

# Chest Pain – MI Registry<sup>TM</sup>

## Inclusion Criteria v3.1

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The Chest Pain – MI Registry is designed to provide participating centers feedback on the care and outcomes of patients with possible acute coronary syndrome, extending from low-risk chest pain to acute myocardial infarction. Patients  $\geq 18$  years of age are included in the registry when a qualifying cardiac diagnosis is made on discharge.

The registry has four qualifying cardiac classifications, identified as the following patient types (Seq#12360):

- STEMI
- NSTEMI
- Unstable angina
- Low-risk chest pain

### Notes:

Participants may provide all patient types or a sub-group of the patient types in their submission. Reference the Submission Population document for additional information.

### Exclusions:

- Transfer patients with an arrival time at outside facility (Seq#12426) to arrival time at receiving facility (Seq#3001) of  $> 24$  hours are not included in the registry. \*\*Exception: An In-hospital STEMI occurs at receiving facility.
- NSTEMI patients with MI (type II/non-thrombotic) are not included in the registry. The final diagnosis by the cardiologist is used to determine exclusion. Acceptable exclusion documentation includes the diagnosis of NSTEMI and at least one of the following:
  - “Type II MI”
  - “Supply/demand mismatch”
  - Coronary embolism
  - Coronary vasospasm
  - SCAD
  - Takotsubo cardiomyopathy/Stress-induced cardiomyopathy
- Once revascularization has occurred (PCI/CABG), then the patient is excluded from any subsequent hospital receiving the patient.
- Patients arriving for scheduled procedures at this facility (elective Cath, surgeries) are not included *unless* an in-hospital STEMI occurs.  
**Note:** If the ‘in-hospital’ STEMI is intra or post elective PCI procedure, these patients are not included in the registry.

The following ICD-10 codes *may be* useful in identifying patient records for facilities that decide to sample their low risk and unstable angina patients in the Chest Pain - MI Registry and match the ones utilized by the ACC Chest Pain Center Accreditation. The following ICD-10 codes may also be useful in identifying patient records that are included in the registry. The patient type selected in Seq#12360 may have, but does not have to have, one of these ICD-10 codes, each patient will need to be evaluated based on specific registry inclusion criteria.

**ICD-10 Codes:**

Low-risk chest pain: R07.89; R07.9

Unstable angina: I20.0; I20.1; I20.8; I20.9; I25.10; I25.110

NSTEMI: I21.4; I22.2

STEMI: I21.01-I21.09; I21.11; I21.1; I21.2; I21.29; I21.3; I21.01-I21.09; I21.11; I21.19; I21.21; I21.29; I21.3

## Addendum

### (Coding Overview)

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**Element:** 12360 Patient Type

**Coding Instruction:** Indicate the (cardiac) patient type.

**Target Value:** The highest value between arrival and discharge.

- **STEMI:** Clinical diagnosis of STEMI in addition to the following:  
Either revascularization (PCI/thrombolytics/CABG) for STEMI and/or  
Detection of a rise and/or fall of cardiac troponin (cTn) with at least one value above the 99<sup>th</sup> percentile upper reference limit (URL) and at least **one** of the following:
  - Symptoms of acute myocardial ischemia;
  - New or presumed new significant ST-segment elevation consistent with acute myocardial infarction;
  - Development of pathological Q waves
  - Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality in a pattern consistent with an ischemia etiology;
  - Identification of an intracoronary thrombus by angiography including intracoronary imaging
- **NSTEMI (Type I):** Clinical diagnosis of NSTEMI and the following definition is met:  
Detection of a rise and/or fall of cardiac troponin (cTn) with at least one value above the 99<sup>th</sup> percentile upper reference limit (URL) **within 24 hours of arrival** and at least **one** of the following:
  - Symptoms consistent with acute myocardial ischemia;
  - New ischemic ECG changes;
  - Development of pathological Q waves;
  - Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality in a pattern consistent with an ischemia etiology;
  - Identification of intracoronary plaque rupture/erosion

*\*In the absence of troponin elevation above 99<sup>th</sup> percentile, the patient is deemed to have unstable angina*
- **Unstable angina:** Clinical diagnosis of unstable angina (i.e. acute coronary syndrome). The definition of NSTEMI or STEMI is not met.

- **Low-risk chest pain:** Patient presents with chest pain (e.g. pressure, tightness, burning, squeezing, indigestion) that may represent myocardial ischemia. The evaluation must include at a minimum an ECG and one troponin. The definition of unstable angina, NSTEMI, STEMI is not met. Patients may have undergone subsequent testing but cannot have undergone PCI during the same episode of care.

#### Element: 12447 STEMI Setting

**Coding Instruction:** Indicate the setting in which the STEMI occurred.

**Target Value:** The first value between first medical contact and discharge.

- **Pre-Admit** STEMI occurs pre-hospital or any time prior to order for admission. Orders for observation status (or like designation) do not qualify as admitting orders.
- **In-Hospital** STEMI occurs after order for admission. The diagnostic ECG occurs after cardiac or non-cardiac admission orders.

Select the highest cardiac classification identified during the episode of care\* for Seq#12360

- **STEMI**
- **Unstable angina**
- **NSTEMI**
- **Low-risk chest pain**

*If* STEMI is the highest value, identify the setting where STEMI occurred in Seq#12447:

Select “Pre-Admit” when STEMI occurs pre-hospital or any time prior to admitting orders; Select “In-Hospital” when STEMI occurs after admitting orders:

DIAGNOSIS				
<b>Patient Type</b> <sup>12360</sup> :	<input type="radio"/> STEMI	<input type="radio"/> NSTEMI	<input type="radio"/> Unstable angina	<input type="radio"/> Low-risk chest pain
<b>→ If STEMI, Setting</b> <sup>12447</sup> :	<input checked="" type="radio"/> Pre-Admit	or	<input type="radio"/> In-Hospital	

When STEMI was selected in Seq#12360 (Patient Type), then any subsequent STEMI is considered a complication (re-infarction) and identified as an “Episode Event”:

EPISODE EVENTS (COMPLETE FOR PATIENT TYPE <sup>12360</sup> STEMI OR NSTEMI OR UNSTABLE ANGINA)		
EVENT(S) <sup>12342</sup>	EVENT(S) OCCURRED <sup>12344</sup>	→ IF YES, EVENT DATE/TIME(S) <sup>12343</sup>
Myocardial infarction	<input type="radio"/> No <input checked="" type="radio"/> Yes	mm / dd / yyyy / hh:mm

**\*Exception:** If revascularization is performed for other acute coronary syndrome the relevant cardiac classification is identified in Seq#12360 (Patient Type):

DIAGNOSIS	
<b>Patient Type</b> <sup>12360</sup> :	<i>If revascularized for</i> <input checked="" type="radio"/> NSTEMI or <input checked="" type="radio"/> Unstable angina

**Then**, any subsequent STEMI is considered a complication and identified as an “Episode Event”.

EPISODE EVENTS (COMPLETE FOR PATIENT TYPE <sup>12360</sup> STEMI OR NSTEMI OR UNSTABLE ANGINA)		
EVENT(S) <sup>12342</sup>	EVENT(S) OCCURRED <sup>12344</sup>	→ IF YES, EVENT DATE/TIME(S) <sup>12343</sup>
Myocardial infarction	<input type="radio"/> No <input checked="" type="radio"/> Yes	mm / dd / yyyy / hh:mm