Major Changes for Heart Failure Codes in 2003: New Codes Put Sharper Focus on Diagnosing, Preventing Heart Failure

by Patricia E. Casey, MSN, RN, and Ann M. Zeisset, RHIT, CCS-P, CCS

Are you up to date with the latest revisions to the heart failure codes? A revision of the heart failure codes, effective October 1, 2002, was originally presented at the May 2001 ICD-9-CM Coordination and Maintenance Committee meeting. At that meeting, representatives from Kaiser Permanente explained that the current ICD-9-CM codes did not adequately describe the various types of heart failure recognized today. They noted that it is important to be able to identify and differentiate between systolic and diastolic heart failure. A revised version of the proposal was presented at the November 2001 meeting.[1] This article presents a summary of those revisions.

Defining Heart Failure

Current documentation in the record for heart failure does not match what is being treated, and with the limited codes available, the various types of heart failure were not classified. An example is presented in the following case study:

> *Mr. Riley is being seen for complaints of shortness of breath (dyspnea), unusual fatigue, exercise intolerance, and swollen, puffy ankles (pedal edema). The sounds heard from listening to (auscultating) his lungs indicate the presence of fluid in his lungs. The chest x-ray confirms that his lungs are congested. Previously, congestive heart failure, ICD-9-CM code 428.0, probably would have been included as one of his diagnoses. Today, many disease states such as renal failure, liver failure, and pneumonia are also known to cause this "congested" state. Heart failure is most often defined as impaired cardiac function in which the heart is weakened and unable to meet the body's energy demands. It is important to distinguish the specific cause of the "congested" state.*

The heart is a hollow organ that is divided into four sections. The upper sections are called atria, and the lower chambers are called ventricles. The purpose of the heart is to relax and fill with blood (called the diastolic phase) and then to contract and pump the blood to the lungs and to the rest of the body (called the systolic phase). The right atrium and ventricle receive blood that has a low oxygen level from the body and pump it to the lungs where the blood obtains oxygen. The left atrium and ventricle receive blood that has a high oxygen level from the lungs and pump it to the body. Therefore, heart failure, which most often involves the left ventricle, may be systolic, diastolic, or both.

Heart failure is not the same as a heart attack or coronary artery disease. Both types of heart failure can lead to an increase in ventricular pressure, which then causes an increase in atrial pressure, as well as an increase in pressure in the pulmonary and peripheral blood vessels. Increased pulmonary pressure can cause signs and symptoms of lung congestion, such as shortness of breath. Increased peripheral pressures can cause signs and symptoms of congestion throughout the body, such as pedal edema.

When the heart doesn't pump out adequate amounts of blood (decreased cardiac output), the blood flow to the muscles may be impaired and the blood pressure may not rise properly during exertion, leading to fatigue and complaints of exercise intolerance. The decreased ventricular function leads to the release of certain hormones that cause the kidneys to retain sodium and fluid.

Diagnosing Heart Failure

Diagnosis of heart failure is based on assessment of ventricular function. Ventricular function is most often assessed by echocardiogram, a noninvasive procedure in which the ejection fraction (EF) is estimated. EF is the percentage of blood that is

pumped out of the ventricle compared to the amount of blood that fills the ventricle. Ventricular function and EF may also be assessed during a cardiac catheterization or with a nuclear scan.

Systolic heart failure is the more common and better understood type of heart failure. Whereas the normal EF is greater than 55 percent, people with left ventricular systolic dysfunction have an EF of less than 40 percent. Diastolic heart failure occurs when the heart contraction and EF are normal, but the heart relaxation and ventricular filling are abnormal. For example, in hypertrophic cardiomyopathy (primary disease of the heart muscle), the ventricular walls become thickened and the size of the ventricular cavity (the area that fills with blood) becomes smaller. The main causes of heart failure include coronary artery disease, hypertension, other forms of cardiomyopathy, dysrhythmias, and valvular dysfunction.

A Range of Treatments

While correcting the underlying condition (such as coronary artery bypass surgery for coronary artery disease) can sometimes eliminate heart failure, most often heart failure has no cure and is a permanent condition. However, early diagnosis and proper treatment with medications and lifestyle changes can prevent progression of the disease and hospitalizations.

The recommended medications include angiotensin converting enzyme (ACE) inhibitors (such as captopril, enalapril, and lisinopril), which cause blood vessels to widen, and beta blockers (such as bisoprolol, carvedilol, and metoprolol), which prevent harmful hormonal effects. Other medications, like diuretics, which cause increased fluid elimination, and digoxin, which causes an increased pumping action of the heart, help to control the symptoms of heart failure but do not prevent progression of the disease.

Lifestyle changes include eating a low-sodium diet, getting regular exercise, and monitoring for signs and symptoms of heart failure, including weighing every morning and notifying the healthcare provider if 2 to 3 pounds or more have been gained in a day.

