**MAY 2024**

# Acute and Chronic Cor Pulmonale

## CMS HCC_V28 Model Updates

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and **ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for common types of **cor pulmonale**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

**Cor Pulmonale** is right ventricular enlargement secondary to a lung disorder that causes pulmonary artery hypertension.

## Coding Tips

- Coding cor pulmonale (**ICD-10 I27.81**) requires knowledge of whether the condition is chronic or acute because chronic and acute cor pulmonale have different code options.
- An acute pulmonary embolism documentation should specify acute cor pulmonale, if present. Coding guidelines currently allow only acute cor pulmonale code assignment for patients with a pulmonary embolus.
- Cor pulmonale should not be diagnosed when RV dysfunction is due to left-sided heart disease or congenital heart disease.

## Documentation Should Include

- **Updated Status of Condition:** Stable, Improved, and/or Worsening
- **Type of Cor Pulmonale:** Acute or Chronic
- **Risk Factors:** Tobacco use, COPD, Occupational exposures, Hypercoagulable state, Obesity, Age
- **Diagnostic Testing:** Chest X-ray, Echo, ECG, and Right-heart catheterization
- **Treatment Plan:** Supplemental oxygen, Assisted mechanical ventilation, Digoxin, and Diuretics

## ICD-10 Codes for Cor Pulmonale and Code Descriptions

| **I26.09** **Other Pulmonary Embolism with Acute Cor Pulmonale** *(Acute Cor Pulmonale NOS)* | **I27.81** **Cor Pulmonale – Chronic** *(Cor Pulmonale NOS)* |
|---|---|

## Coding Example

| Case | A patient with a known history of pulmonary hypertension, chronic obstructive pulmonary disease, and cor pulmonale presents with new-onset shortness of breath, increasing peripheral edema, and severe abdominal distension due to decompensated right heart failure. The patient was treated with aggressive diuresis and oxygen supplementation. The physician listed "right heart failure, decompensated cor pulmonale secondary to severe pulmonary hypertension" in his final diagnostic statement. How should acute cor pulmonale be coded when there is no documentation of pulmonary embolism? |
|---|---|
| **Rationale** | Assign code **I50.9**, Heart failure, unspecified, as the principal diagnosis for the right heart failure. Assign codes **I27.81**, Cor pulmonale (chronic), **I27.29**, Other secondary pulmonary hypertension, and **J44.9**, Chronic obstructive pulmonary disease, unspecified, as additional diagnoses. |
|  | ICD-10-CM's Index references code **I27.20** under "pulmonary hypertension with cor pulmonale." Unfortunately, the Index under "pulmonary hypertension with acute cor pulmonale" leads to code **I26.09**, Other pulmonary embolus with acute cor pulmonale. In this case, code **I26.09** is not appropriate, since the patient does not have a pulmonary embolism. |
|  | Source: AHA Coding Clinic (2014 4th Quarter) |

## Questions?

Contact us at **#Risk_Adjustments_and_clinical_Documentation@healthfirst.org**.

For additional documentation and coding guidance, please visit the coding section on **HFproviders.org**.

## References

- **CodingClinicAdvisor.com**
- **ICD-10-CM Official Coding Guidelines, FY 2024**
- **CDC.gov**
- **Cor Pulmonale, Merck Manual**