

# Medicare Risk Adjustment Coding Focus

## Coronary artery disease

According to the Centers for Disease Control and Prevention (CDC), coronary artery disease (CAD), also known as atherosclerotic heart disease (ASHD), is the most common type of heart disease in the United States.

CAD is due to plaque buildup in the walls of the coronary arteries that supply blood to the heart.<sup>1</sup> Plaque is made up of cholesterol deposits. Over time, the buildup of plaque causes the inside of the arteries to narrow, a process called atherosclerosis.

### Complications

Excessive plaque buildup and narrowed coronary artery walls can make it harder for blood to flow to the heart muscle. When the heart muscle does not get enough blood, it can cause chest pain or discomfort — called angina. Angina is the most common symptom of CAD.

CAD can also weaken the heart muscle, potentially leading to heart failure — a serious condition where the heart cannot pump blood as it should. Additionally, an irregular heartbeat (arrhythmia) may develop as a result of CAD.

### Treatment

Lifestyle changes (such as quitting smoking, eating healthy, losing weight and exercising regularly) help slow the progression of atherosclerosis and, subsequently, CAD.

Medications (such as cholesterol-lowering drugs, aspirin, and angiotensin-converting enzyme [ACE] inhibitors) are also considered effective in lowering the risk of CAD.

When surgical intervention is needed, angioplasty (dilating a coronary artery using a balloon on the end of a catheter) and stent placement may be recommended. In severe cases, coronary artery bypass graft (CABG) surgery may be necessary; since this is an open-heart procedure, it is often reserved for patients with multiple narrowed coronary arteries<sup>2</sup>.

### Coding guidance

ICD-10-CM offers the ability to code angina resulting from CAD with one combination code.<sup>3</sup> A causal relationship can be assumed if a patient has both coronary atherosclerosis and angina pectoris unless documentation indicates another cause for angina.

The correct code assignment of coronary atherosclerotic disease is based upon the type of coronary artery (native, bypass graft, and whether or not it is a transplanted heart), the presence or absence of associated angina pectoris and the type of angina pectoris (unstable, with documented spasm, other specified forms of angina or unspecified). Since ICD-10-CM allows for a greater degree of specificity, this means that medical records must contain complete documentation for the codes used.

Atherosclerotic heart disease of coronary artery	
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	with angina pectoris with documented spasm
I25.118	with other forms of angina pectoris
I25.7	Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris*
I25.81	Atherosclerosis of other coronary vessels without angina pectoris*
<b>*Additional character required</b>	

### Resources

- Centers for Disease Control and Prevention website (accessed August 2020): <https://www.cdc.gov/heartdisease>
- Mayo Clinic website, *Coronary Artery Disease* (accessed August 2020): <https://www.mayoclinic.org>
- Optum360° (2019) *ICD-10-CM Expert for Physicians*, The complete official code set.

Reference the ICD-10-CM Codebook, CMS-HCC Risk Adjustment Model(s) and AHA Coding Clinic for complete code sets and official coding guidance.