

Medicare Risk Adjustment Coding Focus

Myocardial Infarction



Overview

A myocardial infarction (MI), also known as a heart attack, is the leading cause of death in the United States. Every 40 seconds, someone has a heart attack and over 790,000 people will have an MI annually. One in five heart attacks is silent, meaning that damage has been done and the person is unaware of it.¹ An MI can be fatal but with timely medical intervention, chances of survival become greater in most instances.

When an MI occurs, a part of the heart muscle is damaged or dies because the blood flow is reduced or completely blocked. Most often this is due to build-up of fat and cholesterol causing plaque to form in the arteries that feed the heart. The more time that passes without treatment to restore the blood flow, the greater the damage to the heart muscle.²

Signs and Symptoms

There are warning signs that maybe occur prior to an MI:

- Chest pressure, tightness, pain or a sensation of aching or

squeezing in chest or arms and can spread to neck, jaw or back

- Nausea, indigestion, heartburn or abdominal pain
- Shortness of breath
- Cold sweat
- Fatigue
- Sudden dizziness

Risk Factors

Although anyone can have an MI, several factors can increase a person's risk such as being over the age of 50, having uncontrolled diabetes, high blood pressure or a family history of MI. Those who are physically inactive, obese, who use tobacco or illicit drugs, or experience high levels of stress are also at an increased risk.

Treatment

An MI is an emergent condition and testing is required in order to confirm the diagnosis. Surgical intervention may be necessary to improve outcomes. The addition of medication(s), making lifestyle changes, dietary modifications, education of the disease and cardiac rehabilitation can help prevent another MI from occurring.

Coding Guidance

An acute MI should be reported for up to 4 weeks (28 days) with a code from category I21. Encounters for care related to the MI after the 4-week timeframe should be coded with the appropriate aftercare code. An old or healed MI, not requiring further care, should be coded as I25.2, Old Myocardial Infarction.³

Review documentation for an onset date to help determine proper code selection.

I21 Acute Myocardial Infarction (HCC 86)

ST elevation (STEMI) myocardial infarction:

- I21.0* – of anterior wall
- I21.1* – of inferior wall
- I21.2* – of other sites
- I21.3 – of unspecified site

I21.4 – Non-ST elevation (NSTEMI)
I21.9 – Acute myocardial infarction, unspecified

I21.A1 – Myocardial infarction type 2
I21.A9 – Other myocardial infarction type

Use code category I22 for subsequent ST elevation (STEMI) and non-ST (STEMI) myocardial infarction

*Additional characters required

Resources:

¹ Centers for Disease Control and Prevention. (2017) Heart Attack. Accessed March 1, 2018 from cdc.gov

² Mayo Clinic. (2017) Heart Attack. Accessed March 1, 2018 from mayo.org

³ Schmidt, A. & Patterson, L. (2018). ICD-10-CM Expert for Physicians. Optum Insight Inc.