

# Chapter 9: Diseases of the Circulatory System (I00-I99)

## EXCLUDES 2

certain conditions originating in the perinatal period (P04-P96)  
certain infectious and parasitic diseases (A00-B99)  
complications of pregnancy, childbirth and the puerperium (O00-O9A)  
congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)  
endocrine, nutritional and metabolic diseases (E00-E88)  
injury, poisoning and certain other consequences of external causes (S00-T88)  
neoplasms (C00-D49)  
symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)  
systemic connective tissue disorders (M30-M36)  
transient cerebral ischemic attacks and related syndromes (G45.-)

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## Hypertensive diseases (I10-I1A)

Use additional code to identify:

exposure to environmental tobacco smoke (Z77.22)  
history of tobacco dependence (Z87.891)  
occupational exposure to environmental tobacco smoke (Z57.31)  
tobacco dependence (F17.-)  
tobacco use (Z72.0)

## EXCLUDES 1

neonatal hypertension (P29.2)  
primary pulmonary hypertension (I27.0)

## EXCLUDES 2

hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)

**S I10 Essential (primary) hypertension****INCLUDES**

high blood pressure  
hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)

**EXCLUDES 1**

hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)

**EXCLUDES 2**

essential (primary) hypertension involving vessels of brain (I60-I69)  
essential (primary) hypertension involving vessels of eye (H35.0-)

**OCG:****a. Hypertension**

*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 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.*

**1) Hypertension with Heart Disease**

*Hypertension with heart conditions classified to I50.- or I51.4-I51.7, I51.89, I51.9, are assigned to a code from category I11, Hypertensive heart disease. Use an additional code from category I50, Heart failure, to identify the type of heart failure in those patients with heart failure.*

*The same heart conditions I50.- or I51.4-I51.7, I51.89, I51.9 with hypertension are coded separately if the provider has documented they are unrelated to the hypertension. Sequence according to the circumstances of the admission/encounter.*

**2) Hypertensive Chronic Kidney Disease**

*Assign codes from category I12, Hypertensive chronic kidney disease, when both hypertension and a condition classifiable to category N18, Chronic kidney disease (CKD), are present. CKD should not be coded*

as hypertensive if the provider indicates the CKD is not related to the hypertension.

The appropriate code from category N18 should be used as a secondary code with a code from category I12 to identify the stage of chronic kidney disease.

See Section I.C.14. Chronic kidney disease.

If a patient has hypertensive chronic kidney disease and acute renal failure, the acute renal failure should also be coded. Sequence according to the circumstances of the admission/encounter.

### 3) Hypertensive Heart and Chronic Kidney Disease

Assign codes from combination category I13, Hypertensive heart and chronic kidney disease, when there is hypertension with both heart and kidney involvement. If heart failure is present, assign an additional code from category I50 to identify the type of heart failure.

The appropriate code from category N18, Chronic kidney disease, should be used as a secondary code with a code from category I13 to identify the stage of chronic kidney disease.

See Section I.C.14. Chronic kidney disease.

The codes in category I13, Hypertensive heart and chronic kidney disease, are combination codes that include hypertension, heart disease and chronic kidney disease. The Includes note at I13 specifies that the conditions included at I11 and I12 are included together in I13. If a patient has hypertension, heart disease and chronic kidney disease then a code from I13 should be used, not individual codes for hypertension, heart disease and chronic kidney disease, or codes from I11 or I12.

For patients with both acute renal failure and chronic kidney disease, the acute renal failure should also be coded. Sequence according to the circumstances of the admission/encounter.

### 4) Hypertensive Cerebrovascular Disease

For hypertensive cerebrovascular disease, first assign the appropriate code from categories I60-I69, followed by the appropriate hypertension code.

### 5) Hypertensive Retinopathy

Subcategory H35.0, Background retinopathy and retinal vascular changes, should be used with a code from category I10 – I15, Hypertensive disease to include the systemic hypertension. The sequencing is based on the reason for the encounter.

## 6) Hypertension, Secondary

Secondary hypertension is due to an underlying condition. Two codes are required: one to identify the underlying etiology and one from category I15 to identify the hypertension. Sequencing of codes is determined by the reason for admission/encounter.

