

GUIDELINES Section I.C.9.a.6)

Secondary hypertension is due to an underlying condition. Two codes are required: one to identify the underlying etiology and one from category I15 to identify the hypertension. Sequencing of codes is determined by the reason for admission/encounter.

CODING TIPS ✓ It is more common for hypertension to cause the renal dysfunction, however when hypertension is confirmed caused by the kidney (renal dysfunction), assign a code from I15.-.

I15.0 Renovascular hypertension

CODING TIPS ✓ Do not confuse hypertensive chronic kidney disease with renovascular hypertension, a condition in which the kidney dysfunction causes the hypertension. When this is the case, the hypertension is secondary to the renal dysfunction and is coded using I15.0. The two conditions may be coded in either order. An additional code for the underlying condition should also be assigned.

I15.1 Hypertension secondary to other renal disorders

AHA: 3Q 2016, 22; AHA: 3Q 2016, 23

I15.2 Hypertension secondary to endocrine disorders

CODING TIPS ✓ Assign I15.2 when hypertension is specified as due to Cushing's syndrome, primary aldosteronism, acromegaly, hypo/hyperthyroidism, or another specified endocrine disorder. Do not assign a code from I10-I13.0 when hypertension is specified as secondary to one of these causes.

AHA: 2Q 2023, 12

I15.8 Other secondary hypertension**I15.9 Secondary hypertension, unspecified****4 I16 Hypertensive crisis**

Code also:
any identified hypertensive disease (I10-I15, I1A)

GUIDELINES Section I.C.9.a.10)

Assign a code from category I16, Hypertensive crisis, for documented hypertensive urgency, hypertensive emergency or unspecified hypertensive crisis. Code also any identified hypertensive disease (I10-I15, I1A). The sequencing is based on the reason for the encounter.

AHA: 4Q 2016, 26

I16.0 Hypertensive urgency**CC I16.1 Hypertensive emergency**

Use additional code, if applicable, to identify specific organ dysfunction, such as:
acute kidney injury (N17.-)
acute myocardial infarction (I21.-)
acute pulmonary edema (left and/or right ventricular failure) (J81.0, I50.-)
aortic dissection (I71.0-)
cerebral hemorrhage (I60.-, I61.-, I62.-)
cerebral infarction (I63.-)
eclampsia (O15.-)
hypertensive encephalopathy (I67.4)
seizure (R56.9)

AHA: 4Q 2023, 18

CC I16.9 Hypertensive crisis, unspecified**4 I1A Other hypertension****I1A.0 Resistant hypertension**

Apparent treatment resistant hypertension
Treatment resistant hypertension
True resistant hypertension

Code first specific type of existing hypertension, if known, such as:
essential hypertension (I10)
secondary hypertension (I15.-)

GUIDELINES Section I.C.9.a.12)

Resistant hypertension refers to blood pressure of a patient with hypertension that remains above goal in spite of the use of antihypertensive medications. Assign code I1A.0, Resistant hypertension, as an additional code when apparent treatment resistant hypertension, treatment resistant hypertension, or true resistant hypertension is documented by the provider. A code for the specific type of existing hypertension is sequenced first, if known.

AHA: 4Q 2023, 18

Ischemic heart diseases (I20-I25)

Code also:

the presence of hypertension (I10-I1A)

4 I20 Angina pectoris

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)

EXCLUDES 1

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)

GUIDELINES

Section I.C.9.b. ICD-10-CM has combination codes for atherosclerotic heart disease with angina pectoris. The subcategories for these codes are I25.11, Atherosclerotic heart disease of native coronary artery with angina pectoris and I25.7, Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris.

When using one of these combination codes it is not necessary to use an additional code for angina pectoris. A causal relationship can be assumed in a patient with both atherosclerosis and angina pectoris, unless the documentation indicates the angina is due to something other than the atherosclerosis. If a patient with coronary artery disease is admitted due to an acute myocardial infarction (AMI), the AMI should be sequenced before the coronary artery disease.

