Clinical Documentation Tips – Cardiology

For cardiology, the focus is increased specificity and documenting the downstream effects of the patient’s condition.

- **Acute Myocardial Infarction (AMI)**
  - When documenting hypertension, include the following:
    1. **Timeframe** – An AMI is now considered “acute” for four weeks from the time of the incident, a revised timeframe from the current ICD-9 period of 8 weeks
    2. **Episode of Care** – ICD-10 does not capture episode of care (e.g. initial, subsequent, sequelae)
    3. **Subsequent AMI** – ICD-10 allows coding of a new MI that occurs during the four week “acute period” of the original AMI
- **Hypertension**: In ICD-10, hypertension is defined as essential (primary). The concept of “benign or malignant” as it relates to hypertension no longer exists.
  - When documenting hypertension, include the following:
    1. **Type** – e.g. Essential, secondary, etc.
    2. **Casual relationship** – e.g. Renal, pulmonary, etc.
- **Congestive Heart Failure**: If you document “decompensation” or “exacerbation,” the CHF type will be coded as “acute on chronic.”
  - When documenting CHF, include the following:
    1. **Cause** – e.g. Acute, chronic
    2. **Severity** – e.g. Systolic, diastolic
- **Underdosing**: Underdosing is an important new concept and term in ICD-10. It allows you to identify when a patient is taking less of a medication than is prescribed.
  - When documenting underdosing, include the following:
    1. **Intentional, Unintentional, Non-compliance** – Is the underdosing deliberate? (e.g. patient refusal)
    2. **Reason** – Why is the patient not taking the medication? (e.g. financial hardship, age-related debility)
- **Atherosclerotic Heart Disease with Angina Pectoris**
  - When documenting atherosclerotic heart disease with angina pectoris, include the following:
    1. **Cause** – Assumed to be atherosclerosis; note if there is another cause
    2. **Stability** – e.g. Stable angina pectoris, unstable angina pectoris
    3. **Vessel** – Note which artery (if known) is involved and whether the artery is native or autologous
    4. **Graft involvement** – If appropriate, whether a bypass graft was involved in the angina pectoris diagnosis; also note the original location of the graft and whether it is autologous or biologic
- **Cardiomyopathy**
  - When documenting cardiomyopathy, include the following, where appropriate:
    1. **Type** – e.g. Dilated/congestive, obstructive or non-obstructive hypertrophic, etc.
    2. **Location** – e.g. Endocarditis, right ventricle, etc.
    3. **Cause** – e.g. Congenital, alcohol, etc.
  - List cardiomyopathy seen in other diseases such as gout, amyloidosis, etc.
- **Heart Valve Disease**: ICD-10 assumes heart valve diseases are rheumatic; if this is not the case, notate otherwise.
  - When documenting heart valve disease, include the following:
    1. **Cause** – e.g. Rheumatic or non-rheumatic
    2. **Type** – e.g. Prolapse, insufficiency, regurgitation, incompetence, stenosis, etc.
    3. **Location** – e.g. Mitral valve, aortic valve, etc.
- **Arrhythmias/Dysrhythmia**
  - When documenting arrhythmias, include the following:
    1. **Location** – e.g. Atrial, ventricular, supraventricular, etc.
    2. **Rhythm name** – e.g. Flutter, fibrillation, type 2 atrial flutter, long QT syndrome, sick sinus syndrome, etc.
    3. **Acuity** – e.g. Acute, chronic, etc.
    4. **Cause** – e.g. Hyperkalemia, hypertension, alcohol consumption, digoxin, amiodarone, verapamil HCl

Questions? Email us at MedicareRiskAdj@hmsa.com