

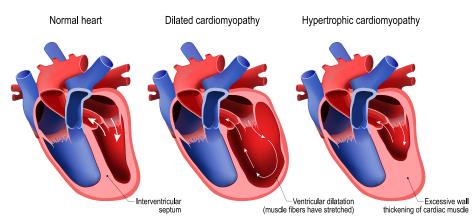
Documentation and Coding: Cardiomyopathy

CMS-HCC_V28 Model Updates

September 2023

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 the main type of cardiomyopathy. 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.

Cardiomyopathy is a disease of the heart muscle that makes it harder for the heart to pump blood to the rest of the body. Cardiomyopathy can lead to heart failure.



CARDIOMYOPATHY

Coding Tips

Congestive cardiomyopathy, also known as congestive dilated cardiomyopathy, should be coded with **I42.0**, Dilated cardiomyopathy.

Documentation of both ischemic and dilated cardiomyopathy: code **I25.5**, Ischemic cardiomyopathy, then code **I42.0**, Dilated cardiomyopathy.

Hypertensive cardiomyopathy requires the assignment of two diagnosis codes:

- 1. **I11.9**, Hypertensive heart disease NOS, and
- 2. 143, Cardiomyopathy in diseases classified elsewhere.

Documentation Should Include

- Updated Status of Condition: Stable, Improved, and/or Worsening
- **Types of Cardiomyopathies:** Dilated, Hypertrophic, Arrhythmogenic, or Restrictive
- Risk Factors: Family History, Coronary Heart Disease, Heart Attack, Long-Term Alcoholism, and/or Cocaine Abuse
- Diagnostic Testing: Blood Testing, ECG, Echo, X-ray, Stress Test
- Treatment Plan: Lifestyle Changes, Anticoagulant, Beta Blocker, ACE Inhibitor, Diuretic, Statin, Heart Ablation, Antihypertensive Drug, Antiarrhythmic, and/or Surgery

ICD-10 Codes and Descriptions

142.0	Dilated cardiomyopathy
142.1	Obstructive hypertrophic cardiomyopathy Includes Hypertrophic subaortic stenosis (idiopathic)
142.2	Other hypertrophic cardiomyopathy Includes Nonobstructive hypertrophic cardiomyopathy
142.3	Endomyocardial (Eosinophilic) disease Includes terms: Endomyocardial (tropical) fibrosis, Loffler's endocarditis
142.4	Endocardial Fibroelastosis Includes terms: Congenital cardiomyopathy, Elastomyofibrosis
142.5	Other restrictive cardiomyopathy
142.6	Alcoholic cardiomyopathy Note: Code also identifies presence of alcoholism (F10-F10.99)
142.8	Other cardiomyopathies
I42.9 [†]	Cardiomyopathy, unspecified Includes Cardiomyopathy (primary) (secondary) NOS
143.0	Cardiomyopathy in diseases classified elsewhere Code first underlying disease, such as: Amyloidosis (E85-E85.9) Glycogen storage disease (E74.0-E74.09) Gout (M10.0-M10.09) Thyrotoxicosis (E05.0-E05.91)

[†]Use only in the event no other code describes the condition.

Coding Example

Case	The patient was admitted for treatment of acute on chronic diastolic heart failure. She had also been diagnosed with congestive heart failure and dilated cardiomyopathy. What is the correct code assignment?
ICD-10-CM	 I50.33 – Acute on chronic diastolic (congestive) heart failure as the principal diagnosis. I42.0 – Dilated cardiomyopathy should be assigned as secondary diagnosis.
	Treatment typically focuses on management of the congestive heart failure; therefore, heart failure (category 150) is reported as the principal diagnosis with an additional code for the cardiomyopathy.

Contact us at <u>#Risk_Adjustments_and_clinical_Documentation@healthfirst.org</u>.

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

References:

- CodingClinicAdvisor.com
- ICD-10-CM official Guidelines for coding and reporting, FY 2024
- cdc.gov