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Medicare Advantage

Documentation and coding tips: Heart failure, coronary artery disease and angina

Heart failure coding

ICD-10-CM code	Description
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
I50.89	Other heart failure
I50.9	Heart failure, unspecified (congestive heart disease; congestive heart failure NOS [CHF]) If patient has fluid overload unrelated to CHF, can code separately (E87.70)

For category **I50** code first: Hypertensive heart disease with heart failure (**I11.0**), Hypertensive heart and chronic kidney disease (CKD) with heart failure and stage 1 through stage 4 CKD, or unspecified CKD (**I13.0**), Hypertensive heart and chronic kidney disease with heart failure and stage 5 chronic kidney disease or end stage renal disease (**I13.2**), Postprocedural heart failure (I97.13-) or Rheumatic heart failure (**I09.81**).

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 (such as diastolic dysfunction or ventricular hypertrophy)

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.

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–N18.9)	
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.[1]

ICD-10-CM code	Description
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris • Coronary artery disease (CAD) without angina
I25.11-	Atherosclerotic heart disease of native coronary artery with angina pectoris • Coronary artery disease (CAD) with angina • Add 6th character: (0) unstable angina pectoris, (1) documented spasm, (2) with refractory angina pectoris, (8) other forms of angina, (9) unspecified angina pectoris

Documentation and coding tips[2]

- **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 (secondhand, occupational, etc.)
- **Presence of hypertension**

Angina pectoris

ICD-10-CM code	Description
I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm • Prinzmetal angina • Variant angina
I20.2	Refractory angina pectoris
I20.8-	Other forms of angina pectoris • Angina equivalent – *Note: Use additional code(s) for symptoms associated with angina equivalent* • Add 5th character: (1) ● with coronary microvascular dsyfunction, (9) ● other forms (such as, angina equivalent, stable angina)
I20.9	Angina pectoris, unspecified • Angina NOS • Ischemic chest pain

Documentation and coding tips[2]

- **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 (secondhand, occupational, etc.)
- **Presence of hypertension**

Intensive behavioral therapy (IBT) for cardiovascular disease[3]

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 care 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]

All three of the following components are required for coverage:

- Encouraging aspirin use for the primary prevention of cardiovascular disease when the benefits outweigh the risks for men age 45-79 years and women 55-79 years
- Screening for high blood pressure in adults age 18 years and older
- Intensive behavioral counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advancing age and other known risk factors for cardiovascular and diet-related chronic disease

Documentation and coding examples

CAD with angina. Patient is 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 2024: "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 2024.

Codes marked with a ● directly after them represent new additions to the FY 2024 ICD-10-CM code classification.

The following references were used in the creation of this document at time of publication:

- Optum360. *ICD-10-CM: Professional for Physicians 2024*. Salt Lake City, UT: Optum360; 2023.
- Optum360. *2024 HCPCS Level II Professional*. Salt Lake City, UT: Optum360; 2023.

1. American Heart Association. Coronary Artery Disease - Coronary Heart Disease. Accessed November 21, 2023.
2. Centers for Medicare & Medicaid Services. ICD-10 Coding and Clinical Documentation Resources. Accessed November 21, 2023.
3. Centers for Medicare & Medicaid Services. Cardiovascular disease services. Medicare Learning Network. Revised March 2012. Accessed November 21, 2023.

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This tool 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 plan and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on March 31, 2023, the Centers for Medicare & Medicaid Services (CMS) announced that 2023 dates of service for the 2024 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. Announcement of Calendar Year (CY) 2024 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (cms.gov).

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