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About Maxim Health Information Services

Maxim Health Information Services (MHIS) provides superior quality [coding and auditing services](#) to healthcare organizations across the country. MHIS offers on-site coding support, remote coding services, auditing and review services, education and training, HIM outsourcing solutions, and services to the Department of Veterans Affairs' Medical Centers. MHIS provides qualified healthcare professionals to

Welcome to the April issue of Maxim Coding CornerSM! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with updates on coding-related topics that matter to you. This month, we are focusing on coding for heart failure. Read on below to learn more.

Coding for Heart Failure

When coding for Heart Failure, several factors need to be considered:

1. What type of heart failure does the patient have?

- **Systolic** – a form of heart failure caused by the left ventricle's inability to contract with enough force to pump adequate amounts of blood through the body.
- **Diastolic** – a form of heart failure caused by the left ventricle's inability to relax properly and fill with blood as a result of stiffening of the heart muscle.
- **Systolic and Diastolic** – a form of heart failure in which the left ventricle's inability to contract and relax are both present.
- Query the physician if the documentation is unclear. Proper code assignment of systolic or diastolic heart failure can impact reimbursement.

2. Is the patient's heart failure acute, chronic, or both?

- Acute – sudden, severe onset
- Chronic – persists over a long period of time
- Acute and Chronic – persists over a long period of time and has a sudden, severe exacerbation
- Query the physician if it is unclear whether the heart failure is acute, chronic, or both, as this can also impact reimbursement.

3. Does the patient also have congestive heart failure?

- CHF – a condition of heart failure that is characterized by excessive fluid retention, congestion in the lungs, and

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swelling of the legs and ankles.

4. Does the patient also have hypertensive heart disease?

- Look for documentation of "hypertensive heart failure," "hypertensive cardiomyopathy," etc.
- Be sure the patient does not also have hypertensive chronic kidney disease, as this will affect code assignment.

5. Does the patient have an associated cardiomyopathy?

- Look for the documentation of the specific type of cardiomyopathy (e.g., ischemic, congestive, hypertrophic, hypertensive, alcoholic, etc.)

Sequencing of Heart Failure Codes

- Coding of hypertensive heart disease or hypertensive heart and chronic kidney disease always takes precedence over all other heart failure codes.
- Coding of systolic, diastolic, or combined systolic and diastolic takes precedence over congestive heart failure and cardiomyopathy.
- Typically, when a patient is admitted for congestive heart failure and cardiomyopathy, the treatment is directed towards the heart failure. Consequently, congestive heart failure will usually take precedence over cardiomyopathy.

Past issues of Maxim Coding Corner are available online! Visit [the Coding Corner page](#) on our Web site to download Coding Corner issues you may have missed.

Example 1

Patient was admitted for acute on chronic congestive heart failure due to systolic dysfunction. Patient also has hypertensive heart disease. 402.91, 428.23, 428.0

Example 2

Patient was admitted for acute diastolic and systolic congestive heart failure. 428.41, 428.0

Example 3

Patient was admitted for congestive heart failure and hypertrophic cardiomyopathy. The patient was treated with IV Lasix and discharged home the second day of admission. 428.0, 425.4

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