



New Coding Guidelines for CHF

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Congestive Heart Failure (CHF) is the condition in which heart disease causes breathlessness and abnormal sodium and water retention, often resulting in edema. The congestion occurs either in the lungs or peripheral circulation or both, depending on whether the heart failure is right sided or general. CHF is the most frequent cause of hospitalizations in the United States; approximately 4.7 million people in the U.S. suffer from congestive heart failure alone.

Changes to the coding guidelines have allowed for additional interpretation of the type of CHF based on physician documentation. First let's look at the types of CHF:

Diastolic Congestive Heart Failure is the inability of the heart to pump blood at an adequate rate to fill tissue metabolic requirements or the ability to do so only at an elevated filling pressure. It occurs because the heart has trouble relaxing adequately between contractions (diastole) to allow enough blood to enter the ventricles. Heart wall thickness and left ventricular mass is increased. Treatment may consist of Beta blockers and calcium channel blockers when diastolic dysfunction is due to ischemia or hypertension. Ejection fraction is usually normal at 50% or greater. Causes include advanced age, hypertension,

arteriosclerotic cardiovascular disease, tachyarrhythmias, myocardial ischemia, (without infarction), hemochromatosis, amyloidosis, Type II diabetes, hypertrophic/restrictive cardiomyopathy, and/or constrictive pericarditis.

Systolic Congestive Heart Failure occurs when the ability of the heart to contract is limited. The heart is unable to pump out an adequate blood supply during contraction (systole). Blood coming from the lungs into the heart may back up and cause fluid leakage back into the lungs with ensuing pulmonary congestion. Systolic CHF is the most common type of CHF. In this condition documentation in the chart will show an ejection fraction of less than 40%. Causes include hypertensive or ischemic heart disease, toxins, (drugs, alcohol), valvular disease, (stenosis and/or regurgitation), viral and other myocarditis, (Rheumatic fevers), congenital diseases, complications of cardiac surgery, pregnancy, and/or arrhythmias, (fibrillation, bundle branch blocks).

Previously coders could only assign the type systolic and/or diastolic if the physician expressively documented the type. New coding guidance from American Hospital's Coding Clinic now allows for the assignment of the type, if the physician documents CHF

with either preserved ejection fraction (HFpEF), or reduced ejection fraction (HFrEF). According to The American College of Cardiology (ACC), these terms are more commonly used, and should be further described as acute or chronic. As discussed above, an ejection fraction of under 40% would be considered reduced, and would mean the patient most likely suffers from systolic CHF. An ejection fraction of 50% or greater would represent a preserved ejection fraction and seemly would place the patient in the diastolic CHF category.

The physician must specify whether the patient has heart failure or congestive heart failure with either reduced or preserved ejection fraction in order for the coder to code it as systolic or diastolic. If the documentation is not clear, the physician must be queried.

References

Coding Clinic, First Quarter ICD-10 2016
Pages: 10-11
Harrison's Textbook of Medicine

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