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THE LIVANTA CLAIMS REVIEW ADVISOR

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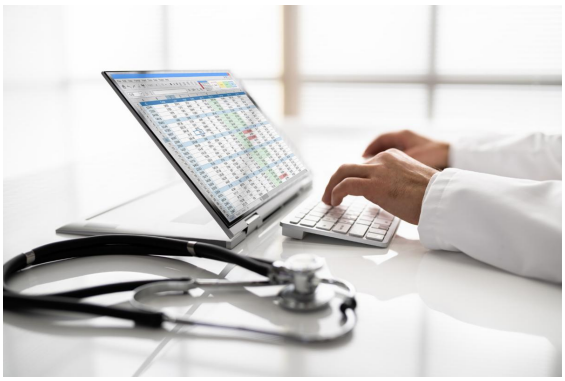
Higher-Weighted Diagnosis Related Groups (HWDRG) Validation – Hypertension

This month's issue of *The Livanta Claims Review Advisor* addresses the correct reporting of hypertension on Medicare Part A claims. As always, coders must follow proper reporting and sequencing guidelines. The following guidelines governing the coding of hypertension are reviewed based on coding errors Livanta has encountered while performing HWDRG reviews.

Introduction

For a seemingly straightforward diagnosis, hypertension can be reported with one (or more) of 18 codes. This article provides a closer look into coding and documentation concerns regarding this diagnosis. Usually, only one code is assigned for the hypertension itself, but if hypertensive crisis or resistant hypertension is present, two codes would be assigned.



If chronic kidney disease (CKD), heart failure, and/or one of five other heart conditions are present, they are automatically linked to hypertension and a combination code is assigned, as is the heart and/or kidney disease. It may seem complicated, but by following the ICD-10-CM coding index and tabular, Review Guidelines, Coding Clinics, and by reviewing this convenient guide, it is one of the easier conditions to report.

Documentation Considerations

It is not often that physicians need to be queried for the specifics of hypertension. However, it is important that physicians document all complications of hypertension and their chronicity. Both end-stage renal disease (ESRD) and acute diastolic and/or systolic heart failure will add a major complication/comorbidity (MCC). Hypertensive emergency adds a complication/comorbidity (CC) code. It is also important to document those rare occasions where CKD or heart failure is completely unrelated to a known diagnosis of hypertension.

Code Ranges

I10 – I13.2 Essential (primary) hypertension
I15.0 – I15.9 Secondary hypertension
I16.0 – I16.9 Hypertensive crisis
I1A.0 Resistant hypertension

Types of Hypertension and Guidelines

There is an assumed causal relationship between primary (essential) hypertension and chronic kidney disease, heart failure, and certain other heart conditions. Remember to follow the guidelines below.

- Chronic Kidney Disease (CKD): CKD of any stage or unspecified stage is always assumed to be associated with hypertension.
- Heart Failure: Heart failure of any type and chronicity, meaning anything that starts with I50, is automatically linked to hypertension. When both hypertension and heart failure are present, they are reported using a combination code for hypertensive heart disease as well as a code for the details of the heart failure.
- Other Cardiac Conditions: Besides heart failure, only the following cardiac conditions (with their associated ICD-10-CM codes) are automatically linked to hypertension:
  -I51.4 (myocarditis NOS)
  -I51.5 (myocardial degeneration)
  -I51.7 (cardiomegaly)
  -I51.89 (carditis or pancarditis)
  -I51.89 (heart disease NOS)

Hypertensive Crisis

In October of 2016, new codes were introduced that distinguish between hypertensive urgency, hypertensive emergency, and hypertensive crisis. These codes include:

- I16.0 (hypertensive urgency);
- I16.1 (hypertensive emergency); and
- I16.9 (hypertensive crisis, unspecified severity).

Both hypertensive emergency and hypertensive crisis are CCs. Sequencing depends on the circumstances of the admission.

Secondary Hypertension

Secondary hypertension is defined as hypertension due to primary diseases such as renal disorders, central nervous system disorders, endocrine diseases, and vascular diseases. The codes are found in the range of I15.0 to I15.9. Remember that it is appropriate to report both primary and secondary hypertension when both are clearly documented as such. In the ICD-10-CM Tabular List, there is an instructional note to “Code also underlying condition,” meaning sequence codes according to the circumstances of the admission.

