

# Insider

Informative and educational coding information for providers

## FOCUS ON: CHRONIC CONDITIONS OF THE HEART



### Atrial Fibrillation

According to the American College of Cardiology, atrial fibrillation is the most common form of arrhythmia in clinical practice and accounts for 33% of hospital admissions for cardiac rhythm disturbances.<sup>1</sup>

Management of atrial fibrillation is focused on prevention of thromboembolism and rate control. Treatment methods available include warfarin therapy, pharmacological rate control, and catheter ablation.

The antiplatelet drug clopidogrel, plus aspirin, might be considered to reduce the risk of major vascular events, including stroke in patients who are poor candidates for the anticoagulant drug warfarin.<sup>2</sup>

### Congestive Heart Failure (CHF)

In the Medicare fee-for-service population, the prevalence of CHF is 16.8 %.<sup>3</sup>

### Management of patients who have or are at risk of heart failure

The 2005 ACC/AHA Guidelines for the Diagnosis and Management of Chronic Heart Failure in the Adult described four stages in the development of heart failure. The first 2 stages were developed in an attempt to help healthcare providers identify patients early who are at risk for developing HF and then treat their chronic conditions to therapeutic goals to prevent CHF.

- Stage A includes those with hypertension, atherosclerosis, diabetes, metabolic syndrome, and obesity.
- Stage B includes asymptomatic patients with structural heart disease such as left ventricular remodeling, valvular disease, or previous myocardial infarction.
- Stage C comprises the majority of patients with heart failure—those who have current or past symptoms of heart failure associated with underlying structural heart disease.
- Stage D patients have refractory heart failure and may be eligible for specialized, advanced treatments or end-of-life care, such as hospice.<sup>4</sup>

These codes are to be used for easy reference; however, the ICD-9-CM code book is the authoritative reference for correct coding guidelines. The information presented herein is for information purposes only. OptumInsight does not warrant or represent that the information contained herein is accurate or free from defects.

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### ALWAYS REMEMBER<sup>5</sup>...

- If the patient is being seen for another condition, and heart failure is noted in the medical record and the patient is still under treatment, the heart failure should be coded as a secondary condition.
- If fluid overload is identified in conjunction with congestive heart failure, it is not coded separately because it is a component of the congestive heart failure

### DOCUMENTATION AND CODING TIPS<sup>6</sup>

#### Atrial Fibrillation

- It is appropriate to assign a code for atrial fibrillation even though a patient isn't experiencing atrial fibrillation at the time of an encounter
  - When the provider has documented the condition in the medical record and indicates the patient requires ongoing medication (e.g. atrial fibrillation stable on Coumadin) for control of this condition, **427.31** Atrial fibrillation can be coded.
- Assign **V58.61** Long-term (current) use of anticoagulants, as a secondary diagnosis if the patient is maintained on Coumadin

#### Heart Failure<sup>7</sup>

- Two categories of heart failure are: systolic and diastolic
  - Systolic heart failure (**428.2x**) occurs when the ability of the heart to contract decreases
  - Diastolic heart failure (**428.3x**) occurs when the heart has a problem relaxing between contractions to allow enough blood to enter the ventricles
  - A fifth digit of 1, 2 or 3 is needed to indicate whether the heart failure is acute, chronic or acute on chronic, respectively
- Congestive heart failure is not an inherent component of systolic or diastolic heart failure and should be coded separately when documented
- If the documentation indicates the patient has CHF, review the record to clarify any cause and effect relationship (e.g. hypertensive heart failure or hypertensive heart failure and renal disease); assign category 402 (hypertensive heart disease) or 404 (hypertensive heart and chronic kidney disease) in addition to the appropriate codes for HF (**428.0-428.43**) and CKD (**585.x**) if known
- Diastolic or systolic dysfunction without mention of heart failure codes to 429.9, Heart disease, unspecified

1 ACC/AHA/ESC "2006 Guidelines for the Management of Patients with Atrial Fibrillation." American College of Cardiology. <[www.acc.org](http://www.acc.org)>.  
2 J Am Coll Cardiol, 2011; 57:223-242, doi:10.1016/j.jacc.2010.10.001 (Published online 20 December 2010).

3 CMS Chronic Condition Data Warehouse (<http://ccwdata.org/index.php>) Table B.2 Medicare Beneficiary Prevalence for Chronic Conditions for 2000-2008.

4 Jessup M, Abraham WT, Casey DE, et al. 2009 focused update: ACCF/AHA Guidelines for the Diagnosis and Management of Heart Failure in Adults: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines: developed in collaboration with the International Society for Heart and Lung Transplantation. Circulation. 2009;119(14):1981.

5 2012 Coders' Desk Reference, OptumInsight p 416

6 AHA Coding Clinic, 3Q, 1995

7 Brown, F, 2012 ICD-9-CM Coding with Answers, Chicago, IL AHA Press p 339