CODING TIPS ✓ Do not assign a code from I20.- for a patient who also has coronary artery disease (CAD)/ atherosclerotic heart disease (ASHD). Angina in a patient with CAD/ASHD is assumed related and should be coded to the appropriate I25.11- code.

HCC CC I20.0 Unstable angina

Accelerated angina
Crescendo angina
De novo effort angina
Intermediate coronary syndrome
Preinfarction syndrome
Worsening effort angina

CC I20.1 Angina pectoris with documented spasm

Angiospastic angina
Prinzmetal angina
Spasm-induced angina
Variant angina

CC I20.2 Refractory angina pectoris

AHA: 4Q 2022, 16

5 I20.8 Other forms of angina pectoris

Use additional code(s) for symptoms associated with angina equivalent
AHA: 4Q 2023, 20

I20.81 Angina pectoris with coronary microvascular dysfunction

Angina pectoris with coronary microvascular disease

I20.89 Other forms of angina pectoris

Angina equivalent
 Angina of effort
 Coronary slow flow syndrome
 Stable angina
 Stenocardia

I20.9 Angina pectoris, unspecified

Angina NOS
 Anginal syndrome
 Cardiac angina
 Ischemic chest pain

4 I21 Acute myocardial infarction

INCLUDES cardiac infarction
 coronary (artery) embolism
 coronary (artery) occlusion
 coronary (artery) rupture
 coronary (artery) thrombosis
 infarction of heart, myocardium, or ventricle
 myocardial infarction specified as acute or
 with a stated duration of 4 weeks (28 days)
 or less from onset

Use additional code, if applicable, to identify:
 exposure to environmental tobacco smoke (Z77.22)
 history of tobacco dependence (Z87.891)
 occupational exposure to environmental tobacco smoke
 (Z57.31)
 status post administration of tPA (rtPA) in a different
 facility within the last 24 hours prior to admission to
 current facility (Z92.82)
 tobacco dependence (F17.-)
 tobacco use (Z72.0)

EXCLUDES 2 old myocardial infarction (I25.2)
 postmyocardial infarction syndrome (I24.1)
 subsequent type 1 myocardial infarction
 (I22.-)

GUIDELINES Section I.C.9.e.4)

If a subsequent myocardial infarction of one type occurs within 4 weeks of a myocardial infarction of a different type, assign the appropriate codes from category I21 to identify each type. Do not assign a code from I22. Codes from category I22 should only be assigned if both the initial and subsequent myocardial infarctions are type 1 or unspecified.

GUIDELINES Section I.C.9.e.1)

The ICD-10-CM codes for type 1 acute myocardial infarction (AMI) identify the site, such as anterolateral wall or true posterior wall. Subcategories I21.0-I21.2 and code I21.3 are used for type 1 ST elevation myocardial infarction (STEMI). Code I21.4, Non-ST elevation (NSTEMI) myocardial infarction, is used for type 1 non ST elevation myocardial infarction (NSTEMI) and nontransmural MIs.

If a type 1 NSTEMI evolves to a STEMI, assign the STEMI code. If a type 1 STEMI converts to NSTEMI due to thrombolytic therapy, it is still coded as a STEMI.

For encounters occurring while the myocardial infarction is equal to, or less than, four weeks old, including transfers to another acute setting or a postacute setting, and the myocardial infarction meets the definition for "other diagnoses" (see Section III, Reporting Additional Diagnoses), codes from category I21 may continue to be reported. For encounters after the 4 week time frame and the patient is still receiving care related to the myocardial infarction, the appropriate aftercare code should be assigned, rather than a code from category I21. For old or healed myocardial infarctions not requiring further care, code I25.2, Old myocardial infarction, may be assigned.

