Heart failure (HF) documentation

To capture the full disease burden of a patient's cardiac condition, follow the documentation guidelines below, as applicable.

Do document: HF annually with specificity	***Do document:*** Cardiomyopathy and specificity
• Acute vs chronic. • Update diagnosis following acute episode(s). • Indicate type: left, right, systolic diastolic • *Ex: combined systolic diastolic HF*	• Dilated • Restrictive • Hypertrophic • Ischemic cardiomyopathy
Do document: Related conditions with HF	***Do document:*** HF due to pulmonary conditions **with** supporting documentation when it's relevant
• *Ex: Hypertensive HF* • *Ex: HF due to stage IV chronic kidney disease* • Document if commonly assumed relationship conditions are **not** related. • A presumed causal relationship between hypertension and HF exists unless otherwise specified.	• *Ex: Chronic right ventricular failure due to pulmonary hypertension* • Document a pulmonary embolism and heart failure connection when documenting Cor Pulmonale • Document heart failure with pleural effusion if testing indicates causal relationship. • Document pulmonary edema following heart failure when testing indicates a causal relationship.
Do document: Cardiogenic shock status, as appropriate	***Do document:*** Tobacco status • *Ex. Exposure to environmental tobacco smoke* • *Ex. Tobacco dependence* • *Ex. History of tobacco dependence* • *Ex. Tobacco use* • *Ex. Occupational exposure to tobacco smoke*

Don't: Change diagnosis to 'history of' if heart failure is still active but controlled. The provider must link the diagnosis and the medication for proper support. *Example:* if a patient has heart failure that's being managed and controlled with medication, it should be reported as an active condition and not a *history of*.

*The CMS-HCC Model also incorporates additional relative factors for disease interactions. Certain combinations of diseases have been determined to increase the cost of care. For example, a patient with heart failure and specified heart arrhythmia has higher expected costs than a patient that has only heart failure or a patient only has a specified heart arrhythmia. Disease interactions result in higher risk scores when the disease pairs are present. The model includes disease-disease interactions as well as disability-disease interactions.

References:

1. Beckman, K. D. (2014, April). How to Document and Code for Hypertensive Diseases in ICD-10. American Academy of Family Physicians. https://www.aafp.org/pubs/fpm/issues/2014/0300/p5.html
2. "Congestive Heart Failure." *Risk Adjustment Documentation & Coding*, by SHERI POE BERNARD, AMER MEDICAL Association, 2020, pp. 139–143.
3. Prescott, L., Manz, J., Reiter, A. (2023). *2023 ACDIS Outpatient Pocket Guide The essential CDI Resource for Outpatient Professionals* (pp. 347-350).: HCPro, a Simplify Compliance Brand.