



Guidance on Documentation and Coding for Angina and Ischemic Heart Disease

Atherosclerotic heart disease overview

Atherosclerotic heart disease is a condition which affects the arteries that supply the heart with blood. It is usually caused by atherosclerosis which is a buildup of plaque inside the artery walls. This buildup causes the inside of the arteries to become narrower and slow down the flow of blood.

ICD-10-CM Code information

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| <p>I25 Chronic ischemic heart disease
Use additional code to identify:</p> <ul style="list-style-type: none">• Chronic total occlusion of coronary artery (I25.82)• Exposure to environmental tobacco smoke (Z77.22)• History of tobacco dependence (Z87.891)• Occupational exposure to environmental tobacco• Smoke (Z57.31)• Tobacco dependence (F17.-) tobacco use (Z72.0)• Excludes: non-ischemic myocardial injury (I5A) | <p>I25.11- Atherosclerotic heart disease of native coronary artery with angina pectoris
(additional character required for specificity)</p> <ul style="list-style-type: none">• Excludes: atheroembolism (I75.-)• Atherosclerosis of coronary artery bypass• Graft(s) and transplanted heart (I25.7-) <p>Use additional code, if applicable, to identify:
coronary atherosclerosis due to calcified</p> <ul style="list-style-type: none">• Coronary lesion (I25.84)• Coronary atherosclerosis due to lipid rich plaque (I25.83) |
| <p>I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris</p> | |

Angina overview

Angina pectoris is a common symptom of ischemic heart disease. While commonly described as chest pain, angina pectoris can also present as chest pressure, a vague discomfort, “heartburn,” arm discomfort, shortness of breath, or even knee pain. It commonly occurs with exercise or stress and is relieved with rest, however, in some individuals it occurs while the patient is standing still or even sleeping. Angina is stable when it occurs with predictable circumstances and is easily relieved with medication, such as nitroglycerin.

Unstable angina is considered an acute condition with life-threatening consequences. It would not be often reported in the office setting. Initial treatment of unstable angina is in the ED/ER. Medical management of unstable angina is different from stable angina, and it should be clearly supported by documentation.

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ICD-10-CM Code information

I20.0 Unstable Angina

Excludes: angina pectoris with atherosclerotic heart disease of native coronary arteries

- (I25.1-) atherosclerosis of coronary artery
- Bypass graft(s) and coronary artery of
- Transplanted heart with angina pectoris
- (I25.7-) postinfarction angina (I23.7)

Use additional code to identify:

- Exposure to environmental tobacco smoke (Z77.22)
- History of tobacco dependence (Z87.891) occupational
- Exposure to environmental tobacco smoke (Z57.31)
- Tobacco dependence (F17.-)
- Tobacco use (Z72.0)

ASHD/CAD

Note: A dash (-) indicates that additional characters are required for valid code assignment.

I20.0	Unstable angina	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I20.1	Anginal pectoris with documented spas (prinzmetal angina)	I25.11-	Atherosclerotic heart disease of native coronary artery with angina pectoris
I20.2	Other forms of angina pectoris Refractory angina pectoris	I25.7-	Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris
I20.81-	Angina pectoris with coronary microvascular dysfunction	I25.81-	Atherosclerosis of other coronary vessels without angina pectoris
I20.89-	Other forms of angina pectoris	I23.7	Postinfarction angina
I20.9	Angina pectoris, unspecified		

Documentation best practices

When angina is listed separately from coronary artery disease, and both conditions are supported in the documentation, a combination code from category I25.11x* - Atherosclerotic heart disease of native coronary artery with angina pectoris should be coded.

When angina is listed separately from Coronary Artery Bypass Graft, and both conditions are supported in the documentation, a combination code from category I25.7x* - Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris should be coded.

A causal relationship can be assumed in a patient with both CAD and angina pectoris unless the documentation indicates the angina is due to another condition.

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Documentation best practices

When postinfarction angina occurs with atherosclerotic coronary artery disease, code both I23.7 and I25.118 for atherosclerotic disease with other forms of angina Pectoris.

For atypical chest pain, please see code R07.89, Other chest pain.

Physician documentation should include:

- When documenting CAD, include:
 - Native coronary artery or bypass graft
 - If present, indicate whether the graft(s) is arterial, venous or synthetic and whether autologous or non-autologous
 - Affected coronary artery(ies)
 - Native or transplanted heart
- Presence or absence of angina
 - If present, indicate type of angina pectoris
 - Angina pectoris
 - Unstable angina pectoris
 - Angina pectoris with documented spasm
- Status of condition (stable, improved, and/or worsening)
- Description of anginal symptoms since last visit; episodes when medication was last taken.
- Treatment for each condition (medications and specialty referrals).
- Document all conditions that affect or influence patient care, treatment or management.
- EKG, Echocardiography, or Stress Test confirming diagnosis of angina.
- Treatment options for angina, including Coronary Angiography, Coronary Angioplasty, Stent, or coronary artery bypass graft procedure.
- Lifestyle changes.

References

- 2022 ICD-10-CM Expert for Physicians: The Complete Official Code Set, Optum360. 2021 Optum360, LLC
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- Mayo Foundation for Medical Education and Research. (2021, January 22). Dressler's Syndrome. Mayo Clinic. Retrieved from <https://www.mayoclinic.org/diseases-conditions/dresslers-syndrome/symptoms-causes/syc-20371811>
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