

ICD-10-CM Coding for Heart Failure

Coding Tipsheet

What is MEAT?

M = Monitor	E = Evaluate	A = Address/Assess	T = Treat
Signs, symptoms, disease progression /regression or ongoing surveillance	Document current state, test results, medication effectiveness or response to treatment	Document discussion, review of records, counseling, or ordering further testing	Document care, prescribed medications, referral to specialist or other modalities

Heart Failure Overview

Heart failure (HF) is a clinical syndrome resulting from ventricular dysfunction. It is categorized based on which ventricle is affected:

- Left Ventricular (LV) Failure: Leads to symptoms such as fatigue and shortness of breath.
- Right Ventricular (RV) Failure: Causes peripheral edema and abdominal fluid accumulation.

Common Etiologies of Heart Failure

Heart failure may result from or be exacerbated by the following conditions:

- Coronary artery disease
- Cardiomyopathy
- Arrhythmias
- Hypertension
- Myocarditis
- Valvular disease

Impact on Comorbid Conditions

Heart failure can worsen the severity or progression of other chronic conditions, including:

- Chronic kidney disease
- Diabetes mellitus
- Pulmonary embolism
- Endocarditis
- Anemia

Clinical Documentation

ICD-10-CM Official Guidelines for Coding and Reporting, to assign the appropriate diagnosis code, documentation must be specific as to the type and acuity of heart failure and include any underlying condition(s).

Types of heart failure	<ul style="list-style-type: none"> • Systolic heart failure, also known as heart failure with reduced ejection fraction (HFrEF) • Diastolic heart failure, also known as heart failure with preserved ejection fraction (HFpEF) • Combined Systolic and Diastolic heart failure
Type of Acuity	<ul style="list-style-type: none"> • Acute • Chronic • Acute on Chronic

Clinical Classification Scales

New York Heart Association (NYHA) Functional Classification	Class 1: No symptoms during activity	Class 2: Symptoms with exertion	Class 3: Symptoms with daily activities.	Class 4: Symptoms at rest.
American College of Cardiology (ACC)/American Heart Association (AHA) Staging	Stage A: Risk factors present, no symptoms	Stage B: Structural heart disease, no symptoms	Stage C: Structural heart disease, with symptoms	Stage D: Advanced heart disease requiring specialized treatments.

Remember:	Also document any underlying conditions:	
	<ul style="list-style-type: none"> • Arrhythmia • Cardiomyopathy • Coronary artery disease • Chronic kidney disease 	<ul style="list-style-type: none"> • Chronic obstructive lung disease • Diabetes • Hypertension • Myocarditis

Coding Tips

Use combination codes from I11 and I13, when appropriate, to link heart failure with hypertension or heart failure with CKD (including stages). The ICD-10 code set assumes that heart failure is related to hypertension unless physician documents otherwise.

Heart failure with underlying conditions

I09.81	Rheumatic heart failure
I11.0	Hypertensive heart disease with heart failure Use additional code to identify type of heart failure (I50.-)
I13.0	Hypertensive heart and chronic kidney disease (CKD) with heart failure and stage 1 through stage 4 CKD Add two additional codes: <ul style="list-style-type: none"> identify the type of heart failure (I50.-) identify the stage of chronic kidney failure (N18.1 – N18.4)
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease. Add two additional codes: <ul style="list-style-type: none"> identify the type of heart failure (I50.-) identify the stage of chronic kidney failure (N18.5 or N18.6)
I97.13-	Postprocedural heart failure

ICD-10-CM Coding

Code	Description	Code	Description	Code	Description
I27.20	Pulmonary hypertension, unspecified	I50.1	Left ventricular failure, unspecified	I50.83	High output heart failure
I27.22	Pulmonary hypertension due to left heart failure	I50.2-	Systolic (congestive) heart failure; Add 5th character	I50.84	End-stage heart failure
I27.23	Pulmonary hypertension due to lung disease and hypoxia	I50.3-	Diastolic (congestive) heart failure; Add 5th character	I50.89	Other heart failure
I27.81	Cor pulmonale (Chronic)	I50.4 -	Combined systolic (congestive) and diastolic (congestive) heart failure; Add 5th character	I50.9	Heart failure, unspecified If patient has fluid overload unrelated to CHF, use code (E87.70)
Z95.812	Presence of fully implantable artificial heart	I50.81-	Right heart failure; Add 6th character	-Add 5th character: (1) acute, (2) chronic, (3) acute on chronic, (0) unspecified -Add 6th character: (1) acute, (2) chronic, (3) acute on chronic, (4) due to left heart failure, (0) unspecified	
Z94.1	Heart transplant status	I50.82	Biventricular heart failure		

Clinical Pearl

Patient present with acute on chronic systolic heart failure (HFrEF) due to longstanding hypertension and stage 3 CKD. Currently on beta-blocker therapy and diuretics. NYHA Class III.

Avoid using the phrase **"history of"** to describe conditions that are currently active, symptomatic, or stable.



"History of" should only be used for conditions that are **no longer present** or **not receiving active treatment**.



Documentation Example - Validated

Subjective	Patient reports worsening of shortness of breath over the past week, worse with exertion. Notes 2-pillow orthopnea and mild ankle swelling. Denies chest pain and is compliance with medications.	Documentation reflects active management of Heart Failure , confirming it as an active, current condition . Heart Failure: Specify type (systolic), acuity (acute on chronic), symptoms, volume status, & MEAT. CKD: Document stage, baseline labs, renal monitoring, and any medication adjustments. Hypertensive Heart & CKD: Show explicit linkage (HTN → HF → CKD), address BP control. & renal impact.
Problem List	Chronic systolic heart failure (HFrEF), Hypertension, CKD 3a, Fluid overload, & Medication management (beta-blocker, diuretic therapy).	
Assessment & Plan	<p>Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease (I13.0): hypertension contributing to chronic systolic HF and CKD stage 3a. Renal function stable at baseline.</p> <p>Chronic kidney disease, stage 3a (N18.31): Stable. Continue to monitor renal function and electrolytes.</p> <p>Acute on chronic systolic (congestive) heart failure (I50.23): Review echocardiogram findings. Reinforce low sodium-diet. Continue beta-blocker and increase the dose of diuretics for volume management. Follow up in 1 week and referral to cardiology for ongoing HF management.</p>	

FOR INQUIRIES, PLEASE EMAIL: RISKADJUSTMENTHELP@PEAKHEALTH.ORG. FOR ADDITIONAL RESOURCES GO TO THE PEAKHEALTH INTRANET UNDER PROVIDER RESOURCE

