Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction

Subsequent ST elevation (STEMI) myocardial infarction

Subsequent non-ST elevation (NSTEMI) myocardial infarction

Use additional code, if applicable, to identify:

- Subsequent ST elevation myocardial infarction (acute)(of) inferior (wall) NOS
- Subsequent ST elevation myocardial infarction (acute)(of) lateral (wall) NOS
- Subsequent ST elevation myocardial infarction (acute)(of) posterior (true) transmural (Q wave) myocardial infarction
- Subsequent ST elevation myocardial infarction (acute)(of) anterior transmural myocardial infarction of anterior artery
- Subsequent ST elevation myocardial infarction (acute)(of) inferior transmural myocardial infarction of inferior artery
- Subsequent ST elevation myocardial infarction (acute)(of) lateral transmural myocardial infarction of lateral artery
- Subsequent ST elevation myocardial infarction (acute)(of) posterior transmural myocardial infarction of posterior artery
- Subsequent ST elevation myocardial infarction (acute)(of) unspecified artery

For subsequent type 1 myocardial infarction

- Subsequent myocardial infarction, type 2 (I21.A1)
- Subsequent myocardial infarction of other type (type 3) (type 4) (I21.A9)

For subsequent type 2 myocardial infarction of one type occurring within four weeks (28 days) of a previous acute myocardial infarction, regardless of site

- Subsequent acute myocardial infarction occurring within four weeks (28 days) of a previous acute myocardial infarction, regardless of site
- Subsequent myocardial infarction occurring within four weeks (28 days) of a previous acute myocardial infarction, regardless of site

Use additional code, if applicable, to identify:

- Subsequent myocardial infarction, type 2 (I21.A1)
- Subsequent myocardial infarction of other type (type 3) (type 4) (I21.A9)

GUIDELINES

Section I.C.9.e.4)

If a subsequent myocardial infarction of one type occurs within 4 weeks of a myocardial infarction of a different type, assign the appropriate codes from category I21 to identify each type. Do not assign a code from I22. Codes from category I22 should only be assigned if both the initial and subsequent myocardial infarctions are type 1 or unspecified.

GUIDELINES

Section I.C.9.e.4)

A code from category I22, Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction, is to be used when a patient who has suffered a type 1 or unspecified AMI has a new AMI within the 4 week time frame of the initial AMI. A code from category I22 must be used in conjunction with a code from category I21.

Coding Tip:

A code from category I22 must be used in conjunction with a code from category I21. The sequencing of the codes will depend on the circumstances of the encounter.

Coding Tip:

A code from category I22 should not be used for subsequent MI’s other than type I or unspecified. For subsequent type 2 AMIs, assign code I21.A1. For subsequent type 4 or 5 AMIs, assign code I21.A9. When assigning I21.A1, you must code first the underlying cause.

AHA: 2Q 2012, 97, 103-104

AHA: 1Q 2013, 25

Subsequent ST elevation (STEMI) myocardial infarction of anterior wall

Subsequent acute transmural myocardial infarction of anterior wall
- Subsequent transmural (Q wave) infarction (acute)(of) anterior (wall) NOS
- Subsequent anteroapical transmural (Q wave) infarction (acute)
- Subsequent anterolateral transmural (Q wave) infarction (acute)
- Subsequent anteroseptal transmural (Q wave) infarction (acute)

Subsequent ST elevation (STEMI) myocardial infarction of inferior wall

Subsequent acute transmural myocardial infarction of inferior wall
- Subsequent transmural (Q wave) infarction (acute)(of) diaphragmatic wall
- Subsequent transmural (Q wave) infarction (acute)(of) inferior (wall) NOS
- Subsequent inferolateral transmural (Q wave) infarction (acute)
- Subsequent inferoposterior transmural (Q wave) infarction (acute)

Subsequent ST elevation (STEMI) myocardial infarction of posterior wall

Subsequent acute transmural myocardial infarction of posterior wall
- Subsequent transmural (Q wave) infarction (acute)(of) posterior (wall) NOS
- Subsequent posterolateral transmural (Q wave) infarction (acute)
- Subsequent posterior transmural (Q wave) myocardial infarction (acute)
- Subsequent posterior transmural (Q wave) myocardial infarction (acute)
- Subsequent posterolateral transmural (Q wave) myocardial infarction (acute)
- Subsequent septal NOS transmural (Q wave) myocardial infarction (acute)

Subsequent ST elevation (STEMI) myocardial infarction of unspecified site

Subsequent acute myocardial infarction of unspecified site

Subsequent myocardial infarction of unspecified site

Subsequent myocardial infarction (acute) NOS

Hemopericardium as current complication following acute myocardial infarction

Hemopericardium not specified as current complication following acute myocardial infarction

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.

