N HONOR OF THE MONTH ALL ABOUT LOVE, we focus on diseases of the heart. Especially in diagnosing an acute myocardial infarction, physicians will need to ensure that they thoroughly document the site of the infarction as well as the duration and if the AMI is recurrent. These codes do not differ drastically from the ICD-9 codes currently used. The big difference, however, will be that there will be no unspecified AMI code. If there is a higher level of specificity, the physician must document it in order to be reimbursed.

Angina pectoris

I20.0 Unstable angina
Angina:
- Crescendo
- De novo effort
- Worsening effort
Intermediate coronary syndrome
Preinfarction syndrome

I20.1 Angina pectoris with documented spasm
Angina:
- Angiospastic
- Prinzmetal
- Spasm-induced
- Variant

I20.8 Other forms of angina pectoris
Angina of effort
Stenocardia

I20.9 Angina pectoris, unspecified
Angina:
- Not otherwise specified
- Cardiac
Anginal syndrome
Ischaemic chest pain

I21 Acute myocardial infarction
Includes:
Myocardial infarction specified as acute or with a stated duration of four weeks (28 days) or less from onset
Excludes:
Certain current complications following acute myocardial infarction (I23.-)
Myocardial infarction:
- Old (I25.2)
- Specified as chronic or with a stated duration of more than four weeks (more than 28 days) from onset (I25.8)
- Subsequent (I22.-)
Postmyocardial infarction syndrome (I24.1)

I21.0 Acute transmural myocardial infarction of anterior wall
Transmural infarction (acute)(of):
- Anterior (wall) not otherwise specified
- Anteroapical
- Anterolateral
- Anteroseptal

I21.1 Acute transmural myocardial infarction of inferior wall
Transmural infarction (acute)(of):
- Diaphragmatic wall
- Inferior (wall) not otherwise specified
- Inferolateral
- Inferoposterior

I21.2 Acute transmural myocardial infarction of other sites
Transmural infarction (acute)(of):
- Apical-lateral
- Basal-lateral
- High lateral
- Lateral (wall) not otherwise specified
- Posterior (true)
- Posterobasal
- Posterolateral
- Posteroseptal
- Septal not otherwise specified

I21.3 Acute transmural myocardial infarction of unspecified site
Myocardial infarction not otherwise specified

I21.4 Acute subendocardial myocardial infarction
Nontransmural myocardial infarction not otherwise specified

I21.9 Acute myocardial infarction, unspecified
Myocardial infarction (acute) not otherwise specified

I22 Subsequent myocardial infarction
Includes:
Myocardial infarction:
- Extension
- Recurrent
- Reinfarction
For morbidity coding, this category should be assigned for infarction of any myocardial site, occurring within four weeks (28 days) from onset of a previous infarction
Excludes:
Specified as chronic or with a stated duration of more than four weeks (more than 28 days) from onset (I25.8)

I22.0 Subsequent myocardial infarction of anterior wall
Subsequent infarction (acute)(of):
- Anterior (wall) not otherwise specified
- Anteroapical
- Anterolateral
- Anteroseptal

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I22.1 Subsequent myocardial infarction of inferior wall
Subsequent infarction (acute)(of):
  • Diaphragmatic wall
  • Inferior (wall) not otherwise specified
  • Inferolateral
  • Inferoposterior

I22.8 Subsequent myocardial infarction of other sites
Subsequent myocardial infarction (acute)(of):
  • Apical-lateral
  • Basal-lateral
  • High lateral
  • Lateral (wall) not otherwise specified
  • Posterior (true)
  • Posterobasal
  • Posterolateral
  • Posteroseptal
  • Septal not otherwise specified

I22.9 Subsequent myocardial infarction of unspecified site

I23 Certain current complications following acute myocardial infarction

I23.0 Haemopericardium as current complication following acute myocardial infarction

I23.1 Atrial septal defect as current complication following acute myocardial infarction

I23.2 Ventricular septal defect as current complication following acute myocardial infarction

I23.3 Rupture of cardiac wall without haemopericardium as current complication following acute myocardial infarction

I23.4 Rupture of chordae tendineae as current complication following acute myocardial infarction

I23.5 Rupture of papillary muscle as current complication following acute myocardial infarction

I23.6 Thrombosis of atrium, auricular appendage and ventricle as current complications following acute myocardial infarction

I23.8 Other current complications following acute myocardial infarction

I24 Other acute ischaemic heart diseases

I24.0 Coronary thrombosis not resulting in myocardial infarction
  Coronary (artery)(vein):
  • Embolism
  • Occlusion
  • Thromboembolism

I24.1 Dressler’s syndrome
  Postmyocardial infarction syndrome

I24.4 Other forms of acute ischaemic heart disease
  Coronary:
    • Failure
    • Insufficiency

I24.9 Acute ischaemic heart disease, unspecified
  Excludes:
  Ischaemic heart disease (chronic) not otherwise specified (I25.9)

I25 Chronic ischaemic heart disease
  Excludes:
  Cardiovascular disease not otherwise specified (I51.6)

I25.0 Atherosclerotic cardiovascular disease, so described

I25.1 Atherosclerotic heart disease
  Coronary (artery):
    • Atheroma
    • Atherosclerosis
    • Disease
    • Sclerosis

I25.2 Old myocardial infarction
  Healed myocardial infarction
  Past myocardial infarction diagnosed by ECG or other special investigation, but currently presenting no symptoms

I25.3 Aneurysm of heart
  Aneurysm:
    • Mural
    • Ventricular

I25.4 Coronary artery aneurysm
  Coronary arteriovenous fistula, acquired

I25.5 Ischaemic cardiomyopathy

I25.6 Silent myocardial ischaemia

I25.8 Other forms of chronic ischaemic heart disease
  Any condition in I21-I22 and I24.- specified as chronic or with a stated duration of more than four weeks (more than 28 days) from onset

I25.9 Chronic ischaemic heart disease, unspecified
  Ischaemic heart disease (chronic) not otherwise specified

Note: Dr. Schrodt is chair of the GLMS Emerging Medical Concepts Committee. He practices Psychiatry with Integrative Psychiatry PLLC. The GLMS physician education and practice support staff of Dottie Hargett, Jessica Williams and Stephanie Woods and Sherry Thomas, CEO and director of education for the Professional Healthcare Institute of America, assisted with this article.