



Western Australian Coding Rule

0417/08 Type 1 and type 2 myocardial infarction

WA Coding Rule 0916/10 *Type 1 and type 2 myocardial infarction* is superseded by ACCD Coding Rule ***Type 1 and type 2 myocardial infarction*** (Ref No: Q3141) effective 1 July 2017; (log in to view on the [ACCD CLIP portal](#)).

DECISION

WA Coding Rule 0916/10 *Type 1 and type 2 myocardial infarction* is retired.

[Effective 01 July 2017, ICD-10-AM/ACHI/ACS 10th Ed.]



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0916/10 Type 1 and type 2 myocardial infarction

Q.

Cardiologists are increasingly documenting myocardial infarctions as Type 1 or Type 2 rather than STEMI or NSTEMI. What code should be assigned for Type 1 and Type 2 MI?

A.

Traditionally, MIs have been classified based on electrocardiographic findings as ST elevation MI (STEMI) or non-ST elevation MI (NSTEMI) or anatomically as transmural or nontransmural.

In 2007, a consensus document was published by a joint task force of experts with a new universal definition of the term myocardial infarction. The criteria are based on cardiac biomarkers (such as troponin) and other signs and symptoms (symptoms of ischaemia, ECG changes and imaging evidence).

The document also provides clinical classification of myocardial infarctions as Type 1, 2, 3, 4a, 4b and 5.

When a myocardial infarction is documented as one of the types above, clinical coders should look for documentation which is indexed in the ICD-10-AM classification, such as STEMI, NSTEMI, transmural, nontransmural or the site of the MI. If such information is not available, I21.9 *Acute myocardial infarction* should be assigned.

DECISION

Type 1 and Type 2 MI are not terms that are recognised by the ICD-10-AM classification. Clinical coders should look for documentation which is indexed in ICD-10-AM, such as STEMI, NSTEMI, transmural, nontransmural or the site of the MI. If such information is not available, I21.9 *Acute myocardial infarction* should be assigned.

[Effective 21 September 2016, ICD-10-AM/ACHI/ACS 9th Ed.]