Vascular Disease

Risk Adjustment

Programs for Provider Engagement and Education

04/26/23

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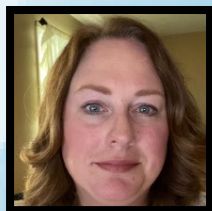- AHIMA accepts AAPC CEUs

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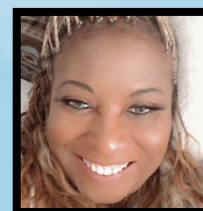
Team Introductions

Alexsandra Manuel BSN, BSW, CPC
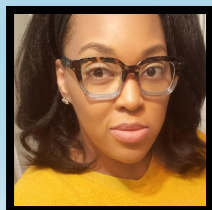Clinical Risk Management Analyst

Jacqueline Duncan BA, LPN, CPC, CRC, COBGC
Clinical Risk Management Analyst

Tracey Cox RN, CPC,CRC
Clinical Risk Management Analyst

Tonya Farmer-Eaton BS, CPC
Risk Adjustment Management Associate

Kira Cheek CPC,CRC
Risk Adjustment Management Associate

Laura Shelton
Risk Adjustment Management Associate

Agenda

NC

- Housekeeping
- Introductions
- Vascular Coding
  - ➢ (PVD, Deep Vein Thrombosis, Pulmonary Embolism, Vascular Aneurysm and CVA)
  - ➢ Definition
  - ➢ Types
  - ➢ Treatment
- ICD 10 coding of Vascular Disease
- Overview of CMS HCC Mapping Vascular Changes
- Coding Scenarios
- Question & Answer Session
- Link for Survey

Objectives

We are hopeful after this webinar participants will have:

➢A foundational level of common Vascular Diseases

➢Knowledge of frequently used ICD-10 coding sets related to Vascular coding

➢Understanding of upcoming CMS HCC Mapping Vascular Changes

➢Demonstrate knowledge of ICD-10 Vascular coding by participating in coding scenarios

Housekeeping

This Presentation will be available on the BCBSNC Provider's Risk Adjustment webpage for educational purposes only.

Please submit questions in the chat box webinar

If we cannot answer your question during the session, the response will be emailed to you after the Webinar.

Disclaimer

This presentation is intended for both physicians and office staff. The information contained in this presentation and responses to the questions are not intended to serve as official coding or legal advice.

All Coding should be considered case by case basis and should be supported by medical necessity and the appropriate documentation reflected within the medical record.
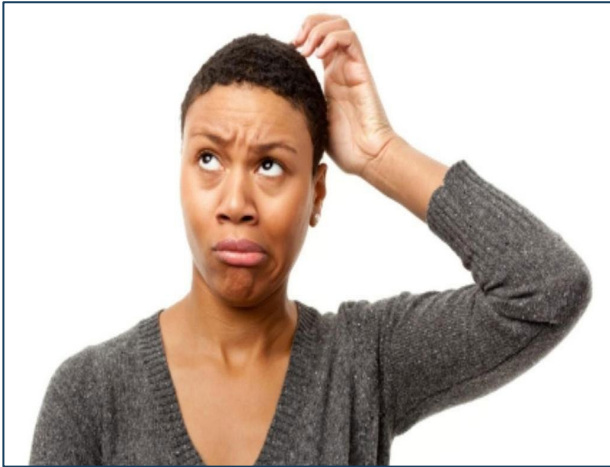
On a scale from 1-5, How comfortable are you with Vascular Coding?

1 Not comfortable	2 Familiar	3 Neutral	4 Proficient	5 Expert

Peripheral Vascular Disease

Peripheral Vascular Disease (PVD)

Definition

Peripheral Vascular Disease (PVD) is a broad term that refers to diseases of the blood vessels outside the heart and brain. This affects blood flow to the extremities. Peripheral vascular disease (PVD) is a slow and progressive circulation disorder.

