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

<table>
<thead>
<tr>
<th>CAD with stable angina is well documented in both scenarios:</th>
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<tbody>
<tr>
<td>Case #1: Pt. reports chest pain specific with activity and relieved with rest; clear evaluation and treatment plan to support stable angina</td>
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<tr>
<td>Case #2: Documentation supports chronic angina is well controlled on active treatment (Imdur)</td>
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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)