e. Acute myocardial infarction (AMI)

1) Type 1 ST elevation myocardial infarction (STEMI) and nonST elevation myocardial infarction (NSTEMI)

The ICD-10-CM codes for type 1 acute myocardial infarction (AMI)

identify the site, such as anterolateral wall or true posterior wall.

Subcategories I21.0-I21.2 and code I21.3 are used for type 1 ST

elevation myocardial infarction (STEMI). Code I21.4, Non-ST elevation

(NSTEMI) myocardial infarction, is used for type 1 non-ST elevation

myocardial infarction (NSTEMI) and nontransmural MIs.

If a type 1 NSTEMI evolves to STEMI, assign the STEMI code. If a type

1 STEMI converts to NSTEMI due to thrombolytic therapy, it is still

coded as STEMI.

For encounters occurring while the myocardial infarction is equal to, or

less than, four weeks old, including transfers to another acute setting or a

postacute setting, and the myocardial infarction meets the definition for

“other diagnoses” (see Section III, Reporting Additional Diagnoses),

codes from category I21 may continue to be reported. For encounters

after the 4-week time frame and the patient is still receiving care related

to the myocardial infarction, the appropriate aftercare code should be

assigned, rather than a code from category I21. For old or healed

myocardial infarctions not requiring further care, code I25.2, Old

myocardial infarction, may be assigned.

2) Acute myocardial infarction, unspecified

ICD-10-CM Official Guidelines for Coding andReporting

FY 2022

Page 51 of 115

Code I21.9, Acute myocardial infarction, unspecified, is the default for

unspecified acute myocardial infarction or unspecified type. If only type

1 STEMI or transmural MI without the site is documented, assign code

I21.3, ST elevation (STEMI) myocardial infarction of unspecified site.

3) AMI documented as nontransmural or subendocardial but site

provided

If an AMI is documented as nontransmural or subendocardial, but the

site is provided, it is still coded as a subendocardial AMI.

See Section I.C.21.3 for information on coding status post administration

of tPA in a different facility within the last 24 hours.

4) Subsequent acute myocardial infarction

A code from category I22, Subsequent ST elevation (STEMI) and nonST 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. The

sequencing of the I22 and I21 codes depends on the circumstances of the

encounter.

Do not assign code I22 for subsequent myocardial infarctions other than

type 1 or unspecified. For subsequent type 2 AMI assign only code

I21.A1. For subsequent type 4 or type 5 AMI, assign only code I21.A9.

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.

5) Other Types of Myocardial Infarction

The ICD-10-CM provides codes for different types of myocardial

infarction. Type 1 myocardial infarctions are assigned to codes I21.0-

I21.4.

Type 2 myocardial infarction (myocardial infarction due to demand

ischemia or secondary to ischemic imbalance) is assigned to code

I21.A1, Myocardial infarction type 2 with the underlying cause coded

first. Do not assign code I24.8, Other forms of acute ischemic heart

disease, for the demand ischemia. If a type 2 AMI is described as

NSTEMI or STEMI, only assign code I21.A1. Codes I21.01-I21.4

should only be assigned for type 1 AMIs.

Acute myocardial infarctions type 3, 4a, 4b, 4c and 5 are assigned to

code I21.A9, Other myocardial infarction type.

ICD-10-CM Official Guidelines for Coding andReporting

FY 2022

Page 52 of 115

The "Code also" and "Code first" notes should be followed related to

complications, and for coding of postprocedural myocardial infarctions

during or following cardiac surgery.