

Chest Pain – MI Registry™

Inclusion Criteria v3

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 ≥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 a time from outside facility (Seq#12426) to arrival (Seq#3001) of > 24 hours are not included in the registry.
- Patients with NSTEMI (*type II*) or STEMI (*type II*) are not included in the registry.
- Patients arriving for scheduled procedures (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 that are included in the registry; however, the patient type selected in Seq#12360 *does not* have to have one of these ICD-10 codes:

Low-risk chest pain: ICD-10: R07.82; R07.89; R07.9

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

NSTEMI: ICD-10: I21.4; I22.2

STEMI: ICD-10: 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)

Element: 12360 Patient Type

Coding Instruction: Indicate the (cardiac) patient type.

Target Value: The highest value between arrival and discharge.

- **STEMI (type 1):** Clinical diagnosis with either immediate revascularization (PCI/thrombolytics/CABG) for STEMI and/or the following definition is met:
Detection of a rise and/or fall of cardiac troponin (cTn) with at least one value above the 99th 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 1):** 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 99th 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 99th 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 order

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

- STEMI
- NSTEMI (if ruled in within 24 hours of arrival)
- Unstable angina
- 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:

D. CARDIAC STATUS				
Patient Type ¹²³⁶⁰ :	<input type="radio"/> Low-Risk Chest Pain	<input type="radio"/> NSTEMI	<input checked="" type="radio"/> STEMI	<input type="radio"/> Unstable Angina
→ If STEMI, STEMI Setting ¹²⁴⁴⁷ :	<input checked="" type="radio"/> Pre-Admit	<input type="radio"/> In-Hospital		

Select “In-Hospital” when STEMI occurs after admitting orders:

D. CARDIAC STATUS				
Patient Type ¹²³⁶⁰ :	<input type="radio"/> Low-Risk Chest Pain	<input type="radio"/> NSTEMI	<input checked="" type="radio"/> STEMI	<input type="radio"/> Unstable Angina
→ If STEMI, STEMI Setting ¹²⁴⁴⁷ :	<input type="radio"/> Pre-Admit	<input checked="" 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”:

I. EPISODE EVENTS (ALL PATIENT TYPES)	
EVENT(s) ¹²³⁴²	EVENT(S) OCCURRED ¹²³⁴⁴
Myocardial Infarction	<input type="radio"/> No <input checked="" type="radio"/> Yes

**Exception:*

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

D. CARDIAC STATUS				
Patient Type ¹²³⁶⁰ :	<i>If revascularization for</i>	<input checked="" type="radio"/> NSTEMI	<i>or</i>	<input checked="" type="radio"/> Unstable Angina

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

I. EPISODE EVENTS (ALL PATIENT TYPES)	
EVENT(s) ¹²³⁴²	EVENT(S) OCCURRED ¹²³⁴⁴
Myocardial Infarction	<input type="radio"/> No <input checked="" type="radio"/> Yes