

DRG 127 - CONGESTIVE HEART FAILURE ICD-9-CM CODING GUIDELINES

The below listed congestive heart failure (CHF) guidelines are not inclusive. The coder should refer to the applicable *Coding Clinic* guidelines for additional information. The Centers for Medicare & Medicaid Services considers *Coding Clinic*, published by the American Hospital Association, to be the official source for coding guidelines. Hospitals should follow the *Coding Clinic* guidelines to assure accuracy in ICD-9-CM coding and DRG assignment.

Definition of Principal Diagnosis

The principal diagnosis is that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

Two or more diagnoses may equally meet the definition for principal diagnosis. This is in terms of the circumstances of admission, diagnostic work-up and/or therapy provided. Be aware that there is a difference between admitting a patient to treat two conditions and two conditions being present at the time of admission. The principal diagnosis is always the reason for admission.

Documentation to Support CHF

When reviewing a diagnosis of CHF, identify the medical record documentation that substantiates CHF:

- The results of the chest x-ray;
- Presence of dyspnea with mild exercise;
- Orthopnea;
- Paroxysmal nocturnal dyspnea;
- Fatigue with exertion;
- Jugular vein distention;
- Ankle swelling; and/or
- Pitting edema of the lower extremities.

Coding Guidelines

Acute and chronic heart failure

Acute and chronic heart failure is coded 428.9, but be sure this is not congestive heart failure 428.0. (See *Coding Clinic*, November-December 1985, page 14.)

Acute pulmonary edema/CHF

Acute pulmonary edema of cardiac origin is a manifestation of heart failure, category 428. (See *Coding Clinic*, third quarter 1988, page 3.) In addition, the excludes note for acute pulmonary edema (518.4) in ICD-9-CM includes acute pulmonary edema with mention of heart disease or failure (428.1).

Combined systolic and diastolic CHF

A diagnosis of acute combined systolic and diastolic congestive heart failure in a patient with a known history of CHF is coded 428.43, combined systolic and diastolic heart failure, acute on chronic, with an additional code of 428.0, congestive heart failure, unspecified. (See *Coding Clinic*, fourth quarter 2002, pages 52 and 53.)

Congestive cardiomyopathy/CHF

The symptoms of CHF and congestive cardiomyopathy are very similar. Cardiomyopathy is a heart muscle disease/disorder. CHF is a manifestation of an underlying cardiac condition which demonstrates inadequate cardiac output. (See *Coding Clinic*, September-October 1985, page 15.)

When both congestive (dilated) cardiomyopathy and CHF are present, in most cases, the treatment primarily involves management of the CHF. Therefore, the CHF would be the

principal diagnosis. (See *Coding Clinic*, second quarter 1990, page 19.)

Fluid overload/CHF

A chronic renal failure patient, who is regularly on dialysis, is admitted with volume overload due to salt and fluid levels. The patient condition progresses to CHF. The CHF is the principal diagnosis. Fluid overload is integral to the CHF and should not be coded as a separate diagnosis. (See *Coding Clinic*, third quarter 1996, page 9.)

A chronic renal failure patient is admitted with fluid overload and CHF due to noncompliance with dialysis. The patient is treated with the dialysis. The principal diagnosis is CHF, coded 428.0. The fluid overload is integral to the CHF and should not be coded. (See *Coding Clinic*, second quarter 2001, page 13.)

Heart failure

For information on the various descriptions of heart failure see *Coding Clinic*, fourth quarter 2002, pages 49-53, and *Coding Clinic*, second quarter 1990, pages 16-18.

Category 428, heart failure, has expanded codes effective 10/1/02, so that systolic heart failure, diastolic heart failure or a combination of these have separate codes. These new codes also have fifth digits to indicate whether the condition is unspecified, acute, chronic or acute on chronic. (See *Coding Clinic*, fourth quarter 2002, pages 49-53.)

Congestive heart failure (CHF) is not an inherent component of systolic or diastolic heart failure. Therefore, use code for systolic and/or diastolic heart failure, plus code for CHF when they are present. (See *Coding Clinic*, fourth quarter 2004, page 140.)

Hypertension/CHF

If a patient has CHF and hypertension, the physician must state the CHF is due to hypertension before it is coded to hypertensive heart disease with CHF (402.91). (See *Coding Clinic*, second quarter 1989, page 12.) This information was superseded as of 10/1/02 when two codes became necessary to code hypertensive heart disease with CHF (402.91, hypertensive heart disease with unspecified heart failure, and 428.0, congestive heart failure). If the heart failure is known to be systolic (428.20-428.23), diastolic (428.30-428.33) or combined systolic and diastolic (428.40-428.43) another code should be added. (See *Coding Clinic*, fourth quarter 2002, pages 49-53.)