New Codes Help Track Patients

Correctly identifying patients with heart failure is imperative to their treatment. ICD-9-CM category 428, which had been delineated as left-sided, right-sided, and unknown heart failure, did not help to identify asymptomatic heart failure nor the type of heart failure.

Kaiser Permanente Mid Atlantic States conducted a study to validate the diagnosis in more than 5,000 heart failure registry members. The study found that only 55 percent had a true diagnosis of heart failure. Conditions that cause fluid overload and have a similar appearance to heart failure included pulmonary conditions such as asthma and pneumonia, liver and renal failure, cancer, and angina.

Guidelines defining systolic dysfunction have been developed by the Agency for Healthcare Research and Quality in association with the American Heart Association and the American College of Cardiology, and it was proposed that category 428 be expanded to establish new codes that would better track patients by more specific distinctions of heart failure.

The following codes were approved with the fiscal year 2003 changes to ICD-9-CM effective October 1, 2002:

428.0 Congestive heart failure, unspecified
428.2 Systolic heart failure
- 428.20 Unspecified
- 428.21 Acute
- 428.22 Chronic
- 428.23 Acute on chronic

428.3 Diastolic heart failure
- 428.30 Unspecified
- 428.31 Acute
- 428.32 Chronic
- 428.33 Acute on chronic

428.4 Combined systolic and diastolic heart failure
- 428.40 Unspecified
- 428.41 Acute
- 428.42 Chronic
- 428.43 Acute on chronic

It should be noted that 428.0, Congestive heart failure, unspecified, and 428.1, Left heart failure, have not been expanded to the fifth-digit level. They are used when the physician does not document a more specific type of heart failure.

Excludes notes are present with instructions that subcategories 428.2 and 428.3 are not to be used with combined systolic and diastolic heart failure. When documentation indicates both systolic and diastolic heart failure, subcategory 428.4 is to be used.

As a result of this expansion, there have been additional instructional changes added to ICD-9-CM. At the 428 category, the following note appears: Code, if applicable, heart failure due to hypertension first (402.0-402.9, with fifth-digit 1 or 404.0-404.9, with fifth-digit 1 or 3).

At categories 402 and 404, this new note appears: Use additional code to specify type of heart failure (428.0, 428.20-428.23, 428.30-428.33, 428.40-428.43). Prior to the expansion of category 428, only one code was required or indicated when using category 402 or 404. If the heart failure was documented as hypertensive or due to hypertension, then only category 402 or category 404 codes were assigned. Because it is now possible to specify the type of heart failure, a second code can be assigned. It is important that coding professionals observe these notes and do not rely on memory when assigning category 402 and 404 codes.

The term “congestive” has also been deleted in the code choices at category 402 and 404. If the record contains documentation of congestive heart failure and a more specific type coded to subcategories 428.2-428.4, then it is appropriate to assign both codes. See “Using the New Codes”, below, for examples of some of these coding changes.

Complete documentation is the key to correct code assignment. Because physicians must document these terms for coders to classify specific types of heart failure, coding professionals can be key members of the healthcare team by educating physicians about the code additions and the benefits of complete documentation when treating patients with heart failure.

using the new codes

Coding Scenario	Correct Code Assignment	Discussion
Patient is treated for congestive heart failure (CHF) with no other documentation indicating the type of heart failure.	428.0	There are no changes here, and the fifth-digit expansion does not apply..
Patient is hospitalized for symptoms of heart failure and “diastolic defect” is noted on echocardiogram and documented by the attending physician.	428.31	This is a new code and the acute diastolic heart failure has a specific code and is documented by the physician
An 80-year-old man with history of chronic systolic and diastolic heart failure is being	428.43	The acute on chronic condition may be specified by the code assignment. It is incorrect to use codes from subcategories 428.2 and 428.3 when documentation supports combined heart failure.

treated for an acute exacerbation.		
A patient with chronic systolic heart failure and hypertension is seen in the clinic.	428.22, 401.9	This is not combined into category 402 because there is no documentation that hypertension was the cause of the systolic heart failure.
A patient with CHF due to a long history of hypertension is seen in the hospital. No other documentation is evident as to the type of heart failure.	402.91, 428.0	Because the heart failure is due to the hypertension, the correct code assignment is to the 402 category. The type of heart failure, "congestive," is also to be coded.
The physician documents CHF and acute systolic heart failure in the medical record.	428.21, 428.0	Per *Coding Clinic*, both codes would be assigned.

Note

1. For the Tabular List of Diseases addenda, go to www.cdc.gov/nchs/data/icd9/icdtab03.pdf. The May 18, 2001, and November 2, 2001, Coordination and Maintenance Committee meeting reports are available at www.cdc.gov/nchs/about/otheract/icd9/maint/maint.htm.

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Patricia Casey *(patricia.e.casey@kp.org) is director, regional cardiovascular program, with Kaiser Permanente Mid Atlantic States.* ***Ann Zeisset*** *(ann.zeisset@ahima.org) is a coding practice manager at AHIMA.*

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