Cardiomyopathy

Clinical overview

Definition

Cardiomyopathy[1] is a disease of the heart muscle that makes it harder for the heart to pump blood to the rest of the body.

Common types include:

- **Secondary cardiomyopathy**[2] describes conditions in which cardiac involvement occurs as part of a systemic condition (including endocrine, infectious, toxic, autoimmune, nutritional and neuromuscular disorders).
- **Ischemic cardiomyopathy**[3] is caused by coronary artery disease and heart attacks, which result in lack of blood flow to the heart muscle, thereby causing damage to the heart muscle.
- **Nonischemic cardiomyopathy**[4] is a type of cardiomyopathy not related to coronary artery disease or poor coronary artery blood flow. There are three main types of nonischemic cardiomyopathy:
  - **Dilated cardiomyopathy (also known as congestive cardiomyopathy)**[5] – This is the most common type of cardiomyopathy. The cavity of the heart is enlarged and stretched, compromising the heart's ability to pump normally and relax appropriately.
  - **Hypertrophic cardiomyopathy**[5] – This type occurs when the muscle of the left ventricle thickens. This can block blood flow to the rest of the body. Hypertrophic cardiomyopathy can affect the heart's mitral valve, causing blood to leak backward through the valve.
  - **Restrictive cardiomyopathy**[5] – The heart muscle in people with restrictive cardiomyopathy becomes stiff and not able to fill with blood properly.

Some cardiomyopathies can be reversible. For example:

- Alcoholic cardiomyopathy sometimes can be reversed with complete cessation of alcohol intake.[6]
- Takotsubo cardiomyopathy is a reversible, stress-induced cardiomyopathy.[7]

Often, the cause of cardiomyopathy isn't known. But some people get it due to another condition. This is known as acquired cardiomyopathy. Other people are born with cardiomyopathy because of a gene passed on from a parent. This is called inherited cardiomyopathy.

Causes[8]

- Cardiac conditions (long-term hypertension, cardiac damage post myocardial infarction (MI), cardiac valve issue, long-term rapid heart rate)
- Other medical conditions (metabolic disorders, viral infections)
- Exposure to toxins (long-term alcohol or drug use, some chemotherapy agents)

Signs and symptoms[9]

There may be no signs or symptoms in the early stages of the disease. But as the condition advances, signs and symptoms usually appear and may include:

- Chest pain or shortness of breath, especially with physical exertion
- Swelling of lower extremities, abdomen and neck veins
- Fatigue, dizziness or fainting
- Irregular heartbeats

Complications[8]

- Heart failure
- Cardiac arrest and sudden death
- Heart valve problems with associated murmurs
- Blood clots

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Diagnostic tools[9]
- Medical history and physical exam
- Blood tests
- Chest X-ray
- Electrocardiogram (ECG or EKG), echocardiogram, cardiac MRI, cardiac stress testing
- Cardiac catheterization and heart biopsy

Treatment[9]
- Lifestyle changes (e.g., healthy diet, physical activity, smoking cessation)
- Medications linked to the diagnosis
- Procedures:
    - Nonsurgical: In alcohol septal ablation, ethanol (a type of alcohol) is injected through a tube into the small artery that supplies blood to the area of heart muscle thickened by hypertrophic cardiomyopathy. The alcohol causes these cells to die. The thickened tissue shrinks to a more normal size.
    - Surgical: e.g., pacemaker, cardioverter defibrillator, left ventricular assist device (LVAD) or heart transplant

Best documentation practices for healthcare providers

Subjective[12]
- The history of present illness (HPI) sets the background for the patient's presenting problem, from when first diagnosed until this encounter.
- This may include review of systems (ROS); Past, Family, and/or Social History (PFSH); Active Problems List.
- Document current patient complaints or symptoms related to cardiomyopathy.

Objective[12]
Document any objective data, including associated physical exam findings (such as edema/swelling of the lower extremities, abdomen or neck veins) and related diagnostic testing results.

Assessment
- The term "cardiomyopathy" is broad and nonspecific. It is important to describe the particular type of cardiomyopathy to the highest level of specificity.
- Document the current status of cardiomyopathy (stable, improved, worsening, etc.).
- Clearly link secondary cardiomyopathy to the underlying causative condition by using terms such as "due to," "secondary to," "associated with," "related to," etc.

Plan
- Document a clear and concise treatment plan.
- Clearly link the cardiomyopathy diagnosis to any medications being used to treat the condition.
- Document referrals to specialists or other providers.
- Include the date of the patient's next appointment.

Coding tips

Coding cardiomyopathy
- A fourth character is required to specify the type of cardiomyopathy.
- Code I42.9 should be assigned only when no information in the medical record identifies the type of cardiomyopathy.

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- Hypertensive cardiomyopathy classifies to category I11, Hypertensive heart disease, with an additional code of I43, Cardiomyopathy in diseases classified elsewhere.[10]
- Watch for modifying descriptors that affect code assignment (secondary, alcoholic, nutritional, metabolic or cardiomyopathy due to other diseases).
- Some secondary cardiomyopathies are coded with a single combination code, while other secondary cardiomyopathies require the use of two codes.
- Takotsubo cardiomyopathy is a reversible form of cardiomyopathy that classifies to code I51.81, Takotsubo syndrome. This code includes the following conditions:[11]
  - Reversible left ventricular dysfunction following sudden emotional stress
  - Stress-induced cardiomyopathy
  - Takotsubo cardiomyopathy
  - Transient left ventricular apical ballooning syndrome

Additional reminder

- Use caution when coding cardiomyopathy from abbreviations (CM, HCM, HOCM, etc.). A code should not be assigned unless the meaning of the abbreviation is clear based on review of the entire medical record.

Coding examples

Example 1	
Medical record documentation	84-year-old male presents with history of congestive cardiomyopathy. His echocardiogram revealed ejection fraction of 45-50%. No chest discomfort or sob. Impression: **Congestive cardiomyopathy** Plan: I will continue his current medications. Follow-up on a yearly basis
ICD-10-CM codes	• **I42.Ø** Dilated cardiomyopathy
Rationale	Dilated cardiomyopathy includes congestive cardiomyopathy[9]

Example 2	
Medical record documentation	77-year-old woman with history of diabetes and ischemic cardiomyopathy. Diabetes is stable and controlled. A1c is 5.3. Ischemic cardiomyopathy stable per cardiologist. Will continue current medication regimen. Assessment/Plan - **Cardiomyopathy, ischemic** **Type II DM**, continue current medication as prescribed
ICD-10-CM codes	• **I25.5** Ischemic cardiomyopathy • **E11.9** Type 2 diabetes mellitus without complications
Rationale	The term "ischemic cardiomyopathy" is sometimes used to refer to a condition in which ischemic heart disease causes diffuse fibrosis or multiple infarctions, leading to heart failure with left ventricular dilation. This is not a true cardiomyopathy. When no further clarification is available, this condition is coded to I25.5, Ischemic cardiomyopathy.[10]

Example 3	
Assessment	Mr. Davis is here for his AWV. HPI: Patient remains sober and has an appointment with his cardiologist next week. Impression and Plan: **Alcoholism in remission** with **alcoholic cardiomyopathy**. Patient instructed to continue abstaining from alcohol and will continue current medications.
ICD-10-CM codes	• **F1Ø.21** Alcohol dependence, in remission • **I42.6** Alcoholic cardiomyopathy
Rationale	Per the instructional notes in ICD-10-CM, code also presence of alcoholism (**F1Ø.-**)[11]

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