

HYPERTENSION

ICD-10-CM CODING STUDY GUIDE | FY 2027

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

Learning goal

Identify the correct hypertension code family, apply the “with” convention, recognize when additional codes are required, and follow sequencing instructions.

Quick Memory Trick: I10–I13

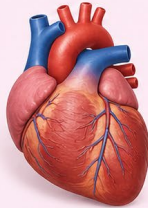
Use these simple clues to help you remember the hypertension categories.

I10 Hypertension



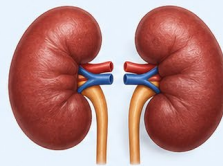
Think:
hyper**TEN**sion
→ **10**

I11 Hypertensive heart disease



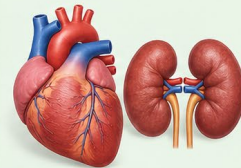
1 organ involved
→ **heart**

I12 Hypertensive chronic kidney disease



2 kidneys
→ **kidney disease**

I13 Hypertensive heart and chronic kidney disease



All **3** conditions
together:
hypertension +
heart disease +
kidney disease



This memory trick can help you quickly identify the correct category, but always use the Index and Tabular List to confirm the code.

Use this mnemonic after you understand the coding rules; it is a memory aid, not a replacement for the Index and Tabular List.

1. Start with the big picture

Hypertension coding begins with the documentation. I10 is used for essential, primary, or unspecified systemic hypertension when no qualifying heart disease, chronic kidney disease, secondary cause, crisis, or other specific hypertension category changes the code selection.

Documentation	Start with	Additional coding
Essential/primary hypertension	I10	None solely for hypertension
Hypertension + qualifying heart disease	I11.-	Add I50.- or specified I51 code(s) when instructed
Hypertension + CKD	I12.-	Add N18.- for CKD stage
Hypertension + qualifying heart disease + CKD	I13.-	Add N18.- and, when heart failure is present, I50.-
Secondary hypertension	I15.-	Code the underlying cause; sequence per encounter
Hypertensive urgency/emergency/crisis	I16.-	Also code identified hypertensive disease
Resistant hypertension	I1A.0	Additional code; underlying hypertension first if known

The “with” convention: the central rule

In the Alphabetic Index, hypertension is linked by the subterm “with” to certain heart and kidney conditions. When the classification establishes that relationship, ICD-10 presumes the conditions are causally related even when the provider does not explicitly write “due to hypertension.”

- If the provider clearly documents that the conditions are unrelated, do not apply the presumed relationship.
- CKD documented with hypertension is presumed related unless the provider states otherwise.
- Do not connect every cardiovascular diagnosis to hypertension. Coronary artery disease (CAD), for example, does not by itself create hypertensive heart disease.

Exam reminder

The word “with” in the Index is not just vocabulary. It can change the code family you report.

2. I10: Essential (primary) hypertension

Use I10 when the provider documents essential, primary, or unspecified systemic hypertension and there is no qualifying associated heart/CKD condition that requires a combination code and no documented secondary cause.

Controlled, uncontrolled, and elevated readings

- Controlled hypertension remains an active hypertension diagnosis. Controlled does not mean history.
- Uncontrolled hypertension is still coded as hypertension based on the documented condition. “Uncontrolled” does not automatically mean hypertensive crisis or resistant hypertension.
- A single elevated blood-pressure reading without a hypertension diagnosis is R03.0, not I10.



Controlled hypertension remains a current diagnosis.

Transient

Temporary or short-term. In this context, an elevated blood pressure may be transient when a chronic hypertension diagnosis has not been established. Outside pregnancy, an elevated reading without a hypertension diagnosis is reported with R03.0.

Example: routine follow-up

Patient returns for medication management of well-controlled primary hypertension. No CKD or qualifying heart disease is documented.

Code: I10

Why: Control with medication does not eliminate the active hypertension diagnosis.



3. I11 and I12: Heart disease vs. chronic kidney disease

I11: Hypertensive heart disease

Use I11.0 when hypertensive heart disease includes heart failure. Use I11.9 when hypertensive heart disease is present without heart failure. When heart failure is present, an additional I50.- code identifies the specific type of heart failure.

- Do not stop at I11.0 when heart failure is documented.
- The presumed relationship applies only to qualifying heart conditions identified by ICD-10, not every heart diagnosis.

