

# CLINICAL DOCUMENTATION: HYPERTENSIVE HEART AND/OR KIDNEY DISEASE

THE DIAGNOSIS	Hypertensive Heart and/or Kidney Disease
<p><b>COMMON CONDITIONS INCLUDED IN HCC GROUPs:</b></p> <ul style="list-style-type: none"> <li>• <b>226</b> (Heart Failure)</li> <li>• <b>326, 327, 328, 329</b> (CKD)</li> </ul> <p><b>RAF score = **Varies**</b> <b>Ranging from 0 – 0.815</b></p>	<p>Hypertensive heart disease with heart failure – I11.0</p> <p>Hypertensive heart disease without heart failure – I11.9</p> <p>Hypertensive kidney disease with stage 5 CKD or ESRD – I12.0</p> <p>Hypertensive kidney disease with stage 1-4 CKD or unspecified kidney disease – I12.9</p> <p>Hypertensive heart and kidney disease with heart failure and CKD stage 1-4 or unspecified kidney disease - I13.0</p> <p>Hypertensive heart and kidney disease without heart failure and CKD stage 1-4 or unspecified kidney disease - I13.10</p> <p>Hypertensive heart and kidney disease with heart failure and CKD stage 5 or ESRD – I13.2</p>
<p><b>KEY CODING or DOCUMENTATION TIPS</b></p>	<p>There is a causal relationship between heart failure and hypertension. If your patient has heart failure and it is <u>NOT</u> linked to a declining cardiovascular status due to hypertension, then your note needs to explain that the two are not linked.</p> <p>Essential or benign hypertension (I10) is <u>NOT</u> the most appropriate diagnosis for a patient with heart failure and/or chronic kidney disease. The coder should update the diagnosis or query the provider.</p>
<p><b>MEAT the DOCUMENTATION</b></p> <p><b>M= Monitor</b> <b>E = Evaluate</b> <b>A = Assess/Address</b> <b>T = Treat</b></p>	<p>Assessment and Plan example:</p> <p><b>Hypertensive heart failure and CKD stage 1-4 (I13.0)</b> <b>Chronic combined systolic and diastolic heart failure (I50.42)</b> <b>CKD stage 3b (N18.32)</b></p> <p>Ms. R presents with no changes in heart failure symptoms. 2+ pitting edema bilaterally. Lungs CTA. S1, S2, no gallop. BP 144/82. Reviewed labs and eGFR is stable at 38. Counseled patient regarding heart failure and kidney diets (low sodium). Pt states she usually does better, but the recent holidays made it challenging. Pt sees Dr. Cardio next month. No changes to current meds.</p> <p><b>M</b> – Signs and symptoms, such as pitting edema. <b>E</b> – Test results or vital signs, such as eGFR. <b>A</b> – Order tests or patient discussion, such as diet. <b>T</b> – Medications, therapy, or other modalities, such specialist follow-up.</p>
<p><b>IMPACT on QUALITY – HEDIS MEASURES</b></p>	<p>The <b>Controlling high blood pressure (CBP)</b> quality metric includes patients with the diagnosis of <i>I10</i> in the denominator. If a patient has a hypertension diagnosis other than <i>I10</i>, then they are NOT included in the denominator.</p> <p>Use of I11 – I13 means the patient is not included in this quality metric.</p>