

Medicare Risk Adjustment Coding Focus

Unstable Angina



Overview

Angina refers to pain or discomfort in the chest area, near or around the heart muscle. Unstable angina is a form of coronary artery disease (CAD) which is the leading cause of death worldwide. Unlike the usual symptoms of stable angina, unstable angina results in varying patterns, which are irregular and difficult to distinguish from a myocardial infarction (heart attack). According to the National Institutes of Health, unstable angina affects over 14 million people in the United States.¹

Cause

Coronary artery disease is the principal contributor of unstable angina, which causes blood flow and oxygen depletion to the heart muscles known as the myocardium. The depletion is a result of the narrowing of coronary arteries by ruptured plaque or blood clots in which a partial or total blockage in the artery can occur.² If this obstruction develops, it can lead to irreversible damage to the myocardium supplied by that artery with the potential for developing a myocardial infarction, stroke, or even death.

Signs and Symptoms

Symptoms of unstable angina vary in frequency and intensity and may include:

- shortness of breath
- radiating chest pain
- discomfort (tightness, burning)

Unstable angina is a warning sign of a heart attack and emergency medical care should be sought out.³

Treatment

Treatment for unstable angina focuses on perfusion performance of coronary arteries. There are two options available for perfusion performance: non-invasive and invasive treatments. The non-invasive method includes medicinal treatments such as aspirin, blood thinners for their antiplatelet properties, nitroglycerin or other vasodilators, in addition to oxygen. The goal of non-invasive treatment is to reduce the workload of the heart. The invasive method would be the performance of surgery by either Percutaneous Transluminal Coronary Artery, coronary artery stenting, or coronary artery bypass graft.

Prevention

Adjustments in lifestyle habits can help with prevention efforts for angina attacks. Maintaining healthy eating habits, regular exercise, and decreasing alcohol intake are a few ways to assist in lowering risk.

Coding Guidance

Chapter 9 of the ICD-10-CM codebook contain diagnoses codes related to

angina pectoris (category I20).⁴ Documentation must specifically state the type of angina as unstable in order to be coded as such. Coders should be aware of alternative terms that may be used, such as crescendo angina, to identify unstable angina. Additionally, there are combination codes for atherosclerotic heart disease with angina pectoris (subcategories I25.11 and I25.7), for which a causal relationship between the two conditions can be assumed unless otherwise documented as unrelated.

I20 Angina Pectoris (HCC 87/88)

- I20.0 – Unstable Angina (HCC 87)**
- I20.1 – Angina pectoris with documented spasm (HCC 88)**
- I20.8 – Other forms of angina pectoris (HCC 88)**
- I20.9 – Angina pectoris, unspecified (HCC 88)**

Resources:

- ¹ National Institutes of Health. (n.d.) Unstable Angina-Stat Pearls-NCBI Bookshelf. Accessed December 11, 2018 from nih.gov
- ² American Heart Association. (n.d.) Unstable Angina. Accessed December 11, 2018 from heart.org
- ³ Medline Plus. (n.d.) Unstable Angina: Medline Plus Medical Encyclopedia. Accessed December 11, 2018 from medlineplus.gov
- ⁴ Schmidt, A. & Patterson, L. (2019). ICD-10-CM Expert for Physicians. Optum Insight Inc.