Angina Pectoris and CAD Documentation Best Practices

WellSense HEALTH PLAN

Angina Pectoris and CAD

The American Heart Association estimates that nearly 1 in 20 (5%) of adults age 20 or older has coronary artery disease (CAD). It is the most common type of heart disease and killed 375,476 people in the US in 2021. The National Center for Health Statistics found that about 20% of deaths from CAD happen in adults less than 65 years old.[i]

Angina diagnostic codes

Documentation Tip: When documenting ischemic heart diseases also identify the presence of hypertension, if known and applicable.

ICD-10 Code	Description
I20.x	Angina pectoris (group includes code for all forms of angina)
I25.1x	Atherosclerotic heart disease of native coronary artery (group includes codes for all forms of native CAD, WITH and WITHOUT angina pectoris)
I25.7x	Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart WITH angina pectoris (group includes codes for all forms of coronary artery bypass graft atherosclerosis or transplanted heart)
I25.8x	Other forms of chronic ischemic heart disease (group includes codes for other coronary vessels WITHOUT angina pectoris, microvascular dysfunction, and other conditions)
I25.9	Chronic ischemic heart disease, unspecified

Risk factors

- High blood levels of LDL cholesterol
- Obesity
- High blood levels of lipoprotein A
- Physical inactivity
- Low blood levels of HDL cholesterol
- High level of apoprotein B (apo B)
- Diabetes mellitus (particularly type 2)
- High blood levels of C-reactive protein (CRP)
- Smoking

Classification of angina pectoris

Documentation tip: Unstable angina is seen in ICD-10 as a symptom of an acute coronary syndrome and is only to be coded in the ED or inpatient setting. It should not be documented in the clinic setting unless the plan includes transporting the patient to the hospital emergently.

Angina Classifications[ii]	
Stable	The relationship between cardiac workload/myocardial oxygen demand and ischemia is usually relatively predictable.
Unstable	Clinically worsening angina (e.g., angina at rest or with increasing frequency and/or intensity of episodes).

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

Documentation requirements

To ensure proper diagnosis capture the following elements should be included:

- Document physical exam findings and pertinent clinical history.
- Include test results: ECG, stress test, imaging, angiography, CABG procedures.
- Identify the type of angina: stable or unstable when possible. Document if the patient has had a CABG procedure and if the atherosclerosis is of native arteries or bypass graft(s).
- Capture any complications or atypical symptoms. Women more commonly report bloating, gas, abdominal distress or tenderness in the back, shoulders, arms or jaw when presenting with angina.
- Keep in mind: These conditions also require reporting hypertension when present and applicable per ICD-10 guidelines.

Documentation examples

HPI: Patient is a 71-year-old male who presents for routine follow-up and refill of medications. He has a history hypertension, CAD, angina and had a CABG procedure about 5 years ago. Since then he has developed atherosclerosis of the grafts, seen on imaging.

PE: Vitals: Normal; PE: WNL except for chest pain with increased exertion; ROS: Negative

A: **I25.709 Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris**

I10 Hypertension

E78.5 Hyperlipidemia

P: Counseled patient on diet and exercise, he will continue walking on his treadmill 4 times weekly. Nitroglycerin, carvedilol and atorvastatin 40 mg called in to his pharmacy. Follow up in six months or as needed.

[i] https://www.cdc.gov/heartdisease/facts.htm

[ii] https://www.merckmanuals.com/professional/cardiovascular-disorders/coronary-artery-disease/angina-pectoris