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AMERICAN HEART HEALTH MONTH

Author: Joneal Rose, CPC

February is American Heart Month,

a time for people to focus on their heart health. President Lyndon B.

Johnson issued the first

proclamation and since then, U.S. presidents have annually declared February

American Heart Month. The annual, month-long focus started in 1963 to

encourage all people to help battle against heart disease and stroke. During

this time people commit to making minor changes to heart health. Hospitals

from state-to-state wear red and hold free screenings during heart health

awareness events. They spread the word about how to prevent heart diseases

and give advice on living heart healthy lives. The best way to take an active role

in reducing the risk for heart disease is by eating healthy, physical activity, and

managing cholesterol and blood pressure. Today, one in four deaths in the U.S.

is attributable to heart disease. The update, published in the association's

flagship journal Circulation, reports that 18.6 million people across the globe

died of heart disease in 2019. That is a 17.1% increase over the past decade.

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TAKE CARE OF YOUR HEART

February is American Heart Month

Did You Know?

MARSI OFFERS TRAINING COURSES :

- MARSI Training Courses can be customized to your needs.
- Outpatient, Inpatient and Risk Adjustment Presentations for Office Staff and Clinical Providers.
- Risk Adjustment School

Send an Inquiry through HIMExperts.com

UPCOMING CONFERENCES

2023

MAR 06	RISE Colorado Springs, CO	
MAR 20	OHIMA Columbus, OH	
MAY 21	AAPC <i>Tentative</i> Nashville, TN	
JUL 09	FHIMA Orlando, FL	
OCT 07	AHIMA <i>Tentative</i> Baltimore, MD	



AMERICAN HEART HEALTH MONTH (CONT.)

Author: Joneal Rose, CPC



In most cases, heart disease is preventable but during the COVID-19 pandemic, many people avoided going to hospitals for heart attacks and strokes. While in lockdown many people adapted to eating unhealthily, drinking more alcohol, and limiting physical activity. Many people worldwide are unaware of heart attack, stroke, and cardiac arrest symptoms. The symptoms are sometimes mistaken for other conditions like heartburn and gas.



If these **warning signs are present call 911** immediately. Heart attacks can be silent and occurs without the person even knowing they had one.

Typically, women experience different symptoms than men and young women are at higher risk than men. Women under the age of fifty are twice as likely to die of a heart attack as men in the same age group.

Another known fact about heart attacks is that diet soda braises heart attack risks. Drinking one or more diet sodas a day increases your chances of having a heart attack 43% higher than those who drink regular soda or none at all.⁴

HEART ATTACK

Chest Discomfort – discomfort in the center of the chest

that lasts more than a few minutes, or that goes away and comes back.

Discomfort in other areas of the body - pain or discomfort in one or both arms, the back, neck, jaw, or stomach.

Shortness of Breath – with or without chest discomfort

Cold Sweat, nausea, or lightheadedness

STROKE

Face Drooping - one side of the face droop or numb;
ask the person to smile.

Arm Weakness - arm weak or numb, arm drift
downward

Speech Difficulty- speech slurred, hard to understand

Know your SYMPTOMS

CARDIAC ARREST SYMPTOMS

Suddenly Loss of Responsiveness - no response
to tapping on the shoulders

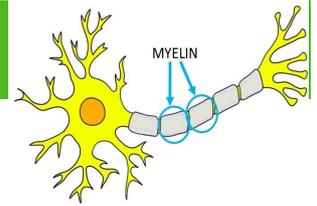
No Normal Breathing - does not take a normal
breath when the head is tilted up

Sources:

1. <https://nationaltoday.com/american-heart-month/>
2. <https://www.heart.org/en/health-topics/heart-attack/warning-signs-of-a-heart-attack>
3. <https://www.heart.org/en/about-us/heart-attack-and-stroke-symptoms>
4. <https://www.aha.org/news/blog/2018-02-01-february-american-heart-month>
5. https://www.cdc.gov/heartdisease/educational_materials.htm

DEMYELINATING DISEASES/DISORDERS

Author: Amanda Warren, CPC, CRC



Myelin is the layer of protective covering of nerves that help messages from the brain move through the body.

