Oscar

CLINICAL DOCUMENTATION

Coronary Artery Disease and Angina

EMERGENT CONDITION SERIES

Angina pectoris is chest pain due to myocardial ischemia, most often caused by atherosclerotic heart disease. Coronary atherosclerosis, or atherosclerotic heart disease, results from accumulation of fatty and fibrous tissue within the blood vessels. In time, the fatty and fibrous tissue accumulations calcify, which is why this condition is commonly referred to as "hardening of the arteries.

ICD-10 CODES

Angina Pectoris

Code	Description
I20.0	Unstable angina**
I20.1	Angina pectoris with documented spasm
I20.2	Refractory angina pectoris
I20.81	Angina pectoris with coronary microvascular dysfunction
I20.89	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified

Coronary Artery Disease (CAD)

Code	Description
I25.10	Atherosclerotic heart disease of native coronary artery w/o angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery w/ unstable angina pectoris**
I25.111	Atherosclerotic heart disease of native coronary artery w/ angina pectoris with documented spasm
I25.112	Atherosclerotic heart disease of native coronary artery w/ refractory angina pectoris
I25.118	Atherosclerotic heart disease of native coronary artery w/ other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery w/ unspecified angina pectoris
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, w/ unstable angina pectoris**
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, w/ angina pectoris with documented spasm
I25.702	Atherosclerosis of coronary artery bypass graft(s), unspecified, w/ refractory angina pectoris
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, w/ other forms of angina pectoris
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, w/ unspecified angina pectoris
I25.71-	Atherosclerosis of autologous vein coronary artery bypass graft(s) w/ angina pectoris
I25.72-	Atherosclerosis of autologous artery coronary artery bypass graft(s) w/ angina pectoris
I25.73-	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) w/ angina pectoris
I25.75-	Atherosclerosis of native coronary artery of transplanted heart w/ angina pectoris
I25.76-	Atherosclerosis of bypass graft of coronary artery of transplanted heart w/ angina pectoris
I25.79-	Atherosclerosis of other coronary artery bypass graft(s) w/ angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) w/o angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart w/o angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart w/o angina pectoris
I25.82	Chronic total occlusion of coronary artery
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.85	Chronic coronary microvascular dysfunction

**These conditions are considered emergent and require an immediate high level of care.

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support CAD and Angina.

Diagnosis: CAD

Evidence: ECG completed this visit, patient complains of mild chest pain, no history of bypass

Evaluation: Coronary artery disease with stable angina

Plan: Start beta-blocker, continue statin and aspirin, to ER if worsening symptoms, RTC 1 month

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:
  Coronary artery disease
  - Type of vessel effected
  - With or without angina
  Angina
  - Specified type/severity
  - Documented as related to CAD

Status:
  Acute
  - CAD
  - Unstable Angina
  Chronic
  - CAD
  - Stable Angina

Plan:
  - Pharmacologic control
  - Interventions (CABG, PCI)
  - Referrals

BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate severity, location affected and any related angina.

- Status should be apparent by using **descriptive words** to clarify the presence and severity of the illnesses. (Chronic, acute, symptomatic, mild, severe, newly identified, resolved, uncontrolled, etc.)

- Documentation should **always include DEEP elements** to show clinical evidence of coronary artery disease with or without angina. Incorporate tests, imaging, signs and symptoms of each disease and document any and all associated treatments with each corresponding final diagnosis.

- Ensure your **evidence** supports each condition individually as these are not interdependent on each other to be present.

- ***Unstable Angina** is considered a highly acute condition and documentation should contain active alarming symptoms and addressing emergent treatment.

- Coronary Artery Disease on its own is **not an acute condition**; however, when documented as having related unstable angina, this is considered an acute form.

- Avoid the use of the term '**chronic coronary syndrome**' as it can denote either stable angina or ischemic heart disease.

For more resources go to:

HIOSCAR.COM/PROVIDERS/RESOURCES