

# Coding and Documentation Guide: Congestive Heart Failure

Accurate coding and documentation are fundamental to the risk adjustment process and crucial to representing each patient’s complex health profile. Bright HealthCare’s coding and documentation guides equip coders and medical staff with the information needed to support complete and accurate coding and documentation.

## Documentation best practices

- Documentation must be provided. Coders cannot assume diagnoses exist based on medication lists or physician orders.
- All conditions that coexist at the time of the encounter and require or affect patient care, treatment, or management should be documented and coded.
- Coders cannot code current conditions from problem lists, medical history, or superbills.
- Providers should document the etiology, type, and acuity of congestive heart failure (CHF) whenever possible.
- Providers should document any additional or secondary conditions and any causal relationship that exists between them.
- Coders must ensure clinical documentation for all diagnoses using the MEAT tool (monitor, evaluate, assess, treat). One or more MEAT detail is required for each condition requiring or affecting patient care.

| Monitor  | Evaluate  | Assess   | Treat  |
|--|---|--|--|
| Signs<br>Symptoms<br>Disease progression<br>Disease regression   | Test results<br>Medication effectiveness<br>Response to treatment<br>Physical exam findings | Test ordered<br>Counseling<br>Record review<br>Discussion  | Medication<br>Therapies<br>Referral<br>Other modalities  |
| <b>MEAT Examples: Congestive Heart Failure</b>   |   |  |  |
| Hypertensive chronic kidney disease, stage 4, with heart failure – Will need to monitor renal function on Lasix, check BMP in 2 weeks. | Congestive heart failure – Chronic. Swelling in bilateral ankles improving, continue Lasix. | Diastolic heart failure due to coronary artery disease – Confirmed with recent ECG results. Discussed coronary bypass surgery. | Acute on chronic systolic heart failure – Will discontinue HCTZ and start Lasix 40 mg daily, refer to CHF program. |

# Coding and documentation examples

## Case study #1: Complete documentation

**Gender:** M **DOB:** MM/DD/1968

### History of present illness

51-year-old-male who presents to the ED with complaints of shortness of breath. He reports that for the past 2–3 weeks, he has become increasingly short of breath. Reports shortness of breath usually is better with ambulation and sitting upright, is worse lying down supine. Does have episodes of waking up in the middle of the night because he can't breathe.

### Past medical history

HTN

### Medications

Amlodipine (Norvasc) 5 MG PO BID  
Magnesium oxide 400 MG PO BID  
Losartan (Cozaar) 25 MG PO daily

### Exam

General appearance: Alert, awake, conversant  
Head/eyes: Atraumatic, normocephalic, PERRLA  
Neck: Full range of motion  
Cardiovascular: Normal heart sounds, regular rate and rhythm  
Respiratory: Aerating well, clear to auscultation  
Abdomen: Soft, non-tender, normal bowel sounds, no distention  
Extremities: No edema  
Musculoskeletal: Normal inspection  
Neuro/CNS: Alert, oriented x 3, normal speech, no motor deficits  
Skin: Normal color, normal temperature  
Psychiatry: Normal judgement/insight, normal mood

### Assessment & plan

Systolic CHF

- EF 45% on echo in 2018. Will repeat given symptoms.
- Will give one x dose of Lasix.

Essential HTN

- Stable. Continue home regimen.

**Reason for encounter is clearly documented.**

**Assessment and plan clearly states patient has systolic CHF and hypertension.**

**Documentation supports hypertensive heart disease with heart failure (I11.0), unspecified systolic (congestive) heart failure (I50.20).**

**Documentation includes MEAT details: Echo ordered, Lasix administered, and condition status.**

## Case study #2: Missed opportunity

**Gender:** F **DOB:** MM/DD/1978

**Chief complaint:** F/u for pneumonia

### History of present illness

Pt is a 43-year-old female with history of asthma, CHF, CAD, comes in today for follow-up on pneumonia. Still struggling with shortness of breath, now on CPAP. She is using daughter's nebulizer with nebulized medication every day.

### Past medical history

Asthma

CHF

CAD

### Orders placed

DME supplies: Nebulizer with tubing and mouthpiece for adult

### Physical exam

Constitutional: Well-developed and well-nourished. No acute distress.

HEENT: Normocephalic and atraumatic. Oropharynx is clear and moist. Bilateral pupils are equal, round, and reactive to light.

Cardiovascular: Regular rate and rhythm. Normal peripheral pulses in all extremities. No peripheral edema.

Pulmonary: Equal expansion bilaterally. No respiratory distress. No wheezes, crackles, or rales bilaterally.

Abdominal: Soft. Non-distended. Normoactive bowel sounds. Nontender to palpation. No masses, hernia.

Musculoskeletal: Unassisted and unaltered gait. No joint swelling or pain.

Skin: No lesions on visible skin. Warm and dry.

