

## Hypertension

According to the 2017 guidelines from the American College of Cardiology/American Heart Association guideline for the prevention, detection, evaluation and management of high blood pressure in adults, a patient can be diagnosed with hypertension if their systolic reading is greater than 130 and/or their diastolic reading is greater than 80<sup>i</sup>.

Blood Pressure Readings	
Normal	systolic: less than 120 mm Hg diastolic: less than 80 mm Hg
Elevated	systolic: 120–129 mm Hg diastolic: less than 80 mm Hg
High Blood Pressure (Hypertension)	systolic: 130 mm Hg or higher diastolic: 80 mm Hg or higher

## Coding Hypertension

Over time, uncontrolled hypertension can result in the narrowing, weakening or hardening of arteries in and around the kidneys. This vascular damage impedes the kidney’s access to essential oxygen and nutrients, thereby compromising their functionality<sup>ii</sup>. Chronic hypertension can also cause physical and functional changes in the heart that ultimately lead to heart failure, which further increases mortality and morbidity.

Type of Hypertension	Description	ICD-10 Code
Essential Hypertension	A systolic > 130 and/or diastolic > 80	<b>I10</b>
Hypertensive Urgency	High BP without signs of organ damage	<b>I16.0</b>
Hypertensive Emergency	A very high BP with signs of organ damage	<b>I16.1</b>
Hypertensive Crisis	A very high BP, but it isn’t specified if there is organ damage	<b>I16.9</b>
Hypertension and Heart Failure		
Hypertensive Heart Disease with Heart Failure	The patient has both a diagnosis of hypertension and a variation of heart failure. A separate code for HF is needed.	<b>I11.0 and I50.x</b>
Hypertensive Heart Disease without Heart Failure	The patient has both a diagnosis of HTN and cardiac related concern outside of HF. (e.g., myocarditis, cardiomegaly)	<b>I11.9 and I51.x</b>
Hypertension and CKD or ESRD		
Hypertensive CKD with stage 5 or ESRD	The patient has both a diagnosis of hypertension and CKD stage 5 or ESRD. A separate code for CKD is needed.	<b>I12.0 and N18.5 - N18.6</b>
Hypertensive CKD with stage 1-4 or unspecified CKD	The patient has both a diagnosis of hypertension and CKD stage 1-4 or unspecified. A separate code for CKD is needed.	<b>I12.9 and N18.1 - N18.4, N18.9</b>
Hypertension , Heart Failure and CKD or ESRD		
Hypertensive Heart and CKD with Heart Failure and stage 1-4 or unspecified CKD	The patient has the diagnoses of hypertension, a variation of heart failure and CKD stage 1-4. Need separate code for HF and CKD.	<b>I13.0, I50.x and N18.1-N18.4 N18.9</b>
Hypertensive Heart and CKD without Heart Failure	The patient has the diagnoses of HTN, a cardiac related concern outside of HF and CKD. Need separate codes for CKD and heart concern.	<b>I13.1x, I51.x and N18.1 - N18.9</b>
Hypertensive Heart and CKD with HF and stage 5 or ESRD	The patient has the diagnoses of HTN, a variation of HF and CKD stage 5 or ESRD. Need separate codes for HF and CKD.	<b>I13.2, I50.x and N18.5 - N18.6</b>

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

## Documentation Requirements

When documenting hypertension:

- Ensure that all clinical findings leading to the diagnosis are in the visit notes, including the physical examination findings, pertinent clinical history, signs or symptoms.
- Capture any complications, comorbidities, underlying causes or linked diagnoses.
- If the patient has either heart failure, CKD or both, be sure to add separate diagnosis codes identifying the type of heart failure and/or stage of CKD when applicable.

## Documentation examples

### Hypertension and CHF

**HPI:** Patient is a 70-year-old male who presents for follow up of their chronic conditions. Recent echo showed an ejection fraction of 35%. He was diagnosed with heart failure and is doing well on his hypertension medication.

**PE:** Vitals: Normal; PE: WNL except for decreased breath sounds and bilateral rales, 1+ lower extremity edema; ROS: Negative

**A:** **I11.0 Hypertensive heart disease with heart failure**  
**I50.21 Acute systolic congestive heart failure, NYHA class II**

**P:** Educated patient about heart failure, its causes and how to slow disease progression; provided written literature. Advised patient to continue a low sodium diet, diuretics and check weight. Encouraged compliance with medications. Explained side effects of noncompliance. Follow up in three months to assess medication tolerance and effectiveness.

### Hypertension, CHF and CKD

**HPI:** Patient is a 68-year-old male who presents for follow up of their chronic conditions. Recent echo showed an ejection fraction of 35%. He was diagnosed with heart failure, stage 3B CKD and is doing well on his hypertension medication.

**PE:** Vitals: Normal; PE: WNL except for decreased breath sounds and bilateral rales, 1+ lower extremity edema; ROS: Negative

**A:** **I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 CKD**  
**I50.21 Acute systolic congestive heart failure, NYHA class II**  
**N18.32 Chronic kidney disease, stage 3b**

**P:** Educated patient about heart failure, its causes and how to slow disease progression; Provided written literature. Advised patient to continue a low sodium diet, diuretics and check weight. Encouraged compliance with medications. Explained side effects of noncompliance. Follow up in three months to assess medication tolerance and effectiveness.

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<sup>i</sup> <https://www.cdc.gov/high-blood-pressure/about/>

<sup>ii</sup> American Heart Association