

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 Symptoms Disease progression Disease regression	Test results Medication effectiveness Response to treatment Physical exam findings	Test ordered Counseling Record review Discussion	Medication Therapies Referral Other modalities
MEAT Examples: Congestive Heart Failure			
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