



American Academy
of Value Based Care

Cardiomyopathy

Quick Reference Guide

2026

AAVBC Cardiomyopathy Quick Reference Guide

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1. CLINICAL SNAPSHOT

Definition: Cardiomyopathy is a general medical term for diseases of the heart muscle. The word literally translates to "heart muscle disease" (cardio = heart, myo = muscle, pathy = disease). In this condition, the heart muscle becomes enlarged, thickened, or rigid. As the disease progresses, the heart weakens and becomes less able to pump blood throughout the body, which can lead to heart failure, irregular heartbeats (arrhythmias), and valve problems.¹

ICD-10 Codes:²

Code Range	Category	Common Examples
I42.0 – I42.2	Structural	Dilated (I42.0), Hypertrophic (I42.1, I42.2)
I42.3 – I42.5	Tissue-Based	Endomyocardial (I42.3), Restrictive (I42.5)
I42.6 – I42.7	External Causes	Alcoholic (I42.6), Drug-induced (I42.7)
I42.9	Unspecified	Used when the specific type is unknown (Note: Does not map to an HCC)
I43	Secondary	Resulting from other diseases (metabolic/infectious)
I25.5	Ischemic	Specifically caused by heart attacks or coronary artery disease

HCC/RAF V28:

Codes within the I42.- range for cardiomyopathy, including dilated (I42.0), hypertrophic (I42.1, I42.2), and restrictive (I42.4, I42.5) types, map to **HCC 227 with a RAF of 0.189**. This mapping also includes specific causes such as alcoholic cardiomyopathy (I42.6), endocardial fibroelastosis (I42.3), and other specified cardiomyopathies (I42.8). Unspecified cardiomyopathy (I42.9) does not map to an HCC.

Prevalence: Dilated Cardiomyopathy (DCM) is the most common form of the disease and a leading reason for heart transplants. It is estimated that between 0.6 million and 1.3 million Americans are living with DCM. Hypertrophic Cardiomyopathy (HCM) is the most commonly inherited heart disease, affecting approximately 1 in 500 adults (0.2%). Restrictive Cardiomyopathy is the rarest form of the disease in the U.S, accounting for less than 5% of all cardiomyopathy cases.^{3,4}

Annual Cost Estimates (Per Member Per Year)^{5,6}

Patient Status	Estimated Annual Cost	Primary Drivers
Symptomatic (Chronic Management)	\$24,000 – \$33,000	Specialist visits, Guideline-Directed Medical Therapy (GDMT), and monitoring
Symptomatic (with Hospitalization)	\$35,000 – \$60,000+	Emergency department visits and inpatient stays (avg. \$15K–\$21K per admission)

Patient Status	Estimated Annual Cost	Primary Drivers
Asymptomatic/ Subclinical	\$3,600 – \$5,000	Routine imaging (Echos/MRIs) and preventive medication
Advanced Stage (HF Stage D)	\$100,000+	Mechanical assist devices (LVADs) or transplant evaluation

Abbreviations: Echo, Echocardiogram; GDMT, Guideline-Directed Medical Therapy; HF, Heart Failure; LVAD, Left Ventricular Assist Device; MRI, Magnetic Resonance Imaging

2. RECOGNITION & DIAGNOSIS

Medicare Screening/Diagnostic Workup^{7,8}

Medicare coverage for a cardiomyopathy workup follows a "medical necessity" model rather than a broad screening model. While Medicare covers a Cardiovascular Screening (blood tests for lipids) every five years for all members, a diagnostic workup for cardiomyopathy is only covered under Part B when a patient exhibits symptoms or has a high-risk profile.

1. Medicare Diagnostic Coverage (Part B)

For 2026, the diagnostic pathway is covered at 80% of the Medicare-approved amount after you meet your Part B deductible. Key tests include:

- **Echocardiogram (TTE):** The gold standard for initial diagnosis. Medicare covers this when symptoms like chest pain, shortness of breath, or edema are present
- **Cardiac MRI (cMRI):** Covered to distinguish between types of cardiomyopathy (e.g., finding the "late gadolinium enhancement" seen in Hypertrophic Cardiomyopathy)
- **Right Heart Catheterization:** Covered specifically when the physician suspects cardiomyopathy or myocarditis and needs to measure internal heart pressures to guide treatment
- **Heart Failure Management:** If the workup confirms heart failure, Medicare covers the Ambulatory Specialty Model (ASM) — a mandatory five-year program launched in selected areas in 2026 to improve the management of chronic heart failure

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