



CARDIOLOGY CODING SCENARIOS -

1. The patient is a 56 year old male with intermittent episodes of irregular heart beat that causes mild shortness of breath and a general sense of malaise, but no chest pain. He has been evaluated over the past year and has documented recurring episodes of atrial fibrillation recorded on a holter monitor. He is being treated for ongoing benign hypertension with an ACE inhibitor. Questioning reveals that he has not been taking his medication as prescribed and more as he feels the need. On previous visits to this office related to his hypertension he continues to admit noncompliance.

ICD-9-CM	ICD-10-CM
427.31 - Atrial fibrillation	I48.0 – Paroxysmal atrial fibrillation
401.0 - Malignant hypertension (Essential) 401.1 - Benign hypertension (Essential) 401.9 - Hypertension NOS (Essential)	I10 - Essential (primary) hypertension (arterial) (benign) (essential) (idiopathic) (malignant) (systemic) (high blood pressure)
NO DX	T46.5X6D – Underdosing of other antihypertensive drugs, subsequent encounter
V15.81 - Hx of past noncompliance with medical treatment	Z91.128 – Patient's intentional underdosing of medication regimen for other reason

2. A 56 year old male is seen in the emergency department with an acute onset of chest pain. An electro cardiogram shows ST elevation and changes consistent with an anterior wall myocardial infarction. The patient has subsequent enzyme elevations that confirm a myocardial infarction. The angiogram demonstrates an obstruction of the left anterior descending coronary artery. Patient has a history of myocardial infarction six weeks ago. Patient is positive for hypertension and hyperlipidemia with ongoing medication management. Patient history is positive for smoking and is currently using nicotine patches and is in remission. His last cigarette was six months ago.

ICD-9-CM	ICD-10-CM
410.11 – Acute myocardial infarction of anterolateral wall, initial episode of care	I21.02 – ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
401.0 - Malignant hypertension (Essential) 401.1 - Benign hypertension (Essential) 401.9 - Hypertension NOS (Essential)	I10 - Essential (primary) hypertension (arterial) (benign) (essential) (idiopathic) (malignant) (systemic) (high blood pressure)
272.4 - Hyperlipidemia NEC/NOS	E78.5 – Hyperlipidemia unspecified
305.1 - Tobacco use disorder	F17.211 – Nicotine dependence, cigarettes, in remission

3. This 63-year-old male is being seen for treatment of his unstable angina. This gentleman has a history of two-vessel coronary artery bypass approximately 18 months ago. A recent cardiac catheterization shows continued evidence of coronary arteriosclerosis but both of the bypass grafts are patent. Also, of note, is that this patient suffered a cerebrovascular infarction three years ago which resulted in right-side (dominant) hemiparesis.

ICD-9-CM	ICD-10-CM
411.1 Intermediate coronary syndrome 414.01 Coronary atherosclerosis of native coronary artery	I25.110 - Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
438.21 - Late effect-hemiplegia affecting dominant side	I69.351 – Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
V45.81 - Aortocoronary bypass status	Z95.1 - Status (post), aortocoronary bypass

4. This 75-year-old man is seen today for treatment of his congestive heart failure. After study, the final diagnosis was documented as acute on chronic diastolic congestive heart failure.

ICD-9-CM	ICD-10-CM
428.33 Acute on chronic diastolic heart failure	I50.33 – Acute on chronic diastolic (congestive) heart failure

5. This patient is being seen today for follow-up of his benign hypertension.

ICD-9-CM	ICD-10-CM
401.0 - Malignant hypertension (Essential) 401.1 - Benign hypertension (Essential) 401.9 - Hypertension NOS (Essential)	I10 - Essential (primary) hypertension (arterial) (benign) (essential) (idiopathic) (malignant) (systemic) (high blood pressure)