Demyelinating disorders are conditions where scar tissue forms from damage to the myelin and interferes with the signals. These diseases can affect the brain/spinal cord, peripheral nerves, and eyes.

Common Demyelinating Diseases and HCC (Hierarchical Condition Category) ³

- | | |
|---|--------|
| * Multiple Sclerosis, MS (G35) | HCC 77 |
| * Myasthenia Gravis, MG (G70.00-G70.01) | HCC 75 |
| * Myotonic Muscular Dystrophy, MMD (G71.11) | HCC 76 |
| * Optic Neuromyelitis (G36.0) | HCC 77 |

COMMON CAUSES

Many disorders have unknown causes

- * Virus
- * Inflammation from autoimmune condition
- * Genetic
- * Damage to blood vessels in your brain
- Oxygen loss to the brain

SYMPTOMS

- * Slurred speech
- * Fatigue
- * Mobility/Muscle strength and control
- * Numbness
- * Memory impairment

Diagnosis

Because symptoms can mimic other conditions, diagnosis is difficult and takes time. The following are common diagnostic procedures.

- | | |
|---------------------------------|--------------------|
| * Spine or Brain imaging, MRI | * Spinal taps |
| * Electromyography, EMG | * Dilated eye exam |
| * Nerve Conduction Studies, NVC | |

TREATMENT

Currently there is no cure, and prompt treatment is crucial to manage symptoms, acute exacerbations, and control the disease course.

- * Medications like Immunosuppression can ease symptoms
- * Physical Therapy

****More to come on specific HCC demyelinating diseases in the following newsletters.****



Do you have **Denials?**
We can **Manage** that!

Sound **Appealing?**
For more information reach out to your
MARSI point of contact or MARSI Denial Management

Sources:

1. <https://www.webmd.com/multiple-sclerosis/what-are-demyelinating-disorders>
2. <https://www.verywellhealth.com/demyelination-4691934#toc-demyelinating-disease-symptoms>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1860500/>



HYPERSENSITIVITY PNEUMONITIS

Author: Shannon Jackson, RHIT

Hypersensitivity pneumonitis can result when a person repeatedly breathes in bacteria, mold, or chemicals from the environment that causes inflammation in the lungs. Your body's immune system reacts strongly to substances that can cause hypersensitivity pneumonitis.



HARMFUL SUBSTANCES CAN BE FOUND IN THE FOLLOWING ¹

- Air conditioners
- Humidifiers and ventilation systems
- Bird droppings, feathers, animal furs
- Contaminated foods or factory products
- Contaminated liquids from metal work
- Hardwood dusts
- Hay, or grain for feeding animals
- Hot tubs

RISK FACTORS

Age-hypersensitivity can happen at any age, but often people are between 50 and 70 years old. It can also be a common long-term interstitial disease in children.

Environment or occupation People in certain occupations have a higher risk including farmers or people who breed animals or birds, people who work with harsh chemicals, woodworkers and wine makers.

Family history Genes can control whether you have a strong response to substances in the environment.

Lifestyle habits Having pets such as birds in your home can raise risk factor. Other medical conditions-some viral infections in older adults may raise risk of developing hypersensitivity pneumonitis.

TREATMENT ²

- Avoidance of identified triggers
- Use of corticosteroids or other immunosuppressive medications to reduce inflammation
- Prevention of the immune system from reacting
- Oxygen therapy
- Pulmonary rehabilitation
- Lung transplant if your lungs are seriously damaged and no other treatment option works

CODING

In ICD-10-CM, Hypersensitivity Pneumonitis is coded to category J67

Case scenario example: Patient admitted with shortness of breath and persistent cough. Provider documents in discharge summary patient was found to have hypersensitivity pneumonitis and treated with oxygen therapy and corticosteroids. (Assign J67.9 (Hypersensitivity pneumonitis due to unspecified organic dust) as Principal diagnosis which results in a final MS-DRG of 198 Interstitial lung disease without cc/mcc. Secondary code assignments dependent on documentation.)

