

Hypertension and Heart Disease

GUIDELINES TO REVISIONS FOR 2017 ICD-10-CM

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With the introduction of the 2017 revised coding guidelines for ICD-10-CM, there are revisions to the Chapter 9: Diseases of the Circulatory System (I00 to I99). The coding guideline revisions are highlighted with bold type at the beginning of the chapter 9.A.1 guideline.

The disease classification system ICD-10-CM 2017 assumes a causal relationship between hypertension and heart involvement. The two diseases are linked by the term “with” in the alphabetical index. It is no longer required for correct coding that the provider documentation explicitly link the two conditions. Hypertension and heart disease should be coded as related, unless the provider clearly states they are not related. Guideline 1.A.15 states “the word ‘with’ should be interpreted to mean ‘associated with’ or ‘due to’ when it appears in a code title, the Alphabetic Index, or an instructional note in the Tabular List. The word ‘with’ in the Alphabetic Index is sequenced immediately following the main term, not in alphabetical order.”

Referencing the alphabetic index, notice that under the term hypertension there is an indented term ‘with’. This use of the term ‘with’ in the classification is the key to linking hypertension to other disease. Hypertension with

heart conditions classified to tabular categories I50, or to I51.4 through I51.9 are assigned a code from category I11.x, Hypertensive heart disease either with or without heart failure. Use an additional code from category I50 or I51.4-I51.9 to identify the type of heart failure or heart conditions.

If hypertension with heart involvement indicates a type of heart failure, then the alphabetic index leads to I11.0, hypertensive heart disease with heart failure, and an instruction to use an additional code to identify the type of heart failure from the I50.x category in the tabular listing.

For hypertension and other conditions not linked in the alphabetic index with the term ‘with’ provider documentation must then link the conditions in order to code them as related.

Heart conditions are coded to I50, or I51.4-I51.9 separately if the provider documents the heart conditions are due to a different cause. A hypertension code should be coded independently of the heart condition in this scenario, rather than I11. Sequencing of these codes will be according to the reason for the encounter.

The index is formatted as follows:

Hypertension, hypertensive [(accelerated) (benign)
(essential) (idiopathic) (malignant) (systemic)] I10
with

Heart involvement (conditions in I51.4 – I51.9 due to
hypertension) -- see Hypertension, heart

From this guideline, the index leads to:

Hypertension, hypertensive
heart (disease)(conditions in I51.4 – I51.9 due to
hypertension) I119

This leads to hypertensive heart disease without heart failure.

Sample Cases

Clinical Case #1

59-year-old female presented with SOB, cough, chills, and fever, admitted with Acute Diastolic Heart Failure. V/S: Temp 38.1, P. 92, R/R 24, B/P 200/98 on admission. Chest X-ray: pulmonary infiltrate. Patient is a current smoker, dependent on cigarettes. BNP 540. Patient treated with Lasix 40mg IV and Azithromycin 500mg IV, and Digoxin 50mg PO, daily.

Final diagnosis: Acute on Chronic Diastolic Heart Failure, CAP Pneumonia and Hypertension unrelated to the heart failure

Codes:

I50.33 Acute on chronic diastolic (congestive) heart failure

J18.9 Pneumonia, unspecified organism

I10 Essential (primary) hypertension

F17.210 dependence on cigarette smoking

The physician indicated the heart failure is not related to the hypertension, both heart failure and hypertension are coded separately.

Clinical Case #2

65-year-old male, with history of HTN, DM, CKD and past history of smoking, admitted for SOB and sharp right-sided chest pain.

V/S: Temp 38, B/P 175/90. Chest X-ray: showed Cardiomegaly. Patient treated with Lasix, Digoxin and Amlodipine. Reduced ejection fraction (HFrEF) 30%.

Final Diagnosis: Acute Systolic Heart Failure, HTN, CKD 3, DM2

Codes:

I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease

I50.21 Acute systolic (congestive) heart failure

N18.3 Chronic kidney disease, stage 3 (moderate)

E11.9 Type 2 diabetes mellitus without complications

Z87.891 History of smoking

There is an assumed causal relationship when hypertension is associated with CKD and now with CHF.

There is a combination code for heart and kidney involvement due to hypertension. There is no documented relationship between the DM and CKD.

Clinical Case #3

65-year-old male admitted with congestive heart failure. Patient presented with shortness of breath, pedal edema, and tachycardia. B/P 180/94, H/R 104, R/R 22. BNP 420. Chest X-ray: showed pleural effusion. HR with preserved ejection fraction of 55% (HFpEF). Patient started on Lasix 40mg IV or PO with Amlodipine 5mg PO, daily, and discharged on the fourth day of admission.

Final diagnosis: Hypertension with acute diastolic heart failure

Codes:

I11.0 Hypertensive heart disease with heart failure

I50.31 Acute diastolic (congestive) heart failure

There is an assumed relationship when hypertension is associated with congestive heart failure

Clinical Case #4

89-year-old female presented with fatigue, orthopnea, wheezing, lack of appetite, chest pain, cardiac hypertrophy with h/o hypertension, and admitted with Acute Systolic Heart Failure. Vital Signs: B/P 200/110, Pulse 114, R/R 26, reduced ejection fraction (HF-rEF) 35%. BNP: 620. Chest X-ray: showed cardiomegaly. Patient medicated IV with Lasix 40mg IV, Vasotec 5mg and Lopressor 10mg PO, daily.

Final diagnosis: Hypertensive heart disease with Acute on Chronic Systolic Heart Failure.

Codes:

I11.0 Hypertensive heart disease with heart failure

I50.23 Acute on chronic systolic (congestive) heart failure.

There is an assumed causal relationship between hypertension and heart disease in this scenario.

References

Centers for Medicare and Medicaid Services & the National Center for Health Statistics. ICD-10-CM Official Guidelines for Coding and Reporting, FY 2017. Retrieved from [cms.gov/Medicare/Coding/ICD10/Downloads/2017-ICD-10-CM-Guidelines.pdf](https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2017-ICD-10-CM-Guidelines.pdf)

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