Symptoms

Common signs of peripheral vascular disease are the classic "5 P's," are as follows: Pain, Paralysis, Pallor, Paresthesia & Pulselessness

Diagnosis

Along with a complete medical history and physical exam, other tests may include: Angiogram, Ankle-brachial index (ABI), Doppler flow studies, MRA
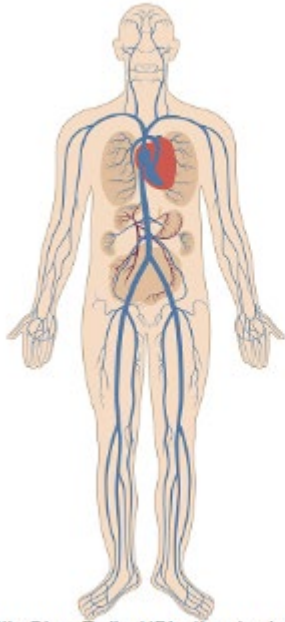
Treatment

Treatment could range from lifestyle modifications, medications or vascular surgery

Complications

Complications may include- Amputation, Poor wound healing, Reduced mobility, and Increased risk for Stroke

Vascular Disease

Venous system   Arterial system
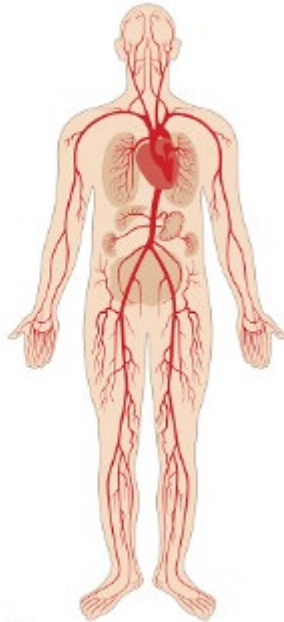
Credit: Olga Bolbot/Shutterstock.com

Coding Peripheral Vascular Disease

- Peripheral Vascular Disease, unspecified (**I73.9**)
    - Is there intermittent claudication?

- Atherosclerosis (**I70.xxx**)
    - Laterality of extremities
    - Presence of ulceration?
    - Gangrene Present?
    - Affected area
    - Presence of claudication?

Deep Vein Thrombosis

Deep Vein Thrombosis

Definition

Deep vein thrombosis is a blood clot or thrombus in a deep vein. They are most common in the leg. But they may also develop in the arm or other parts of the body.

Symptoms

Deep vein thrombosis may happen without symptoms. Common symptoms include pain, swelling, and redness in the leg, arm, or other area.

Diagnosis

Along with a medical history and physical exam other tests may include- Duplex Ultrasound, Lab work.

Treatment

Treatment may include- Blood Thinners, Inferior Vena Cava Filters.

Vascular Disease

Deep Vein Thrombosis

Healthy vein — Pooling blood

Valve

Embolus

Blood clot — Thrombosis

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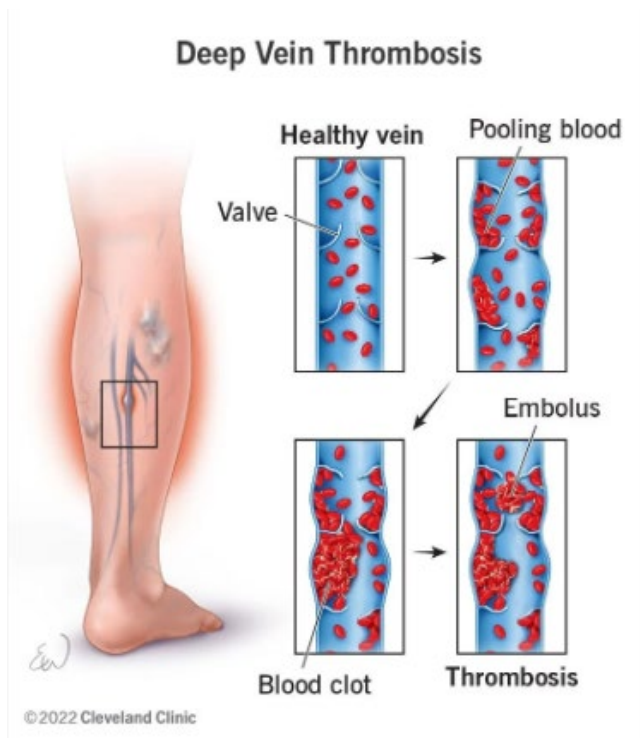
Coding Deep Vein Thrombosis

