

**I22 Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction**

**INCLUDES** acute myocardial infarction occurring within four weeks (28 days) of a previous acute myocardial infarction, regardless of site cardiac infarction coronary (artery) embolism coronary (artery) occlusion coronary (artery) rupture coronary (artery) thrombosis infarction of heart, myocardium, or ventricle recurrent myocardial infarction reinfarction of myocardium rupture of heart, myocardium, or ventricle subsequent type 1 myocardial infarction

*Use additional code, if applicable, to identify:*  
 exposure to environmental tobacco smoke (Z77.22)  
 history of tobacco dependence (Z87.891)  
 occupational exposure to environmental tobacco smoke (Z57.31)  
 status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility (Z92.82)  
 tobacco dependence (F17.-)  
 tobacco use (Z72.0)

**EXCLUDES 1** subsequent myocardial infarction, type 2 (I21.A1)  
 subsequent myocardial infarction of other type (type 3) (type 4) (type 5) (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 MIs 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: 4Q 2012, 97, 103-104  
 AHA: 1Q 2013, 25

**I22.0 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 anteroapical transmural (Q wave) infarction (acute)

**CC Ex:** See Appendix

**I22.1 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)

AHA: 4Q 2012, 97, 102, 103-104  
**CC Ex:** See Appendix

**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)(of) lateral (wall) NOS  
 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 posteroseptal 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

**I23 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)

**I23.0 Hemopericardium as current complication following acute myocardial infarction**

**EXCLUDES 1** hemopericardium not specified as current complication following acute myocardial infarction (I31.2)

**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

**I23.1 Atrial septal defect as current complication following acute myocardial infarction**

**EXCLUDES 1** acquired atrial septal defect not specified as current complication following acute myocardial infarction (I51.0)

**CC Ex:** See Appendix

**I23.2 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 (I51.0)

**CC Ex:** See Appendix

**I23.3 Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction**

AHA: 2Q 2017, 11  
**CC Ex:** See Appendix

**I23.4 Rupture of chordae tendineae as current complication following acute myocardial infarction**

**EXCLUDES 1** rupture of chordae tendineae not specified as current complication following acute myocardial infarction (I51.1)

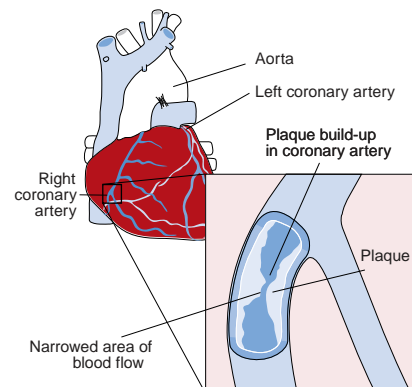
- DEFINITION** Tear in the fibrous, cord-like tissue connecting the papillary muscles to the valves, holding the valve flaps in place to prevent their eversion.  
**CC Ex:** See Appendix
- I23.5 Rupture of papillary muscle as current complication following acute myocardial infarction** MCC HCC  
**EXCLUDES 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** CC HCC A  
**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** CC HCC A  
**CODING TIP** ✓ 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 HCC A  
**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** CC HCC  
 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** CC HCC  
 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** CC HCC  
**EXCLUDES 1** *myocardial infarction due to demand ischemia (I21.A1)*  
**CC Ex:** See Appendix
- I24.9 Acute ischemic heart disease, unspecified** CC HCC  
**EXCLUDES 1** *ischemic heart disease (chronic) NOS (I25.9)*  
**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.-)*  
*tobacco use (Z72.0)*

**GUIDELINES 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, Atherosclerosis of 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 Atherosclerotic heart disease of native coronary artery**  
 Atherosclerotic cardiovascular disease  
 Coronary (artery) atheroma  
 Coronary (artery) atherosclerosis  
 Coronary (artery) disease  
 Coronary (artery) sclerosis  
*Use additional code, if applicable, to identify:*  
*coronary atherosclerosis due to calcified coronary lesion (I25.84)*  
*coronary atherosclerosis due to lipid rich plaque (I25.83)*  
**EXCLUDES 2** *atheroembolism (I75.-) atherosclerosis of coronary artery bypass graft (s) and transplanted heart (I25.7-)*
- I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris** A  
 Atherosclerotic heart disease NOS  
**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

### Coronary atherosclerosis



- I25.11 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.
- I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris** CC HCC A  
**EXCLUDES 1** *unstable angina without atherosclerotic heart disease (I20.0)*  
**CC Ex:** See Appendix
- I25.111 Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm** HCC A  
**EXCLUDES 1** *angina pectoris with documented spasm without atherosclerotic heart disease (I20.1)*