Banner Plans & Networks

# CLINICAL DOCUMENTATION: ANGINA

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| **THE DIAGNOSIS** | Angina |
| **COMMON CONDITIONS** | Unstable angina (V28) – I20.0<br>Angina pectoris, unspecified (V24) – I20.9<br>Angina pectoris with documented spasm (V24) – I20.1<br>Atherosclerotic heart disease of native coronary artery with refractory angina pectoris (V24) – I25.112<br>Atherosclerotic heart disease of native coronary artery with unstable angina pectoris (V28) – I25.110<br>Postinfarction angina (V28) – I23.7 |
| **V28 MODEL CHANGES** | "Unspecified angina", "refractory spasm", "spasm", and "other forms of angina" diagnoses no longer risk adjust.<br>New HCC group number - 229<br>The Risk Adjustment Factor (RAF) score is 0.240. |
| **MEAT the DOCUMENTATION**<br><br>**M= Monitor**<br>**E = Evaluate**<br>**A = Assess/Address**<br>**T = Treat** | Assessment and Plan example:<br>**Postinfarction angina (I23.7)** – Mr. M is six weeks status post NSTEMI. Continues to complain of chest pain with mild exertion that improves with rest and occasional nitro. Plan includes nuclear stress test. Patient's home blood pressure and heart rate record are borderline. Pt started metoprolol XR 25 mg while in the hospital. Adding verapamil XR 180mg QD.<br><br>**M** – Signs and symptoms, such as chest pain.<br>**E** – Test results or vital signs, such as blood pressure and heart rate.<br>**A** – Order tests or patient discussion, such as ordering a nuclear stress test.<br>**T** – Medications, therapy, or other modalities, such as adding verapamil. |
| **IMPACT on QUALITY – HEDIS MEASURES** | 1. Controlling high blood pressure (CMS 165)<br>2. Persistence of Beta-blocker treatment after a heart attack (CMS 145)<br><br>Proper documentation, recording of blood pressures in discreet data fields in your EMR, and adding all appropriate frailty or advanced illness diagnosis codes may provide a denominator exclusion. |