

Ischemic Heart Disease

EMERGENT CONDITION SERIES

Ischemic heart disease is an inadequate flow of blood through the coronary arteries to the tissue of the heart. The predominant etiology of the ischemia is arteriosclerosis. Acute forms of ischemia include conditions with a short and severe course. Chronic ischemia is the most common form of ischemic heart disease and coronary atherosclerosis is the most common cause.

ICD-10 CODES

Acute Ischemic Heart Disease

- I24.0** Acute coronary thrombosis not resulting in myocardial infarction **
- I24.1** Dressler's syndrome
- I24.81** Acute coronary microvascular dysfunction **
- I24.89** Other forms of acute ischemic heart disease **
- I24.9** Acute ischemic heart disease, unspecified **

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

Chronic Ischemic Heart Disease

- I25.2** Old myocardial infarction
- I25.3** Aneurysm of heart
- I25.41** Coronary artery aneurysm
- I25.42** Coronary artery dissection
- I25.5** Ischemic cardiomyopathy
- I25.6** Silent myocardial ischemia
- I25.89** Other forms of chronic ischemic heart disease
- I25.9** Chronic ischemic heart disease, unspecified

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support congestive heart failure.

Diagnosis: Cardiomyopathy

Evidence: ECHO and stress imaging completed, show multivessel disease

Evaluation: Ischemic cardiomyopathy

Plan: Schedule for CABG as next available

Final Assessment Details

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

Diagnosis:

Acute ischemic heart disease

- Type
- Underlying cause

Chronic ischemic heart disease

- Type
- Underlying cause

Status:

Active (no curative history)

- Secondary Condition

Historical (curative measure successful)

- Secondary Condition

Plan:

- Ischemic Heart Disease
 - Pharmacologic
 - Interventions
 - Symptom Control
- Secondary Condition
 - Medical Management
 - Surgical Intervention
 - Referrals

BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate the type of ischemic heart disease, the specific cause when known, and use verbiage to solidify that chronicity of the disease.
- Status should be **apparent** by using descriptive words to clarify the presence and severity of the illness. (Chronic, acute, symptomatic, mild, severe, newly identified, resolved, uncontrolled, etc.)
- Documentation should **always include DEEP elements** to show clinical evidence of ischemic heart disease as well as any secondary conditions. Incorporate tests, imaging, signs and symptoms of the disease and document any and all associated treatment.
- Acute Coronary Syndrome is considered a **highly acute condition** and documentation should contain active alarming symptoms and addressed with emergent treatment.
- After treatment, **acute ischemic disease** should no longer be described as acute, unless it returns to a highly emergent status.
- 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