J67 Hypersensitivity pneumonitis due to organic dust

Includes: allergic alveolitis and pneumonitis due to inhaled organic dust and particles of fungal, actinomycetic or other origin

Excludes1: pneumonitis due to inhalation of chemical, gases, fumes or vapors (J68.0)

J67.0	Farmer's lung ¹¹² Harvester's lung Moldy hay disease
J67.1	Bagassosis ¹¹² Bagasse disease Bagasse pneumonitis
J67.3	Suberosis ¹¹² Corkhandler's disease or lung Corkworker's disease or lung
J67.4	Maltworker's lung ¹¹² Alveolitis due to <i>Aspergillus clavatus</i>
J67.5	Mushroom-worker's lung ¹¹²
J67.6	Maple-bark-stripper's lung ¹¹² Alveolitis due to <i>Cryptostroma corticale</i> Cryptostromosis

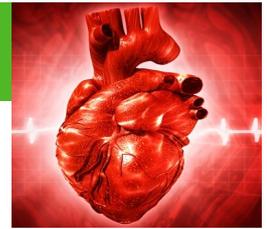
J67.6	Maple-bark-stripper's lung ¹¹² Alveolitis due to <i>Cryptostroma corticale</i> Cryptostromosis
J67.7 ^{cc}	Air conditioner and humidifier lung ¹¹² Allergic alveolitis due to fungal, thermophilic actinomycetes and other organisms growing in ventilation (air conditioning) systems
J67.8 ^{cc}	Hypersensitivity pneumonitis due to other organic dusts ¹¹² Cheese-washer's lung Coffee-worker's lung Fish-meal worker's lung Furrier's lung Sequoiiosis
J67.9 ^{cc}	Hypersensitivity pneumonitis due to unspecified organic dust ¹¹² Allergic alveolitis (extrinsic) NOS Hypersensitivity pneumonitis NOS

Sources:

1. <https://www.nlm.nih.gov/health/hypersensitivity-pneumonitis#:~:text=Hypersensitivity%20pneumonitis%20can%20happen%20when,droppings%2C%20feathers%2C%20and%20animal%20furs>
2. <https://www.lung.org/lung-health-diseases/lung-disease-lookup/hypersensitivity-pneumonitis>

PERCUTANEOUS CORONARY ARTERY INTERVENTION

Author: Rebecca Dyke, CPC, CPMA



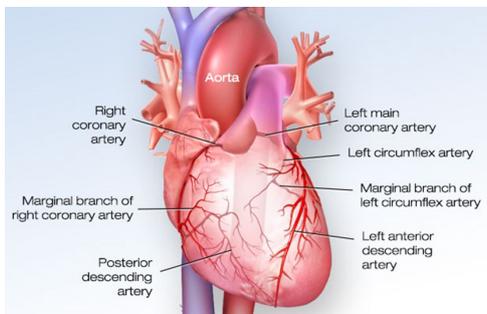
Percutaneous coronary intervention (PCI) refers to minimally invasive procedures to treat blocked coronary arteries. Plaque can build up in arteries and harden, which is called atherosclerosis. This can cause blood to not flow efficiently, which may escalate to *angina* (chest pain) or a *myocardial infarction* (heart attack). PCIs are also performed on patients during a myocardial infarction to quickly open the blocked arteries.¹

To perform the procedure, an interventional cardiologist will place a catheter into a major artery, most commonly the femoral. They follow this to the heart using imaging guidance. Contrast dye is injected through the catheter to identify the location of the blockage. Depending on the type and severity of the blockage, the provider will determine the best PCI procedure to perform.²

COMMON PROCEDURES

- **Balloon angioplasty** – balloon is inflated inside the blocked artery to create an opening. Also performed to dilate the artery prior to stent placement.
- **Stent** – placed into artery and locked in place to permanently open the blockage
- **Atherectomy** – device that removes plaque using different tools:
 - ⇒ **Rotational** – spins a cutting tip to grind plaque away from artery walls
 - ⇒ **Orbital** – similar to rotational using a slightly different tip
 - ⇒ **Laser** – vaporizes the plaque
 - ⇒ **Directional** – shaves the plaque which is suctioned through the catheter³

The heart contains major arteries and their branches. The following are recognized for coding:



