

# Angina pectoris overview



## What is angina pectoris?

**Angina pectoris is a type of chest pain caused by reduced blood flow to the heart, occurring when the heart works harder and needs more oxygen during exertion.**

- A symptom of coronary artery disease (CAD) – the heart arteries can become narrowed by fatty deposits called plaques or atherosclerosis
- Described as squeezing, pressure, heaviness, tightness or pain in the chest
- Can be a new pain or recurring pain that goes away with treatment

### Stable angina

- Occurs during exertion
- Usually predictable
- Duration is short (five minutes or less)
- Resolves with rest or medication

**Triggers:** physical activity, stress, cold, heavy meals, smoking

### Unstable angina

- May occur at rest
- More severe and lasts longer
- May not resolve with rest or medication
- May signal heart attack (medical emergency)

**Triggers:** fatty deposits rupture or a blood clot forms, reducing blood flow

## Documentation tips for angina



### Abbreviations

- Limit or avoid altogether
- Best practice: The initial notation of an abbreviation should be spelled out in full with the abbreviation in parentheses
- The diagnosis should be spelled out in full in the final assessment

### Current versus historical

- Do not describe current angina as “history of.” In diagnosis coding, the phrase “history of” means the condition is historical and no longer exists as a current problem.

### Final assessment

- Describe each final angina diagnosis to the highest level of specificity
- It is not appropriate for healthcare providers to simply list a code number or select a code number from a list of codes in place of a written final diagnosis
- The provider’s final statement of diagnosis should classify code with description.

## Symptoms of angina versus heart attack

### Angina pectoris

### Heart attack

Dizziness	Pressure, fullness or a squeezing pain in the center of the chest that lasts for more than a few minutes
Fatigue	Pain extending beyond the chest to the shoulder, arm, back or even to the teeth and jaw
Nausea	Increasing episodes of chest pain
Shortness of breath	Nausea and vomiting
Sweating	Shortness of breath
Relief upon rest	Prolonged pain in the upper abdomen
Consistency in level of pain or tightness	Sense of impending doom



## Coding angina pectoris

Angina pectoris is coded from category **I20**. Codes in this category that represent angina pectoris are as follows:

### **I20 Angina pectoris**

Use an additional code to identify:

- Exposure to environmental tobacco smoke (**Z77.22**)
- History of tobacco dependence (**Z87.891**)
- Occupational exposure to environmental tobacco smoke (**Z57.31**)
- Tobacco dependence (**F17.-**)
- Tobacco use (**Z72.0**)

Excludes 1

- Angina pectoris with atherosclerotic heart disease of native coronary arteries (**I25.1-**)
- Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris (**I25.7-**)
- Postinfarction angina (**I23.7-**)

### **I20.0 Unstable angina**

- Accelerated angina
- Crescendo angina
- De novo effort angina
- Intermediate coronary syndrome
- Preinfarction syndrome
- Worsening effort angina

### **I20.1 Angina pectoris with documented spasm**

- Angiospastic angina
- Prinzmetal angina
- Spasm-induced angina
- Variant angina

### **I20.2 Refractory angina pectoris**

### **I20.8 Other forms of angina pectoris**

- Angina equivalent
- Angina of effort
- Coronary slow flow syndrome
- Stable angina
- Stenocardia

Use additional code(s) for symptoms associated with angina equivalent

### **I20.9 Angina pectoris, unspecified**

- Angina NOS
- Anginal syndrome
- Cardiac angina
- Ischemic chest pain

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## Related condition categories

### **I25 Chronic Ischemic Heart Disease**

- Atherosclerotic heart disease of native coronary artery (**I25.1-**)
- Atherosclerotic heart disease of native coronary artery without angina pectoris (**I25.10**)
- Atherosclerotic heart disease of native coronary artery with unstable angina pectoris (**I25.110**)
- Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm (**I25.111**)
- Atherosclerotic heart disease of native coronary artery with refractory angina pectoris (**I25.112**)
- Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris (**I25.118**)
- Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris (**I25.119**)

### **I25.7- Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris**

- Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris (**I25.70-**)
- Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris (**I25.71-**)
- Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris (**I25.72-**)
- Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris (**I25.73-**)
- Atherosclerosis of native coronary artery of transplanted heart with angina pectoris (**I25.75-**)
- Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris (**I25.76-**)
- Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris (**I25.79-**)

## Code sequencing

- Code **I20.0** is designated as the principal diagnosis *only* when the underlying condition is not identified and there is no surgical intervention.
- A patient admitted to the hospital for treatment of stable angina for the purpose of undergoing diagnostic studies to determine its underlying cause would sequence the combination code (**I25.1-**) for angina with atherosclerotic heart disease (ASHD) as the principal diagnosis when the ASHD is the underlying cause.
- Patients with severe coronary arteriosclerosis and unstable angina may be admitted for cardiac bypass surgery or a percutaneous transluminal coronary angioplasty to prevent further progression to infarction. In such cases, the combination code for coronary arteriosclerosis with unstable angina (**I25.110**) is assigned as the principal diagnosis.