- Other Venous embolism thrombosis (**I82.xxx**)

    - (4th, 5th, and 6th digits to describe location and acuity)

    -Laterality of extremities

    -Affected area

    -Is the patient on Coumadin Treatment? (**Z79.01**)

    - History of DVT (**Z86.71**)

Pulmonary Embolism

Pulmonary Embolism

Definition

A pulmonary embolism (PE) is a blood clot that develops in a blood vessel in the body (often in the leg). It then travels to a lung artery where it suddenly blocks blood flow.

Symptoms

The most common symptoms of pulmonary embolism (PE) may include- SOB, Chest Pain, Low blood pressure, feeling of dizziness or lightheadedness.

Diagnosis

Along with a complete medical history and physical exam, tests used to look for a PE may include:-Chest X-ray Ventilation-Perfusion Scan (V/Q scan) Pulmonary Angiogram, CT Scan, or MRI

Treatment

Treatment for pulmonary embolism (PE) include- Anticoagulants, Clot blusters, Vena Cava Filters, Embolectomy, thrombectomy

Vascular Disease

Coding TIPS Pulmonary Embolism

Pulmonary Embolism (Acute) **(I26.xx)**
- With Acute Cor Pulmonae **(I26.0x)**

Chronic Pulmonary Embolism **(I27.82)**

Chronic Anticoagulant Therapy **(Z79.01)**

Presence of Vena Cava Filter **(Z95.828)**

Personal History of Pulmonary Embolism **(Z86.711)**

Vascular Aneurysm

Vascular Aneurysm

|	
Definition	An aneurysm is a bulging, weakened area in the wall of a blood vessel resulting in an abnormal widening or ballooning greater than 50% of the vessel's normal diameter
Symptoms	Aneurysms may be asymptomatic (no symptoms) or symptomatic (with symptoms). Symptoms associated with aneurysms depend on the location of the aneurysm in the body
Diagnosis	Selection of a type of diagnostic examination is related to the location of the aneurysm. Some diagnostic procedures may include: MRI, CT Scan, Angiogram
Treatment	Treatment options for an aneurysm may include medication, controlling risk factors, surgery

Vascular Disease

Normal aorta

Aorta with large abdominal aneurysm

Coding Vascular Aneurysm
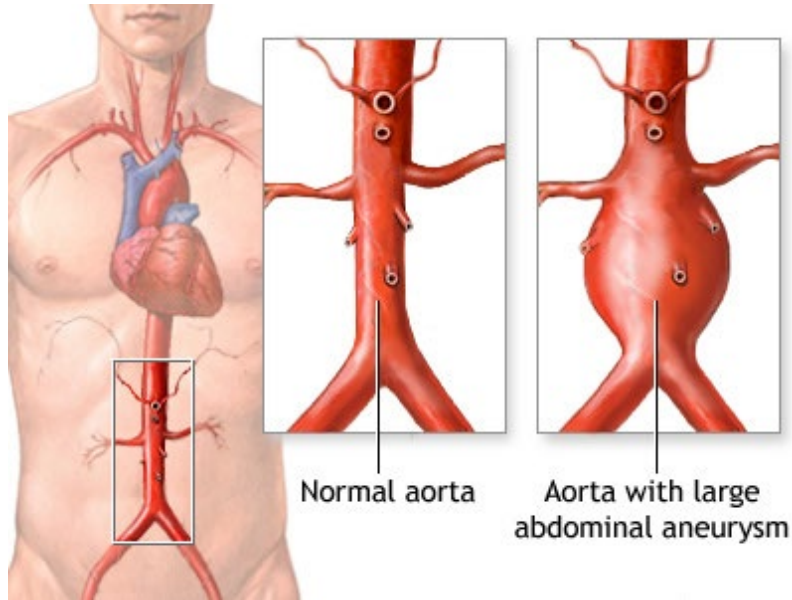
Aortic (Aorta) Aneurysm (I71.xx)
Location + Ruptured Status +Dissecting Status

History of surgical Repair- use Z86.79

Other Aneurysm (I72.xx)
- Include laterality as applicable

Cerebral Infarction

Cerebral infarction

Definition

Cerebral infarction (CVA, Stroke) occurs when there is a loss of blood flow to part of the brain. This loss of blood flow results in brain cell death which can cause lasting brain damage, disability or death.

