

HTN vs. HTN with Complications

- If a patient does not have heart disease, CHF, or CKD then I10 is what you use.
- (arterial) (benign) (essential) (malignant) (primary) (systemic) HTN all code to I10.
- The difference is when the patient has a combination of these diseases that it then turns HTN into a more complex situation. Basically, HTN with complications.
- With HTN you pick the situation that best fits the patient. You only code one code for HTN **and** code also the specifics of the rest of the diagnoses separately at least once a year or as many times as medically necessary.

Questions to ask to find out the best code assignment:

1. Does the patient have chronic heart failure (and does not have diagnosed CKD)?
2. Does the patient have diagnosed CKD (and does not have heart disease)? (usually stages 3 and up)
3. Does the patient have heart disease and diagnosed CKD?
 - a. And if so, do they also have CHF?

HTN without heart disease, without CHF, and without diagnosed CKD = I10

HTN **with** heart disease **and** CHF = I11.0

HTN **with** CKD stage 3a/3b/4 = I12.9

HTN **with** CKD stage 5/end stage = I12.0

HTN **with** heart disease **and** CKD 3a/3b/4 but **NO** CHF = I13.10

HTN **with** heart disease **and** CKD 5/end stage but **NO** CHF = I13.11

HTN **with** heart disease **and** CKD 3a/3b/4 **with** CHF = I13.0

HTN **with** heart disease **and** CKD 5/end stage **with** CHF = I13.2

