

## Angina Documentation

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Angina usually occurs during exertion, severe emotional distress or after a heavy meal. In general, the presence or absence of angina is used to predict the risk of morbidity and mortality in patients with coronary artery disease (CAD). Patients with CAD, who have stable angina and use sublingual nitrates or long acting nitrates, are at higher risk than patients with CAD and no angina. **Therefore, the provider should specify in their documentation the presence of stable angina independent of the diagnosis of CAD itself.**

When documenting CAD with angina, ICD-10 has combination codes for CAD with or without angina pectoris. A causal relationship can be assumed in a patient with both CAD and angina pectoris **unless the documentation indicates the angina is due to another condition.**

If angina is not linked with or due to CAD, it needs to be stated as so. This would include angina listed in the assessment, along with supporting documentation stating it is not due to CAD.

### Documentation requirements

Cite: Native artery and/or bypass graft (autologous vein, autologous artery, non-autologous).

Angina: With (angina pectoris, unstable angina pectoris or angina pectoris and spasm) or without.

### Acceptable documentation for independent conditions:

- 68 year old female with CAD native artery, follows up with cardiologist and working on changing eating habits.
- Patient also has stable angina, **unrelated** to CAD, being treated with Nitrostat.
- ICD-10-CM Codes:
  - I2510 – atherosclerotic heart disease of native coronary artery without angina pectoris.
  - I209 – angina pectoris, unspecified.

### Acceptable documentation for related conditions:

- 68 year old female with CAD native artery, follows up with cardiologist and working on changing eating habits.
- Patient has angina, being treated with Nitrostat.
- ICD-10-CM Code:
  - I25119 - atherosclerotic heart disease of native coronary artery with unspecified angina pectoris.