CHF due to diastolic dysfunction due to hypertension is coded 402.91. If only a diagnosis of diastolic dysfunction is present, assign code 429.9. (See *Coding Clinic*, first quarter 1993, pages 19 and 20.) This information was superseded as of 10/1/02, when three codes became necessary to code CHF due to diastolic dysfunction due to hypertension (402.91, hypertensive heart disease, unspecified with heart failure; 428.30, diastolic heart failure, unspecified; and 428.0, congestive heart failure, unspecified). (See *Coding Clinic*, fourth quarter 2002, page 52.)

Hypertensive cardiomyopathy and CHF is coded 402.91, hypertensive heart disease, unspecified, with CHF, plus 425.8, cardiomyopathy in other diseases classified elsewhere. (See *Coding Clinic*, second quarter 1993, page 9.) As of 10/1/02, coding hypertensive cardiomyopathy and CHF requires three codes (402.91, hypertensive heart disease, unspecified with heart failure; 428.0, congestive heart failure, unspecified; and 425.8, cardiomyopathy in other diseases classified elsewhere). (See *Coding Clinic*, fourth quarter 2002, pages 50 and 51.)

Category 402, hypertensive heart disease, effective 10/1/02, had the narrative description changed from "with or without congestive heart failure" to "with or without heart failure." Therefore, an additional code is required to specify the type of heart failure (428.0, 428.20-428.23, 428.30-33, 428.40-428.42).

Infant (28 days old or less)/CHF

When the index does not provide a specific code for a perinatal condition, assign code 779.89, other specified conditions originating in the perinatal period, followed by the code from another chapter that specifies the condition. CHF in a 28 day old or less infant is coded 779.88 and 428.0, congestive heart failure, unspecified. (See the *Official Newborn (Perinatal) Guidelines for Coding And Reporting and Coding Clinic*, first quarter 2005, page 9.)

Nesiritide, injection of

Nesiritide is the generic name for recombinant human B-type natriuretic peptide. This drug represents a new class of agents. It is used for treating acutely decompensated CHF with dyspnea at rest or with minimal activity. Effective 10/1/02 a new code was created for injection of Nesiritide, code 00.13, injection or infusion of nesiritide. (See *Coding Clinic*, fourth quarter 2002, page 94.)

Pleural effusion/CHF

Pleural effusion is never the principal diagnosis when it is associated with CHF. When the pleural effusion is treated through more aggressive treatment of the underlying CHF, the pleural effusion should not be coded as an additional diagnosis. Pleural effusion can be coded as an additional diagnosis when special x-rays are required, diagnostic or therapeutic thoracentesis is performed, or chest tube drainage is done. (See *Coding Clinic*, third quarter 1991, pages 19 and 20.)

Respiratory failure/CHF

When a patient was admitted in respiratory failure due to/associated with CHF, the CHF was the principal diagnosis until discharges of 4/20/05 when the respiratory failure guidelines were revised.

A patient with congestive heart failure (CHF) is admitted to the hospital for acute respiratory failure. The principal diagnosis is the acute respiratory failure, coded 518.81, and the secondary diagnosis is CHF, coded 428.0. The principal diagnosis depends on the reason for admission. Query the physician if the documentation is unclear. (See *Coding Clinic*, first quarter 2005, page 5, and *Coding Clinic*, second quarter 1991, pages 3 and 4.)

Rheumatic heart disease/CHF

A diagnosis of heart failure in a patient with rheumatic heart disease is coded 398.81, rheumatic heart failure, unless the physician specifies a different cause. (See *Coding Clinic*, second quarter 2005, pages 14 and 15.)

Rheumatic mitral and aortic valve insufficiency/CHF

CHF present with rheumatic mitral and aortic valve insufficiency is coded 398.91, rheumatic heart failure (congestive) and 396.3, mitral valve insufficiency and aortic valve insufficiency. (See *Coding Clinic*, first quarter 1995, page 6.)

Secondary diagnosis of CHF

Prior to July 1, 2000, when a patient has a history of congestive heart failure (CHF) and is continued on medications for CHF during a hospitalization, CHF should be coded as a secondary diagnosis. (See *Coding Clinic*, third quarter 1991, page 18.) After July 1, 2000, treatment was no longer required before CHF is coded. CHF is a chronic condition that should be coded even in the absence of active intervention, because CHF, like COPD, would tend to always impact care and/or treatment. (See *Coding Clinic*, second quarter 2000, pages 20 and 21.)