Chapter 9: Diseases of the circulatory system

I22.2 Subsequent non-ST elevation (NSTEMI) myocardial infarction

Subsequent acute subendocardial myocardial infarction
Subsequent non-Q wave myocardial infarction NOS
Subsequent nontransmural myocardial infarction NOS

CC Ex: See Appendix

I22.8 Subsequent ST elevation (STEMI) myocardial infarction of other sites

Subsequent acute transmural myocardial infarction of other sites
Subsequent apical-lateral transmural (Q wave) myocardial infarction (acute)
Subsequent basal-lateral transmural (Q wave) myocardial infarction (acute)
Subsequent high lateral transmural (Q wave) myocardial infarction (acute)
Subsequent transmural (Q wave) myocardial infarction (acute)
Subsequent posterior (true) transmural (Q wave) myocardial infarction (acute)
Subsequent posterobasal transmural (Q wave) myocardial infarction (acute)
Subsequent posterolateral transmural (Q wave) myocardial infarction (acute)
Subsequent septal NOS transmural (Q wave) myocardial infarction (acute)

CC Ex: See Appendix

I22.9 Subsequent ST elevation (STEMI) myocardial infarction of unspecified site

Subsequent acute myocardial infarction of unspecified site
Subsequent myocardial infarction (acute) NOS

CC Ex: See Appendix

122 Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)

Coding Tip: When assigning a code from category I23.-, also assign a code from category I21.-, and I22.-, as appropriate, if the encounter is within 4 weeks of the AMI. Use of codes from category I23.- may be appropriate after the 4 week period has lapsed. "Within the 28 day period" is a non-essential modifier in the category title. (AHA: 2Q 2017)

123.0 Hemopericardium as current complication following acute myocardial infarction

Hemopericardium not specified as current complication following acute myocardial infarction

EXCLUDES 1 Hemopericardium not specified as current complication following acute myocardial infarction

Coding Tip: Documentation: Hemopericardium is frequently documented with cardiac wall rupture, including ventricular rupture, following MI, and results in pooling of blood in the pericardial space, leading to tamponade. This life-threatening condition may occur during or shortly after an MI.

CC Ex: See Appendix

123.1 Atrial septal defect as current complication following acute myocardial infarction

Acquired atrial septal defect not specified as current complication following acute myocardial infarction

EXCLUDES 1 Acquired atrial septal defect not specified as current complication following acute myocardial infarction

CC Ex: See Appendix

123.2 Ventricular septal defect as current complication following acute myocardial infarction

EXCLUDES 1 Acquired ventricular septal defect not specified as current complication following acute myocardial infarction

CC Ex: See Appendix

123.3 Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction

AHA: 2Q 2017, 11

CC Ex: See Appendix

123.4 Rupture of chordae tendineae as current complication following acute myocardial infarction

Rupture of chordae tendineae not specified as current complication following acute myocardial infarction

EXCLUDES 1 Rupture of chordae tendineae not specified as current complication following acute myocardial infarction

CC Ex: See Appendix
### 123.4 - 125.11 Diseases of the Circulatory System

#### 123.5 Rupture of papillary muscle as current complication following acute myocardial infarction

- **Definition:** Tear in the fibrous, cord-like tissue connecting the papillary muscles to the valves, holding the valve flaps in place to prevent their erosion.
- **CC Ex:** See Appendix

#### 123.6 Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction

- **Definition:** Thrombosis of atrium, auricular appendage, and ventricle not specified as current complication following acute myocardial infarction (151.3)
- **CC Ex:** See Appendix

#### 123.7 Postinfarction angina

- **Definition:** Post-infarction angina includes a syndrome of ischemic chest pain occurring either at rest or during minimal activity 24 hours or more following an acute MI. It is more common after NSTEMI. Post infarction angina is considered a complication (not simply angina after an MI) and must be documented by the physician.
- **AHA:** 2Q 2015, 16-17

#### 123.8 Other current complications following acute myocardial infarction

- **Definition:** Other current complications following acute myocardial infarction
- **CC Ex:** See Appendix

### 124 Other acute ischemic heart diseases

- **EXCLUDES 1:** angina pectoris (I20.-) transient myocardial ischemia in newborn (P29.4)
- **EXCLUDES 2:** non-ischemic myocardial injury (I5A)

#### 124.0 Acute coronary thrombosis not resulting in myocardial infarction

- **Definition:** Acute coronary (artery) (vein) embolism not resulting in myocardial infarction
- **CC Ex:** See Appendix

