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# Heart Failure

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 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.

## Types of Heart Failure

| I50.1 | I50.2* | I50.3* | I50.4* | I50.81* |
|---|---|---|---|---|
| Left Ventricular Failure, Unspecified | Systolic (Congestive)<br><br>[HFrEF]<br>[HFmrEF] | Diastolic (Congestive)<br><br>[HFpEF] | Combined Systolic (Congestive) & Diastolic (Congestive) | Other/Right Heart Failure |

**Medical Abbreviation:**

- HFrEF: Heart failure with reduced ejection fraction
- HFmrEF: Heart failure with mildly reduced ejection fraction
- HFpEF: Heart failure with preserved ejection fraction

## 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**)<br>• **I13.11** - Without Heart Failure, with CKD Stage 5 (**N18.5**) or ESRD (**N18.6**)<br>• **I13.2** - With Heart Failure (**I50***), with Stage 5 CKD (**N18.5**) or ESRD (**N18.6**) | • Rheumatic heart failure **I09.81**<br>○ 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 the 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 disease-causing 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 the type of heart failure. Add an additional code from category **N18** to identify the stage of CKD.

## Clinical Documentation Should Include

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|---|---|
| **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., Post cardiotomy 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).

## Clinical Classification of Heart Failure

- Heart failure with reduced ejection fraction (**HFrEF**) is defined as heart failure with left ventricular ejection fraction (LVEF) ≤ 40%
- Heart failure with preserved ejection fraction (**HFpEF**) is defined as heart failure with LVEF ≥ 50%
- Patients with LVEF between 41% and 49% are in an intermediate zone, and are categorized as HF with mildly reduced ejection fraction (**HFmrEF**)

## Coding Examples

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|---|---|
| **Case 1** | 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: poor R wave progression vi3 nonspecific ST-T abnormalities. A/P: chronic systolic CHF – compensated. |
| **CHF Diagnosis Reported** | **I50.22** - Chronic systolic (congestive) heart failure |
| **Rationale** | The diagnosis codes are supported by Monitored, Evaluated, Assessed, or Treated (MEAT). |

| | |
|---|---|
| **Case 2** | 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? |
| **CHF 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 the 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 mild), assign a code for chronic systolic heart failure (**I50.22**). |

## Coding Examples (continued)

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| **Case 3** | 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.<br>**I50.32** - Chronic diastolic (congestive) heart failure<br>**N18.4** - Chronic kidney disease, stage 4 (severe) |
| **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**, Chronic Kidney Disease, should be used as a secondary code with a code from category **I13** to identify the stage of Chronic Kidney Disease. |

## 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.
- Do not use "dysfunction" as a substitute for "failure."

## References


- https://ahima.org
- https://www.codingclinicadvisor.com
- https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf
- https://www.merckmanuals.com/professional/cardiovascular-disorders/heart-failure/heart-failure-hf#Etiology_v935980


## 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