

# Congestive Heart Failure

Coding & Documentation		ICD-10
Category I50	Left ventricular failure, unspecified	150.1
	Systolic heart failure	150.2
	Diastolic heart failure	150.3-
	Combined systolic and diastolic heart failure	150.4-
	Other heart failure	150.8-

- Anatomically relate the CHF as left or right side.
- Document whether CHF presents itself as acute, chronic, or combined.
- Link CHF to other associated conditions, i.e., chronic kidney disease (CKD) and/or hypertension, unless documented as “unrelated”.

**“With” or “in” should be interpreted to mean “associated with” or “due to” when it appears in a code title, the alphabetic index, or an instructional note in the Tabular List**

Heart failure “with”

- Acute pulmonary edema
- Decompensation
- Normal/preserved ejection fraction
- Reduced ejection fraction
- Hypertension

**Code all documented conditions present at the time of the encounter that require or affect patient care, treatment or management. This includes stable chronic conditions and comorbidities. Include the ICD-10 coded to the highest specificity on the claim.**

## Code First

Condition	ICD-10
Hypertensive Heart Disease	I11.0
Hypertensive Heart & Chronic Kidney Disease	I13.0, 13.2

NOTE: Applicable to conditions in I50.-, I51.4-I51.7, I51.89, I51.9, due to hypertension

## Code Also When Applicable:

### Risk Factors/ Comorbidities

- Ischemic cardiomyopathy
- High blood pressure
- Thyroid disease
- Diabetes
- Coronary artery disease
- Congenital defect
- Valve disease
- Kidney disease

### Contributing Factors

Condition	ICD-10
Exposure to Tobacco Smoke	Z77.22
History of Tobacco Dependence	Z87.891
Tobacco Use	Z72.0
Tobacco Dependence	F17.1

NOTE: The information listed here is not all inclusive and is to be used as a reference only. Please refer to current ICD-10/CPT<sup>®</sup>/HCPCS<sup>®</sup> Coding and Documentation Guidelines found at [www.cms.gov](http://www.cms.gov). HEDIS Measures can be found at [www.ncqa.com](http://www.ncqa.com)

## HEDIS® Measures

### Blood Pressure Control

<140/90 mm Hg Controlled | Members ages 18-85 who had a diagnosis of Hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

CPT II®			
Systolic < 130	3074F	Diastolic < 80	3078F
Systolic 130-139	3075F	Diastolic 80-89	3079F

Remote Blood Pressure Monitoring
CPT®: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

#### Quality Tips:

- If BP is elevated, retake it. The lowest BP taken during a visit is acceptable.
- Ensure that the BP cuff is the correct size for patient's arm and providing accurate readings.
- Do not round numbers up when using an automatic BP machine.
- Review medication list every visit.
- Educate patients on importance of medication compliance.
- During telehealth or telephone visits, allow readings taken by a member with any digital device.
- During telehealth or telephone visits, exclude readings taken by a member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

### Prescription Monitoring

Renin Angiotensin System Antagonists (PDC-RASA)

Members who are 18 years of age and older and who were on a Renin Angiotensin System Antagonist medication at least 80% of days from the first fill

#### Direct Renin Inhibitor Medications and Combinations

- aliskiren (+/- amlodipine, hydrochlorothiazide)

#### ARB Medications and Combinations

- |   |  |  |
|---|--|--|
| • azilsartan (+/- chlorthalidone)       | • irbesartan (+/- hydrochlorothiazide)             | • telmisartan (+/- amlodipine, hydrochlorothiazide)          |
| • candesartan (+/- hydrochlorothiazide) | • losartan (+/- hydrochlorothiazide)               | • valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol) |
| • eprosartan (+/- hydrochlorothiazide)  | • olmesartan (+/- amlodipine, hydrochlorothiazide) |  |

#### ACE Inhibitor Medications and Combinations Products

- |  |  |                                       |
|--|--|---------------------------------------|
| • benazepril (+/- amlodipine, hydrochlorothiazide) | • lisinopril (+/- hydrochlorothiazide) | • quinapril (+/- hydrochlorothiazide) |
| • captopril (+/- hydrochlorothiazide)              | • moexipril (+/- hydrochlorothiazide)  | • ramipril                            |
| • enalapril (+/- hydrochlorothiazide)              | • perindopril (+/- amlodipine)         | •trandolapril (+/- verapamil)         |
| • fosinopril (+/- hydrochlorothiazide)             |  |                                       |

## HEDIS® Measures, Continued

### Cardiac Rehabilitation

Members 18 years and older, who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement.

<b>Initiation</b>	Attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event
<b>Engagement 1</b>	Attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
<b>Engagement 2</b>	Attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
<b>Achievement</b>	Attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.