Acute and Chronic Cor Pulmonale

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 common types of **Cor Pulmonale**. It provides information from industry sources about proper coding practice. This document does not represent or guarantee that Healthfirst will cover and/or pay for the 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 amount that Healthfirst or the member owes the provider.

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

ICD-10 Codes and Descriptions

ICD-10 Code	Description
I26.0*	Pulmonary embolism **with acute cor pulmonale**
I27.81	Cor Pulmonale (**Chronic**) *(Cor Pulmonale NOS)*

*Requires additional digit to complete the code

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

Coding Tips

- Coding cor pulmonale (**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. For Acute cor Pulmonale NOS use code **I26.09**
- Cor pulmonale should not be diagnosed when RV dysfunction is due to left-sided heart disease or congenital heart disease.
- Assign Code also, if applicable, right heart failure (**I50.81-I50.814**) with **I27.81** – Cor pulmonale (chronic)

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)

References

- **CodingClinicAdvisor.com**
- **ICD-10-CM Official Coding Guidelines, FY 2025**
- **CDC.gov**
- **Cor Pulmonale, Merck Manual**

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**

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