Symptoms

Stroke symptoms may happen suddenly. Each person's symptoms may vary. Symptoms may include- unilateral weakness or numbness, trouble speaking, problems with vision
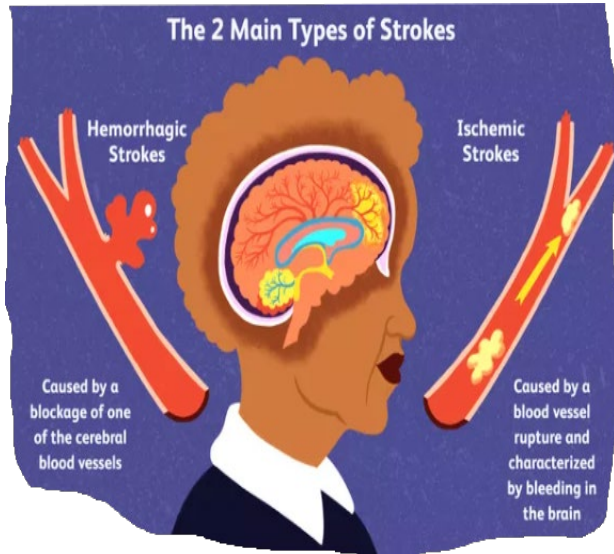
Diagnosis

Diagnosis can vary but typically includes brain imaging and measuring the blood flow in the brain (CT scan, MRI, MRA, Doppler Sonography)

Treatment

Emergency treatment after a stroke may include: clot-busting medicines (thrombolytics or fibrinolytics), medicines and therapy to reduce or control brain swelling.

Types of Cerebral infarction

The 2 Main Types of Strokes

Hemorrhagic Strokes
Caused by a blockage of one of the cerebral blood vessels

Ischemic Strokes
Caused by a blood vessel rupture and characterized by bleeding in the brain

Hemorrhagic Stroke

- Caused by a ruptured artery
  - Types
    - Intracerebral
    - Subarachnoid

Ischemic Stroke

- Caused by a blood clot that blocks a blood vessel in the brain
  - Types
    - Thrombosis
    - Embolism
    - Occlusion or stenosis

Cerebral Infarction

Coding Hemorrhagic Stroke

- Nontraumatic subarachnoid, intracerebral, other and unspecified intracranial hemorrhage
- ICD 10 (**I60.- to I62.-**)

- **Questions to Ask**
  - Affected artery
  - Laterality
  - Site of brain bleed
  - Acuity (Acute, Subacute, Chronic)

Cerebral Infarction

Coding TIPS Ischemic Stroke

- Cerebral infarction due to thrombosis, embolism, unspecified occlusion or stenosis of (specified) arteries
- ICD 10 (**I63.-**)

- **Questions to Ask**
  - ➤ Cause
  - ➤ Type (Thrombosis, Embolism, Occlusion, Stenosis, or Unspecified
  - ➤ Affected Artery
  - ➤ Laterality

Cerebral Infarction

Sequela and Personal History

- Sequelae of cerebrovascular disease
- ICD 10 (**I69*) (conditions in I60-I67)**
- Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits (**Z86.73**)

Questions to Ask
➤ Type of CVA that caused residual
➤ Specific late effect or residual
➤ Laterality

