![ADOBE CARE & WELLNESS]

Physician Engagement EDUCATION

In this Issue

HEART FAILURE

- **Clinical Indicators**
- **Treatment Options**
- **Diagnostics**
- **Documentation Tips**

HEART FAILURE

The prevalence of heart failure is on the rise as the population ages. The lifetime risk of developing heart failure is 20% in adults 40 years and older, and it is associated with a significant increase in morbidity and mortality. If not managed properly, heart failure can lead to recurrent hospitalizations, which puts an increased burden on the patient, their families and caretakers, and results in an over-all decreased quality of life

CLINICAL INDICATORS

1. *Edema/swelling of feet, ankles or abdomen*
2. *Increased heart rate or palpitations*
3. *.Indigestion, nausea or vomiting*
4. *Shortness of breath*
5. *Cough or wheezing*
6. *Decreased urine*
7. *Loss of appetite*
8. *Weight gain*
9. *Confusion*
10. *Fatigue*

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TREATMENT OPTIONS

1. Lasix
2. Beta blockers
3. Ace inhibitors
4. Calcium blockers

DIAGNOSTICS:

1. Cardiac catheterization
2. Nuclear heart scans
3. Cardiac stress test
4. CT or MRI scans
5. Echocardiogram

DOCUMENTATION TIPS

When treating heart failure, it is best practice to document to the highest level of specificity to support the current status of the disease process. This will also allow coders to capture a more specific code when reporting heart failure.

For "gold standard" documentation, consider the below details in your documentation:

1. Compensated, decompensated, exacerbation
2. Diastolic, systolic, combined diastolic and systolic
3. Acute, chronic, acute on chronic

ADDITIONAL TIPS:

1. *Heart failure is a progressive disease, avoid documenting and reporting as historical e.g., history of heart failure.*
2. *Be very specific in your documentation, avoid documenting confirmed heart failure as diastolic "dysfunction" or heart "dysfunction". Coders are not able to code heart failure when documented as dysfunction without mention of failure.*

REFERENCES:
HTTPS://WWW.HEART.ORG/EN/HEALTH-TOPICS/HEART-FAILURE/HEART-FAILURE-TOOLS-RESOURCES/HEART-FAILURE-GUIDELINESTOOLKIT HTTPS://PUBMED.NCBI.NLM.NIH.GOV/34447992/
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