Neurological: No focal deficits. Cranial nerves 2-12 intact.

Oriented to person, time, and situation.

Hematological: No cervical adenopathy.

Psychiatric: Normal mood and affect. Normal judgement.

### Visit diagnoses

Moderate persistent asthma with acute exacerbation

- Followed by pulmonology, plan for BAL in January.
- Will provide DME order script for her own nebulizer to fill at medical supply store.

Coronary artery disease

Congestive heart failure

**CHF is documented in PMH, but current status of the condition is not documented.**

**Without MEAT details, we cannot code for congestive heart failure.**

**Provider does not provide MEAT details for CHF diagnosis.**

# Coding for CHF and CHF comorbidities

## Hypertension with heart disease

Assign the appropriate code from combination category I11, hypertensive heart disease, when there is documentation of hypertension with heart disease. If heart failure is present, assign an additional code from category I50 to identify the type of heart failure.

Example: Pt has hypertensive heart failure. Below is the correct coding for this patient's conditions:

|       |   |
|-------|---|
| I11.0 | Hypertensive heart disease with heart failure |
| I50.9 | Congestive heart failure, unspecified         |

## Hypertensive heart and chronic kidney disease

Assign the appropriate code from combination category I13, hypertensive heart and chronic kidney disease, when there is documentation of hypertension with both heart and chronic kidney disease (CKD). If heart failure is present, assign an additional code from category I50 to identify the type of heart failure.

Example: Pt has CKD, stage 4, hypertension, and chronic diastolic CHF. Below is the correct coding for this patient's conditions:

|        |   |
|--------|---|
| I13.0  | Hypertensive heart and chronic kidney disease with heart failure and stage 1–4 CKD (or unspecified CKD) |
| I50.32 | Chronic diastolic (congestive) heart failure  |
| N18.4  | Chronic kidney disease, stage 4 (severe)  |

# Clinical indicators

Familiarity with heart failure clinical indicators (i.e., testing, treatment, medication, etc.) is helpful in recognizing the potential presence and severity of a condition. **Coders cannot assign diagnosis codes based solely on test results and medication lists**, but these clinical indicators can help highlight opportunities for more complete and accurate documentation.

## Common tests used to diagnose and monitor congestive heart failure

| Test                                      | Purpose   |
|---|---|
| Blood tests                               | Used to detect signs of diseases that can affect the heart  |
| Chest x-ray                               | Can show the condition of the lungs and heart   |
| Electrocardiogram (ECG)                   | Records the electrical signals in the heart; can show the timing and length of the heartbeats   |
| Stress test                               | Measures the health of the heart during activity; when done with a mask, can measure how well the heart and lungs get oxygen and breathe out carbon dioxide   |
| Cardiac computerized tomography (CT) scan | Heart-imaging test that uses CT technology with or without intravenous contrast (dye) to visualize the heart anatomy, coronary circulation, and great vessels |
| Magnetic resonance imaging (MRI)          | Used to detect or monitor cardiac disease by producing detailed pictures of the structures within and around the heart  |
| Coronary angiogram                        | X-ray imaging test used to see if there is a restriction in blood flow to the heart   |

## Types of heart failure

| Type  | Description   |
|---|---|
| Left-sided heart failure  | Fluid may back up in the lung, causing shortness of breath.                 |
| Right-sided heart failure   | Fluid may back up into the abdomen, legs, and feet, causing swelling.       |
| Systolic heart failure (also called heart failure with reduced ejection fraction) | The left ventricle can't contract vigorously, indicating a pumping problem. |
| Heart failure with preserved ejection fraction                                    | The left ventricle can't relax or fill fully, indicating a filling problem. |

## Common medications used to treat CHF

| Brand name                              | Generic name   | Classification                                  |
|---|----------------|---|
| Vasotec, Epaned                         | Enalapril      | Angiotensin-converting enzyme (ACE) inhibitor   |
| Zestril, Qbrelis, Prinivil              | Lisinopril     | Angiotensin-converting enzyme (ACE) inhibitor   |
| Cozaar                                  | Losartan       | Angiotensin II receptor blocker                 |
| Diovan                                  | Valsartan      | Angiotensin II receptor blocker                 |
| Atacand                                 | Candesartan    | Angiotensin II receptor blocker                 |
| Coreg                                   | Carvedilol     | Beta-blocker                                    |
| Lopressor, Toprol-XL, Kaspargo Sprinkle | Metoprolol     | Beta-blocker                                    |
| Lasix                                   | Furosemide     | Diuretic  |
| Aldactone, CaroSpir                     | Spironolactone | Aldosterone antagonist                          |
| Inspra                                  | Eplerenone     | Aldosterone antagonist                          |
| Verquvo                                 | Vericiguat     | Oral soluble guanylate cyclase (sGC) stimulator |