Coronary Artery Disease with Stable Angina

Diagnosis 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)

Documentation Tips & Examples:

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.

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)

Stable Angina Characteristics:

Stable angina typically has a predictable pattern, with episodes occurring with a similar level of exertion and resolving with rest or medication.

Triggering Factors:

Stable angina is often triggered by physical activity or emotional stress and is relieved by rest or nitroglycerin.

Pearls:

- 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)

Resources: Management of Stable Angina (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