

Coding & Documentation

| Angina and CAD | | | |
|-------------------------|--|--------------|--|
| Condition | Description | Coding | Documentation |
| Angina Pectoris | Not all chest pain and discomfort are angina. | Category I20 | <p>Explicitly state the diagnosis and include details about the type and severity of the condition:</p> <ul style="list-style-type: none"> • Stable: Ischemic chest pain, usually caused by exertion or excitement • Unstable: Pain changes in frequency, duration and intensity, or occurs while at rest • Variant: Coronary vasospasm that occurs most often while at rest |
| Coronary Artery Disease | Chronic Ischemic Heart Disease or Coronary Atherosclerosis | Category I25 | <p>Specify the vessel:</p> <ul style="list-style-type: none"> • Native coronary artery • Coronary Artery Bypass Graft (CABG) <ul style="list-style-type: none"> • Autologous/Non-Autologous; vein/artery of transplanted heart |

When a patient has both CAD and angina, use the appropriate combination code from category I25.

| Myocardial Infarction | | | |
|------------------------------------|---|--------------|--|
| Condition | Description | Coding | Documentation |
| Myocardial Infarction (MI) | <p>Acute myocardial infarction (AMI); ST elevation myocardial infarction (STEMI); non-ST myocardial infarction (NSTEMI)</p> <p>Myocardial Infarction Type</p> <p>Type 1 - Spontaneous</p> | Category I21 | <ul style="list-style-type: none"> • Specified as acute, Type 1 or stated duration of less than 4 weeks (28 days) • Unspecified AMI or unspecified type - I21.9 • AMI Types 3, 4a, 4b, 4c and 5 are assigned to code I21.A9 |
| Subsequent MI | <p>Type 2 - Ischemic</p> <p>Type 3 - Unknown</p> <p>Type</p> | Category I22 | <ul style="list-style-type: none"> • Use I22 only when subsequent MI occurs within 4 weeks of initial MI and both are Type 1 or unspecified • Must be coded together with code from category I21 |
| Current Complications Following MI | <p>4a - Due to percutaneous procedure</p> <p>4b - Due to stent thrombosis</p> <p>4c - Due to restenosis</p> <p>Type 5 - Due to CABG</p> | Category I23 | <ul style="list-style-type: none"> • Must code together with codes from categories I21 and I22 • May be outside 4 weeks of initial MI • Post-infarction angina as complication must be stated to code I23.7 |

Code all documented conditions present at the time of the encounter that require or affect patient care, treatment or management. Include the ICD-10 diagnosis code of the highest specificity on the claim. Use the additional codes below when applicable:

| Risk/Coexisting Factors - All Categories | |
|--|--|
| Descriptor | ICD-10 |
| High blood pressure | Use ICD-10 guidelines for coding and reporting |
| High cholesterol | |
| Diabetes | |
| Obesity | |

| Contributing Factors - All Categories | |
|---------------------------------------|---------|
| Descriptor | ICD-10 |
| Exposure to tobacco smoke | Z77.22 |
| History of tobacco dependence | Z87.891 |
| Tobacco use | Z72.0 |
| Tobacco dependence | F17.-- |

| Use Additional Code - Categories I21-I22 | |
|---|--------|
| Descriptor | ICD-10 |
| Status post of administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility | Z92.82 |

| Use Additional Code - Category I25 | |
|--|--------|
| Descriptor | ICD-10 |
| Chronic total occlusion of coronary artery | I25.82 |

HEDIS Measures

| Blood Pressure Control | | | |
|--------------------------|---|-----------------|--------------|
| Condition | Requirement | Descriptor | CPT-II® Code |
| <140/90 mm Hg controlled | Members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year | Systolic <140 | 3074F, 3075F |
| | | Systolic ≥ 140 | 3077F |
| | | Diastolic <90 | 3078F |
| | | Diastolic 80-89 | 3079F |
| | | Diastolic ≥90 | 3080F |

Quality Tips:

1. If BP is elevated, retake it. The lowest BP taken during a visit is acceptable.
2. Ensure that the BP cuff is the correct size for the patient's arm and is providing accurate readings.
3. Do not round numbers up when using an automatic BP machine.
4. Review medication list during every visit.
5. Educate patients on the importance of medication compliance.

HEDIS Measures

| Prescription Monitoring | | | |
|-------------------------|---|-----------------|--------------|
| Condition | Requirement | Descriptor | CPT-II® Code |
| ACE/ARBs | Members 18 years of age and older who were on an ACE/ARB at least 80% of days from the first fill through the end of the year | Systolic <140 | 3074F, 3075F |
| | | Systolic ≥ 140 | 3077F |
| | | Diastolic <90 | 3078F |
| | | Diastolic 80-89 | 3079F |
| | | Diastolic ≥90 | 3080F |

| Direct Renin Inhibitor Medications and Combinations | |
|---|--|
| aliskiren (+/- amlodipine, hydrochlorothiazide) | |
| ARB Medications and Combinations | |
| azilsartan (+/- chlorthalidone) | olmesartan (+/- amlodipine, hydrochlorothiazide) |
| candesartan (+/- hydrochlorothiazide) | telmisartan (+/- amlodipine, hydrochlorothiazide) |
| eprosartan (+/- hydrochlorothiazide) | valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol) |
| irbesartan (+/- hydrochlorothiazide) | |
| losartan (+/- hydrochlorothiazide) | |
| ACE Inhibitor Medications and Combination Products | |
| benazepril (+/- amlodipine, hydrochlorothiazide) | lisinopril (+/- hydrochlorothiazide) |
| captopril (+/- hydrochlorothiazide) | moexipril (+/- hydrochlorothiazide) |
| enalapril (+/- hydrochlorothiazide) | perindopril (+/- amlodipine) |
| fosinopril (+/- hydrochlorothiazide) | quinapril (+/- hydrochlorothiazide) |
| | ramipril |
| | trandolapril (+/- verapamil) |

The educational material herein complies with accepted ICD-10 guidelines and is for general supplemental purposes only. The information herein is not guaranteed to be complete, free of errors, or the most current revision. It is the responsibility of the provider to document accurate and complete codes, clinical rationale, and medical services rendered to support appropriate ICD-10 code(s) according to official billing and coding guidelines, procedures, and regulations.