

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

Cardiomyopathy & Heart Failure



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Agenda

1. Overview of the condition
 2. Coding & documentation considerations
 3. Documentation example
 4. Additional resources
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Cardiomyopathy & Heart Failure

Cardiomyopathy, a frequently misreported heart condition, involves weakened or thickened heart muscle impairing blood circulation. It can be inherited or acquired through infections, diseases, or chemotherapy side effects. This condition often leads to heart failure, a state where the heart struggles to pump enough blood to meet the body's needs.

Heart failure risk factors include unhealthy lifestyle choices (smoking, alcohol, obesity, inactivity), hypertension, diabetes, and pre-existing heart problems. The severity of heart failure is staged using the NYHA system, categorizing patients based on their physical activity limitations and symptoms like shortness of breath and chest pain.

Diagnoses cannot be assumed from medication lists, physician orders, problem lists, or medical history; accurate diagnosis and management are critical to prevent serious complications.

New Guidance for Screening Heart Failure





Adults with diabetes are at increased risk for the development of asymptomatic cardiac structural or functional abnormalities (stage B heart failure) or symptomatic (stage C) heart failure.

The American Diabetes Association's 2025 guidelines on the Standards of Care in Diabetes recommends:

- Screening adults with diabetes by measuring a natriuretic peptide (B-type natriuretic peptide [BNP] or N-terminal pro-BNP [NT-proBNP]) to identify those patients who might require further evaluations.
- In asymptomatic individuals with diabetes and abnormal natriuretic peptide levels, echocardiography is recommended to identify stage B heart failure.

Stages of Heart Failure

The American Heart Association (AHA), in partnership with the American College of Cardiology, has established a classification system that defines four distinct stages of heart failure.

Stage	Description
	<p>At risk for heart failure</p> <p>At risk for heart failure but do not yet have symptoms or structural or functional heart disease Risk factors: hypertension, coronary vascular disease, diabetes, etc.</p>
	<p>Pre-heart failure</p> <p>Without current or previous symptoms of heart failure but with either structural heart disease, increased filling pressures in the heart or other risk factors</p>
	<p>Symptomatic heart failure</p> <p>Have current or previous symptoms of heart failure</p>
	<p>Advanced heart failure</p> <p>Heart failure symptoms interfere with daily life functions or lead to repeated hospitalizations</p>

Coding Considerations



Cardiomyopathy

I25.5 Ischemic cardiomyopathy

I42. _ Cardiomyopathy

- **Alcoholic cardiomyopathy**
Code also presence of alcoholism (F10.-)
- **Cardiomyopathy due to drug & external agent**
Code first poisoning due to drug or toxin, if applicable and use additional code for adverse effect, if applicable

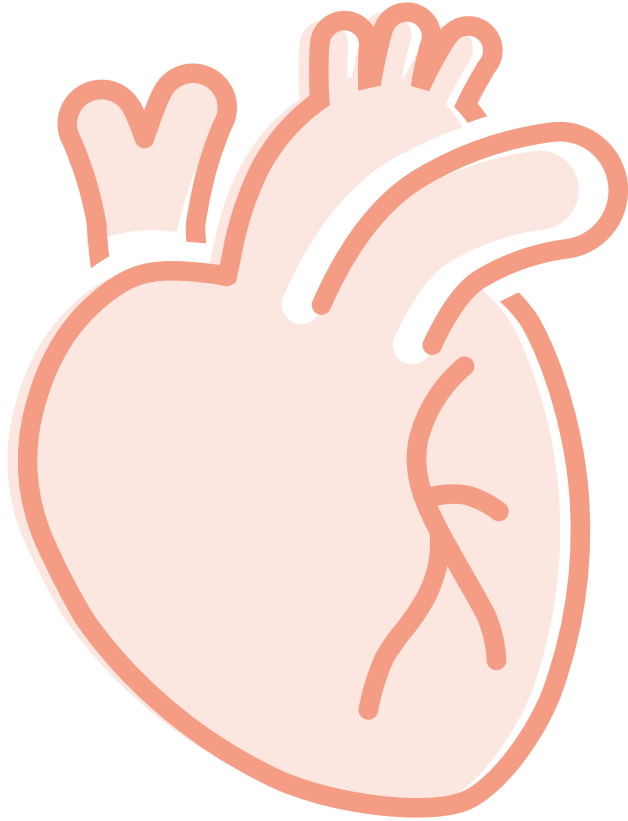
Heart Failure

I50. _ Heart failure

- **Heart failure is due to hypertension**
Code first I11.0
- **Heart failure due to hypertension with chronic kidney disease**
Code first (I13.-) & assign an additional code to identify stage of the chronic kidney disease
- **End stage heart failure**
Code also type of heart failure as systolic, diastolic, or combined, if known (I50.2 – I50.43)

This list of ICD-10 codes (containing some incomplete codes) is not exhaustive. Refer to the current version of the ICD-10-CM Official Guidelines for Coding and Reporting, the ICD-10-CM Index to Diseases and Injuries, and the Tabular List of Diseases for a list of all ICD-10-CM codes and coding instructions.

Documentation Considerations



Avoid general terms

Instead of using general terms like "cardiomyopathy" and "heart failure", specify the precise type using all available descriptive details. *(E.g. Dilated cardiomyopathy or acute on chronic diastolic congestive heart failure)*

State the cause

Specify the cause, if known, using terminology that clearly establishes causality, such as "associated with," "due to," or "secondary to".

Include the current status

Describe the status as "stable", "worsening", "improved", "compensated", or "decompensated", avoiding the term "history of" as it implies a past, resolved condition.

Record signs & symptoms

Record all present and absent signs and symptoms related to the patient's condition during the visit. *(E.g. Has shortness of breath or no swelling of lower legs)*

Remember to document a detailed treatment plan, including patient discussions, advice, and orders for labs, imaging, referrals, and current prescription regimen (including dosage). If the patient is treated by a specialist, document their status and treatment.

Congestive Heart Failure (CHF) Example



History of Illness:

72-year-old male returning to clinic. Recently had **echo performed 1 week ago while inpatient now indicating severe heart failure.**

Assessment:

Patient with **Chronic Systolic CHF, NYHA class of IV.**

End stage heart failure

Plan:

Return to office with cardio next week with CMP and BNP. **Continue with Entresto and Lasix.** Patient to continue to wear support hose and monitor intake/output.

The clinician specified End stage heart failure along with the heart failure type and acuity. Medications were appropriately linked to support the condition's active status.

Based on this documentation, it would be appropriate to code Chronic systolic heart failure I50.22 and End Stage Heart Failure I50.84

Additional Resources

Documentation Best Practice Checklist



Annually assess all chronic conditions and document a plan for each one



Link medications to help establish ongoing treatment especially if the medication is used to treat multiple conditions.



Use the term “History of” before a condition if it no longer exists or has resolved



Validate patient reported findings



Code and document all coexisting conditions that require or affect patient care, treatment or management



Avoid using uncertain terms when a diagnosis has been confirmed for a patient



Choose the highest level of specificity when selecting an ICD-10 code



Keep problem list up to date by removing acute and one-time conditions

Highmark Provider Resource Center

KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians comply with CMS standards and ICD-10-CM guidelines

1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care



CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements



Have questions about risk adjustment?

**Want to share feedback or suggest topics
for future presentations?**

Email:

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