## oscar

#### CLINICAL DOCUMENTATION

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AHA CODING CLINIC CORNER

# Hypertension

Hypertension, also known as high blood pressure, is a condition where the force of blood against the artery walls is consistently too high. It is a major risk factor for heart disease and stroke.

## ICD-10 CODES

**I10** Essential (primary) hypertension

I11.0 + I50.- Hypertensive heart disease with heart failure (HTN + HF)

I11.9 + I51.4-I51.7, I51.89, I51.9 Hypertensive heart disease without heart failure\*

112.0 + N18.- Hypertensive chronic kidney disease with stage 5 CKD or ESRD

I12.9 + N18.- Hypertensive chronic kidney disease with stage 1 - 4 CKD, or unspecified CKD

**I13.0** + N18.-+ I50.- Hypertensive heart and chronic kidney disease with heart failure and stage 1 - 4 CKD, or unspecified CKD **I13.10** + I51.4-I51.7, I51.89, I51.9+N18.-Hypertensive heart and chronic kidney disease w/o heart failure, with stage 1 - 4 CKD or unspecified CKD

113.11 + 151.4-151.7, 151.89, 151.9+N18.-Hypertensive heart and chronic kidney disease without heart failure, with stage 5 CKD, or ESRD
113.2 + 150.-+N18.- Hypertensive heart and chronic kidney disease with heart failure and with stage 5 CKD, or ESRD

Myocarditis, Myocardial Degeneration, Cardiomegaly Ventricular Asynergy, Carditis, Functional Heart Disease, Acquired Heart Displacement, Papillary Muscle Dysfunction, Heart Dysfunction, Heart Hemorrhage, Heart Hyperkinesia, Heart Hyperactivity, Pancarditis, Unspecified Cardiopathy (not to be confused with Cardiomyopathy), Cryptogenic Heart, Ventricular Dysfunction, Cardiac Lesion, Cordis Morbus.

- 115.0 Renovascular hypertension
- **I15.1** Hypertension secondary to other renal disorders
- 115.2 Hypertension secondary to endocrine disorders
- 115.8 Other secondary hypertension
- 115.9 Secondary hypertension, unspecified
- **I16.0** Hypertensive Urgency
- **I16.1** Hypertension emergency
- 116.9 Hypertensive crisis, unspecified
- I1A.0 Resistant hypertension

R03.0 Borderline

## **DOCUMENTATION ACRONYMS**

## **DEEP Diagnosis Elements**

Include elements of DEEP in documentation to clinically support hypertension.

Diagnosis: Elevated BP

**Evidence:** BP in office 162/98, patient log shows

consistent BP over 150/95

**Evaluation: HTN** 

Plan: Start lisinopril 10mg qd, rtc 1 month

## **Final Assessment Details**

Include DSP for each addressed condition impacting treatment and patient care.

## Diagnosis:

## Hypertension

## Secondary Related Condition(s)

- CKD
- CHF

## Status:

## **Hypertension**

- Controlled
- Uncontrolled

## **CKD** (if present)

Stage

## CHF (if present)

Type

## Plan

- Hypertension
  - Pharmacologic
  - Other BP Control Measures
  - Referrals
  - Symptom Control

<sup>\*</sup>Conditions included in hypertensive heart disease without heart failure include, exclusively:



#### CLINICAL DOCUMENTATION

#### **BEST PRACTICES & TIPS**

- **Specificity is key!** Always indicate any related conditions to hypertension, the specific secondary conditions, and use verbiage to solidify the relationship to hypertension.
- DSP should be applied for HTN **as well as** for any associated diseases. Status should be apparent by using descriptive words to clarify the presence and severity of the illnesses. (Chronic, acute, symptomatic, mild, severe, newly identified, resolved, uncontrolled, etc.)
- Documentation should **always include DEEP elements** to show clinical evidence for hypertension as well as any secondary conditions. Incorporate tests, imaging, signs and symptoms of each disease and document any and all associated treatments with each corresponding final diagnosis.
- If a secondary condition was resolved it is **important** to document this as a personal history as it may impact future care of persisting hypertension.
- **Avoid** documenting active hypertension as a "history of" as this suggests a resolved status and may cause conflict within the documentation.
- When documenting hypertensive heart disease, the documentation should contain the most specified type of heart disease clinically known.
- Borderline hypertension or pregnancy-related hypertension should not be confused with a confirmed diagnosis of essential HTN, and the terms should never be used interchangeably.



For more resources go to:

HIOSCAR.COM/PROVIDERS/RESOURCES