## 7) Hypertension, Transient

Assign code R03.0, Elevated blood pressure reading without diagnosis of hypertension, unless patient has an established diagnosis of hypertension. Assign code O13.-, Gestational [pregnancy-induced] hypertension without significant proteinuria, or O14.-, Pre-eclampsia, for transient hypertension of pregnancy.

## 8) Hypertension, Controlled

This diagnostic statement usually refers to an existing state of hypertension under control by therapy. Assign the appropriate code from categories I10-I15, Hypertensive diseases.

## 9) Hypertension, Uncontrolled

Uncontrolled hypertension may refer to untreated hypertension or hypertension not responding to current therapeutic regimen. In either case, assign the appropriate code from categories I10-I15, Hypertensive diseases.

## 10) Hypertensive Crisis

Assign a code from category I16, Hypertensive crisis, for documented hypertensive urgency, hypertensive emergency or unspecified hypertensive crisis. Code also any identified hypertensive disease (I10-I15). The sequencing is based on the reason for the encounter.

## 11) Pulmonary Hypertension

Pulmonary hypertension is classified to category I27, Other pulmonary heart diseases. For secondary pulmonary hypertension (I27.1, I27.2-), code also any associated conditions or adverse effects of drugs or toxins. The sequencing is based on the reason for the encounter, except for adverse effects of drugs (See Section I.C.19.e.).

## 12) Hypertension, Resistant

Resistant hypertension refers to blood pressure of a patient with hypertension that remains above goal in spite of the use of antihypertensive medications. Assign code I1A.0, Resistant hypertension, as an additional code when apparent treatment resistant hypertension, treatment resistant hypertension, or true

*resistant hypertension is documented by the provider. A code for the specific type of existing hypertension is sequenced first, if known.*

#### **4 I11 Hypertensive heart disease**

**INCLUDES**

any condition in I50.- or I51.4-I51.7, I51.89, I51.9 due to hypertension

- S +** I11.0 Hypertensive heart disease with heart failure  
Hypertensive heart failure

Use additional code to identify type of heart failure (I50.-)

- S** I11.9 Hypertensive heart disease without heart failure  
Hypertensive heart disease NOS

#### **4 I12 Hypertensive chronic kidney disease**

**INCLUDES**

any condition in N18 and N26 - due to hypertension  
arteriosclerosis of kidney  
arteriosclerotic nephritis (chronic) (interstitial)  
hypertensive nephropathy  
nephrosclerosis

**EXCLUDES 1**

hypertension due to kidney disease (I15.0, I15.1)  
renovascular hypertension (I15.0)  
secondary hypertension (I15.-)

**EXCLUDES 2**

acute kidney failure (N17.-)

- H S +** I12.0 Hypertensive chronic kidney disease with stage 5  
chronic kidney disease or end stage renal disease

Use additional code to identify the stage of chronic kidney disease (N18.5, N18.6)

- S +** I12.9 Hypertensive chronic kidney disease with stage 1 through  
stage 4 chronic kidney disease, or unspecified chronic  
kidney disease  
Hypertensive chronic kidney disease NOS  
Hypertensive renal disease NOS

Use additional code to identify the stage of chronic kidney disease (N18.1-N18.4, N18.9)

# Functional Case Mix: M1033, M1800, M1810, M1820, M1830, M1840, M1850, M1860

       The OASIS questions **M1033, M1800, M1810, M1820, M1830, M1840, M1850 and M1860** are used to calculate the functional impairment level under PDGM. An episode can be qualified as low, medium, or high functional impairment.

Item responses receive different point values. The points threshold for low, medium or high functional impairment varies by clinical group.

Item **M1033** impacts PDGM functional impairment calculation, excluding responses 8, 9, and 10.

Item **M1800** impacts PDGM functional impairment calculation, value based purchasing, is a risk adjustment measure, and is a quality outcomes measure

Items **M1810** and **M1820** impact PDGM functional impairment calculation and value based purchasing, is a risk adjustment measure, and is a quality outcomes measure.

