Fact Sheet

Acute Conditions Not Usually Treated in an Office Setting

Although patients occasionally present to the physician's office with life threatening conditions, in general patients are treated in a hospital setting. Remember that historical ("history of") conditions are not coded as if the patient has the condition currently. Physicians also cannot code "rule out" conditions.

ICD-9 411.1 – Unstable Angina (UA)/Acute Coronary Syndrome (ACS) /Non-ST Elevation MI (NSTEMI)

Unstable angina/NSTEMI is a clinical syndrome subset of Acute Coronary Syndrome that is usually caused by atherosclerotic CAD and is associated with an increased risk of cardiac death and subsequent MI. (1)

Because it is an acute condition with the potential for impending MI, the American College of Cardiology/American Heart Association guidelines recommend initial treatment in an ED or other facility capable of acute evaluation when UA/ACS is suspected.

Unless the patient is evaluated in the physician's office prior to being sent to the hospital for treatment of UA/ACS/NSTEMI, this diagnosis should not be reported in a physician office setting.

In chart review, we find that this code is most often used incorrectly in patients being seen in the office in follow up to a recent hospitalization for UA/ACS. We also see this code used in patients with a remote history of the condition. In both cases, the correct documentation and coding should be related to the underlying disease (e.g., coronary artery disease).

REFERENCE

1Anderson JL, Adams CD, Antman EM, Bridges CR, Califf RM, Casey DE Jr, Chavey WE II, Fesmire FM, Hochman JS, Levin TN, Lincoff AM, Peterson ED, Theroux P, Wenger NK, Wright RS. ACC/AHA 2007 guidelines for the management of patients with unstable angina/non–ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Revise the 2002 Guidelines for the Management of Patients With Unstable Angina/Non–ST-Elevation Myocardial Infarction): developed in collaboration with the American College of Emergency Physicians, American College of Physicians, Society for Academic Emergency Medicine, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons. J Am Coll Cardiol 2007;50:e1–157.