CODING TIPS ✓ When assigning any code from I21.- to report STEMI or NSTEMI, note that ICD-10 coding guidelines only allow assignment of these codes for admissions within 4 weeks following the occurrence of the MI. Use I22 codes for any subsequent MI during the same 4 weeks, if both the initial and subsequent MI were Type 1 or unspecified. After 4 weeks, assign I25.2 for the MI.

AHA: 1Q 2013, 25-26; AHA: 4Q 2012, 97, 103-104

5 I21.0 ST elevation (STEMI) myocardial infarction of anterior wall

Type 1 ST elevation myocardial infarction of anterior wall

HCC MCC I21.01 ST elevation (STEMI) myocardial infarction involving left main coronary artery**HCC MCC I21.02 ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery**
 ST elevation (STEMI) myocardial infarction involving diagonal coronary artery

AHA: 1Q 2013, 26

HCC MCC I21.09 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall

Acute transmural myocardial infarction of anterior wall

Anteroapical transmural (Q wave) infarction (acute)
 Anterolateral transmural (Q wave) infarction (acute)
 Anteroseptal transmural (Q wave) infarction (acute)
 Transmural (Q wave) infarction (acute) (of) anterior (wall) NOS

AHA: 4Q 2012, 102

5 I21.1 ST elevation (STEMI) myocardial infarction of inferior wall

Type 1 ST elevation myocardial infarction of inferior wall

HCC MCC I21.11 ST elevation (STEMI) myocardial infarction involving right coronary artery

Inferoposterior transmural (Q wave) infarction (acute)

HCC MCC I21.19 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall

Acute transmural myocardial infarction of inferior wall

Inferolateral transmural (Q wave) infarction (acute)
 Transmural (Q wave) infarction (acute) (of) diaphragmatic wall
 Transmural (Q wave) infarction (acute) (of) inferior (wall) NOS

EXCLUDES 2 ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery (I21.21)

AHA: 4Q 2012, 97

5 I21.2 ST elevation (STEMI) myocardial infarction of other sites

Type 1 ST elevation myocardial infarction of other sites

HCC MCC I21.21 ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery

ST elevation (STEMI) myocardial infarction involving oblique marginal coronary artery

HCC MCC I21.29 ST elevation (STEMI) myocardial infarction involving other sites

Acute transmural myocardial infarction of other sites
 Apical-lateral transmural (Q wave) infarction (acute)
 Basal-lateral transmural (Q wave) infarction (acute)
 High lateral transmural (Q wave) infarction (acute)
 Lateral (wall) NOS transmural (Q wave) infarction (acute)

Posterior (true) transmural (Q wave) infarction (acute)
 Posterobasal transmural (Q wave) infarction (acute)
 Posterolateral transmural (Q wave) infarction (acute)
 Posteroseptal transmural (Q wave) infarction (acute)
 Septal transmural (Q wave) infarction (acute) NOS

HCC MCC I21.3 ST elevation (STEMI) myocardial infarction of unspecified site

Acute transmural myocardial infarction of unspecified site
 Transmural (Q wave) myocardial infarction NOS

Type 1 ST elevation myocardial infarction of unspecified site

GUIDELINES Section I.C.9.e.2)

Code I21.9, Acute myocardial infarction, unspecified, is the default for the unspecified term acute myocardial infarction or unspecified type. If only type 1 STEMI or transmural MI without the site is documented, query the provider as to the site, or assign code I21.3, ST elevation (STEMI) myocardial infarction of unspecified site.

HCC MCC I21.4 Non-ST elevation (NSTEMI) myocardial infarction

Acute subendocardial myocardial infarction
Non-Q wave myocardial infarction NOS
Nontransmural myocardial infarction NOS
Type 1 non-ST elevation myocardial infarction

GUIDELINES Section I.C.9.e.1)

Code I21.4, Non-ST elevation (NSTEMI) myocardial infarction, is used for type 1 non ST elevation myocardial infarction (NSTEMI) and nontransmural MIs.

