

## **Congestive Heart Failure and Other Cardiac Conditions**

Risk Adjustment Coding Guide

Congestive heart failure (CHF) is documented and coded based on:

- type: diastolic, systolic, combined diastolic and systolic, rheumatic, or left ventricular
- acuity: acute, chronic, acute on chronic diastolic/systolic/combined diastolic and systolic
- cause: ex. hypertension, kidney disease (also code documented underlying cause)
- laterality: left- or right-sided

A causal relationship is assumed between CHF, CKD, and hypertension. When present together, these conditions must be documented and coded (documented diabetes must also be coded with CKD).

Myocardial infarction (MI) is documented and coded based on:

- site
- type: 1 (STEMI, NSTEMI), 2 (due to embolisms), 3 (causes death), 4A (due to angioplasty), 4 (due to stent thrombosis), 5 (due to bypass graft)
- chronology of an acute MI

Angina pectoris is documented and coded based on type:

stable: typical

unstable: crescendovariant: Prinzmetal's

Cardiomyopathy is documented and coded based on:

- **type:** dilated, (non)obstructive hypertrophic, alcoholic, drug-related, etc.
- location: endocarditis, right ventricle, etc.
- cause: ex. congenital, alcohol, gout; also code when documented

Pulmonary hypertension is documented and coded based on:

- type: 5 groups
- underlying cause for secondary pulmonary hypertension: ex. hyperthyroidism, sarcoidosis
  - o also code documented underlying cause

## **Coding examples**

Congestive heart failure, diastolic and systolic	150.4-
Hypertensive heart with CKD 4 and chronic diastolic CHF	I13.0 and N18.4 and I50.32
Myocardial infarction, type 2	I21.A
Coronary artery disease with other angina	125.118
Alcoholic cardiomyopathy	I42.6 and F10
Secondary pulmonary hypertension due to hyperthyroidism	I27.29 and E05

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