

Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

April 2022

Congestive Heart Failure

Heart failure is a chronic, progressive condition in which the heart cannot pump enough blood to meet the body's needs for blood or oxygen. This condition can affect one or both sides of the heart. It can be acute, chronic, or acute-on-chronic. The weakening of the heart's pumping ability causes:

- The buildup of fluid in the feet, ankles, and legs, called edema
- Blood and fluid to back up into the lungs causing shortness of breath (dyspnea), orthopnea or persistent coughing
- Fatigue, weakness, or lightheadedness
- Confusion, impaired thinking, or decreased ability to concentrate
- Irregular or fast heartbeat

Types of Heart Failure

Type of Heart Failure	Description	Ejection Fraction (EF)	Etiology
Diastolic (HFpEF) – stiff heart	The left ventricle cannot relax or fill fully, indicating a filling problem.	Normal	Hypertension
Systolic (HFrEF) – flaccid heart	The left ventricle cannot contract vigorously, indicating a pumping problem.	<50%	Related to ischemic disease such as coronary disease; or nonischemic disease such as myocarditis
Left sided	Fluid may back up in your lungs, causing shortness of breath.	Variable	Variable
Right sided (a result of pulmonary hypertension), also known as Cor Pulmonale	Fluid may back up into your abdomen, legs and feet, causing swelling.	Typically, Normal EF	Sleep apnea, hypertension

Causes

Most people who develop heart failure have had another condition first that either damaged the heart or caused it to work too hard. Common causes include:

- Coronary artery disease
- Endocarditis (faulty heart valves)
- Cardiomyopathy
- Hypertension
- Congenital heart disease
- Sleep apnea
- Diabetes
- Severe lung disease
- Obesity

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The Centers for Medicare and Medicaid Services (CMS) identified increased medical expenditures with the following comorbid conditions: COPD, renal failure, and diabetes. It is therefore important to document and code for CHF to communicate the complete health profile of the patient.

The Framingham Study

The Framingham Study is a long-term research project designed to investigate the root causes of heart disease. It is now a joint project with Boston University and the National Heart, Lung, and Blood Institute. The Framingham diagnostic standards identify major and minor criteria. For a diagnosis of heart failure, a patient should meet either two major criteria, or one major criterion plus two minor criteria. The diagnosis of heart failure should be clinical and based on history and physical examination traditionally defined by this standard.

Major Criteria

- Paroxysmal nocturnal dyspnea
- Orthopnea
- Elevated jugular venous pressure
- S3 gallop
- Pulmonary rales
- Cardiomegaly or pulmonary edema on chest

Minor Criteria

- Bilateral lower-extremity edema
- Nocturnal cough
- Dyspnea on ordinary exertion
- Hepatomegaly
- Pleural effusion
- Tachycardia (≥ 120 beats/min)

Documentation Tips

Provide clear and concise documentation.

Item to Include	Example or Explanation
Condition Status	Stable, improved, worsening, compensated, exacerbation
Severity	Systolic, diastolic, combined
Location	Left side, right side
Heart Failure stability	Acute, chronic, acute-on-chronic
Link Associated conditions and manifestations – hypertension (HTN) and chronic kidney disease (CKD)	Use linkage terms such as CHF secondary to, associated with, or due to; use additional codes to identify stage of CKD
Diagnostic Tests Interpretation	Catheterization, cardiac stress testing, echocardiogram (ECG or EKG), X-ray, CT or MRI scans, nuclear heart scans
Any risk factors	Smoking, obesity, congenital heart disease, abnormal heart valves or diseases of heart muscle, past heart attack
Heart failure procedure or postprocedural	Post cardiectomy syndrome, postmastectomy lymphedema syndrome, postprocedural hypertension, type of surgery following heart catheterization
Treatment plans	Medicines, lifestyle changes, device interventions, etc. <ul style="list-style-type: none"> • Sodium restriction, supplemental oxygen, cardiology management, cardiac rehab/reconditioning • Life-style modification (e.g., diet, weight loss, coping strategies, supervised or cautious exercise, cardiac rehab) • Procedures (e.g., device interventions such as cardiac resynchronization therapy (CRT), implantable cardiac defibrillators (ICD)) • Medications (e.g., beta blockers, Angiotensin converting enzyme inhibitors (ACE-i), Angiotensin receptor blockers (ARB's), diuretics)

