Congestive Heart Failure (CHF)

ICD-10-CM Documentation and Coding Best Practices

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

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

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.

Types of Heart Failure

Type of Heart Failure	Description	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 non-ischemic 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

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	Minor Criteria
• Paroxysmal nocturnal dyspnea	• Bilateral lower-extremity edema
• Orthopnea	• Nocturnal cough
• Elevated jugular venous pressure	• Dyspnea on ordinary exertion
• S-3 gallop	• Hepatomegaly
• Pulmonary rales	• Pleural effusion
• Cardiomegaly or pulmonary edema on chest	• Tachycardia (≥120 beats/min)

Documentation Tips

Provide clear and concise documentation.

- Describe the type of CHF as **systolic** and/or **diastolic.**
- Anatomically relate the CHF as **left side** or **right side.**
- Note the stability of the CHF presentation as being **acute** or **chronic.**
- If known, link CHF to other associated conditions (i.e., hypertension (HTN) and chronic kidney disease (CKD)).
  - Heart disease must be linked to HTN by use of linkage terms such as **CHF secondary to HTN**.
  - Use additional codes to identify stage of CKD.
- When making a diagnosis, also provide a treatment plan, including medicines, lifestyle changes, etc.

Coding Tips

In ICD-10, the term "congestive" is considered a non-essential term for heart failure.

- ICD-10 has no code for "congestive" heart failure; the term is included in code I50.9 - Unspecified heart failure. In order to assign the appropriate ICD-10 code for heart failure, documenting the term "congestive" is not required.
- When documentation of systolic and/or diastolic heart failure is present, "congestive" is included in the code(s) **I50.2** Systolic (congestive) heart failure, **I50.3** Diastolic (congestive) heart failure, or **I50.4** Combined systolic (congestive) and Diastolic (congestive) heart failure.

Other classifications[1] of heart failure:

I50.810 Right heart failure unspecified (right heart failure without mention of left heart failure or right ventricular failure)

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[1] *See the ICD-10-CM Alphabetic Index and Tabular for instructional notes. Some of these new codes have "code also" notes and "Excludes1" notes.

Coding Tips *continued*

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)

I50.82   Biventricular heart failure

I50.83   High output heart failure

I50.84   End-stage heart failure (stage D heart failure)

I50.89   Other heart failure

I50.9   Heart failure, unspecified

HTN, CHF 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, the combination code for hypertensive heart disease/kidney disease should be used instead of the essential (benign) hypertension code (I10).

> **!** The only time these combination codes should not be used is if the provider states somewhere in the medical record that the hypertension is unrelated to the congestive heart failure or chronic kidney disease, or if the provider states that the congestive heart failure or chronic kidney disease is due to another condition besides the hypertension.

Hypertensive Heart Disease

Code	Description
I11.0	Hypertensive heart disease with heart failure. *Use additional code for the type of heart failure.*
I11.9	Hypertensive heart disease without heart failure

Hypertensive Chronic Kidney Disease

Code	Description
I12.0	Hypertensive CKD with stage 5 CKD or ESRD. *Use additional code for stage 5 CKD or for ESRD.*
I12.9	Hypertensive CKD with stage 1-4 or unspecified CKD. *Use additional code for the stage of CKD.*

Hypertensive Heart and Chronic Kidney Disease

Code	Description
I13.0	Hypertensive heart and CKD with heart failure and stage 1-4 CKD, or unspecified CKD. *Use additional code for the type of heart failure and stage of CKD.*

Hypertensive Heart and Chronic Kidney Disease without Heart Failure

Code	Description
I13.10	Hypertensive heart and CKD without heart failure, with stage 1-4 CKD, or unspecified CKD. *Use additional code for the stage of CKD.*
I13.11	Hypertensive heart and CKD without heart failure, with stage 5 CKD or ESRD. *Use additional code for stage 5 CKD or ESRD.*

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Topics include:

- Atrial fibrillation
- Cancer
- Chronic kidney 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

[2]Availity LLC is a multi-payer joint venture company. For more information, visit avality.com.
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