MAJOR ARTERY	BRANCHES	MODIFIER
Left Anterior Descending	Diagonals	LD
Left Circumflex	Marginals	LC
Right Coronary	Posterior Descending Posterolateral	RC
Left Main	no branches recognized	LM
Ramus Intermedius	no branches recognized	RI

CODING

PCI codes are as follows:⁴

- 92920 PTCA, single major artery or branch
- +92921 PTCA, each additional branch (add-on to 92920)
- 92924 Atherectomy, single major artery or branch
- +92925 Atherectomy, each additional branch (add-on to 92924)
- 92928 Stent, single major artery or branch
- +92929 Stent, each additional branch (add-on to 92928)
- 92933 Atherectomy & stent, single major artery or branch
- +92934 Atherectomy & stent, each additional branch (add-on to 92934)
- 92937 Intervention of/through coronary artery bypass graft, single vessel
- +92938 Intervention of/through coronary artery bypass graft, each additional branch (add-on to 92937)
- 92941 Intervention of acute/subtotal occlusion during AMI (includes thrombectomy)
- 92943 Intervention of chronic total occlusion, single vessel
- +92944 Intervention of chronic total occlusion, each additional artery, branch, or bypass graft (add-on to 92943)

PERCUTANEOUS CORONARY ARTERY INTERVENTION

Author: Rebecca Dyke, CPC, CPMA



If a PCI is performed in a branch of a major artery only (and not the major artery itself), report the appropriate PCI code with the major artery's modifier.

Example: Atherectomy performed in right posterior descending branch is reported using code 92924-RC

If a PCI is performed in a major artery and its branch, and is the same procedure, report the PCI once.

Example: Stent is inserted in the left circumflex artery and another in the marginal branch. Report the stent once using 92928-LC

Report 1 code for all PCI performed in all segments of a single major artery or single branch (see CPT guidelines for hierarchy).

Example: Angioplasty and stent are performed in the right coronary artery. Only the stent is reported using code 92928-RC

A single lesion (blockage) that extends from 1 target vessel into another and is treated using a single PCI bridging both vessels is reported using 1 code

Example: Left main lesion extends into proximal left circumflex and a single stent is placed to treat entire lesion is reported using code 92928-LC

Report PCI codes for both vessels when bifurcation lesions (in major artery extending into branch) are treated.

Example: Bifurcation lesion involving left anterior descending and first diagonal artery is treated by stenting both vessels is reported using codes 92928-LD + 92929-LD

Coronary angiography codes (93454-93461) may be reported with PCI for diagnostic purposes ONLY.

Only code if no previous angiogram is available, no prior angiogram is adequate to diagnose, or if the patient's condition has changed since the last angiogram.⁴

PCI of Acute Myocardial Infarction

Intervention of acute total/subtotal occlusion of an artery during an AMI (92941) includes balloon angioplasty, atherectomy, stent, aspiration thrombectomy, distal protection and/or thiolytic agent administration. (Mechanical thrombectomy 92973 is reported separately.)

CPT 92941 is reported only when a patient is transported emergently to the cath lab during an acute MI. If the patient is stabilized prior to the procedure (i.e. sent to ICU first), it is inappropriate to report 92941.

Other Intervention Codes

The following codes may be reported in addition to PCIs if performed.

+92973 Percutaneous transluminal coronary thrombectomy

Add-on to PCI and coronary angiography codes

Do not report for aspiration thrombectomy

92975 Thrombolysis, coronary, by intracoronary infusion (includes selective coronary angiography)

+92978 Intravascular ultrasound (IVUS), initial vessel

Add-on to PCI and coronary angiography codes

+92979 Intravascular ultrasound (IVUS), each additional vessel (add-on to 92978)

Sources:

1. <https://my.clevelandclinic.org/health/treatments/22066-percutaneous-coronary-intervention>
2. <https://www.mayoclinic.org/tests-procedures/coronary-angioplasty/about/pac-20384761>
3. <https://www.docdoc.com/medical-information/procedures/coronary-atherectomy>
4. CPT Coding Guidelines 2023
5. <https://www.aha.org>