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Coding Tips

Use the following codes for heart failure:

- Left ventricular failure, Unspecified - I50.1
- Systolic (Congestive) - I50.2, Heart failure documented as HFrEF (reduced ejection fraction) or "low EF" or "reduced systolic function" can be interpreted and coded as systolic heart failure.
- Diastolic (Congestive) - I50.3, Heart failure documented as HFpEF (preserved ejection fraction) or "preserved ventricular function" or "preserved systolic function" can be interpreted and coded as diastolic heart failure (Coding Clinic 2016 First Quarter, pg. 10).
- Combined systolic (Congestive) and diastolic (Congestive) - I50.4
- Other/Right heart failure - I50.81



Heart Failure with Hypertension and CKD

When coding for hypertension, congestive heart failure and chronic kidney disease, ICD-10 assumes a causal relationship between hypertension and these two conditions. This means that when hypertension is documented with congestive heart failure, chronic kidney disease, or both, use the combination code for hypertensive heart disease/kidney disease instead of the essential (benign) hypertension code (I10). This is true for rheumatic heart failure as stated below.

Hypertensive heart disease	Hypertensive chronic kidney disease
With heart failure – I11.0, Use additional code for the type of heart failure. Without heart failure – I11.9	Hypertensive CKD with stage 5 CKD or ESRD - I12.0, Use additional code for stage 5 CKD or for ESRD. <ul style="list-style-type: none"> • Hypertensive CKD with stage 1-4 or unspecified CKD - I12.9, Use additional code for the stage of CKD.
Hypertensive heart and chronic kidney disease (CKD)	Rheumatic heart failure
Without heart failure with CKD Stage 1-4 or unspecified CKD – I13.10 Without heart failure with CKD Stage 5 or End-stage renal disease (ESRD) – I13.11 With heart failure with stage 5 CKD or ESRD – I13.12 Code first the chronic conditions and assign additional code from category I50 to identify type of heart failure. Add an additional code from category N18 to identify the CKD stage.	Rheumatic heart failure – I09.81 Use additional code from category I50 to identify the type of heart failure.

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Other Types of Heart Failure

- **Right heart failure** – I50.81
 - I50.810 – Right heart failure unspecified (right heart failure without mention of left heart failure or right ventricular failure)
 - I50.811 – Acute right heart failure (acute isolated right heart failure or acute isolated right ventricular failure)
 - I50.812 – Chronic right heart failure (chronic isolated right heart failure or chronic isolated right ventricular failure)
 - I50.813 – Acute-on-chronic right heart failure (acute-on-chronic isolated right heart failure, acute on chronic isolated right ventricular failure, acute decompensation of chronic isolated right ventricular failure or acute exacerbation of chronic isolated right ventricular failure)
 - I50.814 – Right heart failure due to left heart failure (right ventricular failure secondary to left ventricular failure).
 - Code also the type of left ventricular failure from I50.2-I50.43 if known.
- **Biventricular heart failure** – I50.82, code when there is a different disease-causing heart failure in each ventricle. Also assign the type of left ventricular failure I50.2-I50.43 if known.
 - Patients with biventricular failure can have right heart disease due to one cause and left heart disease due to another.
- **High output heart failure** – I50.83, occurs when the high demand for blood exceeds the capacity of a normally functioning heart to meet the demand.
- **End-stage heart failure (stage D)** – I50.84, code also type of heart failure as systolic or diastolic I50.2-I50.43 if known.
- **Unspecified heart failure** – I50.9, in order to assign the appropriate ICD-10 code for heart failure, documenting the term “congestive” is not required. The term is included in code I50.9.

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Topics include:

- Atrial fibrillation
- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Diabetes
- Major depression
- Mental health
- Rheumatoid arthritis

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References

- *ICD-10 CM Coding Book 2021*
- *ICD-10 CM Official Guidelines for Coding and Reporting FY 2021*
- *CMS.gov, AAPC.com, AHIMA.org*
- *American Medical Association*
- *AHA Coding Clinic*
- *Heart.org*

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