25.2 | History of myocardial infarction more than 4 weeks ago |
| Z86.711 | Personal history of pulmonary embolism |
| Z86.718 | Personal history of other venous thrombosis and embolism |
| Z86.73 | Personal history of TIA and CVA |

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| Initial care nontraumatic intracranial hemorrhage | Code |
|--|--------|
| Nontraumatic subarachnoid hemorrhage *4th and 5th digits identify location (artery) and laterality | I60.xx |
| Nontraumatic intracerebral hemorrhage *4th digit identifies location | I61.x |
| Other nontraumatic intracranial hemorrhage *4th and 5th digits identify location and acuity | I62.xx |

| Subsequent care nontraumatic intracranial hemorrhage | Code |
|---|---------|
| Sequelae of nontraumatic subarachnoid hemorrhage *5th and 6th digits identify nature of late effect | I69.0xx |
| Sequelae of nontraumatic intracerebral hemorrhage *5 th and 6 th digits identify nature of late effect | I69.1xx |
| Sequelae of other nontraumatic intracranial hemorrhage *5 th and 6 th digits identify nature of late effect | I69.2xx |
| In the absence of sequelae, report personal history code | Z86.73 |

| Acute deep vein thrombosis and pulmonary embolism requiring initiation of anticoagulant therapy | Code |
|---|---------|
| Acute pulmonary embolism, NOS | I26.99 |
| Acute embolism and thrombosis of deep veins of lower extremity *5 th and 6 th digits identify vessel and laterality | I82.4xx |
| Acute embolism and thrombosis of deep veins of upper extremity *6 th digit indicates laterality | I82.62x |

| Chronic deep vein thrombosis and pulmonary embolism that requires continuation of anticoagulation therapy | Code |
|---|---------|
| Chronic pulmonary embolism | I27.82 |
| Chronic embolism and thrombosis of deep veins of lower extremity *5 th and 6 th digits identify vessel and laterality | I82.5xx |
| Chronic embolism and thrombosis of deep veins of upper extremity *6 th digit identifies laterality | I82.72x |
| No guidance on when conditions are considered chronic – determined by provider documentation | |

The content in this Newsletter is for informational purposes only and not intended as medical or coding advice or to direct treatment. Physicians and other health care providers are solely responsible for their treatment and coding decisions and should not use the information presented to substitute independent judgment.

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