



## Documentation and Coding Tips: Heart failure and CAD

Cardiovascular diseases (CVD) are the leading causes of morbidity and mortality in the United States. Vascular disease is the major contributor to cardiovascular morbid events. To ensure proper documentation and coding for the conditions below, please note the following:

### Heart failure<sup>3,5</sup>

When documenting heart failure, specify:

- **Underlying cause:** "Chronic diastolic failure due to hypertension," "heart failure due to hypertension with chronic kidney disease," "hypertension with chronic diastolic heart failure," coronary artery disease (CAD), diabetes, cardiomyopathy, endocarditis, heart valve disorders, cardiac arrhythmias, congenital defects, thyroid disorders, alcohol and illicit drug use, HIV, AIDS, chemotherapy
- **Comorbidities:** For example: renal insufficiency, diabetes, atrial fibrillation, chronic obstructive pulmonary disease, sleeping disorders, anemia, iron deficiency, etc.
- **Circumstance:** Postprocedural
- **Specific type(s), if known:** "Left ventricular failure," "systolic heart failure," "diastolic heart failure," "combined systolic and diastolic heart failure," "rheumatic heart failure," "right heart failure," "biventricular heart failure," "high output heart failure," "end stage heart failure," or "other heart failure."
- **Severity:** Acute, chronic, acute-on-chronic, cardiac arrest

If a provider documents, "congestive heart failure," it will be coded to heart failure, unspecified.

### Arteriosclerosis (coronary artery disease [CAD] and peripheral arterial disease [PAD])

When documenting arteriosclerotic disease, specify:

- **Comorbidities:** Diabetes, alcoholism, dyslipidemia, hypertension, obesity, severe stress, etc.
- **Site (vessel):** Aorta, cerebral, carotid, coronary, extremities, mesenteric, pulmonary, renal, vertebral, etc.
- **Laterality:** Right, left, bilateral
- **Severity:**  
CAD: With or without angina  
ASPVD: Manifestations (intermittent claudication, rest pain, ulceration, gangrene); if ulceration, document the type, laterality, site and depth
- **Tobacco use/Exposure:** Any related tobacco use, abuse, dependence, past history, or exposure (second hand, occupational, etc.)

### CAD<sup>5</sup>

When documenting atherosclerotic heart disease with angina pectoris, include the following:

- **Cause:** Assumed to be atherosclerosis; document if there is another cause
- **Stability:** "Stable angina pectoris," "unstable angina pectoris"; if "angina equivalent," document the associated symptoms
- **Vessel:** Note which artery (if known) is involved and whether the artery is native or autologous (for example, mammary, radial, etc.), chronic total occlusion of coronary artery
- **Graft involvement:** If appropriate, whether a bypass graft was involved in the angina pectoris diagnosis; also note the original location of the graft and whether it is autologous or biologic
- **Tobacco use/Exposure:** Any related tobacco use, abuse, dependence, past history, or exposure (second hand, occupational, etc.)