

Documenting and Coding Tips: Heart failure, coronary artery disease and angina

Medicare Advantage

Approximately 6.5 million people in the U.S. have heart failure (HF) and each year over 1 million patients are hospitalized with heart failure. Heart failure is primarily a diagnosis of the elderly, making HF the most common diagnosis in hospitalized patients age 65 years and older.^{1,2}

Heart failure coding

I50.1	Left ventricular failure, unspecified
I50.2-	Systolic (congestive) heart failure • Add 5th character: (1) acute, (2) chronic, (3) acute on chronic, (0) unspecified
I50.3-	Diastolic (congestive) heart failure • Add 5th character: (1) acute, (2) chronic, (3) acute on chronic, (0) unspecified
I50.4-	Combined systolic (congestive) and diastolic (congestive) heart failure • Add 5th character: (1) acute, (2) chronic, (3) acute on chronic, (0) unspecified
I50.81-	Right heart failure • Add 6th character: (1) acute, (2) chronic, (3) acute on chronic, (4) due to left heart failure, (0) unspecified

I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure • Code also the type of heart failure as systolic, diastolic, or combined, if known (I50.2-I50.43)
I50.89	Other heart failure
I50.9	Heart failure, unspecified (congestive heart disease; congestive heart failure NOS [CHF]) • Fluid overload <i>unrelated</i> to congestive heart failure (E87.70) can also be reported, if documented.

Documentation and coding tips

- Specify the acuity (acute, chronic or acute on chronic)
- Identify the type of failure (systolic, diastolic, combined, etc.)
- For **I50.2-**, **I50.3-** and **I50.4-**, also code end stage heart failure, if applicable (**I50.84**)
- For **I50.814**, **I50.82** and **I50.84**, also code the type of heart failure, if known (**I50.2- – I50.43**)

Even if the patient is being seen for another condition, if the HF affects **patient care, treatment or management**, the HF should be documented and coded as an additional condition.

Hypertensive heart disease

The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement, as the two conditions are linked by the term “with” in the Alphabetic Index. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated. For hypertension and conditions not specifically linked in the ICD-10-CM Index, explicit documentation is required to link the conditions (for example, “due to,” “associated with” or “hypertensive”).

- Includes any condition in **I50.-** or **I51.4**–**I51.7**, **I51.89**, **I51.9** due to hypertension
 - Myocarditis (**I51.4**), myocardial degeneration (**I51.5**), cardiomegaly (**I51.7**), other ill-defined (**I51.89**) or unspecified heart disease (**I51.9**)
- For categories **I11** and **I13**, identify exposure to tobacco (**Z77.22**, **Z87.891**, **Z57.31**, **F17.-**, **Z72.0**)

If coding hypertensive heart disease with heart failure (I11.0), use an additional code to identify the type of heart failure (I50.1–I50.9)

I11.0	Hypertensive heart disease with heart failure
I11.9	Hypertensive heart disease without heart failure

If coding hypertensive heart disease with heart failure and chronic kidney disease (I13.0, I13.2), use an additional code to identify the type of heart failure (I50.1–I50.9) and the stage of CKD (N18.1–N18.6)

I13.0	Hypertensive heart and chronic kidney disease (CKD) with heart failure and stage 1 through stage 4 CKD, or unspecified CKD
I13.10	Hypertensive heart and CKD without heart failure, with stage 1 through stage 4 CKD, or unspecified CKD
I13.11	Hypertensive heart and CKD without heart failure, with stage 5 CKD, or end stage renal disease
I13.2	Hypertensive heart and CKD with heart failure and with stage 5 CKD, or end stage renal disease

Coronary artery disease (CAD)

CAD is the most common type of heart disease in the United States. Risk factors can include obesity, physical inactivity, unhealthy eating habits, and smoking.²

ICD-10-CM codes	Description
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris <ul style="list-style-type: none">• Coronary artery disease (CAD) without angina
I25.11-	Atherosclerotic heart disease of native coronary artery with angina pectoris <ul style="list-style-type: none">• Coronary artery disease (CAD) with angina• Add 6th character: (0) unstable angina pectoris, (1) documented spasm, (8) other forms of angina, (9) unspecified angina pectoris

Documentation and coding tips

- **Cause:** Assumed to be atherosclerosis; document if there is another cause
- **Angina involvement:** With or without angina
- **Angina stability:** "Stable angina pectoris," "unstable angina pectoris"; if "angina equivalent," document the associated symptoms
- **Tobacco use/Exposure:** Any related tobacco use, abuse, dependence, past history, or exposure (second hand, occupational, etc.)
- **Presence of hypertension**

Angina pectoris

ICD-10-CM codes	Description
I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm <ul style="list-style-type: none">• Prinzmetal angina• Variant angina
I20.8	Other forms of angina pectoris <ul style="list-style-type: none">• Angina equivalent<ul style="list-style-type: none">• <i>Note: use additional code(s) for symptoms associated with angina equivalent</i>• Stable angina
I20.9	Angina pectoris, unspecified <ul style="list-style-type: none">• Angina, NOS• Ischemic chest pain

Documentation and coding tips

- **Cause:** atherosclerosis or post infarction (use appropriate codes)
- **Angina stability:** "Stable angina pectoris," "unstable angina pectoris"; if "angina equivalent," document the associated symptoms
- **Tobacco use/Exposure:** Any related tobacco use, abuse, dependence, past history, or exposure (second hand, occupational, etc.)
- **Presence of hypertension**

Intensive behavioral therapy (IBT) for cardiovascular disease

CMS will cover one behavioral counseling visit for cardiovascular disease in a 12-month period from a qualified primary care physician or other primary care provider in a primary setting with code G0446 (Face-to-Face Behavioral Counseling for cardiovascular disease, 15 minutes), if the patient meets all requirements. All intensive behavioral therapies should be consistent with the five "A"s: assess, advise, agree, assist and arrange.³

Documentation and coding examples

CAD with angina, stable, continue current treatment. Patient to follow up with Cardiologist in 6 months.

- **I25.119** Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris

Hypertension and CHF. Continue tracking BP at home. Controlled on medication.

- **I11.0** Hypertensive heart disease with heart failure
- **I50.9** Heart failure, unspecified

Ischemic chest pain, follow up with Cardiology.

- **I20.9** Angina pectoris, unspecified

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2022: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2022: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors>.

The following references were used to create this document:

Optum360 ICD-10-CM: Professional for Physicians 2022. Salt Lake City, UT: 2021.

1. Centers for Disease Control and Prevention/Heart Disease <https://www.cdc.gov/heartdisease/index.htm> Accessed January 7, 2022.

2. American Heart Association/Heart failure <https://www.heart.org/en/health-topics/heart-failure>. Accessed January 7, 2022.

3. "Cardiovascular Disease Services." Medicare Learning Network. Centers for Medicare & Medicaid Services, Revised March 2012. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2432CP.pdf>. Accessed February 15, 2022.



11000 Optum Circle
Eden Prairie, MN 55344

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on January 15, 2021, the Centers for Medicare & Medicaid Services (CMS) announced that 2021 dates of service for the 2022 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. <https://www.cms.gov/files/document/2022-announcement.pdf>

Optum® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. This document is proprietary and confidential; altering, rebranding, public posting and/or digital downloading is not permitted without the express consent of Optum. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2022 Optum, Inc. All rights reserved • Revised 02/14/2022 • RQNS0676