

## ICD 10 Coding Alert

### Mythbusters: Bust These Myths for Clear-Cut Cardiac Coding

**Don't let these common misconceptions get in the way of precision heart failure reporting.**

It's not hard to be confused by the sheer number of heart failure codes and the vast array of guidelines that go with them. It's also no wonder that there are plenty of myths that surround these codes, making specific code choices more difficult than they have to be.

So, we gathered up four of the most common myths that coders encounter when dealing with the I50.- (Heart failure) category, separated fact from fiction, and created this guide to help you produce clean, accurate documentation for many of your cardiac claims.

#### **Myth 1: Acute and Chronic Heart Failure Develop at Same Rate**

**Truth:** Acute heart failure develops suddenly, and the symptoms are initially severe. On the other hand, chronic heart failure usually develops slowly, over time.

"Patients with chronic heart failure have a previous history of heart failure and are on long-term management such as medications to control the heart failure," says **Carol Hodge, CPC, CDEO, CCC, CEMC**, certified medical coder of St. Joseph's Cardiology in Savannah, Georgia explains. "Chronic heart failure is an established form of heart failure that can be controlled, but not cured."

**Coding solution:** If the physician documents acute diastolic congestive heart failure, you would report I50.31 (Acute diastolic (congestive) heart failure). However, if the physician documents chronic diastolic (congestive) heart failure, you would report I50.32 (Chronic diastolic (congestive) heart failure).

#### **Myth 2: ADHF Doesn't Involve Worsening of Heart Failure Symptoms**

**Truth:** Acute on chronic heart failure (ADHF) is the sudden symptomatic worsening of heart failure (established known heart failure), says **Julie-Leah J. Harding, CPC, CPMA, CEMC, CCC, CRC, CPEDC, RMC, PCA, CCP, SCP-ED, CDIS**, AHIMA-approved ICD-10 trainer and ambassador and director of revenue operations-cardiovascular surgery at Boston Children's Hospital in Boston, Massachusetts.

ADHF typically includes dyspnea with physical activity and/or lying flat. The patient may gasp for breath while walking, experience lower extremity swelling, fatigue, pulmonary edema (chest congestion), palpitations, loss of appetite, weight loss, low urine output, confusion and memory issues, according to Harding.

When chronic heart failure becomes uncontrolled, it is referred to as acute on chronic, and symptoms such as increased shortness of breath and pedal edema may occur, according to Hodge.

"The worsening of these symptoms on top of the chronic condition is referred to as 'acute on chronic,'" Hodge explains. "Once the acute phase is resolved, it is returned to being referred to as 'chronic.'"

**Coding solution:** The physician documents acute on chronic right heart failure. You should report I50.813.

#### **Myth 3: Specificity Not Important in Heart Failure Documentation**

**Truth:** When it comes to heart failure documentation, specificity is vital. As Harding emphasizes, "You can offer any magnitude of ICD-10-CM codes, but if it is not documented, you cannot report them."

"The most common mistake I see in reporting heart failure is that documentation only supports heart failure, unspecified," Hodge says. "Providers need to be educated to document whether the heart failure is systolic, diastolic or combined. And, is it right or left heart failure? "

Harding talks about her experience from the congenital heart disease perspective.

"In the congenital heart disease world, most of our patients have a form or element of heart failure, according to Harding. "Our struggle, and it is common in the acquired world as well, is the lack of specificity in provider/clinician documentation."

We seldom receive "acute," "chronic," or "acute on chronic" written in the patient record, Harding adds. We often query the providers for clarification.

#### **Myth 4: You Can Ignore "Code First" Notes**

**Truth:** You should also pay close attention to "code first" notes in ICD-10-CM.

For example, a "code first" note under category I50- tells you to sequence heart failure due to hypertensive heart and chronic kidney disease.

A common error Hodge sees is coders not using the combination codes or the hypertensive with heart disease codes. "These codes should be used to indicate hypertensive heart disease followed by the code for the type of heart failure," Hodge adds. "Kidney disease very often occurs with hypertension and congestive heart failure, and those guidelines should be followed to correctly sequence those codes."

**Coding solution:** The physician documents that the patient has hypertensive heart and chronic kidney disease with acute systolic (congestive) heart failure and with stage 5 chronic kidney disease. You would report the codes in the following order: I13.2 (Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease); I50.21 (Acute systolic (congestive) heart failure); and N18.5 (Chronic kidney disease, stage 5).