Coronary Artery Disease with Stable Angina

Overview:

CAD with stable angina pectoris (I25.118) may be recommended when:

- A patient experiences chest pain/discomfort due to inadequate blood supply to the heart that is provoked predictably by exertion/stress and relieved by rest or short acting nitroglycerin

OR

- A patient previously experienced symptoms of stable angina and those symptoms are now minimal or absent due to ongoing treatment with medications such as isosorbide mononitrate (Imdur) or ranolazine (Ranexa)

Assessment/Plan:

CAD with stable angina: Episodes of chest pain while raking or walking up hills that are relieved with rest. Continue statin and Nitroglycerin prn.

OR

CAD with stable angina: Denies recent chest pain and/or shortness of breath. Is walking 2 miles daily. Continue Imdur, aspirin, statin.

Documentation Examples

CAD with stable angina is well documented in both scenarios:

Case #1: Pt. reports chest pain specific with activity and relieved with rest; clear evaluation and treatment plan to support stable angina

Case #2: Documentation supports chronic angina is well controlled on active treatment (Imdur)

Common Pitfalls

- Documentation and reported ICD-10 codes do not match, such as CAD with stable angina (I25.118) and CAD without angina (I25.10) both being coded in the same visit

- Inappropriately coding acute conditions such as unstable angina (I20.0)

Resource: Management of Stable Angina (https://www.dynamed.com). Up to Date; Initial evaluation of suspected acute coronary syndrome (myocardial infarction, unstable angina) in the emergency department; ICD-10-CM 2022: The Complete Official Codebook, American Medical Association; Up to Date; Chronic coronary syndrome: Overview of care.