Code Sets & Coding Tips
 Cerebral Infarction

Cerebral Infarction (CVA) vs History of CVA

Code Set	Coding Guidance	Example of when to use
I63.x Acute CVA	Acute, current CVA	Member transported via EMS to ED, admitted to hospital for stroke.
I69.x Sequelae of Cerebrovascular Disease	Code the neurologic deficits that persist after initial onset of CVA (i.e., hemiplegia/paresis, monoplegia/paresis, dysphagia, etc.)	Member seen for follow-up visit, had CVA in 2016, which resulted in persistent right dominant side hemiparesis.
Z86.73 History of TIA or CVA , no residual deficits		Member seen for AWV. Previous CVA in 2017, doing well and doesn't have late effects or residual, persisting deficits

Coding Tips
Cerebral Infarction

- **Use additional code**, if applicable, to identify the status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to the current facility (Z92.82)
  - This code is reported by the receiving facility when the patient received tPA at one facility on an emergent basis prior to being transferred to the receiving facility where more specialized intensive acute care services were available.

- **Use additional code**, if known, to indicate the National Institutes of Health Stroke Scale (NIHSS) score (R29.7-)
  - Facility Tip: Codes from this subcategory may be assigned based on medical record documentation from clinicians who are not the patient's provider.

Coding Tips
Cerebral Infarction

o **Facility Tip**: Weakness on one side of the body (unilateral weakness)

– Weakness documented as secondary to old cerebrovascular disease is synonymous with hemiparesis/hemiplegia.

– Weakness of one limb documented as secondary to old cerebrovascular disease is synonymous with monoplegia.

o **Facility Tip**: For codes describing hemiplegia, hemiparesis, and monoplegia;

– if the documentation identifies the affected side but not whether it is the dominant or non-dominant side, the default is as follows:

  • For ambidextrous patients, the default is dominant;

  • When the left side is affected, the default is nondominant

  • When the right side is affected, the default is dominant.

Considerations for Cerebral Infarction

Acute stroke codes are primarily coded from an ED/Inpatient setting. These codes are only appropriate for use during the initial episode of care when acute CVA was diagnosed and treated.

Confirmation of diagnosis of an acute stroke is typically determined by diagnostic studies such as brain MRI or non-contrast brain CT.

Facility Tip: When provider documentation does not identify the location of an infarction, imaging reports can be used to pinpoint the location and lead to a more specific infarction code

Outpatient coding is coded as "history of stroke" and is focused on the treatment of the stroke sequela (ex. hemiparesis, monoplegia, dysphagia, etc.)

Risk Adjustment HCC CMS Mapping Changes Payment year 2024 (V28)

Vascular Disease

Risk Adjustment HCC Mapping Changes for 2024 | PY 2024/ MY 2023

Removed
HCC 265-Atherosclerosis of Arteries of the Extremities, with Intermittent Claudication

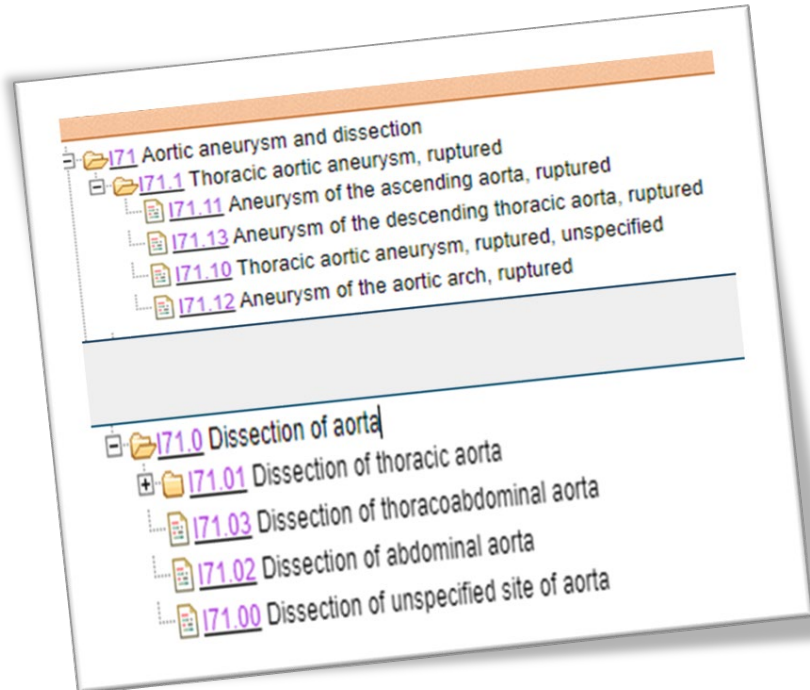| Changed	
Peripheral Vascular Disease-I73.89 & I73.9 will no longer risk adjust under the 2024 CMS-HCC Model Category (V28)	*Please note, if Peripheral Vascular disease causes a problem, then it will risk adjust.

