

Cardiomyopathy is the 3rd leading cause of heart failure and the most frequent cause of heart transplantation. The American Heart Association (AHA) defines cardiomyopathy as “a heterogeneous group of diseases of the myocardium associated with mechanical and/or electrical dysfunction.”

The AHA defines two major classifications of cardiomyopathies:

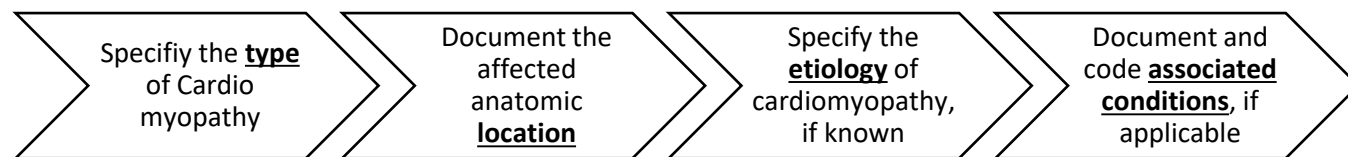
• **Primary: localized to the myocardium**

- Hypertrophic cardiomyopathy (HCM)
- Dilated cardiomyopathy
- Restrictive Cardiomyopathy
- Arrhythmogenic right ventricular dysplasia
- Stress (“takotsubo”) Cardiomyopathy

• **Secondary: systemic conditions that may impact the myocardium**

- Autoimmune
- Endocrine
- Infectious
- Infiltrative disorders
- Neuromuscular and storage disorders
- Nutritional Deficiencies
- Toxin exposure

Best Documentation Practices:



1. Specify the type of cardiomyopathy (e.g., dilated, hypertrophic, restrictive) and choose the appropriate ICD-10-CM code. Some commonly used cardiomyopathy codes are listed below:

ICD-10-CM Code	Descriptor
I42.0	Dilated cardiomyopathy (Congestive cardiomyopathy)
I42.1	Obstructive hypertrophic cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I51.81	Takotsubo syndrome (stress-induced cardiomyopathy)
I42.9	Cardiomyopathy, unspecified

Please refer to the ICD-10-CM coding manual for an all-inclusive list of codes

2. Document the specific affected anatomic location (e.g., *endocarditis*, *right ventricle*, *left ventricular wall*) and include relevant echocardiographic findings.
3. If known, specify the etiology of cardiomyopathy. Remember to use appropriate linking language to clearly illustrate the causal relationship between cardiomyopathy and the underlying disease process, when applicable.
Example: “restrictive cardiomyopathy due to amyloidosis.”
4. Document any associated conditions, if applicable. For example, cardiomyopathy may coexist with CAD and/or heart failure. These should be documented and coded in addition to cardiomyopathy when present.

For questions or more information, please contact:

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