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Medicare Advantage

Documentation and coding tips: Hypertension

The ICD-10-CM 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 provider 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" or "due to" in the classification, provider documentation must link the conditions in order to code them as related.

When documenting hypertension, specify (if applicable):

- **Type:** Essential hypertension, hypertension secondary to renal artery stenosis, renovascular hypertension, drug resistant, accelerated, etc.
- **Systemic involvement:** Hypertension with diastolic dysfunction, hypertension with heart failure and state the type and severity of heart failure (systolic, diastolic, combination, acute, chronic, acute on chronic) or hypertension with chronic kidney disease and state the stage of CKD
- **Underlying cause:** For example: underlying renal conditions or hormonal disorders, sedentary lifestyle, excessive amounts of alcohol, stress, etc.
- **Tobacco use/exposure:** Any related tobacco use, abuse, dependence, past history or exposure (secondhand, occupational, etc.)

Assign a code from category I11 when a patient has hypertension with heart failure or hypertension with: myocarditis (**I51.4**), myocardial degeneration (**I51.5**), cardiomegaly (I51.7), other ill-defined (I51.89) or unspecified heart disease (I51.9).

The same heart conditions (**I50.-**, or **I51.4**–I51.7, I51.89, I51.9) with hypertension are coded separately if the provider has specifically documented a different cause. Sequence according to the circumstances of the admission/ encounter.

Documentation tips for hypertension

Essential (primary) hypertension	
I10	Essential (primary) hypertension

- I10 includes high blood pressure in addition to benign, arterial, malignant and systemic hypertension
- R03.0 is for elevated blood pressure reading, without a diagnosis of hypertension

Hypertensive heart disease	
I11.0	Hypertensive heart disease with heart failure • Use additional code to identify type of heart failure (**I50.-**)
I11.9	Hypertensive heart disease without heart failure (such as diastolic dysfunction or ventricular hypertrophy)

- Includes any condition in **I50.-** or **I51.4**–I51.7, I51.89, I51.9 due to hypertension

Note: Do not assign a code from this category when provider documentation indicates the heart disease is attributable to another cause.[1]

If coding hypertensive heart disease with heart failure (I11.0), use an additional code to identify the type of heart failure (I50.1–I50.9)	
I50.1	Left ventricular failure, unspecified
I50.2-	Systolic (congestive) heart failure • Add 5th character: (1) acute, (2) chronic, (3) acute on chronic, (0) unspecified
I50.3-	Diastolic (congestive) heart failure • Add 5th character: (1) acute, (2) chronic, (3) acute on chronic, (0) unspecified
I50.4-	Combined systolic (congestive) and diastolic (congestive) heart failure • Add 5th character: (1) acute, (2) chronic, (3) acute on chronic, (0) unspecified
I50.81-	Right heart failure • Add 6th character: (1) acute, (2) chronic, (3) acute on chronic, (4) due to left heart failure, (0) unspecified
I50.82	Biventricular heart failure
I50.83	High-output heart failure
I50.84	End-stage heart failure • Code also the type of heart failure as systolic, diastolic or combined, if known (**I50.2- – I50.43**)
I50.89	Other heart failure
I50.9	Heart failure, unspecified (congestive heart disease; congestive heart failure NOS [CHF])

- For **I50.2-**, **I50.3-** and **I50.4-**, code also end-stage heart failure, if applicable (**I50.84**).
- For **I50.814**, **I50.82** and **I50.84**, code also the type of heart failure, if known (**I50.2- – I50.43**).

If coding hypertension with chronic kidney disease, use an additional code to identify the stage of CKD (N18.1–N18.9)	
I12.0	Hypertensive CKD with stage 5 CKD or end-stage renal disease
I12.9	Hypertensive CKD with stage 1 through stage 4 CKD, or unspecified CKD

- If a patient has hypertensive chronic kidney disease and acute renal failure, an additional code for the acute renal failure is required.
- Sequencing is based on the circumstances of the encounter.

If coding hypertensive heart disease with heart failure and chronic kidney disease (I13.-), use an additional code to identify the type of heart failure (I50.1–I50.9) and the stage of CKD (N18.1–N18.9)	
I13.0	Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspecified CKD
I13.10	Hypertensive heart and CKD without heart failure, with stage 1 through stage 4 CKD, or unspecified CKD
I13.11	Hypertensive heart and CKD without heart failure, with stage 5 CKD, or end-stage renal disease
I13.2	Hypertensive heart and CKD with heart failure and with stage 5 CKD, or end-stage renal disease

- For patients with both acute renal failure and chronic kidney disease, an additional code for acute renal failure is required.
- Sequencing is based on the circumstances of the encounter.

Chronic kidney disease*	
N18.1	CKD, stage 1
N18.2	CKD, stage 2 (mild)
N18.30	CKD, stage 3 unspecified (moderate)
N18.31	CKD, stage 3a
N18.32	CKD, stage 3b
N18.4	CKD, stage 4 (severe)
N18.5	CKD, stage 5 (requiring chronic dialysis use **N18.6)**
N18.6	End-stage renal disease (ESRD)
N18.9	CKD, unspecified

* Use an additional code to specify: "Dialysis status" (**Z99.2**), "Noncompliance with dialysis" (Z91.15), "Kidney transplant status" (Z94.0).

Secondary and other hypertension	
I15.-	Secondary hypertension • Code also underlying condition • Add 4th character: (0) Renovascular, (1) secondary to other renal disorders, (2)secondary to endocrine disorders, (3) other secondary, (9) unspecified
I1A.0 ●	Resistant hypertension (apparent treatment resistant hypertension, treatment resistant hypertension, true resistant hypertension) • Code first specific type of existing hypertension, if known, such as essential hypertension (I10), secondary hypertension (I15.-)

How can we help you?

Our goal is to help health care professionals facilitate and support accurate, complete and specific documentation and coding, with an emphasis on early detection and ongoing assessment of chronic conditions. Through targeted outreach and education, we help our clients and their providers:

- Deliver a more comprehensive evaluation for their patients
- Identify patients who may be at risk for chronic conditions
- Improve patient care to enhance longevity and quality of life
- Comply with the Centers for Medicare & Medicaid Services (CMS) risk adjustment requirements

Contact your Optum representative to find out how we can help you improve outcomes for your patients.

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2024: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2024.

Codes marked with a ● directly after them represent new additions to the FY 2024 ICD-10-CM code classification.

The following references were used in the creation of this document at time of publication:

- Optum360. *ICD-10-CM: Professional for Physicians 2024*. Salt Lake City, UT: Optum360; 2023.

1. *AHA Coding Clinic®: 2018 2Q, 9*

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This tool is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment plan and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on March 31, 2023, the Centers for Medicare & Medicaid Services (CMS) announced that 2023 dates of service for the 2024 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. Announcement of Calendar Year (CY) 2024 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (cms.gov).

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