

Insider

Informative and educational coding information for providers

Focus on: High blood pressure and stroke^{1,2,3}



Hypertension, blood pressure (BP) readings of 140/90mm Hg or higher, is one of the most prevalent disorders in the U.S. Hypertension affects about 78 million Americans and is a major risk factor for strokes, heart attacks and kidney failure. Approximately 7 million people living in the

U.S. have had a stroke.

- **Normal BP:** Less than 120/80
- **Prehypertension:** 120-139/80-89
- **Hypertension Stage 1:** 140-159/90-99
- **Hypertension Stage 2:** 160 and above/100 and above

In 95% of reported high blood pressure cases in the U.S., the underlying cause cannot be determined. This type of high blood pressure is called essential hypertension and tends to run in families. Hypertension is also more likely to affect men than women, and age and race also play a role. In the U.S., African-Americans are twice as likely as whites to have high blood pressure. Essential hypertension is also greatly influenced by diet and lifestyle. The link between salt and high blood pressure is especially compelling.

The American Heart Association, American College of Cardiology and American Society of Hypertension's new statement on treating hypertension in patients with coronary artery is an update to the 2003 JNC 7 recommendations. The new guidelines are:

- Below 140/90 for patients with coronary artery disease, acute coronary syndrome, and heart failure.
- Below 130/80 for patients with coronary artery disease following a myocardial infarction, stroke or transient ischemic attack, patients with carotid artery disease, peripheral artery disease or abdominal aortic aneurysms.
- Below 150/90 in patients older than 80.

The updated guidelines also stress the importance of modifying other risk factors for heart attack, stroke and other vascular diseases, including obesity, increased cholesterol, diabetes and smoking. People with hypertension are four to six times more likely to have a stroke. Hypertension damages arteries so they burst or clog more easily. Hypertension can damage arteries throughout the body; including arteries in the brain increasing the risk for stroke.

This guidance is to be used for easy reference; however, the ICD-9-CM and ICD-10-CM code books and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2015, CMS announced the CMS-HCC Risk Adjustment model for payment year 2016 driven by 2015 dates of service. For more information see: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2016.pdf>, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2016.pdf>, and <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>.

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Per the ICD-10-CM Official Guidelines for Coding and Reporting 2015 from the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS): "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required."

Always remember ...^{4,5}

- There is an *assumed relationship* between hypertension and chronic kidney disease (CKD). Correct reporting is a two code pair (hypertensive CKD and the stage of CKD).
- There is *no assumed relationship* between hypertension and heart failure (HF). Documentation ("hypertensive" or "due to hypertension") and coding of a two code pair (hypertensive heart disease and the type of HF) correctly report the relationship.
- Hypertension affecting the heart and kidneys is documented as causal as above. Correct coding requires three codes ("hypertensive heart and CKD," HF and the stage of CKD).
- As of October 1, 2015, with the implementation of ICD-10-CM, the hypertension table is no longer in use. The terms "malignant" and "benign" will become nonessential modifiers and no longer affect code selection.

Documentation and coding tips

ICD-9-CM:⁶

401.x	Essential hypertension
402.xx	Hypertensive heart disease
403.xx	Hypertensive chronic kidney disease
404.xx	Hypertensive heart and chronic kidney disease
434.x1	Occlusion of cerebral arteries with cerebral infarction <i>Document the artery and type of infarction (for example, thrombotic, embolic)</i>
435.9	Unspecified transient cerebral ischemia (TIA)
V12.54	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits

ICD-10-CM:⁷

I10	Essential (primary) hypertension
I11.-	Hypertensive heart disease
I12.-	Hypertensive chronic kidney disease
I13.-	Hypertensive heart and chronic kidney disease
I63.-	Cerebral infarction due to thrombosis of precerebral arteries
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension
G45.9	Transient cerebral ischemic attack, unspecified
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits

For more information, ask your Optum Healthcare Advocate for our "Hypertension Coding Tool" for ICD-9-CM and ICD-10-CM.

1. James PA, Oparil S, Carter BL, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the eighth Joint National Committee (JNC 8) [published online December 18, 2013]. *JAMA*. doi:10.1001/jama.2013.28442
2. Rosendorff, C., Lackland, DT., Allison, M., et al; American Heart Association, American College of Cardiology, and American Society of Hypertension. Treatment of Hypertension in patients with Coronary artery disease: a scientific statement from the American Heart Association, American College of Cardiology, and American Society of Hypertension. *Journal American College of Cardiology*. 2015; 50735-1097 (15)00714-7.
3. "Stroke and High Blood Pressure." American Heart Association. N.p., 6 Jan. 2015. Web. 3 June 2015. <http://heart.org/HEARTORG/Conditions/HighBloodPressure/WhyBloodPressureMatters/Stroke-and-High-Blood-Pressure_UCM_301824_Article.jsp>.
4. United States. Centers for Disease Control and Prevention. ICD-9-CM Official Guidelines for Coding and Reporting. Centers for Medicare and Medicaid Services and National Center for Health Statistics, 2011. Web. <www.nchs.gov/icd/icd9cm_addenda_guidelines.htm>
5. United States. Centers for Disease Control and Prevention. ICD-10-CM Official Guidelines for Coding and Reporting. Centers for Medicare and Medicaid Services and National Center for Health Statistics, 2015. Web. <www.nchs.gov/icd/icd10cm.htm>
6. *Optum ICD-9-CM for Physicians Professional 2015*. Vols. 1&2. Salt Lake City: 2014.
7. *Optum ICD-10-CM: The Complete Official Draft Set 2015*. Salt Lake City: 2014.