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Health Insurance for New Yorkers

Documentation and Coding: Heart Failure

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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 on services submitted to Healthfirst—specifically for coding heart failure. 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.

Type of Heart Failure

I50.1	I50.2*	I50.3*	I50.4*	I50.81*
Left Ventricular Failure, Unspecified	Systolic (Congestive)	Diastolic (Congestive)	Combined Systolic (Congestive) & Diastolic (Congestive)	Other/Right Heart Failure

Heart Failure with Other Chronic Conditions

Hypertensive Heart Disease	Hypertensive Heart & Chronic Kidney Disease (CKD)	Rheumatic Heart Failure
Code I50._, I51.4-I51.7, I51.89 or I51.9 are assigned from category I11._ when reported with Hypertension	I13.10 - Without Heart Failure, with CKD Stage 1-4 (N18.1 - N18.4) or Unspecified CKD (N18.9) I13.11 - Without Heart Failure, with CKD Stage 5 (N18.5) or ESRD (N18.6) I13.2 - With Heart Failure (I50._), with Stage 5 CKD (N18.5) or ESRD (N18.6)	Rheumatic heart failure I09.81 Use additional code to identify type of heart failure (I50.-)

*Requires an additional digit to complete the diagnosis code.

Other Types of Heart Failure

- Right heart failure due to left heart failure - I50.814, also code the type of left ventricular failure, from 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.
  - Biventricular heart failure - I50.82, code when there is a different diseasecausing heart failure in each ventricle, also assign the type of left ventricular failure I50.2–I50.43, if known.
  - 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 of heart failure) - I50.84, also code type of heart failure as systolic or diastolic, I50.2-I50.43, if known.
- 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 stage of CKD.

Clinical Documentation Should Include

Status of Condition	Stable; Improved; Worsening; Compensated Exacerbation
Severity	Systolic; Diastolic; Combined
Type of Heart Failure	Acute; Chronic; Acute-on-Chronic
Link Associated Conditions/ Manifestations	"Due to"; "Secondary to"; "Associated with"
Interpretation of Diagnostic Tests	Catheterization; Cardiac stress testing; Echocardiogram, ECG or EKG; X-ray, CT/MRI scans or Nuclear heart scans
Any Risk Factors	Smoking, Obesity, Congenital Heart Disease, Abnormal Heart Valves or Diseases of Heart Muscle, Past Heart Attack
Procedure/ Postprocedural of Heart Failure	i.e., Postcardiotomy syndrome; Postmastectomy lymphedema syndrome; Postprocedural hypertension; Type of surgery – following heart catheterization
Treatment Plans	Link medications to condition, Specialty Referrals, Consultations Requested, Device Therapy Treatment for the cause of heart failure

Coding Documentation Tips

- Heart failure and congestive heart failure (CHF) classify to the same ICD-10-CM I50* category.
- When heart failure is described as decompensated or exacerbated, it should be coded as acute-on-chronic.
- Document heart failure to the highest level of specificity, i.e., congestive, hypertensive, post-operative, acute, chronic, acute-on-chronic, diastolic, systolic, etc.
- Ensure that the results of an echocardiogram differentiating between systolic and diastolic heart failure are documented for appropriate diagnosis code selection.
- Code assignment for CHF is dependent upon both the type of failure (e.g., left systolic, diastolic, combined) and severity (e.g., acute chronic, acute on chronic). If not present, the physician should be queried. Code I50.9 should only be reported if the type of heart failure cannot be further specified.
- ICD-10 classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement, as these conditions should be coded as related unless the documentation clearly states the conditions are unrelated (Guideline I.C.9.a).

Coding Examples

Documentation	Patient is here for a follow-up of chronic systolic heart failure. HPI: No chest pain, dyspnea on exertion, denies dizziness, nonsmoker. PE: NAD no JVD Carotid 2+, bruits. Heart s1 s2 irregular, no gallop, chest is clear. Extremities no edema femoral pulses 2+. Diagnostic studies EKG: Atrial fib poor R wave progression vi3 nonspecific ST-T abnormalities. A/P: chronic systolic CHF – compensated. Atrial fibrillations controlled ventricular response.
Diagnosis reported	I50.22 - Chronic systolic (congestive) heart failure I48.91 - Unspecified atrial fibrillation
Rationale	The diagnosis codes are supported with Monitored, Evaluated, Assessed, or Treated (MEAT).

*Requires an additional digit to complete the diagnosis code.

Coding Examples (continued)

Documentation	The patient, who has a history of heart failure, hypertension, and coronary artery disease, presents with ST-elevation myocardial infarction. As a secondary diagnosis, the provider recorded HFmrEF, meaning heart failure with midrange or mildly reduced ejection fraction (EF). How should heart failure with midrange or mildly reduced EF be coded?
Diagnosis reported	I50.22 - Chronic systolic (congestive) heart failure
AHA Coding Clinic 3rd QTR 2020 Volume 7 Rationale	The ejection fraction indicates the amount of blood that is pumped out from the ventricle to the body during systole (the phase in which the heart muscle contracts). When a patient with a history of heart failure is described in terms of reduced ejection fraction (EF) (midrange or mildly), assign a code for chronic systolic heart failure (I50.22).

Documentation	Follow-up visit for Hypertensive heart w/chronic diastolic CHF and CKD4. HPI: No chest pain, dyspnea on exertion, nonsmoker. PE: NAD no JVD Carotid 2+, bruits. Heart s1 s2 irregular, no gallop, chest is clear. Extremities 2+ edema; GU no urinary retention; A/P: Hypertensive heart disease with chronic diastolic CHF, CKD stage 4.
Diagnosis reported	I13.0 - Hypertensive heart and CKD with heart failure and stage 1 through 4 CKD, or unspecified CKD. I50.32 - Chronic diastolic (congestive) heart failure N18.4 - Chronic kidney disease, stage 4 (severe)
AHA Coding Clinic 3rd QTR 2020 Volume 7 Rationale	ICD-10 Guidelines assign codes from combination category I13, Hypertensive heart and CKD, when there is hypertension with both heart and kidney involvement. If heart failure is present, assign an additional code from category I50 to identify the type of heart failure. The appropriate code from category N18, CKD, should be used as a secondary code with a code from category I13 to identify the stage of CKD.

Common Coding Practices That Providers Should Avoid

- Do not document heart failure as a confirmed condition if it is suspected. Instead, document signs and symptoms in the absence of a confirmed diagnosis.
- Do not describe heart failure as "history of" if the condition is still active. In diagnosis, "history of" implies a condition that no longer exists as a current problem.
- Do not use words that imply uncertainty to describe a current or confirmed diagnosis (e.g., likely, probable, apparently, consistent with, etc.).
- Do not document temporary or transient heart failure that occurred in the past and is no longer present as current.

Questions?

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

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

References:

- **AHIMA.org**
- **CodingClinicAdvisor.com**
- **ICD-10-CM Official Guidelines for Coding and Reporting, FY 2023**