CODING SPOTLIGHT
FOCUS ON VASCULAR CONDITIONS

CVA, TIA, MI and Other Acute Vascular Conditions

Health plan claims analysis reveals that cerebral vascular accidents, transient cerebral ischemic attack, and myocardial infarctions 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.

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

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 * 5th 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 *4th digit loc and type	I22.X
Cerebrovascular accidents	**Code**
Initial emergent care 4th and 5th 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

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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 *5th and 6th digits identify nature of late effect	I69.1xx
Sequelae of other nontraumatic intracranial hemorrhage *5th and 6th 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 *5th and 6th digits identify vessel and laterality	I82.4xx
Acute embolism and thrombosis of deep veins of upper extremity *6th 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 *5th and 6th digits identify vessel and laterality	I82.5xx
Chronic embolism and thrombosis of deep veins of upper extremity *6th 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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