

Congestive Heart Failure (CHF)

Heart Failure: A Progressive Clinical Syndrome

Heart failure (HF) is a complex clinical syndrome resulting from structural or functional cardiac abnormalities that impair ventricular filling or ejection of blood. It represents the final common pathway of multiple ischemic and non-ischemic conditions that progress over time through ventricular remodeling and neurohormonal activation. HF is additionally classified by left ventricular ejection fraction (LVEF), which guides therapy selection and prognosis.

Heart Failure in the United States
 U.S. Adults Living with HF: **~6.7 million**
 Lifetime Risk: **1 in 4 adults**
 Adult Prevalence: **~2-3%**
 Highest Risk Group: **Adults ≥65 years**
 Leading Cause: **Major cause of hospitalization in older adults**

Major Pathways Leading to Heart Failure

| Ischemic (Most Common) | Non-Ischemic | |
|---|---|--|
| <ul style="list-style-type: none"> Coronary artery disease (CAD) Prior myocardial infarction (MI) Chronic ischemia Ventricular remodeling post-MI | <ul style="list-style-type: none"> Hypertension (HTN) Diabetes Mellitus (DM) Obesity/Metabolic syndrome Chemotherapy/cardiotoxic drugs Substance abuse (alcohol, cocaine) Tachycardia-mediated cardiomyopathy | <ul style="list-style-type: none"> Valvular disease Chronic high premature ventricular contractions (PVC) burden Infiltrative cardiac disease Myocarditis Stress cardiomyopathy (Takotsubo) |

ACC/AHA Stages of Heart Failure

| Stage | Description | Clinical Focus |
|---------|--|---|
| Stage A | At risk (HTN, DM, CAD) | Prevent structural disease |
| Stage B | Structural disease, no symptoms (↓LVEF, left ventricular hypertrophy (LVH), valvular disease, elevated B-type natriuretic peptide (BNP)) | Prevent progression |
| Stage C | Structural disease with symptoms (dyspnea, edema, fatigue) | Initiate/optimize guideline-directed medical therapy (GDMT) |
| Stage D | Refractory symptoms despite GDMT; recurrent hospitalization, inotrope dependence | Advanced therapies/supportive care |

Progression from Stage C to D is often marked by recurrent hospitalizations and increasing treatment complexity.

Heart Failure Classification by LVEF (Clinical Phenotypes of Heart Failure)

| Phenotype | LVEF | Structural Profile | Documentation Considerations |
|---------------------------------------|------------------------|---|---|
| HFrEF (Heart Failure with Reduced EF) | ≤ 40% | Dilated LV, reduced contractility | Specify systolic HF; include ejection fraction (EF) |
| HFmrEF (Mildly Reduced EF) | 41–49% | Mild systolic dysfunction | Document EF range when known |
| HFpEF (Preserved EF) | ≥ 50% | LV hypertrophy, diastolic dysfunction, elevated filling pressures | Specify diastolic HF when appropriate |
| HFimpEF (Improved EF) | Prior ≤ 40%, now > 40% | History of systolic dysfunction with EF improvement | Document prior reduced EF and current status |

Even when EF improves, HF remains a chronic condition and requires continued documentation. “Improved EF” does not mean “resolved heart failure.”

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Congestive Heart Failure

Decompensated and Acute on Chronic HF

Heart failure follows a chronic course with intermittent episodes of clinical worsening.

Common Triggers

- Medication nonadherence
- Dietary sodium excess
- Arrhythmias
- Acute ischemia
- Infection
- Renal dysfunction
- Uncontrolled hypertension

Clinical Presentation

- Worsening dyspnea
- Orthopnea/Paroxysmal Nocturnal Dyspnea (PND)
- Rapid weight gain
- Peripheral edema
- Elevated jugular venous pressure (JVP)
- Pulmonary congestion

Hospitalization for decompensated HF signals increased mortality risk and disease progression.

Acute, Chronic, and Acute on Chronic HF

| Clinical State | Description | Clinical Significance |
|---------------------|---|--|
| Acute HF | New-onset HF or sudden decompensation | Often severe; may require hospitalization |
| Chronic HF | Stable symptoms under treatment | Ongoing structural heart disease |
| Acute on Chronic HF | Worsening symptoms in a patient with established HF | Indicates progression and higher risk of readmission |

Acute on chronic HF is the most common hospitalization phenotype in Medicare populations.

