

## CLINICAL DOCUMENTATION: HF/PRE-HF

<b>THE DIAGNOSIS</b>	<b>Heart Failure and Pre-Heart Failure</b>
<b>COMMON CONDITIONS INCLUDED IN HCC GROUP 226</b>  <b>RAF Score = 0.360</b>	Heart failure, unspecified (Pre-HF) (V28) – I50.9 Left ventricular failure (V28) – I50.1 Chronic systolic (congestive) heart failure (V28) – I50.22 Chronic combined systolic (congestive) and diastolic (congestive) heart failure (V28) – I50.42 Chronic right heart failure (V28) – I50.812
<b>KEY CODING or DOCUMENTATION TIPS</b>	<p>There is a causal relationship between heart failure and hypertension. If your patient has heart failure and it is <u>NOT</u> linked to a declining cardiovascular status due to hypertension, then your note needs to explain that the two are not linked.</p> <p>Essential or benign hypertension (I10) is <u>NOT</u> the most appropriate diagnosis for a patient with heart failure, and the coder should update the diagnosis or query the provider.</p>
<b>MEAT the DOCUMENTATION</b>  <b>M= Monitor</b> <b>E = Evaluate</b> <b>A = Assess/Address</b> <b>T = Treat</b>	<p>Assessment and Plan example:  <b>Heart failure, unspecified (I50.9)</b>  <b>Hypertensive heart disease with heart failure (I11.0)</b>  Mr. X presents today for his wellness exam. He reports that he saw Dr. Cardio regarding his heart failure last month and no new medications were added. His blood pressure today was 142/84 and he denies any SOB or chest pain. He has 2+ pitting edema in bilat legs. Heart sounds good, no gallop or murmur. Reviewed his lab results taken last month after his cardiology appointment with him and answered all questions regarding his heart failure.</p> <p><b>M</b> – Signs and symptoms, such as chest pain, SOB, edema.  <b>E</b> – Test results or vital signs, such as BNP or renal panels.  <b>A</b> – Order tests or patient discussion, such echocardiogram.  <b>T</b> – Medications, therapy, or other modalities, Entresto or cardiac rehab.</p>
<b>IMPACT on QUALITY – HEDIS MEASURES</b>	<p>Heart failure diagnoses (I50.x) are considered advanced illness diagnoses. When added to a claim twice in the current or prior year meets the advanced illness criteria.</p> <p>Frailty or advanced illness, ESRD, and/or palliative care diagnosis codes may provide a denominator exclusion.</p> <p>CMS quality metrics regarding heart failure:</p> <ul style="list-style-type: none"> <li>• CMS 135 – HF: ACE or ARB or ARNI Therapy for LV systolic dysfunction</li> <li>• CMS 144 – HF: Beta-blocker therapy for LV systolic dysfunction</li> </ul>