

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.

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](https://www.healthspring.com/providers).



This information is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation, coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such resources or organizations. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their evidence of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

Image(s) may have been created or enhanced using artificial intelligence tools. HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2026 Health Care Service Corporation. All Rights Reserved.