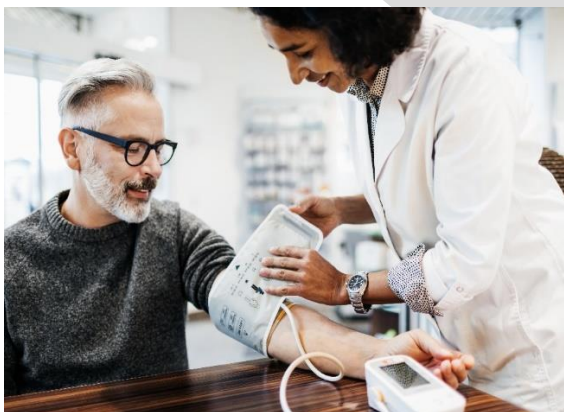


CODING QUALITY CORNER

FOCUS ON HYPERTENSION



Proper blood-pressure-cuff sizing and placement are crucial for an accurate reading. The arm is raised to heart level, and the cuff is the appropriate size for brachial testing.

Hypertensive Disease and ICD-10-CM

Claims analysis shows that hypertensive disease is a frequently under-coded diagnosis. Coding correctly for hypertension using **ICD-10-CM** can be daunting unless you know the rules.

When coding hypertension, it is important to consult the [ICD-10-CM Official Guidelines for Coding and Reporting](#). Reference the instructions about causal relationships when assigning diagnosis codes for hypertension. In most cases, there is a **presumed causal relationship**. The **presumed causal relationship** may be heart or kidney involvement. When coding hypertension, the **presumed causal relationship** allows coders to associate hypertension with chronic heart and/or chronic kidney disease even when the medical record does not definitively indicate they are related.¹

Correct coding of hypertension reduces the burden for medical record retrieval for HEDIS and risk-adjustment activities. Utilization of the CPT II codes for both diastolic blood pressure and systolic blood pressure will also close care gaps, making you eligible for possible incentives involved with improvement of multiple HEDIS scores or Quality Enhancement Programs (QEPs)!

A helpful hypertension coding grid is included on the following page!

CPT II Corner

Close care gaps!

The CPT II codes that are associated with blood pressure (BP) screening are included below. Be sure to add the code for the lowest diastolic BP and lowest systolic BP to the member's visit claim to close your gaps and capture any incentives for which you may be eligible!

For more information about possible incentives or programs, reach out to your Account Executive or Provider Services.

Remember — patient-reported BPs qualify if properly documented!

CPT II code	Systolic blood pressure
3074F	<130 mm Hg
3075F	130 – 139 mm Hg
3077F	≥ 140 mm Hg

CPT II code	Diastolic blood pressure
3078F	<80 mm Hg
3079F	80 – 89 mm Hg
3080F	≥ 90 mm Hg

Helpful tips for accurate readings

Have the member sit quietly with both feet flat on the floor prior to taking their BP. (Talking and crossing legs can raise BP.)

If the systolic BP is above normal (≥ 140 mm Hg) or the diastolic BP is above normal (≥ 90 mm Hg), wait 10 minutes and retake. Do not forget to document the BPs. You can document multiple BPs in a single visit.

Use the proper size cuff and placement. (Do not use a brachial cuff on a wrist.)

Ensure the arm is at the same level as the heart. If the arm is hanging below the heart, it can cause a falsely elevated BP reading.

¹ Carol Buck, 2018 *ICD-10-CM for Hospitals*, Elsevier, 2018, p. 18.

CODING QUALITY CORNER

FOCUS ON HYPERTENSION

ICD-10 CM CODE	HYPERTENSION	HEART DISEASE	HEART FAILURE	KIDNEY DISEASE
I10 HYPERTENSION (ANY OF THE FOLLOWING) ACCELERATED, BENIGN, ESSENTIAL, IDIOPATHIC, MALIGNANT, SYSTEMIC	✓	✗	✗	✗
I11.9 HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	✓	✓	✗	✗
I11.0 HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	✓	✓	+	✗
I12.9 HYPERTENSIVE CKD WITH STAGE 1 - 4 CKD OR UNSPECIFIED CKD	✓	✗	✗	+
I12.0 HYPERTENSIVE CKD WITH STAGE 5 CKD OR ESRD	✓	✗	✗	+
I13.0 HYPERTENSIVE HEART AND CKD WITH HEART FAILURE AND WITH STAGE 1 - 4 CKD, OR UNSPECIFIED CKD	✓	✓	+	+
I13.2 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND WITH STAGE 5 CKD, OR ESRD	✓	✓	+	+
I13.10 HYPERTENSIVE HEART AND CKD WITHOUT HEART FAILURE AND WITH STAGE 1 - 4 CKD, OR UNSPECIFIED CKD	✓	✓	✗	+
I13.11 HYPERTENSIVE HEART AND CKD WITHOUT HEART FAILURE AND WITH STAGE 5 CKD OR ESRD	✓	✓	✗	+

+ ALSO REQUIRES TYPE OF HEART FAILURE TO BE CODED – CATEGORY I50
 + ALSO REQUIRES TYPE OF KIDNEY DISEASE TO BE CODED – CATEGORY N18
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¹Further validation that claims data are a useful tool for epidemiologic research on hypertension. 2013 Jan 18, MC Public Health, [www.ncbi.nlm.nih.gov/pmc/articles/PMC3565904/]

²Underdiagnosis of hypertension using electronic health records. 2012 Jan, Dipanjan, Banerjee, et al, [www.ncbi.nlm.nih.gov/pmc/articles/PMC3600431/]