Advanced (Stage D) HF

Characterized by:

- Refractory symptoms despite optimized GDMT
- Recurrent hospitalizations
- Inotrope dependence
- Severe functional limitation
- End-organ dysfunction

May require:

- Durable mechanical circulatory support (LVAD)
- Cardiac transplantation
- Palliative/supportive care integration

Documentation and Coding Tips

ICD-10 CM Structure: Category I50.-

HF diagnoses are classified under Category I50.-

- **Third Character** → HF type (systolic, diastolic, combines, left, right)
- **Fourth Character** → Acuity (acute, chronic, acute on chronic)

Structural Breakdown

| Code Subcategory | Meaning |
|--------------------------|---|
| I50.2-I50.4- | HF type (systolic, diastolic, combined) |
| Fourth character (I50.2) | Acuity (acute, chronic, acute on chronic) |
| I50.81- | Right heart failure variations |
| I50.82 | Biventricular HF |
| I50.84 | End-stage HF (Stage D) |
| I50.814 | Right HF due to left HF (requires causal linkage) |

Important ICD-10 instruction: Also code the type of HF (**I50.2-I50.43**), if known. End-stage HF does not replace type documentation.

Recovered LVEF (HFimpEF): Code according to the documented HF type. Continue to document systolic dysfunction if history remains clinically relevant

Congestive Heart Failure

Capturing Mechanical Support

When applicable, document and code:

- **Z95.811** – Presence of LVAD
- **Z94.1** – Heart transplant status
- **T86.2-** - Heart transplant complications

Mechanical circulatory support represents a distinct level of disease severity and must be explicitly documented.

Comorbidity Impact

HF rarely occurs in isolation. Coexisting conditions increase morbidity, mortality, and complexity of care. The high-impact comorbidities are:

- Chronic kidney disease (CKD)
- Diabetes mellitus
- COPD
- Obesity
- Hypertension

Accurate documentation ensures the medical record reflects total disease burden and supports appropriate risk stratification under Medicare Advantage risk adjustment.

Hypertension and Heart Failure (I11.-)

ICD-10-CM presumes a causal relationship between hypertension and HF unless documentation clearly states they are unrelated. When both are present:

- Assign **I11.- Hypertensive heart disease**
- And appropriate **I50.- HF code**

Hypertensive Heart and CKD (I13.-)

When a patient has hypertension, heart disease, and CKD coexist:

- Use a code from **I13.- Category**
- Appropriate **I50.- HF code**
- CKD stage Category **N18**

Do not code **I11+I12** separately when **I13** applies.

Documentation Matters: Specificity in Action

| Example 1: Hospitalized Decompensation | |
|--|--|
| ✗ Before: CHF exacerbation. Continue diuretics. → Likely: I50.9 – Unspecified HF | ✓ After: Acute on chronic systolic heart failure requiring IV diuresis. EF 30%. ICD-10: I50.23 |
| <i>Why this matters: Captures HF type, acuity, EF, and resource intensity.</i> | |
| Example 2: Advanced HF | |
| ✗ Before: CHF follow-up. Stable. | ✓ After: Advanced (Stage D) chronic systolic heart failure with inotrope dependence. Under evaluation for LVAD. ICD-10: I50.22 + I50.84 (if end-stage) |
| <i>Why this matters: Reflects advanced severity and ongoing instability.</i> | |
| Example 3: Mechanical Support | |
| ✗ Before: CHF, s/p surgery. → Device status not captured | ✓ After: End-stage systolic heart failure with LVAD (destination therapy). ICD-10: I50.84 + Z95.811 |
| <i>Why this matters: Mechanical support must be explicitly documented and coded.</i> | |

Final HF Documentation Checklist

At each CHF encounter, confirm:

- HF type specified (systolic, diastolic, combined)
- Acuity documented (acute, chronic, acute on chronic)
- EF included, when available
- Advanced stage documented, if present
- LVAD or transplant status documented and captured
- Comorbid conditions assessed and documented
- Avoid unspecified HF when detail is available

Precise clinical documentation supports:

- Accurate ICD-10 assignment
- Appropriate V28 category placement
- Meaningful risk stratification
- Improved longitudinal care coordination



References

- [American Heart Association](#)
- [ICD-10-CM Official Guidelines for Coding and Reporting FY 2026 \(Updated October 1, 2025\)](#)
- ICD-10-CM Expert for Physicians 2026
- American Hospital Association *Coding Clinic*