GUIDELINES Section I.C.9.e.3)

If an AMI is documented as nontransmural or subendocardial, but the site is provided, it is still coded as a subendocardial AMI.

AHA: 1Q 2017, 44; AHA: 2Q 2015, 16; AHA: 3Q 2021, 5; AHA: 2Q 2023, 20; AHA: 1Q 2024, 24; AHA: 1Q 2025, 15; AHA: 2Q 2025, 18

HCC MCC I21.9 Acute myocardial infarction, unspecified

Myocardial infarction (acute) NOS

GUIDELINES Section I.C.9.e.2)

Code I21.9, Acute myocardial infarction, unspecified, is the default for the unspecified term acute myocardial infarction or unspecified type. If only type 1 STEMI or transmural MI without the site is documented, query the provider as to the site, or assign code I21.3, ST elevation (STEMI) myocardial infarction of unspecified site.

AHA: 4Q 2018, 44

5 I21.A Other type of myocardial infarction**HCC MCC I21.A1 Myocardial infarction type 2**

Myocardial infarction due to demand ischemia
Myocardial infarction secondary to ischemic imbalance

Code first , if applicable, the underlying cause, such as:

anemia (D50.0-D64.9)
chronic obstructive pulmonary disease (J44.-)
paroxysmal tachycardia (I47.0-I47.9)
shock (R57.0-R57.9)

GUIDELINES Section I.C.9.e.5)

The ICD-10-CM provides codes for different types of myocardial infarction. Type 1 myocardial infarctions are assigned to codes I21.0-I21.4.

Type 2 myocardial infarction (myocardial infarction due to demand ischemia or secondary to ischemic imbalance) is assigned to code I21.A1, Myocardial infarction type 2 with the underlying cause coded first, if applicable. Do not assign code I24.89, Other forms of acute ischemic heart disease, for the demand ischemia. If a type 2 AMI is described as NSTEMI or STEMI, only assign code I21.A1. Codes I21.01-I21.4 should only be assigned for type 1 AMIs.

Acute myocardial infarctions type 3, 4a, 4b, 4c and 5 are assigned to code I21.A9, Other myocardial infarction type.

The “Code also” and “Code first” notes should be followed related to complications, and for coding of postprocedural myocardial infarctions during or following cardiac surgery.

AHA: 4Q 2017, 10; AHA: 4Q 2018, 44

HCC MCC I21.A9 Other myocardial infarction type

Myocardial infarction associated with revascularization procedure
Myocardial infarction type 3
Myocardial infarction type 4a
Myocardial infarction type 4b
Myocardial infarction type 4c
Myocardial infarction type 5

Code first:

, if applicable, postprocedural myocardial infarction following cardiac surgery (I97.190), or postprocedural myocardial infarction during cardiac surgery (I97.790)

Code also complication, if known and applicable, such as:

(acute) stent occlusion (T82.897-)
(acute) stent stenosis (T82.855-)
(acute) stent thrombosis (T82.867-)
cardiac arrest due to underlying cardiac condition (I46.2)
complication of percutaneous coronary intervention (PCI) (I97.89)
occlusion of coronary artery bypass graft (T82.218-)

AHA: 4Q 2017, 10; AHA: 4Q 2018, 44; AHA: 2Q 2019, 24; AHA: 3Q 2021, 5

HCC MCC I21.B Myocardial infarction with coronary microvascular dysfunction

Myocardial infarction with coronary microvascular disease

Myocardial infarction with nonobstructive coronary arteries [MINOCA] with microvascular disease

GUIDELINES Section I.C.9.e.6)

Coronary microvascular dysfunction (CMD) is a condition that impacts the microvasculature by restricting microvascular flow and increasing microvascular resistance. Code I21.B, Myocardial infarction with coronary microvascular dysfunction, is assigned for myocardial infarction with coronary microvascular disease, myocardial infarction with coronary microvascular dysfunction, and myocardial infarction with non-obstructive coronary arteries (MINOCA) with microvascular disease.