Hemopericardium as current complication following acute myocardial infarction

Hemopericardium not specified as current complication following acute myocardial infarction

Hemopericardium as current complication following acute myocardial infarction

Hemopericardium not specified as current complication following acute myocardial infarction

AHA: 2Q 2017, 11

21.A9

21.A1

121.1

121.2

121.3

121.4

Hemopericardium as current complication following acute myocardial infarction

Hemopericardium not specified as current complication following acute myocardial infarction

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

Rupture of chordae tendineae as current complication following acute myocardial infarction

Rupture of chordae tendineae not specified as current complication following acute myocardial infarction
Chapter 9: Diseases of the circulatory system

I23.4 - I25.11

### I23.5 Rupture of papillary muscle as current complication following acute myocardial infarction

**EXCLUDES 1** rupture of papillary muscle not specified as current complication following acute myocardial infarction (I51.2)

**CC Ex:** See Appendix

### I23.6 Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction

**EXCLUDES 1** thrombosis of atrium, auricular appendage, and ventricle not specified as current complication following acute myocardial infarction (I51.3)

**CC Ex:** See Appendix

### I23.7 Postinfarction angina

**CODES:** 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

**CC Ex:** See Appendix

### I23.8 Other current complications following acute myocardial infarction

**CC Ex:** See Appendix

#### I24 Other acute ischemic heart diseases

**EXCLUDES 1** angina pectoris (I20.-), transient myocardial ischemia in newborn (P29.4)

#### I24.0 Acute coronary thrombosis not resulting in myocardial infarction

Acute coronary artery (vein) embolism not resulting in myocardial infarction

Acute coronary artery (vein) occlusion not resulting in myocardial infarction

Acute coronary artery (vein) thromboembolism not resulting in myocardial infarction

**EXCLUDES 1** atherosclerotic heart disease (I25.1-)

**AHA:** 1Q 2013, 24

**CC Ex:** See Appendix

#### I24.1 Dressler’s syndrome

Postmyocardial infarction syndrome

**EXCLUDES 1** postinfarction angina (I23.7)

**DEFINITION:** Fever, chest pain, pleuritis, and pericarditis weeks or months after heart injury caused by surgery or myocardial infarction.

**CC Ex:** See Appendix

#### I24.8 Other forms of acute ischemic heart disease

myocardial infarction due to demand ischemia (I21.41)

**EXCLUDES 1**

**CC Ex:** See Appendix

#### I24.9 Acute ischemic heart disease, unspecified

**EXCLUDES 1** ischemic heart disease (chronic) NOS (I23.9)

**CC Ex:** See Appendix

#### I25 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 (F17.1)
- tobacco use (Z72.9)

**CC Ex:** See Appendix

### I25.1 Atherosclerotic heart disease of native coronary artery

**AHA:** 1Q 2013, 24

**CC Ex:** See Appendix

#### I25.1.1 Atherosclerotic heart disease of native coronary artery with angina pectoris

**EXCLUDES 1** unstable angina without atherosclerotic heart disease (I20.0)

**CC Ex:** See Appendix

#### I25.1.11 Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm

**EXCLUDES 1** angina pectoris with documented spasm without atherosclerotic heart disease (I20.1)

### Section I.C.9.b

ICD-10-CM has combination codes for atherosclerotic heart disease with angina pectoris. The subcategories for these codes are I25.11, Atherosclerotic heart disease of native coronary artery with angina pectoris, and I25.7, Atherosclerotic coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris.

When using one of these combination codes it is not necessary to use an additional code for angina pectoris. A causal relationship can be assumed in a patient with both atherosclerosis and angina pectoris, unless the documentation indicates the angina is due to something other than the atherosclerosis.

#### I25.1.10 Atherosclerotic heart disease of native coronary artery without angina pectoris

**AHA:** 4Q 2013, 128

**AHA:** 2Q 2015, 17

### Coronary atherosclerosis

**DEFINITION:** Clogging of coronary arteries with fatty plaque build-up, restricting blood flow and hardening the arteries.

**AHA:** 4Q 2012, 92

**AHA:** 4Q 2013, 128

**AHA:** 2Q 2015, 17

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**COMPPLICATION/COMORBIDITY**

**MAJOR COMPLICATION/COMORBIDITY**

**HOSPITAL ACQUIRED CONDITION**

**HIERARCHICAL CONDITION CATEGORY**

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