oscar

CLINICAL DOCUMENTATION

AHA CODING CLINIC CORNER

Third Quarter 2021, pg 8
Third Quarter 2012, pg 10
Fourth Quarter 2011, pg 109

Cardiomyopathy

Cardiomyopathy is a disease of the heart muscle that can weaken the heart and make it harder to pump blood, potentially leading to heart failure, irregular heartbeats, and other serious conditions. It is distinct from structural cardiac disorders such as CAD, valvular disorders or congenital heart disorders. There are three main types of cardiomyopathy: dilated, hypertrophic, and restrictive

ICD-10 CODES

I42.0 Dilated cardiomyopathy
Congestive cardiomyopathy
I42.1 Obstructive hypertrophic cardiomyopathy
Hypertrophic subaortic stenosis (idiopathic)
I42.2 Other hypertrophic cardiomyopathy
Nonobstructive hypertrophic cardiomyopathy
I42.3 Endomyocardial (eosinophilic) disease
Endomyocardial (tropical) fibrosis
Loffler's endocarditis
I42.4 Endocardial fibroelastosis
Congenital cardiomyopathy
Elastomyofibrosis
I42.5 Other restrictive cardiomyopathy
Constrictive cardiomyopathy NOS
I42.6 Alcoholic cardiomyopathy
[Code also presence of alcoholism (F10.-)]
I42.7 Cardiomyopathy due to drug and external agent
[Code first poisoning due to drug or toxin, if applicable]
I42.8 Other cardiomyopathies
I42.9 Cardiomyopathy, unspecified

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support cardiomyopathy.

Diagnosis: Cardiomyopathy

Evidence: LVEF 40%, decreasing EF, evidence of dilation on imaging

Evaluation: Dilated cardiomyopathy

Plan: Referral to cardiology to discuss possible implanted defibrillator given decreasing EF

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:

Cardiomyopathy Diagnosis
- Cardiomyopathy Type
- Cause if known

Status:

Active (no curative history)
- Cardiomyopathy

Historical (resolved)
- Cardiomyopathy

Plan:
- Cardiomyopathy
  - Pharmacologic
  - Control of cause
  - Referrals
  - Lifestyle changes
  - Symptom management

BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate the type of cardiomyopathy, the specific cause, and use verbiage to solidify the relationship between the two.
- When documenting cardiomyopathy and its etiology, be sure to document **all compounding confirmed factors** to get a complete picture of the patients' health status.
- DSP should be applied for all diseases **as well as** for the resulting cardiomyopathy. Status should be apparent by using descriptive words to clarify the presence and severity of the illnesses. (Chronic, acute, symptomatic, mild, severe, newly identified, resolved, uncontrolled, etc.)
- Documentation should **always include DEEP elements** to show clinical evidence of cardiomyopathy as well as any contributing conditions. Incorporate tests, imaging, signs and symptoms of each disease and document any and all associated treatments with each corresponding final diagnosis.
- If a cardiomyopathy was resolved it is **important** to document this as a personal history as it may impact future care. The underlying cause of cardiomyopathy may still be reported as active as long as it is still present.
- **Avoid** documenting active cardiomyopathy as a "history of" as this suggests a resolved status and causes conflict within the documentation.
- Confirmation should be found within the documentation representing the **cause and effect** relationship between any condition that attributed to the presence of cardiomyopathy.

For more resources go to:

HIOSCAR.COM/PROVIDERS/RESOURCES