

Molina Healthcare Coding Education Angina Pectoris



The purpose of this educational resource is to address the standards of documentation for patients with Angina Pectoris. Many patients have Angina Pectoris without having suffered a previous myocardial infarction. It is important for clinicians to understand the difference between appropriate documentation of an acute condition that has resolved (e.g. old myocardial infarction) versus an active condition with recurrent symptoms like Angina Pectoris. Often times several items need to be looked at to diagnose Angina Pectoris with certainty, which include but are not limited to, an astute history, problem-focused physical examination, and an EKG. Some patients may require additional diagnostic testing such as a stress test. Based on clinical evidence, most patients with ischemic heart disease experience Angina Pectoris.

Documentation Examples:

A/P:

- 62 year old smoker evaluated for chest pain

Assessment: Chest pain lasting 5 minutes worsening after walking due to non-adherence to medical regimen and continuous smoking

➤ **ICD-9 Code: 413.9 Angina Pectoris NEC/NOS**

➤ **ICD-10 Code: I20.9 Angina Pectoris, unspecified**

Plan: Tobacco cessation counselling provided, MA assisted patient enrollment in “No butts” program, reordered SL Nitroglycerine

A/P:

- 73 year old with Angina Pectoris and documented spasm

Assessment: Improved with fewer episodes of chest pain, symptoms resolved after 3 to 5 minutes, nuclear stress test 6/2015 consistent with reversible ischemia and no infarction

➤ **ICD-9 Code: 413.9 Angina Pectoris NEC/NOS**

➤ **ICD-10 Code: I20.1 Angina Pectoris with documented spasm**

Plan: Continue daily exercise and weight loss, aggressive medical management with daily beta-blocker, ASA and Nitroglycerine prn

Have Questions?

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