Hypertension:
- No longer classified as controlled or uncontrolled, malignant, benign
- Very important to document the **causal relationship** between hypertension and heart disease
- Heart failure type specificity:
  - Acute, chronic, acute on chronic
  - Systolic, diastolic, combined systolic and diastolic

Acute MI:
- STEMI and NSTEMI are now codeable terms
- Document location: **Anterior** (left main coronary, left anterior descending, other coronary artery), **Inferior** (right coronary artery, other), **Other** (left circumflex, other sites)
- An AMI is considered acute under ICD-10 if it occurred within the past 4 weeks (was 8 weeks under ICD-9) - document
- **Subsequent AMI – NEW**
  - Defined as an AMI occurring within 4 weeks of previous AMI, regardless of site

**Note:** Unspecified aortic/mitral and multiple valve disorders default to rheumatic valve disease unless specified as non-rheumatic
ICD-10 [INPATIENT] Procedural Coding Tips – Cardiac Electrophysiology

**Section** – typical procedures are medical/surgical, don’t need to state
- **Electrophysiologic mapping** – in the mapping section
- **Ablation** – a medical/surgical procedure (destruction)
- **Stress Test** – measurement and monitoring section
- **Stress Thallium** – in the nuclear medicine section

**Body system** –

**Root operation** – describes the intent of the procedure (common examples)
- **Drainage** – paracentesis, aspiration, etc.
- **Excision** – removal of a portion of a body part (biopsies)
- **Resection** – removal of all of a body part
- **Insertion / removal** – central line placement

**Body part** – the specific body part (or subsection thereof) addressed in an procedure (chest tube place in R pleural space)

**Approach** – open, percutaneous, via natural opening (foley, etc.)

**Device** – describe the type or simply state the exact device(s) left in the patient at the conclusion of the procedure

**Qualifier** – if aspiration is diagnostic, be sure to state so

**PTCA Documentation:**
- Document the number of sites dilated
  - For each site dilated, document the device utilized; i.e.; drug-eluting stent, non-drug-eluting stent, radioactive drug, none

**Insertion of dual chamber pacemaker:**
- Principle: get credit for each component procedure, by specifically describing each component at the top of your procedure note:
  - Percutaneous insertion pacemaker lead into left atrium (coded)
  - Percutaneous insertion pacemaker lead into left ventricle (coded)
  - Open insertion dual chamber pacemaker into subcutaneous tissue chest wall (coded)