Cardiology Coding Alert

ICD-10: Get Up to Speed on ICD-10-CM 2017 Official Guidelines for Hypertension

Don't miss this game changer for the causal relationship requirement.

You may have a pretty good handle on the 2017 ICD-10-CM code changes, but have you reviewed the recently posted ICD-10-CM Official Guidelines? One of the quirks cardiology coders have had to master in the past has changed, giving you some new rules to learn and apply starting Oct. 1, 2016.

Refresh Your 2016 Guideline Knowledge

The Official Guidelines for ICD-10-CM 2016 had a guideline dealing with when to assume a causative relationship between hypertension and other diseases, namely heart disease and kidney disease.

2016 guideline: You could find these guidelines in Section I.C.9.a of the guidelines at www.cdc.gov/nchs/data/icd/10cmguidelines_2016_final.pdf. When choosing ICD-10 2016 codes, the rule was that documentation had to state ("due to") or imply ("hypertensive") a causal relationship between heart conditions and hypertension for you to choose a code from I11.- (Hypertensive heart disease).

This guideline contrasted with the rule for chronic kidney disease. As the 2016 guidelines stated, "Unlike hypertension with heart disease, ICD-10-CM presumes a cause-and-effect relationship and classifies chronic kidney disease with hypertension as hypertensive chronic kidney disease."

Update Hypertension Coding With This 2017 News

Section I.C.9.a gets an update in the 2017 version of the ICD-10 Official Guidelines, says **Marchelle Cagle, CPC, CPC-I, PCS**, of Cagle Medical Consulting. These guidelines are online at www.cdc.gov/nchs/data/icd/10cmguidelines_2017_final.pdf.

Here's the note you'll find under the Hypertension heading for Chapter 9: Diseases of the Circulatory System (I00-I99), Cagle says:

- The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement, as the two conditions are linked by the term "with" in the Alphabetic Index. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states that the conditions are unrelated.
- For hypertension and conditions not specifically linked by relational 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.

Trickle the Guideline Down to Individual Sections

The 2017 guidelines include additional revisions to be sure other sections line up with this new rule to assume a relationship for hypertension with heart involvement. For example, I.C.9.a.1, "Hypertension with Heart Disease," removes the 2016 requirement for a stated causal relationship. Instead you'll discover a 2017 rule to report the heart condition separately from the hypertension only "if the provider has specifically documented a different cause."

Section I.C.9.a.2, "Hypertensive Chronic Kidney Disease," also has a 2017 update clarifying that "CKD should not be coded as hypertensive if the physician has specifically documented a different cause."

You'll find another revision in I.C.9.a.3, "Hypertensive Heart and Chronic Kidney Disease," telling you in 2017 to use I13.- (Hypertensive heart and chronic kidney disease) "when there is hypertension with both heart and kidney involvement." The 2016 version referred instead to "when both hypertensive kidney disease and hypertensive heart disease are stated in the diagnosis."