4 I22 Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction**INCLUDES**

acute myocardial infarction occurring within four weeks (28 days) of a previous acute myocardial infarction, regardless of site
cardiac infarction
coronary (artery) embolism
coronary (artery) occlusion
coronary (artery) rupture
coronary (artery) thrombosis
infarction of heart, myocardium, or ventricle
recurrent myocardial infarction
reinfarction of myocardium
rupture of heart, myocardium, or ventricle
subsequent type 1 myocardial infarction

Use additional code, if applicable, to identify:

exposure to environmental tobacco smoke (Z77.22)
history of tobacco dependence (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility (Z92.82)
tobacco dependence (F17.-)
tobacco use (Z72.0)

EXCLUDES 1 subsequent myocardial infarction, type 2 (I21.A1)
subsequent myocardial infarction of other type (type 3) (type 4) (type 5) (I21.A9)

GUIDELINES Section I.C.9.e.4)

If a subsequent myocardial infarction of one type occurs within 4 weeks of a myocardial infarction of a different type, assign the appropriate codes from category I21 to identify each type. Do not assign a code from I22. Codes from category I22 should only be assigned if both the initial and subsequent myocardial infarctions are type 1 or unspecified.

GUIDELINES Section I.C.9.e.4)

A code from category I22, Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction, is to be used when a patient who has suffered a type 1 or unspecified AMI has a new AMI within the 4 week time frame of the initial AMI. A code from category I22 must be used in conjunction with a code from category I21.

CODING TIPS ✓ A code from category I22 must be used in conjunction with a code from category I21. The sequencing of the codes will depend on the circumstances of the encounter.

CODING TIPS ✓ A code from category I22 should not be used for subsequent MIs other than type I or unspecified. For subsequent type 2 AMIs, assign code I21.A1. For subsequent type 4 or 5 AMIs, assign code I21.A9. When assigning I21.A1, you must code first the underlying cause.

AHA: 1Q 2013, 25; AHA: 4Q 2012, 97, 103-104

HCC MCC I22.0 Subsequent ST elevation (STEMI) myocardial infarction of anterior wall

Subsequent acute transmural myocardial infarction of anterior wall
Subsequent transmural (Q wave) infarction (acute)(of) anterior (wall) NOS
Subsequent anteroapical transmural (Q wave) infarction (acute)
Subsequent anterolateral transmural (Q wave) infarction (acute)
Subsequent anteroseptal transmural (Q wave) infarction (acute)

HCC MCC I22.1 Subsequent ST elevation (STEMI) myocardial infarction of inferior wall

Subsequent acute transmural myocardial infarction of inferior wall
Subsequent transmural (Q wave) infarction (acute)(of) diaphragmatic wall
Subsequent transmural (Q wave) infarction (acute)(of) inferior (wall) NOS
Subsequent inferolateral transmural (Q wave) infarction (acute)
Subsequent inferoposterior transmural (Q wave) infarction (acute)

AHA: 4Q 2012, 97, 102, 103-104

HCC MCC I22.2 Subsequent non-ST elevation (NSTEMI) myocardial infarction

Subsequent acute subendocardial myocardial infarction
Subsequent non-Q wave myocardial infarction NOS
Subsequent nontransmural myocardial infarction NOS

HCC MCC I22.8 Subsequent ST elevation (STEMI) myocardial infarction of other sites

Subsequent acute transmural myocardial infarction of other sites
Subsequent apical-lateral transmural (Q wave) myocardial infarction (acute)
Subsequent basal-lateral transmural (Q wave) myocardial infarction (acute)
Subsequent high lateral transmural (Q wave) myocardial infarction (acute)

