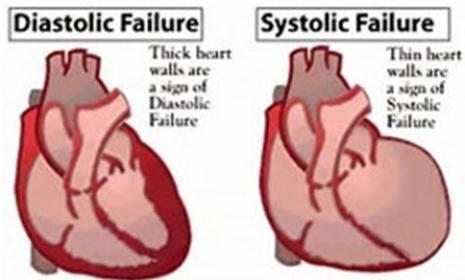


Molina Healthcare

Coding Education

Systolic and Diastolic Heart Failure



Heart Failure (HF) is a condition that can result from any functional or structural cardiovascular disorder that results in systemic perfusion that is inadequate in meeting the metabolic demands of the body. The diagnosis is usually suspected clinically, and confirmed with an echocardiogram. Systolic, diastolic, or both may be identified. ICD-10 requires that providers address: 1) etiology of the HF, 2) whether HF is systolic, diastolic, or combined systolic and diastolic, and 3) the chronicity (acute, chronic, or acute on chronic). Treatment should start once HF is recognized, and associated symptoms including HTN, obesity, DM, and Afib should be assessed and treated.

Accurate, specific, and complete documentation of HF is important because thorough documentation should trigger quality measurements associated with improved outcomes. The quality measures associated with this condition are BMI, statin therapy, HbA1C, DM eye exam, nephropathy screen, controlling blood pressure, annual measurement of potassium and creatinine levels for patients on ACE-Is, ARBs, digoxin, or diuretics, and annual serum digoxin test for patients on digoxin; and the documentation of medication adherence to ACE-Is,

ARBs, DM medications, and statins.

Documentation Examples:

Assessment: 72 year old male with hypertension and diastolic dysfunction CHF. No orthopnea, new mild dyspnea reported. Taking Lisinopril 10 mg, HCTZ 25 mg, and glipizide ER 5 mg daily.

BP 126/72, 2+ LE edema noted, last K 3.8 and GFR 26, HbA1C 6.2, DM eye exam-no retinopathy or edema, urine microalbumin negative.

- **ICD-10 Code: I11.0** Hypertensive heart disease with heart failure
- **ICD-10 Code: I50.33** Acute on chronic diastolic (congestive) heart failure
- **ICD-10 Code: E11.69** Type 2 diabetes mellitus with other specified complication (hypertension due to DM)

Plan: Change HCTZ to spironolactone and titrate to effect, reassess labs and follow up in clinic in 1 week.

Assessment: 67 year old female with long-standing HTN, obesity, and systolic/diastolic CHF. No DOE, no PND, no SOB.

No edema noted, BP 132/71, K 4.1, GFR 68, BMI 41, echo shows LVEF 44 and grade I diastolic dysfunction.

- **ICD-10 Code: I11.0** Hypertensive heart disease with heart failure
- **ICD-10 Code: I50.42** Chronic combined systolic (congestive) and diastolic (congestive) heart failure
- **ICD-10 Code: E66.01** Morbid (severe) obesity due to excess calories

Plan: Continue ARB and diuretic, reassess LVEF prior to next visit, diet and exercise.

Have Questions?

Contact: Ramp@MolinaHealthcare.com