Resistant Hypertension

With an effective date of October 1, 2024, a new code (I1A.0) will be available to identify cases of resistant hypertension. I1A.0 is to be used as an additional code and does not replace any other hypertension code. Do not assign this code for documentation of “pseudoresistant hypertension.” The specific type of existing hypertension must be sequenced first, followed by I1A.0 for resistant hypertension.

Elevated Blood Pressure Reading

The category R03 is used for patients when no formal diagnosis of hypertension has been made. If the diagnostic statement of “high blood pressure” is documented along with hypertension, code only hypertension. R03.0 is assigned for borderline high blood pressure or high blood pressure readings without a diagnosis of hypertension.

Non-systemic Hypertension

Intracranial, ocular, portal, psychogenic, and pulmonary hypertension are not related to essential or secondary hypertension and are to be coded without regard to other hypertensive states or conditions.

Relevant Coding Clinic Articles

Fluid Overload

When a patient with a history of hypertension and ESRD is admitted for urgent dialysis to treat fluid overload, the principal diagnosis would be fluid overload (an acute condition) rather than hypertensive renal disease (a chronic condition).

This is true regardless of whether the patient had been compliant with dialysis.

Source: AHA *Coding Clinic for ICD-10-CM/PCS, First Quarter 2023, Page 19 and* AHA *Coding Clinic for ICD-9-CM, Fourth Quarter 2006,* Page 136

Takotsubo Cardiomyopathy

This is a stress-related condition, also known as broken heart syndrome. The combination code for hypertensive heart disease (I11.9) should not be assigned for a diagnosis of Takotsubo cardiomyopathy, as the etiology of Takotsubo cardiomyopathy is not hypertension.

Source: AHA *Coding Clinic for ICD-10-CM/PCS, Second Quarter 2018,* Page 9

Resolved Hypertension

When hypertension is no longer present due to an improvement in the patient's health (such as significant weight loss), this can be reported with Z86.79 (personal history of other circulatory diseases), but only if the documentation is clear that the hypertension no longer exists. Keep in mind that documentation of a "history of hypertension" does not necessarily imply that hypertension is no longer present.

Source: AHA *Coding Clinic for ICD-10-CM/PCS, First Quarter 2020,* Page 12

Hypertension with Diabetic Nephropathy and CKD

When CKD is documented as being due to diabetes, that denotes the CKD is not due to hypertension and thus, hypertensive kidney disease should not be reported. Instead, code I10 for essential hypertension NOS. However, if the cause of CKD is not specified and the patient has both hypertension and diabetes, it would be appropriate to assign the combination codes for both CKD and diabetes with hypertension. Remember to include the chronic kidney disease code as well.

Source: AHA *Coding Clinic for ICD-10-CM/PCS, Third Quarter 2019,* Page 3

About Livanta

Livanta is the national Medicare Claim Review Services contractor under the Beneficiary and Family Centered Care – Quality Improvement Organization (BFCC-QIO) Program. As the Claim Review Services contractor, Livanta validates the DRG on hospital claims that have been adjusted to pay at a higher weight. The adjusted claim is reviewed to ensure that the diagnoses, procedures, and discharge status of the patient reported on the hospital's claim are supported by the documentation in the patient's medical record. Livanta's highly trained, credentialed coding auditors adhere to the accepted principles of coding practices to validate the accuracy of the hospital codes that affect the DRG payment. When needed, actively practicing physicians review for medical necessity and

clinical validity based on the presence of supporting documentation and clinical indicators.

Post-payment review of these HWDRG adjustments is mandated under statute and in CMS QIO Manual: Perform DRG validation on prospective payment system (PPS) cases (including hospital-requested higher-weighted DRG assignments), as appropriate (see §1866(a)(1)(F) of the Act and 42 CFR 476.71(a)(4)).

Read more: CMS, Quality Improvement Organization Manual, Chapter 4 - Case Review
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/qio110c04.pdf

Questions?

Should you have questions, please email **ClaimReview@Livanta.com**, or visit the claim review website for more information:
https://www.livantaqio.cms.gov/en/ClaimReview/index.html