#### 124.1 Dressler’s syndrome

- **Definition:** Fever, chest pain, pleuritis, and pericarditis weeks or months after heart injury caused by surgery or myocardial infarction.
- **CC Ex:** See Appendix

#### 124.8 Other forms of acute ischemic heart disease

- **EXCLUDES 1:** myocardial infarction due to demand ischemia (121.A1)
- **CC Ex:** See Appendix

#### 124.9 Acute ischemic heart disease, unspecified

- **Definition:** Ischemic heart disease (chronic) NOS
- **EXCLUDES 1:** non-ischemic myocardial injury (I5A)
- **CC Ex:** See Appendix

### 125 Chronic ischemic heart disease

- **Use additional code to identify:**
  - Chronic total occlusion of coronary artery (I25.82)
  - Exposure to environmental tobacco smoke (Z77.22)
  - History of tobacco dependence (Z87.891)
  - Occupational exposure to environmental tobacco smoke (Z57.31)
  - Tobacco dependence (F17.-)
  - Tobacco use (Z72.0)
- **EXCLUDES 2:** non-ischemic myocardial injury (I5A)

### 125.1 Atherosclerotic heart disease of native coronary artery

#### 125.10 Atherosclerotic heart disease of native coronary artery without angina pectoris

- **Definition:** Atherosclerotic heart disease NOS

### 125.11 Atherosclerotic heart disease of native coronary artery with angina pectoris

- **Coding Tip:** When a patient presents with both coronary artery disease (CAD) / atherosclerotic heart disease and angina, a code from I25.11- should be assigned. If the specific type of angina is not specified in the clinical record, assign code I25.119.

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**Diagram:**

- **Coronary atherosclerosis**
- **Aorta**
- **Left coronary artery**
- **Right coronary artery**
- **Plaque build-up in coronary artery**
- **Plaque**
- **Narrowed area of blood flow**

2023 ICD-10-CM Experts for Hospitals/Payers
**J40 Bronchitis, not specified as acute or chronic**

- Bronchitis NOS
- Bronchitis with tracheitis NOS
- Catarrhal bronchitis
- Tracheobronchitis NOS

*Use additional code to identify:*
- exposure to environmental tobacco smoke (Z77.22)
- tobacco use (Z72.0)

**Excludes 1**
- acute bronchitis (J20.-)
- allergic bronchitis NOS (J45.909-)
- asthmatic bronchitis NOS (J45.9-)
- bronchitis due to chemicals, gases, fumes and vapors (J68.0)

**Coding Tip**
- Do not assign code J40 for chronic, chronic obstructive, or acute bronchitis. J40 should be assigned only when no diagnostic information is available to differentiate the type of bronchitis.

AHA: 1Q 2020, 27

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**J41 Simple and mucopurulent chronic bronchitis**

*Use additional code to identify:*
- exposure to environmental tobacco smoke (Z77.22)
- history of tobacco dependence (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

**Excludes 1**
- chronic bronchitis NOS (J42)
- chronic obstructive bronchitis (J44.-)

**Coding Tip**
- Chronic bronchitis not specified as “obstructive” should be coded to J41.0-J42. Chronic bronchitis that is specified as obstructive is coded to category J44.-. Chronic indicates cough with mucus most days of the month for at least 3 months out of the year.

**J41.0 Simple chronic bronchitis**

**J41.1 Mucopurulent chronic bronchitis**

**J41.8 Mixed simple and mucopurulent chronic bronchitis**

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**J42 Unspecified chronic bronchitis**

- Chronic bronchitis NOS
- Chronic tracheitis
- Chronic tracheobronchitis

*Use additional code to identify:*
- exposure to environmental tobacco smoke (Z77.22)
- history of tobacco dependence (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

**Excludes 1**
- chronic asthmatic bronchitis (J44.-)
- chronic bronchitis with airways obstruction (J44.-)
- chronic emphysematous bronchitis (J44.-)
- chronic obstructive pulmonary disease NOS (J44.9)
- simple and mucopurulent chronic bronchitis (J41.-)

**Coding Tip**
- Chronic bronchitis not specified as “obstructive” should be coded to J41.0-J42. Chronic bronchitis that is specified as obstructive is coded to category J44.-. Chronic indicates cough with mucus most days of the month for at least 3 months out of the year.

