

Documentation and Coding: Angina

CMS-HCC_V28 Model Updates

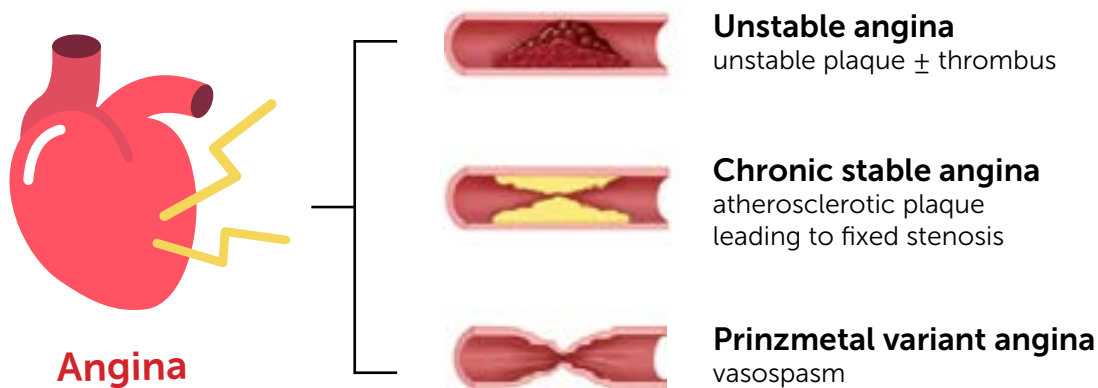
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At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and **ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for **angina**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

ICD-10-CM Codes and Descriptions

<p>Angina Pectoris I20.x*</p>	<ul style="list-style-type: none"> ■ I20.1 – Angina pectoris with documented spasm (Prinzmetal angina) ■ I20.2 – Refractory angina pectoris ■ I20.81 – Angina pectoris with coronary microvascular dysfunction ■ I20.89 – Other forms of angina pectoris ■ I20.9 – Angina NOS (ischemic chest pain)
<p>Unstable Angina I20.0</p>	<ul style="list-style-type: none"> ■ Similar terms may include Crescendo angina and De novo effort angina ■ Code I20.0 cannot be assigned when the condition evolves into an acute myocardial infarction (AMI) during the same encounter
<p>Chest Pain and Discomfort (CAD) with and/or without Angina I25.1x* to I25.11x*</p>	<ul style="list-style-type: none"> ■ I25.10 – Atherosclerotic heart disease of native coronary artery without angina pectoris ■ I25.11x* – Angina associated with comorbidity of atherosclerotic heart disease
<p>Post-Infarction Angina I23.7</p>	<ul style="list-style-type: none"> ■ The codes in this category are used only if the conditions are documented as complications occurring during the 28-day timeframe following an AMI

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Coding Focus for Angina

There is a code differentiation between stable angina and unstable angina or angina, complicated by additional comorbidities.

Unstable angina is considered an acute condition with life-threatening consequences. It would seldom be reported in the office setting.

- American Heart Association guidelines recommend initial treatment of unstable angina in the Emergency Department/Emergency Room (ED/ER).
- Medical management of unstable angina is different from stable angina, and it should be clearly supported by documentation.

When angina is listed separately from CAD 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 (CARG), 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.

What to Include with Clinical Documentation

- Updated status of condition; e.g., stable, improved, and/or worsening
- Treatment for each condition; e.g., medications and specialty referrals
- Patient's medical conditions; e.g., chronic and type of angina
- 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

*Requires an additional digit to complete the diagnosis code.

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Coding Example of Coronary Vasospasm

Case 1	The patient is a 57-year-old female diagnosed with vasospastic coronary disease. The term appears to be synonymous with Prinzmetal angina and variant angina. How should coronary vasospasm be coded?
ICD-10-CM	I20.1 – Angina pectoris with documented spasm
Rationale	“Prinzmetal describes a syndrome of chest pain at rest secondary to myocardial ischemia, associated with ST-segment elevation. The condition, referred to as Prinzmetal or variant angina, is due to focal coronary artery vasospasm.” <i>Source: AHA Coding Clinic (Volume 23, Third Quarter, Number 3, 2006)</i>

Coding Example of Unstable Angina vs. CAD

Case 2	A 67-year-old male with a history of CAD was admitted and diagnosed with unstable angina. What is the correct code to submit?
ICD-10-CM	I25.110 – Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
Rationale	As stated in the Coding Clinic, a diagnostic test does not need to be performed during the admission for a diagnosis of CAD to be established. If the physician cites CAD as the underlying cause of the unstable angina, the CAD is listed as the principal diagnosis. If there is documentation of previous testing to confirm the presence of CAD, then this is the link and the CAD should be listed first.

Note: unstable angina without atherosclerosis heart disease (**I20.0**).

Questions?

Contact us at #Risk_Adjustments_and_clinical_Documentation@healthfirst.org.

For additional documentation and coding guidance, please visit the coding section at HFproviders.org.

References

- [ICD-10-CM Official Coding Guidelines, FY 2024](#)
- [American Heart Association](#)
- CodingClinicAdvisor.com