



DOCUMENTATION AND CODING

Hypertension (High Blood Pressure)



Nearly half of American adults have high blood pressure, according to the [Centers for Disease Control and Prevention](#). High blood pressure increases the risk for heart disease and stroke, which are leading causes of death in the U.S. Accurately and completely coding and documenting hypertension can **capture our members' health status and promote continuity of care**. Below is information for outpatient and professional services from the [ICD-10-CM Official Guidelines for Coding and Reporting](#).

Coding for Hypertensive Diseases

- Hypertension should be coded as **related with heart disease or heart failure, or with kidney disease**. See the chart below for tips on coding these conditions.
- Hypertension should be coded as **related with** heart disease, heart failure or kidney disease **even without provider documentation** clearly linking them, unless the documentation clearly states the conditions are unrelated.
- For hypertension and conditions not specifically linked by terms such as “with,” “associated with” or “due to” in the classification, provider documentation must link the conditions in order to code them as related.

ICD-10-CM Code Categories for Hypertensive Diseases (I00-I99)

Hypertension	Heart Disease	Heart Failure	Kidney Disease	ICD-10 Code
Yes	No	No	No	I10 Essential (primary) hypertension
Yes	Yes	No	No	I11.9 Hypertensive heart disease without heart failure
Yes	Yes	Yes*	No	I11.0 Hypertensive heart disease with heart failure
Yes	No	No	Yes**	I12.9 Hypertensive chronic kidney disease (CKD) with stage 1 through stage 4 CKD or unspecified CKD
Yes	No	No	Yes**	I12.0 Hypertensive CKD with stage 5 CKD or end-stage renal disease
Yes	Yes	Yes*	Yes**	I13.0 Hypertensive heart and CKD with heart failure and with stage 1 through stage 4 CKD, or unspecified CKD
Yes	Yes	Yes*	Yes**	I13.2 Hypertensive heart and CKD with heart failure and with stage 5 CKD, or end-stage renal disease
Yes	Yes	No	Yes**	I13.10 Hypertensive heart and CKD without heart failure and with stage 1 through stage 4 CKD, or unspecified CKD
Yes	Yes	No	Yes**	I13.11 Hypertensive heart and CKD without heart failure and with stage 5 CKD, or end-stage renal disease

*Also requires coding for the type of heart failure

**Also requires coding for the stage of kidney disease



Other Hypertension Categories

In addition to hypertensive heart and chronic kidney disease, **hypertension code categories include:**

- Hypertensive cerebrovascular disease
- Hypertensive retinopathy
- Secondary hypertension
- Transient hypertension
- Hypertensive crisis
- Pulmonary hypertension

See the chart for sample codes.

Other Hypertension ICD-10 Codes

Secondary Hypertension*: I15.0-I15.9

Hypertensive Cerebrovascular Disease**: I60-I69

Hypertensive Retinopathy**: H35.0xxx

Hypertensive Crisis**: I16.x

Pulmonary Hypertension: I27.0, I27.20-I27.29

* Requires coding underlying condition

**Requires hypertension code also (I10-I15)

Tips to Consider

- Include **patient demographics**, such as name, date of birth and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure providers **sign and date** all documents.
- Document how each diagnosis was **monitored, evaluated, assessed and/or treated** on the date of service.
- Note complications with an **appropriate treatment plan**.
- Take advantage of the Annual Health Assessment (AHA) or other **yearly preventative exam** as an opportunity to capture conditions impacting member care.

Resources

- [ICD-10-CM Official Guidelines for Coding and Reporting, "Hypertension" \(I.C.9.a.14\), Chapter 9: Disease of the Circulatory System \(I00-I99\)](#)
- [CDC Facts about Hypertension](#)



The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their member contract or member guide for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.