



Tips & Tricks

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Pinpoint & properly assign the appropriate heart failure codes

Left- vs. Right-sided

Left ventricular failure (LVF) may be caused by insufficient contraction of the heart muscle (systolic dysfunction) with decreased ejection fraction that leaves a high volume of blood still in the ventricle, or insufficient relaxation (diastolic dysfunction) with preserved ejection fraction (HFpEF) in which the ventricle cannot fill properly in the resting phase, or both. The elevated pressure causes blood to back up in the left atrium, transferring increased pressure to the lungs, eventually leading to pulmonary hypertension. Causes of LVF include coronary artery disease and myocardial infarction, cardiomyopathy, hypertension, aortic stenosis, mitral regurgitation, arrhythmias, and viral myocarditis.

Left- vs. Right-sided (cont.)

Right heart failure occurs when the right ventricle loses the ability to pump deoxygenated blood efficiently through the pulmonary circulation to achieve adequate left ventricular filling. Common causes of right ventricular failure (RVF) include pulmonary hypertension, emphysema, acute or chronic pulmonary embolism, coronary artery disease, pulmonary or tricuspid stenosis, pericardial constriction, and congenital heart defects. Symptoms of RVF include dyspnea especially with exertion, neck vein distension, fast irregular heartbeat, fatigue, dizziness, syncope, lower extremity edema, ascites, and right upper abdominal pain or discomfort.

Systolic vs. Diastolic

Systolic (congestive) heart failure (I50.2-), which is more common, is the dilation of the left ventricle with impaired contraction of the heart muscle resulting in decreased outflow of blood from the heart. The heart contracts less forcefully and cannot pump out as much of the blood that is returned to it as it normally does. As a result, more blood remains in the lower chambers of the heart and accumulates in the veins. Coronary artery disease is a common cause of systolic dysfunction. Symptoms of systolic heart failure typically include a lower ejection fraction, lung congestion and swelling in the legs.

Systolic vs. Diastolic (cont.)

Diastolic (congestive) heart failure (I50.3-) occurs in a normal left ventricle with the impaired ability of the heart muscle to relax. The heart is stiff and does not relax normally after contracting. This results in the inability to receive, as well as eject, blood. As in systolic dysfunction, the blood returning to the heart then accumulates in the veins. Often, both forms of heart failure occur together. Symptoms of diastolic heart failure include shortness of breath, orthopnea (difficulty breathing unless sitting or standing), dyspnea, difficulty breathing at night and edema, especially of the abdomen and lower extremities.

Coding in ICD-10

- Assign **I50.9 (Heart failure, unspecified)** when no further detail is known about a patient's heart failure.
- **Pleural effusion** is integral to heart failure and so do not code separately unless separate treatment is required.
- **Stage A heart failure** indicates the presence of heart failure risk factors and is not a diagnosis of heart failure. So do not assign an I50.- code; use Z91.89 (Other specified personal risk factors not elsewhere classified) to capture this diagnosis.

Multiple Code Sequencing

- Use as many codes as needed to fully capture the documented types of heart failure. An acute heart failure of one type and chronic of another should be coded separately.
- Assign code I09.81 (Rheumatic heart failure) before a code from I50.- when the **physician links rheumatic heart disease with a patient's heart failure**, according to the Code First instruction at I50 and the Use Additional Code instruction at I09.81.
- Code heart failure alone if no underlying condition exists. The Code First at I50.- does not apply if the patient doesn't have a condition that can be assumed to be connected to heart failure, or the heart failure hasn't been specified as due to any underlying condition, according to Q1 2016 *Coding Clinic* guidance.