

Quality Documentation & Coding Pearls

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HEART FAILURE

Heart failure is a common and serious clinical syndrome that results from multiple diseases. If not managed properly, chronic heart failure can lead to acute decompensation and hospitalization. This not only burdens the patient but their families and care takers resulting in an over-all decrease in quality of life.

Heart Failure is considered a chronic condition, one that does not resolve but rather can be controlled. You should diagnose heart failure yearly even if your patient is asymptomatic on or off treatment.

Appropriate management of systolic heart failure or heart failure w/ reduced EF (<40%) can improve quality of life and decrease hospitalization. The recommendations are:

- Life style modifications (low salt, exercise if able)
- Ace-I therapy titrated up as tolerated by BP & patient (ARB if ACE not tolerated)
- Beta Blocker therapy titrated up as tolerated by BP & patient (Carvedilol, Extended-Release Metoprolol Succinate, or Bisoprolol)
- Spironolactone for select patients (preserved renal function & normal K+)
- Diuretics if fluid overload present
- Hydralazine + Nitrate for patients with moderate to severe symptoms despite adequate therapy mentioned above
- Digoxin as a “last resort”

Diastolic heart failure or heart failure with preserved EF (50%) and borderline EF (40-49%) is not as well understood or studied but treatment remains similar to above (except Digoxin plays no role).

Don't forget to **VALIDATE: DIAGNOSIS, STATUS & PLAN**
Call the Arizona Priority Care HCC/STAR Department with questions (480) 499-8764

CODING TIPS

428.XX = Heart Failure

The 4th digit specifies type

428.2x = Systolic heart failure

428.3x = Diastolic heart failure

428.4x = Systolic & diastolic HF

428.9x = Unspec. heart failure

The 5th digit denotes chronicity

1 = Acute

2 = Chronic

3 = Acute on Chronic

425.X = Cardiomyopathy

The 4th digit specifies type

425.1x = Hypertrophic obstructive cardiomyopathy

425.4 = Other primary cardiomyopathy (dilated, idiopathic, & restrictive)

425.5 = Alcoholic cardiomyopathy

425.7 = Nutritional & metabolic cardiomyopathy

425.9 = Unspecified secondary cardiomyopathy



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