Example: hypertension + chronic systolic heart failure

Code: I11.0 + I50.22

Why: The hypertension/heart-failure relationship is presumed unless the provider states the conditions are unrelated; I50.22 identifies chronic systolic heart failure.

I12: Hypertensive chronic kidney disease

When hypertension and CKD are documented together, assign I12.- and an additional N18.- code for the CKD stage unless the provider states the CKD is unrelated to the hypertension.

Code	When to use
I12.0	Hypertensive CKD with stage 5 CKD or end-stage renal disease
I12.9	Hypertensive CKD with stage 1-4 or unspecified CKD

Example: hypertension + CKD stage 3b

Code: I12.9 + N18.32

Why: I12.9 captures the presumed hypertension/CKD relationship; N18.32 supplies the CKD stage.

4. I13: Hypertensive heart AND chronic kidney disease

When hypertension, a qualifying heart condition, and CKD coexist under the presumed relationship rule, use one code from I13.- instead of separately reporting I11.- and I12.-.

Code	Heart failure?	CKD stage
I13.0	Yes	Stage 1-4 or unspecified
I13.10	No	Stage 1-4 or unspecified
I13.11	No	Stage 5 or ESRD
I13.2	Yes	Stage 5 or ESRD

Add N18.- to identify the CKD stage. When heart failure is present, add I50.- to identify its type. Review code-specific I51 instructions when applicable.

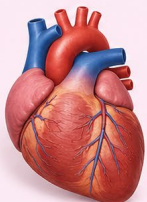
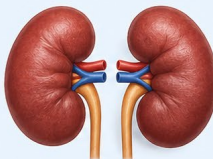
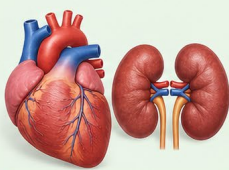
Example: hypertension + chronic diastolic heart failure + CKD stage 4

Code: I13.0 + I50.32 + N18.4

Why: I13.0 captures the combined hypertensive heart and CKD relationship. I50.32 and N18.4 add the required specificity.

Quick Memory Trick: I10–I13

Use these simple clues to help you remember the hypertension categories.

I10 Hypertension	I11 Hypertensive heart disease	I12 Hypertensive chronic kidney disease	I13 Hypertensive heart and chronic kidney disease
			
Think: hyper TEN sion → 10	1 organ involved → heart	2 kidneys → kidney disease	All 3 conditions together: hypertension + heart disease + kidney disease

