Documentation Tips: Heart Failure

Improving documentation and coding accuracy

Hypertension is a critical risk factor in the development of heart failure. Hypertensive heart failure is presumed when both are documented in the record using the appropriate **International Classification of Diseases, 10th Revision, Clinical Modification**, code.

Documenting heart failure

- Describe the type of congestive heart failure as systolic, diastolic or combined systolic and diastolic
- Anatomically relate the CHF as left side or right side
- Note the stability of the CHF presentation as being acute, chronic or acute on chronic
- If known, reflect the association or link to other conditions, as appropriate, in your documentation (e.g., hypertension, heart disease, chronic kidney disease)
- Provide an associated treatment plan for the diagnosis

ICD-10-CM Code	Description	
I50.1	Left ventricular failure	
I50.2-	Systolic (congestive) heart failure	(-) Add fifth character 0 – unspecified 1 – acute 2 – chronic 3 – acute on chronic
I50.3	Diastolic (congestive) heart failure	
I50.4	Combined systolic (congestive) and diastolic (congestive) heart failure	
I50.82	Biventricular heart failure	
I50.84	End-stage heart failure (includes stage D failure)	Code also the type of left ventricular failure (systolic, diastolic or combined)
I50.9	Heart failure, unspecified; includes congestive heart failure not otherwise specified	

When hypertension is documented with heart failure, the causal relationship is presumed.

Hypertension with heart conditions classified by these codes:

- **I50.---** – Heart failure
- **I51.4** – Myocarditis, unspecified
- **I51.9** – Heart disease, unspecified

Should be assigned a code from this category:

- **I11** – Hypertensive heart disease with heart failure

When chronic kidney disease is also present, use category I13 for hypertension with heart disease and CKD. Use a code to identify the type of heart failure or stage of CKD.

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Hypertensive congestive heart failure example

Patient is a 74-year-old female. Follow-up from emergency room visit and reports shortness of breath, fatigue, orthopnea and dyspnea. She has a history of CHF and mild hypoxia.

- Blood pressure: 160/96
- Pulse: 88
- Respiration: 28
- Oxygen saturation: 89
- Height: 5’1”
- Weight: 225 lbs.
- Body mass index: 42.5

Chest X-ray

- Pulmonary venous diversion (upper lobes)
- Peribronchial cuffing
- Thickened interlobular fissures

Echo report/cardiology

Left ventricular failure

Medications

- Lisinopril 20 mg, once per day
- Furosemide 20 mg, once per day
- ASA 81 mg, once per day
- O2 4L/min, as needed

Assessment Plan

- Stage D CHF – Follow with cardiology
- Pulmonary edema – Referral to pulmonology to follow for respiratory symptoms
- Morbid obesity – Revise home care plan to include a low-fat, low-salt diet; no alcohol; limit caffeine

Coded as

- I50.84 – End-stage heart failure
- I50.1 – Left ventricular failure
- E66.01 – Morbid obesity
- Z68.41 – BMI 40–44.9

Additional information

If you have questions or believe any codes were previously submitted in error, please contact your local Provider Education specialist. Visit **HealthSpring.com/Providers**.

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