Items **M1830** and **M1850** are quality measures publicly reported, impact PDGM functional impairment calculation, value based purchasing and five-star ratings, and are risk adjustment measures.

Item **M1840** impacts PDGM functional impairment calculation and value based purchasing, is a risk adjustment measure, and is a quality outcomes measure.

Item **M1860** impacts PDGM functional impairment calculation, value based purchasing and five-star ratings, and a quality measure publicly reported, is a risk adjustment measure, and is a quality outcomes measure.

## Consider the following CMS guidance for M1033 Hospitalization Risk:

**(M1033) Risk for Hospitalization:** Which of the following signs or symptoms characterize this patient as at risk for hospitalization? **(Mark all that apply.)**

- 1 – History of fall (2 or more falls – or any fall with an injury – in the past 12 months)
- 2 – Unintentional weight loss of a total of 10 pounds or more in the past 12 months
- 3 – Multiple hospitalizations (2 or more) in the past 6 months
- 4 – Multiple emergency department visits (2 or more) in the past 6 months
- 5 – Decline in mental, emotional, or behavioral status in the past 3 months
- 6 – Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
- 7 – Currently taking 5 or more medications
- 8 – Currently reports exhaustion
- 9 – Other risk(s) not listed in 1 – 8
- 10 – None of the above

- **This item is collected at Start of Care**, Resumption of Care and Follow-up.
- **The time period under consideration or “look back”** for responses 1-8 includes the day of assessment. Day of assessment is defined as the 24 hours immediately preceding the assessment and the time spent by the clinician conducting the assessment.
- **Consider only acute care hospitalizations.** Inpatient psychiatric hospitalizations and long-term care hospitals (LTCHs) are not included in this item.
- **Acute care hospitalization is defined as the patient being admitted for 24 hours or longer** for more than just diagnostic testing. Observation stays are not included in this item.
- **A patient discharged from an acute care hospital** in the morning and readmitted that same day and both hospitalizations meet the definition for an acute care hospitalization, that is counted as two hospitalizations.

- **A patient transferred from one hospital emergency department** to a second hospital emergency department, is counted as two emergency department visits.
- **Select all Responses 1-9 that apply.** If Response 10 is selected, none of the other responses should be selected.
- **A patient has a history of a fall (Response 1)** if the patient has experienced two or more falls or any fall with an injury within the past 12 months. This includes both witnessed and reported (unwitnessed) falls.
- **Response 4 only includes hospital emergency departments, and does not** include urgent care centers and walk-in clinics.
- **A decline in mental, emotional, or behavioral status (Response 5),** is considered a change in which the patient, family, caregiver or physician has noted a decline regardless of the cause. A decline may be temporary or permanent. Physician consultation or treatment may or may not have occurred.
- **A patient is currently taking five or more medications (Response 7) even if** some or all of those medications are over-the-counter, nutritional supplements, vitamins, and/or homeopathic and herbal products administered by any route. Medications may also include total parenteral nutrition (TPN) and oxygen.
- **Select other risks (Response 9) if** the patient has characteristics other than those listed in Responses 1-8 that may indicate risk for hospitalization. For example, this could include slower movements when moving from a seated position to standing and walking.

Consider the following CMS guidance when assessing the ADLs:

- **Avoid applying “always,” “never,” or “automatically”** rules when scoring the OASIS functional items.
- **Score M-items based on the patient’s ability at the time of the assessment** to perform the task(s) indicated.
- **Ability can be temporarily or permanently limited by the presence of environmental barriers,** such as the location of items needed for hygiene and clothing management, the toilet or bedside commode, tub/shower, and/or current sitting or sleeping surface.
- **Report the patient’s ability, not actual performance or willingness, to perform a task.** While the presence or absence of a caregiver may impact actual performance of activities, it does not impact the patient’s ability to perform a task.

- **Note the level of ability refers to the patient’s ability to safely complete specified activities.**
- **Report what is true in a *majority*, greater than 50%, of the included tasks if the patient’s ability varies between the different tasks.** Give more weight to tasks that are more frequently performed.
- **Do *not* base answers on an assumption that the patient could perform task(s) safely *if* an adaptive device were used.**