Congestive Heart Failure Documentation Best Practices

Congestive heart failure diagnostic codes

Currently there are almost 6.5 million Americans over the age of 20 with heart failure. It is the number one cause of hospitalizations in the Medicare population and studies state it is mentioned in 1 in 8 death certificates. Some estimates state heart failure is instrumental in almost 36% of all cardiovascular disease deaths[i]. It is estimated that there are 960,000 new heart failure cases annually.

ICD-10 Codes	Description
I50.1	Left ventricular failure, unspecified
I50.2x	Systolic (congestive) heart failure
I50.3x	Diastolic (congestive) heart failure
I50.4x	Combined systolic (congestive) and diastolic (congestive) heart failure
I50.8x	Other heart failure
I50.81x	Right heart failure
I50.84	End stage heart failure
I50.9	Heart failure, unspecified

Classifications of heart failure

The New York Heart Association system is generally used to stage heart failure. There are some experts that recommend splitting class III into two categories: IIIA or IIIB. Stage IIIB would be reserved for patients with a recent exacerbation.

New York Heart Association (NYHA) classification of heart failure		
NYHA Class	**Definition**	**Limitation**
I	Ordinary physical activity does not cause undue fatigue, dyspnea or palpitations.	None
II	Ordinary physical activity causes fatigue, dyspnea, palpitations, or angina.	Mild
III	Comfortable at rest; less than ordinary physical activity causes fatigue, dyspnea, palpitations, or angina.	Moderate
IV	Symptoms occur at rest; any physical activity increases discomfort.	Severe

Types of heart failure

The below conditions may be coded in addition to the amputation status diagnoses if present.

Systolic heart failure

- Heart failure with reduced ejection fraction (HFrEF)
- Defined as heart failure with ejection fraction (EF) $\leq$ 40%

Diastolic heart failure

- Heart failure with preserved ejection fraction (HFpEF)
- Defined as heart failure with ejection fraction (EF) $\geq$ 50%

Heart failure with mildly reduced ejection fraction

- Patients with ejection fraction (EF) between 41% – 49%
- Recently classified as an intermediate zone "Heart Failure with Mildly Reduced Ejection Fraction (EF)"[ii]

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

Documentation requirements

To ensure proper diagnosis capture the following elements should be included:

- Document physical exam findings and pertinent clinical history.

- Include test results: ECG/EKG, BNP levels and other labs, chest x-rays and echocardiography.

- Identify the class and type of heart failure. End stage heart failure requires a "buddy code" to indicate the type of heart failure for correct condition capture.

- Capture any complications such as arrhythmias, hypoxia, and history of MI, cardiomyopathy or malnutrition.

- Record status: acute, chronic or acute on chronic, compensated or decompensated, or if the patient has an acute exacerbation.

Documentation examples

HPI: Patient is a 75-year-old female who presents for hospital follow-up after being admitted for dyspnea and palpitations. Echo in the hospital showed ejection fraction of 35%. She was diagnosed with new onset of heart failure and was discharged on metoprolol and furosemide.

PE: Vitals: Normal; PE: WNL except for decreased breath sounds and bilateral rales, 1+ lower extremity edema; ROS: Negative

A: **I50.21 Acute systolic congestive heart failure, NYHA class II**

P: Educated patient about heart failure, its causes and how to slow disease progression; written literature provided. Pt advised to start a low sodium diet and begin morning weight checks. Compliance with medications was encouraged, side effects of noncompliance explained. Referred to dietician for help with diet. Follow-up in two weeks to assess medication tolerance and effectiveness.

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[i] Heart Failure Facts & Information (hfsa.org)

[ii] Heart Failure (HF) - Cardiovascular Disorders - Merck Manuals Professional Edition