HYPERTENSION

Physician Documentation

Hypertension (HTN) is a major risk factor for myocardial infarction, vascular disease, chronic kidney disease (CKD), and stroke. Blood pressure (BP) and efficacy of pharmacologic therapy should be assessed and documented at every patient encounter.

Documentation Tips

- **High BP may be incidental;** HTN is a chronic condition. Document hypertension when it exists to avoid ambiguity.
- **An isolated instance of elevated BP** should be documented and reported with code R03.0, *Elevated blood-pressure reading, without diagnosis of hypertension*. Also report code R03.0 for borderline HTN and "white coat disease."
- **A patient on medication for HTN who has normal BP readings** still has HTN, not "history of" HTN. Ensure the diagnosis is captured by noting it in documentation. Coders cannot abstract diagnoses from past medical history (PMH) notes.
- **ICD-10-CM guidelines state that a causal relationship can be assumed** for HTN when it occurs with heart failure, cardiomyopathy, or CKD. Be sure to document when these conditions coexist and are **not** related to HTN.

Hypertensive Crisis

A hypertensive crisis occurs when BP rises fast enough and high enough that it has the potential to damage organs. The American Heart Association defines **hypertensive urgency** as a systolic BP exceeding 180, or diastolic exceeding 110, without progressive organ dysfunction. **Hypertensive emergency** occurs when levels exceed 180 systolic or 120 diastolic, with impending or progressive organ damage. **Hypertensive crisis** is reported when neither urgency nor emergency is specified.

Accelerated, malignant, and uncontrolled are not terms associated with hypertensive crisis in ICD-10-CM. Rather, they are associated with code I10, *Essential (primary) hypertension.*

Also document any consequences of the uncontrolled BP.

I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I16.9	Hypertensive crisis, unspecified

- **Coders cannot abstract diagnoses from numbers.** Documentation must support the diagnosis coded. A BP reading of 180/110 cannot be coded at all. Coders can only abstract the physician's diagnoses.
- **If a patient has secondary HTN,** identify the source (eg, renovascular, other renal, or endocrine), and link the specific underlying condition to the HTN in documentation.
- **Specify a pregnant patient with HTN** as experiencing a pre-existing, gestational, pre-eclampsic, or eclampsic HTN.
- **Document the smoking status of a patient with HTN** as current smoker, history of tobacco dependence, tobacco use, or exposure to environmental tobacco smoke.
- **When a patient has HTN,** identify the etiology (eg, drug-induced [also document medication], idiopathic, orthostatic, or other cause).

HYPERTENSION

Coder Abstraction

Hypertension (HTN) is always going to affect the health of the patient and should be reported as often as documented and addressed. HTN occurring with chronic kidney disease (CKD) or congestive heart failure (CHF) requires a HTN code other than I10.

Coding Tips

- **For hypertensive cerebrovascular disease,** report a code from categories I60-I69 and the appropriate HTN code.
- **Report two codes, at a minimum, for hypertensive crisis.** Report the crisis and the underlying hypertension.

ICD-10-CM Guideline Section I(C.9.a)

The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement, as the two conditions are linked by the term "with" in the Alphabetic Index. These conditions should be coded as related even in the absence of physician documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated.

For hypertension and conditions not specifically linked by relational terms, such as "with," "associated with," or "due to" in the classification, physician documentation must link the conditions in order to be coded as related.

The causal link is established for HTN for these conditions/codes:

I50.1	Left ventricular HF	**I50.814**	Right HF due to left HF
I50.20	Systolic HF, NOS	**I50.83**	High output heart failure
I50.21	Acute systolic HF	**I50.84**	End stage heart failure
I50.22	Chronic systolic HF	**I50.89**	Other heart failure
I50.23	Acute on chronic systolic HF	**I50.9**	Congestive heart failure NOS
I50.30	Diastolic HF, NOS	**I51.4**	Myocarditis, unspecified
I50.31	Acute diastolic HF	**I51.5**	Myocardial degeneration
I50.32	Chronic diastolic HF	**I51.7**	Cardiomegaly
I50.33	Acute on chronic diastolic HF	**I51.81**	Takotsubo syndrome
I50.40	Combined (diastolic/systolic) HF, NOS	**I51.89**	Other ill-defined heart disease
I50.41	Combined (diastolic/systolic) HF, acute	**I51.9**	Heart disease, unspecified
I50.42	Combined (diastolic/systolic) HF, chronic	**N18.1**	CKD, stage 1
I50.43	Combined (diastolic/systolic) HF, acute on chronic	**N18.2**	CKD, stage 2 (mild)
I50.810	Right heart failure NOS	**N18.3**	CKD, stage 3 (moderate)
I50.811	Acute right heart failure	**N18.4**	CKD, stage 4 (severe)
I50.812	Chronic right heart failure	**N18.5**	CKD, stage 5
I50.813	Acute on chronic right heart failure	**N18.6**	End stage renal disease

Note: Do not link the CKD or heart disease to the HTN, if the physician documents another cause for the CKD or heart disease.