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About Maxim Health Information Services

Maxim Health Information Services (MHIS) provides superior quality [coding and auditing services](#) to healthcare organizations across the country. MHIS offers on-site coding support, remote coding services, auditing and review services, education and training, HIM outsourcing solutions, and services to the Department of Veterans Affairs' Medical Centers. MHIS provides qualified healthcare professionals to customers to meet their needs in an efficient and cost-effective

Welcome to the July issue of Maxim Coding CornerSM! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with coding-related topics that matter to you. This month, we are focusing on coding for coronary artery disease and acute myocardial infarction. Read on below to learn more and be sure to look for information at the end of this article about our new [Ask a Coding Question](#) feature!

Coding for Coronary Artery Disease and Acute Myocardial Infarction

Coronary artery disease (CAD) is a chronic ischemic condition where blood flow through the coronary arteries is impaired, most commonly due to atheromatous plaque. CAD is a progressive disorder that is silent for long periods of time then appears suddenly in the form of unstable angina or acute myocardial infarction (AMI). Unstable angina is marked by severe chest pain with little exertion and can progress into an AMI without immediate treatment. AMI is death to cells of the myocardium after prolonged ischemia.

When coding for CAD, if the patient does not have a history of coronary artery bypass grafting (CABG), assign code 414.01. If the patient does have a history of a CABG, then assign the appropriate code from the 414.02-414.05 range. Codes 414.06 and 414.07 are used for CAD of a transplanted heart. Note that CAD of a previously bypassed vessel or of a transplanted heart is not considered a complication so a complication code should not be assigned.

When coding for AMI, two factors must be known: the site or type of AMI and the episode of care for which the AMI pertains. All AMI codes fall under category 410. The fourth digit specifies the site or type of AMI (i.e., anterior wall, non-ST elevation MI, etc.). The fifth digit specifies whether the episode of care is unspecified, initial, or subsequent. The fourth digit of 9, unspecified site, and fifth digit of 0, unspecified episode of care, should never be used for inpatient encounters; query the physician for clarification.

Follow the following sequencing guidelines when coding for

manner. MHIS has some of the best [career opportunities](#) in the industry, with positions including on-site coding, remote coding, travel coding, auditing, and more.

Past issues of Maxim Coding Corner are available online! Visit [the Coding Corner page](#) on our Website to download Coding Corner issues you may have missed.

CAD and AMI:

- When a patient is admitted for angina which is determined to be due to CAD, the CAD is sequenced first with an additional code for the angina.
- When a patient is admitted for unstable angina and CAD and an AMI occurs after admission, the AMI is sequenced first with the CAD as an additional code. A code is not assigned for the unstable angina since it progressed into an AMI. *Note: no code from category 411 is assigned with a code from category 410 unless the physician has documented postmyocardial infarction syndrome, postinfarction angina, or Dressler's syndrome.*
- When a patient is admitted for an AMI and CAD, the AMI is sequenced first with an additional code for the CAD.
- When a patient is admitted for impending myocardial infarction and CHF and the AMI occurs after admission, the AMI is sequenced first with appropriate secondary codes for the CHF.

CAD may be treated with diet and exercise in addition to medical treatment with medications. However, surgery may be required for more severe cases of CAD. Surgical treatments of CAD include percutaneous angioplasty, percutaneous stenting, or CABG.

Coronary angioplasty or percutaneous transluminal coronary angioplasty (PTCA) is the dilation of a blocked artery with a balloon. **PTCA is reported with the following codes:**

- **00.66** – PTCA
- **00.40-00.43** – identifies the number of vessels treated
- **00.44** –*vessel bifurcation, if performed (only report one time regardless of number of vessel bifurcations treated)*
- **36.04** –*infusion of platelet inhibitor or other intracoronary artery thrombolytic agent, if performed*
- **99.10** –*infusion of thrombolytic agent such as tissue plasminogen activator (TPA, if performed)*

Coronary stenting may also be performed in conjunction with a PTCA. Once the vessel has been dilated with the balloon, the physician will insert a stent to prevent reclosure of the dilated vessel. **Percutaneous coronary stenting is reported with the same codes as PTCA in addition to the following codes:**

- **36.06 or 36.07** – insertion of stent. Code 36.06 is reported for non-drug-eluting stents and 36.07 is reported for drug-eluting stents. Note that drug coated (i.e., heparin coated) stents are reported with code 36.06.
- **00.45-00.48** – number of stents

Coronary artery bypass grafting (CABG) is a more invasive procedure where grafted vessels are used to bypass the coronary artery obstructions. **When coding for CABG, use the following codes:**

- **36.11-36.14** – use the correct code from this range to identify the number of aortocoronary bypass grafts.

AND/OR

- **36.15-36.16** – use the correct code from this range to identify the number of internal mammary-coronary artery bypass grafts.

AND/OR

- **36.17** – use when an abdominal-coronary artery bypass is performed (i.e., gastric artery)

AND/OR

- **36.19** – use when coronary artery bypass is performed with vessels other than coronary, internal mammary, or abdominal.

AND

- **39.61** – *extracorporeal circulation (i.e., cardiopulmonary bypass), if performed*
- **00.16** – *pressurized treatment of venous bypass graft with pharmaceutical substance, if performed.*

Ask a Coding Question

Have a coding-related question that you would like to get answered by an MHIS coding expert? Visit our new "[Ask a Coding Question](#)" page to submit your question for review. If your question is selected as the **Coding Question of the Month**, a full answer will be posted on our website for you and all MHIS website visitors to reference!

To learn more about Maxim Health Information Services, visit us [online](#) or call **866-265-0589**.



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