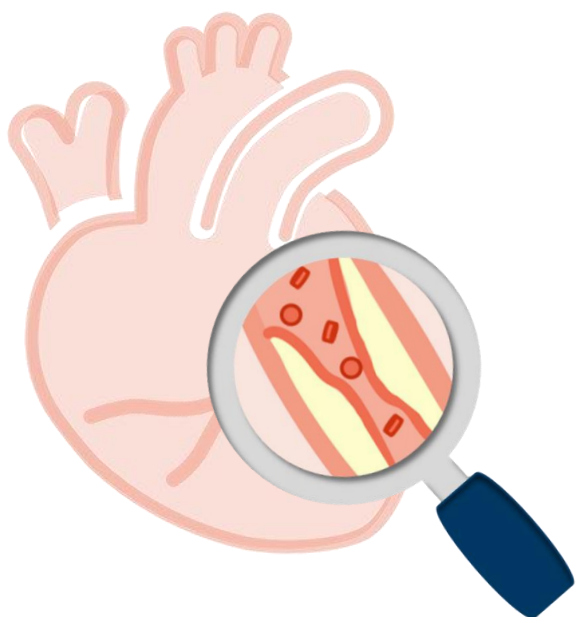


Coronary Artery Disease

Coronary artery disease (CAD) is a common condition caused by plaque buildup narrowing the heart's arteries, which can reduce blood flow and lead to symptoms like chest pain or shortness of breath. CAD presents in two main forms: stable ischemic heart disease, a chronic form with gradual arterial narrowing and manageable symptoms, and acute coronary syndrome, a sudden emergency where a blood clot blocks flow, potentially causing a heart attack. Complications of CAD can include heart rhythm issues, cardiac arrest, cardiogenic shock, and heart failure. Diagnosis involves physical exams and tests. Treatment typically focuses on lifestyle changes, medications, and potentially procedures or surgery.

Best Documentation Practices



Specify if the atherosclerosis is in the native arteries, autologous bypass grafts, or non-autologous biological grafts.

Identify the cause: Lipid rich plaque, calcified coronary lesion.

Indicate the presence and type of angina (stable, unstable, spasm, refractory), if applicable.

Document detailed treatment plan, including patient discussions/advice, orders (labs/radiology, referrals, procedures, therapy), prescribed medications (with dosages), and patient education.

If under specialist care, document the patient's status and the details of the treatment.

M.E.A.T. the Condition

Proper documentation requires at least one of these four elements be present in the documentation for each condition.



How is the patient doing?

Document signs, symptoms, disease progression/regression or ongoing surveillance



What is the current state of the condition?

Document current state, test results, medication effectiveness or response to treatment



How will the condition be evaluated?

Document discussion, review of records, counseling, or ordering further tests



What is being done to help the condition?

Document care, prescribed medications, referral to specialist or other modalities

CMS requires **annual coding and reporting of all chronic conditions**. A condition is not considered present in a given year unless it is appropriately documented and coded in that year.

Coronary Artery Disease ICD-10 Category Reference Guide

This list of ICD-10 codes (containing some incomplete codes) is not exhaustive. Refer to the current version of the ICD-10-CM Official Guidelines for Coding and Reporting, the ICD-10-CM Index to Diseases and Injuries, and the Tabular List of Diseases for a list of all ICD-10-CM codes and coding instructions. Copies of the Risk Adjustment models can be found at www.cms.gov/medicare/payment/medicare-advantage-rates-statistics/risk-adjustment.

Chronic Ischemic Heart Disease (Coronary Artery Disease)

125.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
125.11X	Atherosclerotic heart disease of native coronary artery with angina pectoris
125.70X	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris
125.71X	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris
125.72X	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris
125.73X	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris
125.75X	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris
125.76X	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris
125.79X	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris
125.81X	Atherosclerosis of other coronary vessels without angina pectoris

Coding Example

Documentation **Subjective:** Here for annual visit, with known CAD. She follows with her cardiologist every 6 months. Compliant with Brilinta and ASA. She is healthy and active with no smoking history.

PMH: CAD (obstructive, diagnosed via cardiac cath)

Physical Exam: Denies chest pain, SOB or palpitations, RRR

Assessment & Plan: Atherosclerotic heart disease of native coronary artery without angina pectoris – Continue low dose ASA and Brilinta. Asymptomatic, continue to follow with cardio

ICD-10 Code(s) 125.10 Atherosclerotic heart disease of native coronary artery without angina pectoris

Rationale The clinician performed an annual assessment of the patient's CAD, documenting involvement of the native coronary arteries, indicated no presence of angina and evaluated for signs and symptoms. The assessment and plan includes details of management by the patient's cardiologist and treatment with medication.

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NOTE: This tool is intended to assist with documentation only and not intended to take the place of clinical analysis. Information regarding any law or regulation does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws or regulations. Reference Official ICD-10-CM coding guidelines and manuals or electronic medical coding software for accurate ICD-10-CM codes and specificity.

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