

# Provider Education

## Quality Documentation & Coding Pearls

Ineke M. Ayubi-Moak, MD

### HEART FAILURE

The prevalence of heart failure is on the rise as the population ages. The lifetime risk of developing heart failure is 20% in adults 40 years and older, and it is associated with a significant increase in morbidity and mortality. If not managed properly, heart failure can lead to recurrent hospitalizations which puts an increased burden on the patient, their families and care takers, and results in an over-all decreased quality of life.

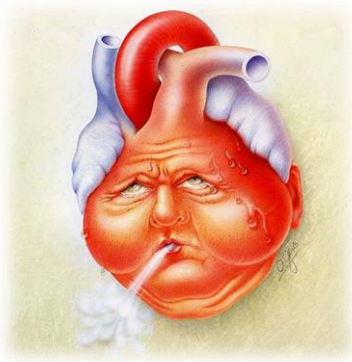
Appropriate management of systolic heart failure (heart failure with reduced ejection fraction) can improve quality of life and decrease mortality and hospitalization.

#### Treatment recommendations in addition to lifestyle modifications:

- ACE inhibitor: the cornerstone of therapy unless contraindicated or not tolerated
- ARB: can be used if patient is unable to use ACE-inhibitor
- Beta-blocker (Zebeta, Coreg, Toprol XL): can be added when patient is stable; must be titrated to targeted doses as tolerated by the patient
- ARB/Neprilysin inhibitor: approved in 2015 for patients with chronic systolic heart failure to reduce the risk of cardiovascular death and hospitalization
- Spironolactone: beneficial when added to patient on ACE inhibitor and beta-blocker
- Isosorbide dinitrate/hydralazine: an alternative for patients intolerant to ACE inhibitor and ARBs, or it can be added in patients who remain symptomatic despite adequate therapy mentioned above
- Digoxin: can be used in patients who remain symptomatic despite the use of all other disease-modifying agents
- Diuretics: can be used to treat volume overload

For patients who have been hospitalized, disease management programs and telemonitoring can reduce readmissions and mortality.

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.



## CODING TIPS

### Heart Failure I50.\_

#### 4<sup>th</sup> digit specifies type

- 2 Systolic
- 3 Diastolic
- 4 Systolic & diastolic
- 9 Unspecified

#### 5<sup>th</sup> digit specifies chronicity

- 1 Acute
- 2 Chronic
- 3 Acute on Chronic

### I42.- Cardiomyopathy

#### 4<sup>th</sup> digit specifies type

- I42.0 Dilated
- I42.2 Hypertrophic
- I42.5 Restrictive
- I42.7 Drug induced
- I42.6 Alcoholic (also diagnose alcoholism)
- I42.8 Other
- I42.9 Unspecified

### STAR Measures

**Statin goal:** All patients with cardiovascular disease should be on a medium to high dose statin

#### Statin and ACE/ARB

**compliance:** Ensure patients takes their medication at least 80% of the prescription time period

**Prescribe patients a 90 day supply**



Don't forget to **VALIDATE: DIAGNOSIS, STATUS & PLAN**

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