



Western Australian Coding Rule

0715/09 Coronary Artery Disease (CAD)

In ICD-10-AM/ACHI/ACS Ninth Edition, ACS 0941 *Arterial disease* was updated. Coders should assign a code from category I25.1- *Atherosclerotic heart disease* when coronary artery disease is documented and the clinical documentation indicates that it is significant.

WA Coding Rule 1112/01 *Coronary artery disease* is therefore retired.

DECISION

WA Coding Rule 1112/01 *Coronary artery disease* is retired.

[Effective 01 Jul 2015, ICD-10-AM/ACHI/ACS 9th Ed.]



Western Australian Coding Rule

1112/01 Coronary Artery Disease (CAD)

Q.

If a patient has an angiogram and only mild or minor coronary artery disease is found, should we code the CAD? No percentage is stated. If chest pain is documented as the reason for the angiogram and they find mild CAD, some coders will code the CAD as the PDx but others won't unless the CAD is treated.

A.

Our classification does not capture severity very well. If you had a % documented you could easily follow the rule that if equal or less than 50% code the symptoms unless treatment is performed. The rule has a disclaimer of **with/without further confirmation of the disease**. So, even if less than 50% is documented if the diagnosis of CAD is documented, (or there is treatment) this should still be coded to CAD. This was included in the rule because the coder cannot ignore that the clinician is still calling this coronary artery disease. If the clinician writes mild or minor they are virtually saying by adding these adjectives the disease is not significant = less than 50% obstruction.

A coder should not make assumptions on what is the cause of the chest pain and should follow the documentation available. If there is documentation of less than 50% stenosis with no documentation of CAD, the chest pain only should be coded. If CAD is documented, it should be coded unless the cause of the chest pain is stipulated otherwise. Coders should follow the NCCC Q & A advice if they do not have a definite answer for the chest pain documented.

DECISION

When a patient is admitted for chest pain and the only finding on angiogram is CAD, the CAD should be coded as the principal diagnosis, (regardless of any qualifiers such as 'mild and 'moderate'), unless stipulated otherwise. If less than 50% stenosis only is documented and no CAD, then the chest pain only should be coded.

[Effective 28 Nov 2012, ICD-10-AM/ACHI/ACS 7th Ed.]