

Documentation & Coding Reference Guide: **Heart Failure (HF)**

This is a quick reference guide to assist with accurate, complete documentation and coding that reflects the true nature of a patient's current health status at the highest level of specificity. Per the *ICD-10-CM Official Guidelines for Coding and Reporting*, "The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation, accurate coding cannot be achieved."

Documentation and Coding Tips

1. **Always code to the highest known specificity** (avoid I50.9 when documentation supports a more specific option).
 - a. Document the **type**: systolic (HFrEF), diastolic (HFpEF), or combined systolic/diastolic.
 - b. Document the **acuity/status**: acute (decompensated), chronic (compensated), or acute on chronic.
 - c. Document **laterality/ventricle involvement** when applicable (e.g., right HF, biventricular HF).
 - d. If **end-stage HF** is documented, also document the underlying HF type when known.
2. **Link related findings to HF when clinically appropriate**
 - a. Terms such as "systolic dysfunction," "diastolic dysfunction," or "cardiomyopathy" require provider **linkage** to HF to support an I50.- code.
 - b. Include what you are doing for HF (monitoring/evaluation/assessment/treatment plan).
3. **Clarify causation/etiology when documented**
 - a. Examples: hypertensive, ischemic, rheumatic, alcohol-related, valvular, etc. (code additional conditions when documented).
4. **NYHA vs "stage" (avoid mixed terminology)**
 - a. **NYHA Functional Class I-IV** describes symptom limitations with activity.
 - b. **AHA/ACC Stage A-D** describes disease progression (Stage D is often referenced with end-stage/refractory HF).
5. **History-only documentation**
 - a. If documentation reflects **history of HF only** (resolved/not current/not being treated), do not code I50.- for an active condition.

Common codes

Use the most specific heart failure code supported by documentation (type + acuity/status). Use related/combination codes (e.g., hypertensive heart disease/CKD) when supported and follow "use additional code/code also" instructions.

Heart failure (I50.-): choose highest specificity

Family	Select the most specific code (examples)
I50.2x	Systolic (HFrEF) : I50.21 acute; I50.22 chronic; I50.23 acute on chronic
I50.3x	Diastolic (HFpEF) : I50.31 acute; I50.32 chronic; I50.33 acute on chronic
I50.4x	Combined systolic/diastolic : I50.41 acute; I50.42 chronic; I50.43 acute on chronic
Other I50.-	Right HF (I50.81x), biventricular HF (I50.82), high output HF (I50.83), end stage HF (I50.84), other HF (I50.89), and HF unspecified (I50.9).

Related conditions & combination coding (code when documented and follow instructional notes)

ICD-10	Description	Additional notes / instructional guidance
I50.1	Left ventricular failure, unspecified	Use when documented as LV failure and no further specificity is provided.
I50.2x	Systolic (congestive) heart failure	HFrEF. Choose acuity/status when documented (I50.21/I50.22/I50.23). Code also end-stage HF (I50.84) if documented.
I50.3x	Diastolic (congestive) heart failure	HFpEF. Choose acuity/status when documented (I50.31/I50.32/I50.33). Code also end-stage HF (I50.84) if documented.
I50.4x	Combined systolic and diastolic heart failure	Choose acuity/status when documented (I50.41/I50.42/I50.43). Code also end-stage HF (I50.84) if documented.
I50.81x	Right heart failure	Right ventricular failure. Choose acuity/status when documented.
I50.82	Biventricular heart failure	If the type of left HF is known, also code the specific systolic/diastolic/combined HF (I50.2x–I50.4x) per documentation.
I50.83	High output heart failure	Occurs when blood flow demand exceeds cardiac capacity; code when documented as HF.
I50.84	End stage heart failure	Often referenced clinically as AHA/ACC Stage D. Also code the specific HF type (I50.2x–I50.4x) when known.
I50.89	Other heart failure	Use when another specific I50.- code is not available and documentation supports “other” HF.
I50.9	Heart failure, unspecified	Use only when documentation does not specify type/acuity.
I11.0	Hypertensive heart disease with heart failure	Use when provider documents hypertensive heart disease with HF. Add I50.- to identify the type of HF, if applicable per instructional notes.
I13.0	Hypertensive heart and CKD with HF (CKD 1–4 or unspecified)	Use additional code for CKD stage (N18.1–N18.4, N18.9) AND use additional code for type of HF (I50.-).

Documentation & Coding Reference Guide: **Heart Failure (HF)**

I13.2	Hypertensive heart and CKD with HF (CKD 5 or ESRD)	Use additional code for CKD stage (N18.5 or N18.6) AND use additional code for type of HF (I50.-).
I42.0	Dilated cardiomyopathy	Related condition that may contribute to HF. Code separately when documented; HF requires provider documentation/linkage to HF when applicable.
I27.0	Primary pulmonary hypertension	Related condition; code when documented.
I27.20	Pulmonary hypertension, unspecified	Code also associated underlying conditions when documented.
I27.29	Other secondary pulmonary hypertension	Code also associated underlying conditions when documented.
I27.81	Cor pulmonale (chronic)	Code also right HF (I50.81x) when documented.

Audit-safe documentation

Ensure CHF/HF is clearly documented as current/active when coded; include type (HFrEF/HFpEF/combined), acuity (acute/chronic/acute on chronic), and linkage to related findings (e.g., systolic/diastolic dysfunction) when clinically appropriate; and document the monitoring/evaluation/assessment/treatment plan.

References

- [Optum EncoderPro.com for Payers](#)
- [FY 2026 ICD-10-CM Official Guidelines for Coding and Reporting \(PDF\)](#)
- ICD-10-CM Official Guidelines for Coding and Reporting, FY 2026, Section I.A.8 (Acute and Chronic Conditions). CMS.
- ICD-10-CM Official Guidelines for Coding and Reporting, FY 2026, Section I.A.13 (Laterality). CMS.
- ICD-10-CM Official Guidelines for Coding and Reporting, FY 2026, Section I.A.9 (Combination Code). CMS.
- ICD-10-CM Official Guidelines for Coding and Reporting, FY 2026, Section I.C.9.a.1 (Hypertension with Heart Disease). CMS.
- ICD-10-CM Official Guidelines for Coding and Reporting, FY 2026, Section I.C.9.a.3 (Hypertensive Heart and Chronic Kidney Disease). CMS.

For questions, please email the Blue Cross and Blue Shield of North Carolina Provider Engagement Risk Team at BCBSNCRiskAdj@bcbsnc.com.