Subsequent transmural (Q wave) myocardial infarction (acute)(of) lateral (wall) NOS
Subsequent posterior (true) transmural (Q wave) myocardial infarction (acute)
Subsequent posterobasal transmural (Q wave) myocardial infarction (acute)
Subsequent posterolateral transmural (Q wave) myocardial infarction (acute)
Subsequent posteroseptal transmural (Q wave) myocardial infarction (acute)
Subsequent septal NOS transmural (Q wave) myocardial infarction (acute)

HCC MCC I22.9 Subsequent ST elevation (STEMI) myocardial infarction of unspecified site

Subsequent acute myocardial infarction of unspecified site
Subsequent myocardial infarction (acute) NOS

4 I23 Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)

CODING TIPS ✓ When assigning a code from category I23.-, also assign a code from category I21.-, and I22.-, as appropriate, if the encounter is within 4 weeks of the AMI. Use of codes from category I23.- may be appropriate after the 4 week period has lapsed. "Within the 28 day period" is a non-essential modifier in the category title. (AHA: 2Q 2017)

HCC CC A I23.0 Hemopericardium as current complication following acute myocardial infarction

EXCLUDES 1 hemopericardium not specified as current complication following acute myocardial infarction (I31.2)

CODING TIPS ✓ **Documentation:** Hemopericardium is frequently documented with cardiac wall rupture, including ventricular rupture, following MI, and results in pooling of blood in the pericardial space, leading to tamponade. This life-threatening condition may occur during or shortly after an MI.

HCC CC A I23.1 Atrial septal defect as current complication following acute myocardial infarction

EXCLUDES 1 acquired atrial septal defect not specified as current complication following acute myocardial infarction (I51.0)

HCC CC A I23.2 Ventricular septal defect as current complication following acute myocardial infarction

EXCLUDES 1 acquired ventricular septal defect not specified as current complication following acute myocardial infarction (I51.0)

HCC CC A I23.3 Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction

AHA: 2Q 2017, 11

HCC MCC I23.4 Rupture of chordae tendineae as current complication following acute myocardial infarction

EXCLUDES 1 rupture of chordae tendineae not specified as current complication following acute myocardial infarction (I51.1)

DEFINITION Tear in the fibrous, cord-like tissue connecting the papillary muscles to the valves, holding the valve flaps in place to prevent their eversion.

HCC MCC I23.5 Rupture of papillary muscle as current complication following acute myocardial infarction

EXCLUDES 1 rupture of papillary muscle not specified as current complication following acute myocardial infarction (I51.2)

HCC CC A I23.6 Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction

EXCLUDES 1 thrombosis of atrium, auricular appendage, and ventricle not specified as current complication following acute myocardial infarction (I51.3)

HCC CC A I23.7 Postinfarction angina

CODING TIPS ✓ Post-infarction angina includes a syndrome of ischemic chest pain occurring either at rest or during minimal activity 24 hours or more following an acute MI. It is more common after NSTEMI. Post infarction angina is considered a complication (not simply angina after an MI) and must be documented by the physician.

AHA: 2Q 2015, 16-17

HCC CC A I23.8 Other current complications following acute myocardial infarction**4** I24 Other acute ischemic heart diseases

EXCLUDES 1 angina pectoris (I20.-)
transient myocardial ischemia in newborn (P29.4)

EXCLUDES 2 non-ischemic myocardial injury (I5A)

HCC CC I24.0 Acute coronary thrombosis not resulting in myocardial infarction

Acute coronary (artery) (vein) embolism not resulting in myocardial infarction

Acute coronary (artery) (vein) occlusion not resulting in myocardial infarction

Acute coronary (artery) (vein) thromboembolism not resulting in myocardial infarction

EXCLUDES 1 atherosclerotic heart disease (I25.1-)

AHA: 1Q 2013, 24

HCC CC I24.1 Dressler's syndrome

Postmyocardial infarction syndrome

EXCLUDES 1 postinfarction angina (I23.7)

DEFINITION Fever, chest pain, pleuritis, and pericarditis weeks or months after heart injury caused by surgery or myocardial infarction.

