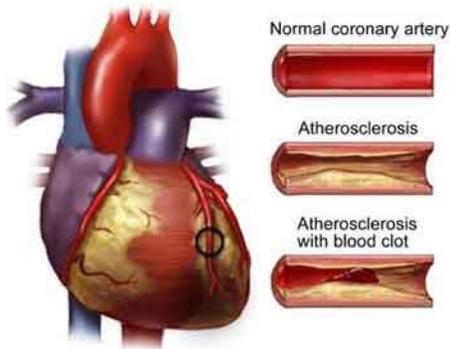


Risk Adjustment Coding Academy- Coding Focus

Narrowing down the options for coding Coronary Artery Disease



Coronary Artery Disease

According to the Centers for Disease Control and Prevention (CDC), Coronary Artery Disease (CAD) is the most common type of heart disease in the United States. CAD is due to plaque buildup in the walls of the arteries that supply blood to the heart (called coronary arteries).¹ 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 artery walls can make it harder for blood to flow through the body. 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 (called arrhythmia) may develop.

Treatment

Lifestyle changes, such as quitting smoking, eating healthy, losing weight

and exercising regularly, are advised in the treatment of CAD. Medications, such as cholesterol-modifying drugs, aspirin, and ACE inhibitors, are also considered effective. When surgical intervention is needed, angioplasty 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 cases of multiple narrowed coronary arteries.²

Coding Considerations

In ICD-9, code assignment for CAD is primarily based on the type of artery: whether native or transplanted as a graft.³ According to guidance in the *Coding Clinic*, if a patient has no history of prior CABG assign the code for native artery, 414.01 (no HCC).⁴ If CABG is unknown, assign code 414.00 (no HCC). If angina pectoris is also documented, assign the additional code 413.9 (HCC 88).

Documentation is Key in ICD-10

ICD-10 offers the ability to code anginal complications of CAD with one combination code.⁵ A causal relationship can be assumed if a patient has both atherosclerosis and angina pectoris, unless documentation indicates another cause for angina.

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

records must contain complete documentation for those codes to be utilized.

ICD-10 Mapping

The table below provides an ICD-9 to ICD-10 crosswalk for CAD of native coronary artery with angina.

ICD-10 Mapping	
ICD-9 Code	ICD-10 Code
414.01 (no HCC)- Coronary atherosclerosis of native coronary artery	I25.11 * (HCC88)- Atherosclerotic heart disease of native coronary artery with angina pectoris
+	
413.9 (HCC 88)- Angina pectoris, unsp.	*Sixth Digit: 0- unstable angina 1- angina with documented spasm 8- other forms of angina pectoris 9- unspecified angina pectoris

1 Centers for Disease Control and Prevention website (accessed October 2015): http://www.cdc.gov/heartdisease/coronary_ad.htm

2 MayoClinic website: Coronary Artery Disease (accessed October 2015): mayoclinic.org

3 2012 Professional: International Classification of Diseases, 9th revision, Clinical Modification. Eden Prairie, MN: OptumInsight.

4 AHA Coding Clinic, 1995, Q2, "Clarification-CAD native coronary artery- no Hx of prior CABG"

5 Anita Schmidt, K.K., &, P.W. (2016). ICD-10-CM Expert for Physicians. Optum360