

Scenario: CAD, angina, hypertension

A 75-year-old man is admitted to home health after being treated in the hospital for angina. He also has atherosclerosis and hypertension. Management of the angina is the focus of care.

Code the scenario in ICD-9:

Primary and Secondary Diagnoses		M1024 Case Mix	
		3	4
M1020a Other and unspecified angina pectoris	413.9		
M1022b Coronary atherosclerosis of unspecified type of vessel, native or graft	414.00		
M1022c Essential hypertension, unspecified	401.9		

Rationale:

- As the focus of care, the angina is coded in the primary position. It is followed by his atherosclerosis as the next most serious condition requiring monitoring. The conditions are not connected and per ICD-9 guidelines, they cannot be connected without physician confirmation.
- Since the doctor has not specified that the patient's heart disease is related to his hypertension, it cannot be coded as hypertensive heart disease. Thus, the hypertension is coded separately.

Code the scenario in ICD-10:

Primary and Secondary Diagnoses		M1025 Additional diagnoses	
M1021: Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	I25.119		
M1023: Essential (primary) hypertension	I10		

Rationale:

- ICD-10 coding guidelines allow the patient's atherosclerosis and angina can be assumed to be connected even without the relationship being explicitly stated by the physician. Thus it is coded with the combination code I25.119.
- It isn't said whether the CAD is in the patient's native arteries or grafted arteries. But because there's no documentation that he's ever had a coronary artery bypass graft (CABG) procedure, the default code corresponds to native arteries.