**J43 Emphysema**

*Use additional code to identify:*
- exposure to environmental tobacco smoke (Z77.22)
- history of tobacco dependence (Z87.891)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

**Excludes 1**
- compensatory emphysema (J98.3)
- emphysema due to inhalation of chemicals, gases, fumes or vapors (J68.4)
- emphysema with chronic (obstructive) bronchitis (J44.-)
- emphysematous (obstructive) bronchitis (J44.-)
- interstitial emphysema (J98.2)
- mediastinal emphysema (J98.2)
- neonatal interstitial emphysema (P25.0)
- surgical (subcutaneous) emphysema (T81.82)
- traumatic subcutaneous emphysema (T79.7)

**Coding Tip**
- Do not assign a code from J43.- when the provider’s documentation reports emphysema with chronic obstructive bronchitis or emphysematous bronchitis. Emphysema with chronic obstructive bronchitis and emphysematous bronchitis should be coded to J44.- and cannot be coded on the same claim as J43.-.

**Coding Tip**
- When a diagnosis supports coding a more specific code for emphysema, such as interstitial emphysema (J98.2), compensatory emphysema (J98.3), or subcutaneous emphysema due to trauma (T79.7), then do not assign J43.-, but assign the more specific code.

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**J43.0 Unilateral pulmonary emphysema**

- [MacLeod’s syndrome]
- Swyer-James syndrome
- Unilateral emphysema
- Unilateral hyperlucent lung
- Unilateral pulmonary artery functional hypoplasia
- Unilateral transparency of lung

**J43.1 Panlobular emphysema**

**J43.2 Centrilobular emphysema**

**J43.3 Other emphysema**

**J43.9 Emphysema, unspecified**

- Bullous emphysema (lung)(pulmonary)
- Emphysema (lung)(pulmonary) NOS
- Emphysematous bleb
- Vesicular emphysema (lung)(pulmonary)
Assign J43.9 and J20.9 for emphysema, COPD and acute bronchitis when there’s no mention of chronic bronchitis; assign J43.9 with J18.9 for emphysema, COPD and pneumonia; assign J43.9 with a code from J45 for emphysema, COPD and asthma. (AHA: 1Q 2019)

**Definition:** Abnormal enlargement of the air sacs in the lungs, which lose their elasticity, making breathing increasingly difficult.

AHA: 1Q 2019, 26
AHA: 1Q 2019, 27
AHA: 4Q 2017, 76
AHA: 4Q 2017, 77
AHA: 1Q 2019, 26
AHA: 1Q 2019, 27
AHA: 2Q 2017, 30
AHA: 3Q 2016, 15-16

**Other chronic obstructive pulmonary disease**

- Emphysema, unspecified
- Normal alveoli
- Emphysemic alveoli
- Damage to air sacs (alveoli)

**Chronic obstructive pulmonary disease with (acute) lower respiratory infection**

- Code also: to identify the infection
- Assign a code from J44.0 when a patient has both a condition classifiable to J44 and a diagnosis of a lower respiratory tract infection. An additional code should be assigned to report the infection. If the physician confirms both a diagnosis of a lower respiratory tract infection and exacerbation of the condition classifiable to J44, both J44.1 and J44.0 should be assigned, followed by a code for the specific lower respiratory infection. Lower respiratory infections include pneumonia, bronchitis and bronchiolitis.

AHA: 3Q 2016, 15-16
AHA: 1Q 2017, 26
AHA: 2Q 2017, 30
AHA: 4Q 2017, 75

**Chronic obstructive pulmonary disease, unspecified**

- Chronic obstructive airway disease NOS
- Chronic obstructive lung disease NOS

**Chronic obstructive pulmonary disease, unspecified**

- Chronic obstructive airway disease NOS
- Chronic obstructive lung disease NOS

**Chronic obstructive pulmonary disease with acute exacerbation**

- Decompensated COPD
- Decompensated COPD with (acute) exacerbation

**Excludes:**

- Chronic obstructive pulmonary disease with acute bronchitis (J44.0)
- Lung diseases due to external agents (J60-J70)

**Documentation:** Do not assign J44.1 unless the physician has confirmed that the condition is exacerbated. An exacerbation may not be assumed without physician confirmation, and changes in treatment and medication regimen do not presume an exacerbation.

AHA: 1Q 2016, 36
AHA: 3Q 2016, 15-16
AHA: 1Q 2017, 26
AHA: 4Q 2017, 75

**Excludes:**

- Lung diseases due to external agents (J60-J70)