

## ISCHEMIC HEART DISEASES (I20-I25)

### Vessel Involvement:

ASHD is coded in ICD-10-CM according to the type of vessel(s) in which it occurs. Examples of code categories include:

- I25.1\_ ASHD of native coronary artery
- I25.70\_ ASHD of coronary artery bypass graft(s), unspecified
- I25.71\_ ASHD of autologous vein coronary artery bypass graft(s)
- I25.75\_ ASHD of native coronary artery of transplanted heart
- I25.79\_ ASHD of other coronary artery bypass graft(s)

### ASHD and Angina Combination Codes:

ICD-10-CM presumes a causal relationship between ASHD and angina. When both conditions are present, and no other cause of angina has been documented, a code from category I25 should be selected. The final digit indicates the presence or absence of angina, and angina type. For example, the codes of category I25.1\_ are:

- I25.10 ASHD of native coronary artery w/o angina pectoris
- I25.110 ASHD of native coronary artery w/ unstable angina pectoris
- I25.111 ASHD of native coronary artery w/ angina pectoris with documented spasm
- I25.118 ASHD of native coronary artery w/ other forms of angina pectoris
- I25.119 ASHD of native coronary artery w/ angina pectoris NOS

*Coding Tip:* If angina is not present, select an ASHD code that indicates “without angina pectoris.”

### Documentation Tips:

- When documenting ASHD, include the following:
  - ✓ Location – which coronary artery is involved, vessel type
  - ✓ Symptoms – angina, shortness of breath, etc.
  - ✓ Comorbid conditions – HTN, tobacco use, etc.
- ICD-10-CM presumes a causal relationship between ASHD and angina *when no other cause has been identified for the angina.* These same conditions are coded separately when the provider has specifically documented a different cause for angina.
- It is not appropriate to capture code I77.9 to report coronary atherosclerosis



*\*\*While this document represents our best efforts to provide accurate information and useful advice, you should reference the current ICD-10-CM manual for the most up-to-date information. All medical coding must be supported with documentation.*



# ICD-10-CM Reference Guide

## Coding for Cardiovascular Diseases

- Hypertension
- Ischemic Heart Diseases



## HYPERTENSIVE DISEASES (I10-I16)

### I10 ESSENTIAL (PRIMARY) HYPERTENSION

This code should be selected for patients with a diagnosis of either high blood pressure or hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic).

### CATEGORY I11 HYPERTENSIVE HEART DISEASE

ICD-10-CM presumes a causal relationship between the heart conditions listed below and HTN. Assign a code from category I11 when the following are present with HTN:

- Heart failure (I50.\_)
- Myocarditis, unspecified (I51.4)
- Myocardial degeneration (I51.5)
- Cardiomegaly (I51.7)
- Other ill-defined heart disease (I51.8\_)
- Heart Disease, NOS (I51.9)

*Coding Tip:* If heart failure is present, use an additional code from category I50 to identify the type of heart failure.

### CATEGORY I12 HYPERTENSIVE CHRONIC KIDNEY DISEASE

ICD-10-CM presumes a causal relationship between the renal conditions listed below and HTN. Assign a code from category I12 when the following are present with hypertension:

- Chronic kidney disease (N18.\_)
- Renal atrophy (N26.1)
- Page kidney (N26.2)
- Renal sclerosis, NOS (N26.9)

*Coding Tip:* Assign an additional code from category N18 to identify the stage of chronic kidney disease. If the patient is on renal dialysis, assign Z99.2 as an additional code to indicate renal dialysis status.

### CATEGORY I13 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE

Diagnosis codes in category I13 describe hypertensive cardiorenal disease. Assign a code from this category when a condition classifiable to category I11 is present with one classifiable to category I12.

*Coding Tip:* Assign an additional code from category N18 to identify the stage of CKD. If heart failure is present, a third code from category I50 should also be assigned to identify the type of heart failure.

## HYPERTENSIVE DISEASES (I10-I16)

### CATEGORY I15 SECONDARY HYPERTENSION

This category describes hypertension that is caused by another disease process such as polycystic kidney disease, Cushing's syndrome, renal artery stenosis, hyperparathyroidism, or by medications.

*Coding Tip:* Reporting secondary hypertension requires two codes, one from category I15 and one for the underlying condition.

### CATEGORY I16 HYPERTENSIVE CRISIS

A hypertensive crisis occurs when blood pressure elevates rapidly and severely enough to potentially cause target organ damage such as stroke, damage to the eyes and kidneys, acute myocardial infarction, loss of consciousness and aortic dissection. Codes in this category include:

- I16.0 Hypertensive urgency
- \*Severely elevated BP w/o organ damage
- I16.1 Hypertensive emergency
- \*Severely elevated BP resulting in organ damage
- I16.9 Hypertensive crisis, unspecified

*Coding Tip:* Code also any identified hypertensive disease (I10-I15).

### DOCUMENTATION TIPS

- When documenting hypertension, include the following:
  - ✓ Type – essential, secondary, etc.
  - ✓ Underlying cause, or causal relationship(s)
- ICD-10-CM presumes a causal relationship between HTN and specific conditions (heart failure, CKD, etc.) *when no other cause has been identified*. These same conditions are coded separately (i.e., not linked to HTN) when the provider has specifically documented a different cause.



## ISCHEMIC HEART DISEASES (I20-I25)

Diagnosis codes in the I20-I25 code range describe conditions caused by a decreased flow of blood and oxygen to the heart muscle.

### CATEGORY I20 ANGINA PECTORIS

Angina is chest pain or discomfort caused when the heart muscle does not get enough oxygen-rich blood. It is a symptom of an underlying heart problem, usually coronary artery atherosclerosis.

#### Symptoms can include:

- Chest pain or discomfort, often characterized as pressure, squeezing, or fullness in the center of the chest
- Pain in the arms, neck, jaw, shoulder or back
- Nausea, fatigue, shortness of breath, sweating, dizziness

#### Codes in this category include:

- I20.0 Unstable angina
  - Includes accelerated/crescendo angina
- I20.1 Angina pectoris with documented spasm
  - Includes Variant/Prinzmetal angina
  - Caused by spasms in the coronary arteries
  - Often occurs at rest
- I20.8 Other forms of angina pectoris
  - Includes stable angina/angina of effort
  - Physical activity/stress can trigger
  - Often gets better with rest, medicine
- I20.9 Angina pectoris, unspecified

#### Documentation Tips:

- When documenting angina, include the following:
  - ✓ Type – stable, Prinzmetal, etc.
  - ✓ Cause – presumed to be ASHD, note if there is another cause
  - ✓ Timing/precipitating factors – exercise, emotional stress, etc.
  - ✓ Relieving factors – medications, rest, etc.
- Stable or asymptomatic angina that is controlled by a medication should be assessed, documented, and reported at least once per year.

### ATHEROSCLEROTIC HEART DISEASE (ASHD)

Atherosclerosis within the coronary arteries is known in ICD-10-CM as atherosclerotic heart disease (ASHD). Other terms for this condition are:

- Coronary (artery) disease (CAD), or coronary heart disease (CHD)
- Coronary (artery) atherosclerosis
- Atherosclerotic cardiovascular disease (ASCVD)