5 I24.8 Other forms of acute ischemic heart disease

EXCLUDES 1 myocardial infarction due to demand ischemia (I21.A1)

HCC CC I24.81 Acute coronary microvascular dysfunction

Acute (presentation of) coronary microvascular disease

HCC CC I24.89 Other forms of acute ischemic heart disease**HCC CC** I24.9 Acute ischemic heart disease, unspecified

EXCLUDES 1 ischemic heart disease (chronic) NOS (I25.9)

4 I25 Chronic ischemic heart disease

Use additional code to identify:

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 2 non-ischemic myocardial injury (I5A)

GUIDELINES Section I.C.9.b

ICD-10-CM has combination codes for atherosclerotic heart disease with angina pectoris. The subcategories for these codes are I25.11, Atherosclerotic heart disease of native coronary artery with angina pectoris, and I25.7, Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris.

When using one of these combination codes it is not necessary to use an additional code for angina pectoris. A causal relationship can be assumed in a patient with both atherosclerosis and angina pectoris, unless the documentation indicates the angina is due to something other than the atherosclerosis.

DEFINITION Refractory angina pectoris (RAP) is defined as the occurrence of frequent angina attacks uncontrolled by maximal drug therapy, significantly limiting patients daily activities. This type of angina can be referred to as “no options” since the patient has exhausted revascularization options but still has disabling symptoms.

AHA: 1Q 2025, 15; AHA: 2Q 2025, 18

5 I25.1 Atherosclerotic heart disease of native coronary artery

Atherosclerotic cardiovascular disease

Coronary (artery) atheroma

Coronary (artery) atherosclerosis

Coronary (artery) disease

Coronary (artery) sclerosis

Use additional code, if applicable, to identify:

coronary atherosclerosis due to calcified coronary lesion (I25.84)

coronary atherosclerosis due to lipid rich plaque (I25.83)

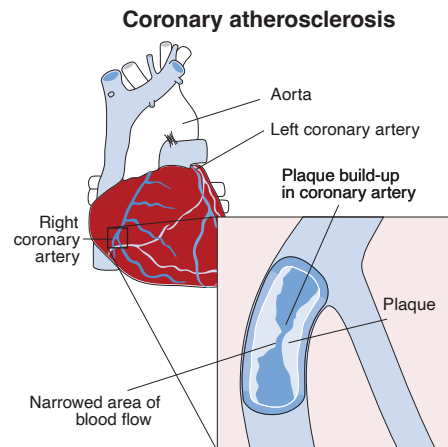
EXCLUDES 2 atheroembolism (I75.-)
atherosclerosis of coronary artery bypass graft(s) and transplanted heart (I25.7-)

A I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris

Atherosclerotic heart disease NOS

DEFINITION Clogging of coronary arteries with fatty plaque build-up, restricting blood flow and hardening the arteries.

AHA: 2Q 2015, 17; AHA: 4Q 2013, 128; AHA: 4Q 2012, 92; AHA: 3Q 2021, 5; AHA: 3Q 2021, 6; AHA: 1Q 2024, 24

**6** I25.11 Atherosclerotic heart disease of native coronary artery with angina pectoris

CODING TIPS ✓ When a patient presents with both coronary artery disease (CAD) / atherosclerotic heart disease and angina, a code from I25.11- should be assigned. If the specific type of angina is not specified in the clinical record, assign code I25.119.

HCC CC A I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris

EXCLUDES 1 unstable angina without atherosclerotic heart disease (I20.0)

A I25.111 Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm

EXCLUDES 1 angina pectoris with documented spasm without atherosclerotic heart disease (I20.1)

CC A I25.112 Atherosclerotic heart disease of native coronary artery with refractory angina pectoris

AHA: 4Q 2022, 16

● New

▲ Revised

838

Manifestation

Unspecified

4 – 7 Digit Indicators

AHA Coding Clinic

L Laterality

A Adult

M Maternity

N Newborn

P Pediatrics