Aortic Aneurysms and Dissections

Only Ruptured or Dissected Aneurysms will map to an HCC for PY 2024

<u>Now identified by site</u>

Thoracic (common)
- Ascending aorta
- Descending aorta
- Aortic arch

Abdominal (5% of cases)
- Pararenal (includes renal artery)
- Juxtarenal(below renal arteries, but near them)
- Infrarenal (further distal to renal arteries)

Other
- Thoracoabdominal (spans the diaphragm)
- Supraceliac (above the celiac artery circa T12)
- Paravisceral (below supra celiac, above renal)

No longer map to a payment HCC in 2024 V28 model

Examples of ICD 10 codes that no longer Risk Adjust for Aortic Aneurysm

Aortic Aneurysm without Rupture		108
I71.2	Thoracic aortic aneurysm, without rupture	108
I71.20	Thoracic aortic aneurysm, without rupture, unspecified	108
I71.21	Aneurysm of the ascending aorta, without rupture	108
I71.22	Aneurysm of the aortic arch, without rupture	108
I71.23	Aneurysm of the descending thoracic aorta, without rupture	108
I71.4	Abdominal aortic aneurysm, without rupture	108
I71.40	Abdominal aortic aneurysm, without rupture, unspecified	108
I71.41	Pararenal abdominal aortic aneurysm, without rupture	108
I71.42	Juxtarenal abdominal aortic aneurysm, without rupture	108
I71.43	Infrarenal abdominal aortic aneurysm, without rupture	108
I71.6	Thoracoabdominal aortic aneurysm, without rupture	108
I71.60	Thoracoabdominal aortic aneurysm, without rupture, unspecified	108
I71.61	Supraceliac aneurysm of the abdominal aorta, without rupture	108

Examples of ICD 10 codes that no longer Risk Adjust for Atherosclerosis of Aorta, Renal Artery, Extremities

No longer map to a payment HCC in 2024 V28 model

Atherosclerosis of Aorta, Renal Artery, Extremities		108
I70.0	Atherosclerosis of aorta	108
I70.1	Atherosclerosis of renal artery	108
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	108
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg	108
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs	108
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity	108
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	108
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	108
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	108
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	108
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	108
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity	108

Coding Question Time!
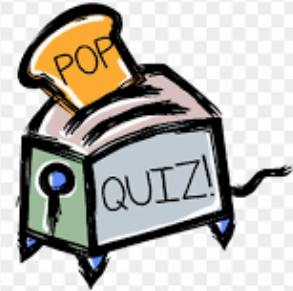
Coding Scenarios

Scenario:

A 76-year-old patient comes in for an annual wellness exam. During that visit, the physician documented that the patient has Diabetes type 2 with peripheral vascular disease. In the physical exam, the assessment notes a "diabetic ulcer on the left heel, with fat layer exposed".

- Answer:

    E11.51

    E11.621, L97.422

Coding Scenarios

○ Scenario:

A patient is seen by her primary care provider and in the final assessment and plan, he documents peripheral vascular disease with intermittent claudication

- Answer:

    I73.9

Coding Scenarios

Scenario:

Cindy Lou was transported via EMS to Emergency department from home after daughter noticed patient had sudden trouble speaking and unbalanced gait. She was admitted to hospital for stroke How would you code this?

- Answer: I63.9

Coding Scenarios

Scenario:

Mr. John Mellencamp was seen by primary care for wellness visit. He has a history of CVA 5 years ago. Has been doing well and **doesn't have late effects** from previous CVA. How would you code this?

- Answer:

    Z86.73

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