Myocardial infarction

Documentation and coding: Individual & Family Plans

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For coding education questions, email CignaHealthcareHCPEducation@CignaHealthcare.com.

It is important to accurately document and code diagnoses when submitting claims for your patients with Cigna Healthcare®-administered coverage. This helps ensure your diagnosis and coding practices comply with all applicable legal requirements,[1] while enabling us to provide our customers with the benefits and resources they need. For additional information and resources, visit the Cigna Healthcare Individual & Family Plans page at CignaforHCP.com/IFP.

The information that follows is designed to provide guidance for the documentation and coding of claims for your patients with a myocardial infarction diagnosis. It is not meant to replace your clinical judgment when caring for your patients.

Myocardial infarction definition

Myocardial infarction is the death of myocardial tissue. It is usually caused by a blocked coronary artery and is often caused by the buildup of fat, cholesterol, and other substances.[2]

There are two types of myocardial infarction:

- ST-elevation myocardial infarction (STEMI)
- Non-ST-elevation myocardial infarction (NSTEMI)

Subsequent myocardial infarctions are defined as occurring within four weeks (28 days) of the initial occurrence.

Documentation and coding

- Clearly document findings to support diagnoses of acute myocardial infarction with specific details (**date of onset, NSTEMI/STEMI, artery, location, laterality, symptoms**, etc.)
- Consider a diagnostic statement that is compatible with International Classification of Diseases, 10th Revision (ICD-10) nomenclature.
- Record the treatment plan and follow up. A treatment plan can be in the form of medication, referral, diet, monitoring, and/or ordering a diagnostic exam.
- Note if the acute myocardial infarction occurred within 28 days of another myocardial infarction. If the patient is not currently having a myocardial infarction, nor had one in the previous 28 days, consider a historical code.
- Address and code all comorbid and secondary conditions related to the myocardial infarction.
- Delineate acute coronary syndrome or acute ischemic heart disease from a true myocardial infarction.

ICD-10 myocardial infarction categories

- **Acute myocardial infarction:** *ICD-10 I21.9*
  Use only during the inpatient encounter as determined by diagnostic studies.
- **Old myocardial infarction:** *ICD-10 I25.2*
  Use when there are no identifiable manifestations of acute myocardial infarction after four weeks.
- **Subsequent STEMI or NSTEMI:** *I22.0-I22.9*
  Use when the patient suffered a prior acute myocardial infarction within four weeks of the initial acute myocardial infarction.
- **Complications of STEMI and NSTEMI:** *ICD-10 I23-*
  Use when a complication (such as hemopericardium or septal defect), has occurred within 28 days of the myocardial infarction.
- **Post-infarction angina:** *ICD-10 I23.7 and I25.118*
  Use both codes to indicate atherosclerotic coronary artery disease and post old myocardial infarction.

1 Diagnosis inaccuracies that are not addressed can result in administrative sanctions and potential financial penalties.
2 "Heart attack." Mayo Clinic. 21 May 2022. Retrieved from https://www.MayoClinic.org/diseases-conditions/heart-attack/symptoms-causes/syc-20373106.

STEMI & NSTEMI coding

ICD-10 code	Description
I21.01	ST elevation (STEMI) of anterior wall involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction of anterior wall involving left anterior descending coronary artery (or diagonal coronary artery)
I21.09	ST elevation (STEMI) myocardial infarction of anterior wall involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction of inferior wall involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction of other sites involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction of other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site (if no other documentation from specialist notes or hospital inpatient stay provides specificity)
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I21.9	Acute myocardial infarction, unspecified (if no other documentation from specialist notes or hospital inpatient stay provides specificity)
I21.A1	Myocardial infarction type 2 (code first the underlying cause)
I21.A9	Other myocardial infarction type (e.g., 3, 4a, t). Code first post procedural or complication.
I21.B	Myocardial infarction with coronary microvascular dysfunction
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent Non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site (if no other documentation from specialist notes or hospital inpatient stay provides specificity)
I23.-	Post myocardial infarction complications
I25.2	Old myocardial infarction

Post myocardial infarction complications coding

ICD-10 code	Description
I23.0	Hemopericardium as current complication following acute myocardial infarction
I23.1	Atrial septal defect as current complication following acute myocardial infarction
I23.2	Ventricular septal defect as current complication following acute myocardial infarction
I23.3	Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction
I23.4	Rupture of chordae tendineae as current complication following acute myocardial infarction
I23.5	Rupture of papillary muscle as current complication following acute myocardial infarction
I23.6	Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction
I23.7	Postinfarction angina
I23.8	Other current complications following acute myocardial infarction