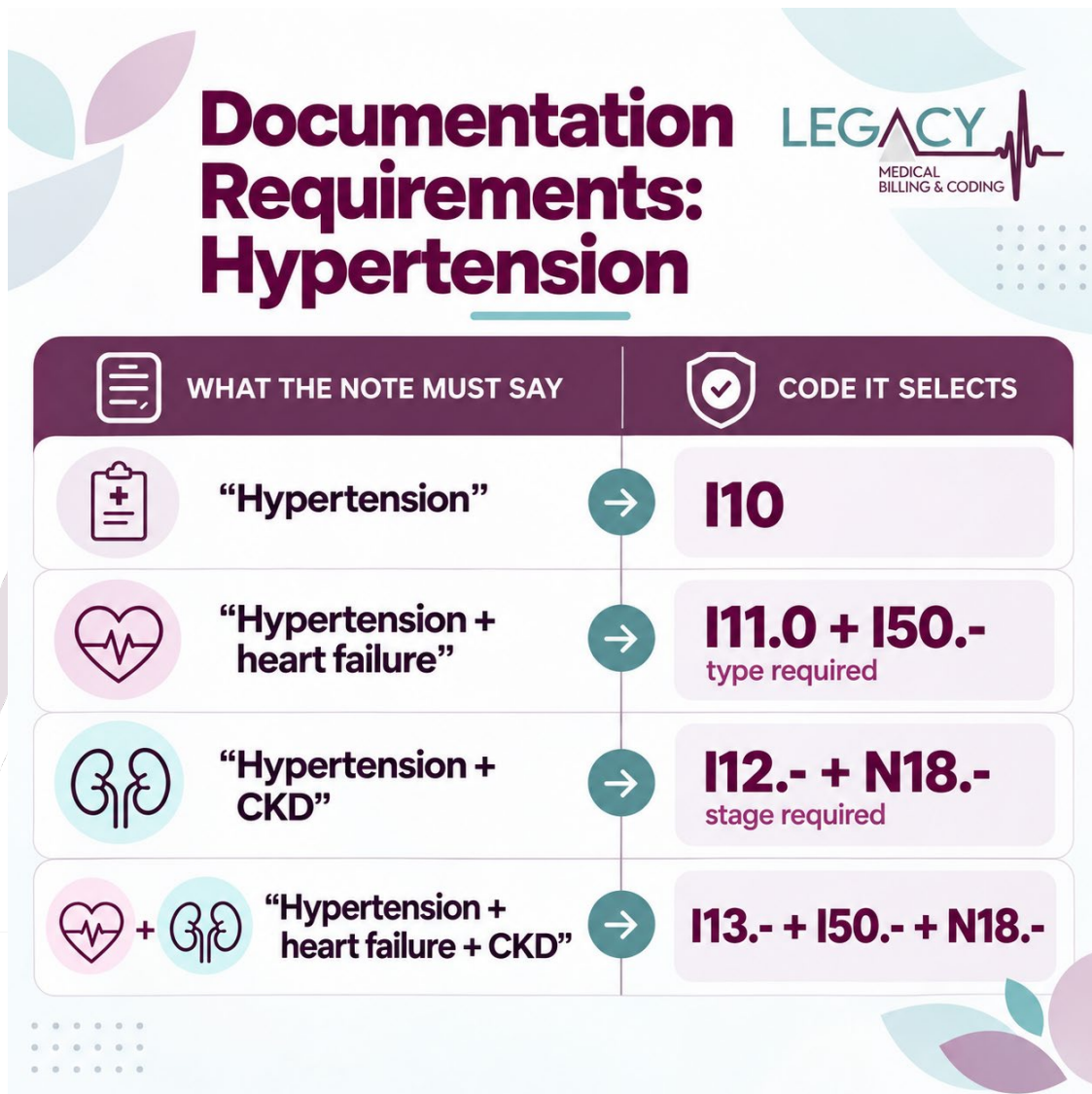


This memory trick can help you quickly identify the correct category, but always use the Index and Tabular List to confirm the code.

*Quick memory trick: I10 = hyper**TEN**sion; I11 = **1** organ (heart); I12 = **2** kidneys; I13 = **all 3** conditions together.*

5. Documentation drives code selection

The diagnosis documented by the provider determines the code family. Combination codes do not eliminate the need to capture the additional specificity that ICD-10 requires.



WHAT THE NOTE MUST SAY	CODE IT SELECTS
 "Hypertension"	I10
 "Hypertension + heart failure"	I11.0 + I50.- type required
 "Hypertension + CKD"	I12.- + N18.- stage required
 "Hypertension + heart failure + CKD"	I13.- + I50.- + N18.-

Documentation examples and the corresponding code families.

When hypertension is coded separately

Hypertension does not automatically combine with every coexisting diagnosis. Use separate codes when the classification does not establish a presumed causal relationship.

When Hypertension Is Coded Separately



Coronary artery disease



I10 + I25.-

(no assumed link)



Diabetes



I10 + E11.-

(no combination code)



Single high reading,
no diagnosis



R03.0

! (never I10)



Family history



Z82.49



The assumed causal link applies to **heart and kidney disease only.**



Examples of diagnoses that do not automatically combine with systemic hypertension.

Important distinction

CAD and hypertension are generally coded separately unless another qualifying hypertensive heart condition changes the code assignment. Diabetes and hypertension also do not form a hypertension/diabetes combination code simply because both are present.

6. Other hypertension relationships and special sites

Hypertensive cerebrovascular disease

When hypertension is associated with a cerebrovascular condition, assign the appropriate cerebrovascular code from I60-I69 first, followed by the appropriate hypertension code. On the CPC exam, code order may be the detail that separates two otherwise similar answer choices.

Hypertensive retinopathy

Report the appropriate retinal code from H35.0- together with the systemic hypertension code. Sequence based on the reason for the encounter.

Pulmonary hypertension

Pulmonary hypertension is classified to category I27, