

HYPERTENSION (HTN)

Documentation and coding guide



Disease definitions*

- › HTN is diagnosed when the average of two or more (systolic or diastolic) blood pressure readings are found to be elevated on two or more office visits after an initial screen.
- › It is important to note that Joint National Committee (JNC) 8 did not re-define high blood pressure, and the panel believes that a target of 140/90mmHg is an acceptable blood pressure threshold.
- › Hypertension is no longer classified as being malignant, benign, or unspecified.
- › Use of the I16.- codes (hypertensive urgency/emergency/crisis) should be documented when a patient has a systolic blood pressure of greater than 180mmHg or a diastolic blood pressure of greater than 110mmHg.
 - The hypertensive urgency (I16.0) code should be used when there is no presence of target organ damage,
 - The hypertensive emergency (I16.1) code should be used when there is presence of target organ damage.

Prevalence and statistics associated with HTN**

- › 75 million adult (29% or 1 in 3) Americans have HTN,
- › Half of those that are diagnosed have their blood pressure under control,
- › 1 in 5 Americans are not aware that they have HTN,
- › Accounts for \$46 billion in total health care costs,
- › The primary condition of HTN contributes significantly to the acquisition of comorbid diseases, such as stroke, heart attack, heart failure, chronic kidney disease, and peripheral vascular disease,
- › HTN contributes to the death of about 1000 Americans daily,
- › HTN becomes more prevalent with age.



TIP

To help ensure you are documenting to the highest degree of specificity for appropriate ICD-10 code assignment, go to www.cigna.com/codingeducation.

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Clinical coding and documentation tips*

- › Explicitly document findings to support the diagnosis of HTN and the current manifestations when applicable. Secondary diagnoses, such as systolic/diastolic heart failure and/or chronic kidney disease,
- › There is no need to document multiple hypertensive codes sets, such as I10 (essential HTN), I11 (hypertensive heart disease), I12 (hypertensive chronic kidney disease), and I13 (hypertensive heart and chronic kidney disease). One code set that details the highest level of patient specificity is sufficient,
- › If chronic kidney disease (CKD) is linked to HTN, then clinicians need to document the stage of CKD using the (N18) code set.
- › If congestive heart failure is linked to congestive heart failure (CHF), then clinicians need to document the type of heart failure using the (I50) code set.
- › Document diagnostic statements that are compatible with the ICD-10 nomenclature,
- › Confirm face-to-face encounter is signed and dated by clinician. Include printed version of clinician's full name and credentials (e.g., MD, DO, NP, PA),
- › A chronic disease, like HTN, must have a valid treatment plan in order to be considered an active medical problem. Treatment plans can be in the form of a: medication, referral, diet, monitoring, and/or ordering a diagnostic exam. The goals of therapy are as follows:
 - In persons over the age of 60 the blood pressure goal is suggested to be < 150/90mmHg,
 - For patients that are 60 years and older treatment should be started when systolic blood pressure (SBP) is \geq 150mmHg or diastolic blood pressure (DBP) is \geq 90mmHg,
 - In persons less than the age of 60 the blood pressure goal is suggested to be < 140/90,
 - For patients less than 60 years of age treatment should be started when DBP is \geq 90mmHg,
 - Suggested JNC 8 treatment to consider include (disclaimer - these recommendations should not supplant clinical judgment, patient circumstances or preferences),
- › Pharmacological:
 - Evidenced based treatments for selective populations,
 - African Americans with or without diabetes: Calcium channel blockers (CCB) & thiazide diuretics,
 - Non-African Americans: Angiotensin - converting enzymes (ACE), Angiotensin receptor blockers (ARB), thiazide diuretics, & CCB,
 - Chronic kidney disease: ACE or ARB,
- › Heart failure: ACE or ARB,
- › Diabetics, non-African American: thiazide diuretics, CCB, ACE, or ARB should be considered,
- › Start one drug and titrate to maximum dose prior to adding a second drug,
- › Use the lowest dose possible to achieve the desired therapeutics effect,
- › Do not use an ACE and an ARB in combination on the same patient,
- › If blood pressure is not controlled after adding a third drug consider, referral to a hypertension specialist,
- › Be wary of orthostatic blood pressure occurrences in those that are elderly, as this may cause patients to fall.
- › Non-pharmacological:
 - Diet,
 - Exercise,
 - Weight loss,
 - Salt restriction with a goal of less than 3000mg daily,
 - Encourage the patient to measure their blood pressure at home using an arm cuff.

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Subjective documentation considerations**

- › 1 in 5 Americans are not aware that they have HTN, therefore the prudent clinician should risk stratify patients to make an early diagnosis of HTN,
- › Those commonly at risk for developing HTN include:
 - Advancing age,
 - African-American race,
 - Obese,
 - Sedentary lifestyle,
 - Diabetics,
 - Dyslipidemia,
 - Obstructive sleep apnea,
 - Tobacco and/or alcohol abuse,
 - High sodium diet - more than 3000mg daily,
 - Family history of HTN.

Objective documentation considerations***

- › The United States Preventative Task Force recommends screening for blood pressure adults over the age of 18 (Evidence Level A). Prior to making the diagnosis of HTN confirmation can be obtained through ambulatory blood pressure monitoring,
- › When screening for a potential diagnosis of HTN the patient should not be acutely ill, and without hypertensive medications being on-board

Tips on measuring blood pressure:

- › Take the blood pressure when the patient has relaxed for 5 minutes,
- › Make sure that the blood pressure cuff is the appropriate size,
- › Avoid wrist blood pressure cuff measurements,
- › Measure blood pressure with both feet on the ground,
- › Take blood pressure in both arms,
- › Measure blood pressure after the patient has urinated.

Physical exam findings

- › Weight and body mass index (BMI)
- › Point of maximal intensity apical pulse shift away (typically laterally) from the mid-clavicular line suggestive of left ventricular hypertrophy
- › Fundoscopic exam suggests arterial-venous nicking, retinal hemorrhages and/or cotton-wool spots),
- › Distended neck veins,
- › Presence of vascular bruits,
- › Presence of a cardiac murmur, such as an S4.

Laboratory/imaging work-up:

- › Complete metabolic panel,
- › Fasting blood glucose,
- › Electrocardiogram,
- › Echocardiogram,
- › Fasting lipids,
- › Micro-albumin.

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ICD-10 Coding table for hypertension

ICD-10-CM			
ICD-10-CM Code	ICD-10-CM Description	Definition/Tip	Add'l tips
I10	Essential (Primary) Hypertension		
I11.0	Hypertensive heart disease w/heart failure	Use additional code to identify type of heart failure (I50.-)	
I11.9	Hypertensive heart disease w/o heart failure		
I12.0	Hypertensive chronic kidney disease (CKD) w/stage 5 CKD or endstage renal disease	Use additional code to identify the stage of CKD (N18.5, N18.6)	
I12.9	Hypertensive chronic kidney disease w/stage 1 through stage 4 CKD or unspecified CKD	Use additional code to identify the stage of CKD (N18.1-N18.4, N18.9)	
I13.0	Hypertensive heart and chronic kidney disease w/ heart failure and stage 1 through stage 4 CKD or unspecified CKD	Use additional code to identify type of heart failure (I50.-) Use additional code to identify the stage of CKD (N18.1-N18.4, N18.9)	
I13.10	Hypertensive heart and chronic kidney disease w/o heart failure w/stage 1 through stage 4 CKD, or unspecified CKD	Use additional code to identify the stage of CKD (N18.1-N18.4, N18.9)	
I13.11	Hypertensive heart and chronic kidney disease w/o heart failure w/stage 5 CKD, or end stage renal disease	Use additional code to identify the stage of CKD (N18.5, N18.6)	
I13.2	Hypertensive heart and chronic kidney disease w/ heart failure w/stage 5 CKD, or end stage renal disease	Use additional code to identify type of heart failure (I50.-) Use additional code to identify the stage of CKD (N18.5, N18.6)	
I15.0	Renovascular hypertension	Code also underlying condition	
I15.1	Hypertension secondary to other renal disorders		
I15.2	Hypertension secondary to endocrine disorders		
I15.8	Other secondary hypertension		
I15.9	Secondary hypertension, unspecified		

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ICD-10 Coding table for hypertension

ICD-10-CM			
ICD-10-CM Code	ICD-10-CM Description	Definition/Tip	Add'l tips
I16.0	Hypertensive urgency	Code also any identified hypertensive disease (I10-I15)	Use when SBP is \geq 180mmHg or DBP is 110mmHg in the absence of associated organ damage
I16.1	Hypertensive emergency	Code also any identified hypertensive disease (I10-I15)	Use when SBP is \geq 180mmHg or DBP is 110mmHg in the presence of associated organ damage
I16.9	Hypertensive crisis, unspecified	Code also any identified hypertensive disease (I10-I15)	A Life threatening rapid increase in the patient's blood pressure

References

*James, P., Oparil, S., Carter, B., et al. (2014). Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). Journal of the American Medical Association, 311(5):507-520. Retrieved on 6/14/2017 from <http://jamanetwork.com/journals/jama/fullarticle/1791497>

**Center for Disease Control [CDC]. (2016). High blood pressure facts. Retrieved on 6/14/2017 from <https://www.cdc.gov/bloodpressure/facts.htm>

***United States Preventive Services Task Force [USPTF]. (2015). Final recommendation statement: high blood pressure screening – adults. Retrieved on 6/14/2017 from <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/high-blood-pressure-in-adults-screening#consider>

Disclaimers

- › Providers must be diligent about confirming the accuracy of their diagnoses and ensure that their diagnosis and coding practices comply with all applicable legal requirements,
- › Failure to address recurrent diagnosis inaccuracies can, in some cases, result in administrative sanctions and potential financial penalties,
- › Accurate coding and submission activities allow us to provide the best benefits and resources possible to our customers.



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