

HEART FAILURE

- A causal relationship between heart failure (HF) and hypertension is presumed; use appropriate combo codes
- Document type of HF when known - systolic, diastolic, combined, right-sided, biventricular, end-stage
- Always specify status of HF - acute (emergency), chronic (compensated), acute-on-chronic (decompensated)

Clinical Concepts

Heart failure can be left and/or right-sided. Left ventricular HF is most common and should be further specified as systolic, diastolic, or combined:

- **Systolic:** Symptomatic HF with a reduced or mid-range ejection fraction [HFrEF or HFmrEF]: LVEF ≤49%
- **Diastolic:** Symptomatic HF with a preserved or normal ejection fraction [HFpEF]: LVEF ≥50%
- **Combined:** Systolic and diastolic HF involving a reduced EF with diastolic dysfunction

Ejection fraction (EF) distinctions can change. Always consider the lowest EF as a reference point. Any movement in EF from reduced to >40% is HF with improved/recovered EF.

End-stage or advanced HF should be suspected when a patient experiences persistent, severe symptoms despite optimal evidence-based therapy (stage D/class III-IV).

ACC/AHA Stages		NYHA Functional Class	
A	At risk for HF	I	No limitation of physical activity
B	Structural disease without HF symptoms	II	Slight limitation of physical activity
C	Structural disease with prior or current HF symptoms	III	Marked limitation of physical activity
D	Refractory HF requiring specialized interventions	IV	Severe limitation of physical activity or HF symptoms at rest

Documentation Matters

History – document the date of onset, presence or absence of current symptoms of HF, results of prior diagnostic testing, and any previous medical or surgical interventions.

Exam – document relevant physical findings. Examples may include:

- Significant weight gain or loss
- Dyspnea (on exertion or at rest)
- Irregular heart rate or rhythm

- Edema

Assessment – document the type and current status of HF, as well as any associated conditions or contributing factors.

Plan – document the treatment or management plan and timeline for reevaluation or follow-up. Link associated prescription medications, cardiac devices, orders for lab or diagnostic testing, and specialist referrals.

Coding Guidance

In order for accurate code assignment to occur, the following information must be documented in the progress note:

- **Type**
 - Left-sided, right-sided, or biventricular
 - Systolic, diastolic, or combined
 - End-stage
- **Clinical Status**
 - **Acute:** initial sudden onset (*ED and inpatient only*)
 - **Chronic:** compensated or stable
 - **Acute-on-Chronic:** decompensated or acutely exacerbated chronic HF

ICD-10-CM presumes a causal relationship between hypertension and heart failure. These two conditions should be coded as related unless documentation explicitly states they are unrelated. Use appropriate combination codes to report hypertensive heart and/or kidney disease with heart failure.

Do not use “history of” to describe current heart failure. This descriptor implies the condition occurred in the past, is no longer actively present or impacting the patient’s health status, and requires no further treatment.

References

- [Up to Date: Clinical Manifestations & Diagnosis of HF in Adults](#)
- [ICD-10-CM Official Guidelines for Coding & Reporting](#)

Heart Failure Diagnoses

ICD-10-CM	Code Description	HCC Model
I09.81	Rheumatic heart failure • Use additional code to identify the type of heart failure (I50*)	CMS/HHS
I50.1	Left ventricular failure, unspecified	CMS/HHS
I50.2*	Systolic (congestive) heart failure	*5 th character required: 0 – unspecified 1 – acute 2 – chronic 3 – acute on chronic
I50.3*	Diastolic (congestive) heart failure	
I50.4*	Combined systolic & diastolic (congestive) heart failure	
I50.81*	Right heart failure	*6 th character required: 0 – unspecified 1 – acute 2 – chronic 3 – acute on chronic 4 – due to left heart failure
I50.82	Biventricular heart failure • Code also the type of left ventricular failure, if known (I50.2-I50.4*)	CMS/HHS
I50.83	High output heart failure	CMS/HHS
I50.84	End stage heart failure • Code also the type of left ventricular failure, if known (I50.2-I50.4*)	CMS/HHS
I50.89	Other heart failure	CMS/HHS
I50.9	Heart failure, unspecified	CMS/HHS
I11.0	Hypertensive heart disease with heart failure • Use an additional code to report the type of HF (I50*)	CMS/HHS
I13.0	Hypertensive heart & chronic kidney disease stage 1-4 with heart failure • Use additional codes to report CKD stage (N18*) and type of HF (I50*)	CMS/HHS
I13.2	Hypertensive heart & chronic kidney disease stage 5 or ESRD with heart failure • Use additional codes to report CKD stage (N18*) and type of HF (I50*)	CMS/HHS

Additional Diagnoses to Consider

ICD-10-CM	Code Description	HCC Model
F17.21*	Nicotine dependence, cigarettes	-
I25.2	Old myocardial infarction	-
I27.22	Pulmonary hypertension due to left heart disease	CMS/HHS
I27.81	Cor pulmonale (chronic)	CMS/HHS
I42*	Cardiomyopathy	CMS/HHS
I48*	Atrial fibrillation	CMS/HHS
N18.1 - N18.6	Chronic kidney disease • Specify CKD stage	-
Z94.1	Heart transplant status	CMS/HHS
Z95.0	Presence of cardiac pacemaker	-
Z95.810	Presence of automatic (implantable) cardiac defibrillator	-
Z95.811	Presence of heart assist device	CMS/HHS
Z95.812	Presence of fully implantable artificial heart	CMS/HHS

*Additional characters needed to complete code