

Congestive Heart Failure Coding Tip Sheet

Coding & Documentation		ICD-10
Category I50	Left ventricular failure, unspecified	150.1
	Systolic heart failure	150.2
	Diastolic heart failure	150.3-
	Combined systolic and diastolic heart failure	150.4-
	Other heart failure	150.8-

- Anatomically relate the CHF as left or right side.
- Document whether CHF presents itself as acute, chronic, or combined.
- Link CHF to other associated conditions, i.e., chronic kidney disease (CKD) and/or hypertension, unless documented as “unrelated”.

Code First

Condition	ICD-10
Hypertensive Heart Disease	I11.0
Hypertensive Heart & Chronic Kidney Disease	I13.0, 13.2

NOTE: Applicable to conditions in I50.-, I51.4-I51.7, I51.89, I51.9, due to hypertension¹

¹ ICD-10-CM INDEX to DISEASES and INJURIES: 2021 Addenda found on CMS.gov.

NOTE: The information listed here is not all inclusive and is to be used as a reference only. Please refer to current ICD-10/CPT/HCPCS Coding and Documentation Guidelines found at www.cms.gov. HEDIS Measures can be found at www.ncqa.com

“With” or “in” should be interpreted to mean “associated with” or “due to” when it appears in a code title, the alphabetic index, or an instructional note in the Tabular List

Heart failure “with”

- Acute pulmonary edema
- Decompensation
- Normal/preserved ejection fraction
- Reduced ejection fraction
- Hypertension

Code all documented conditions present at the time of the encounter that require or affect patient care, treatment or management. This includes stable chronic conditions and comorbidities. Include the ICD-10 coded to the highest specificity on the claim.

Code Also When Applicable:

Risk Factors/ Comorbidities

- Ischemic cardiomyopathy
- High blood pressure
- Thyroid disease
- Diabetes
- Coronary artery disease
- Congenital defect
- Valve disease
- Kidney disease

Contributing Factors

Condition	ICD-10
Exposure to Tobacco Smoke	Z77.22
History of Tobacco Dependence	Z87.891
Tobacco Use	Z72.0
Tobacco Dependence	F17.1

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HEDIS® Measures

Blood Pressure Control

<140/90 mm Hg Controlled	Members ages 18-85 who had a diagnosis of Hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.
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CPT II®

Systolic < 80	3074F	Diastolic < 80	3078F
Systolic 130-139	3075F	Diastolic 80-89	3079F

Remote Blood Pressure Monitoring

CPT®	93784, 93788, 93790
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QualityTips:

- If BP is elevated, retake it. The lowest BP taken during a visit is acceptable.
- Ensure that the BP cuff is the correct size for patient's arm and providing accurate readings.
- Do not round numbers up when using an automatic BP machine.
- Review medication list every visit.
- Educate patients on importance of medication compliance.
- During telehealth or telephone visits, allow readings taken by a member with any digital device.
- During telehealth or telephone visits, exclude readings taken by a member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

Prescription Monitoring

ACE/ARBs

Members who are 18 years of age and older and who were on a Renin Angiotensin System Antagonist medication at least 80% of days from the first fill

Direct Renin Inhibitor Medications and Combinations

- aliskiren (+/- amlodipine, hydrochlorothiazide)

ARB Medications and Combinations

- | | | |
|---|--|--|
| • azilsartan (+/- chlorthalidone) | • irbesartan (+/- hydrochlorothiazide) | • telmisartan (+/- amlodipine, hydrochlorothiazide) |
| • candesartan (+/- hydrochlorothiazide) | • losartan (+/- hydrochlorothiazide) | • valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol) |
| • eprosartan (+/- hydrochlorothiazide) | • olmesartan (+/- amlodipine, hydrochlorothiazide) | |

ACE Inhibitor Medications and Combinations

- | | | |
|--|--|---------------------------------------|
| • benazepril (+/- amlodipine, hydrochlorothiazide) | • lisinopril (+/- hydrochlorothiazide) | • quinapril (+/- hydrochlorothiazide) |
| • captopril (+/- hydrochlorothiazide) | • moexipril (+/- hydrochlorothiazide) | • ramipril |
| • enalapril (+/- hydrochlorothiazide) | • perindopril (+/- amlodipine) | •trandolapril (+/- verapamil) |
| • fosinopril (+/- hydrochlorothiazide) | | |

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HEDIS® Measures

Cardiac Rehabilitation

Members 18 years and older, who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement.

Initiation	Attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
Engagement 1	Attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
Engagement 2	Attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
Achievement	Attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.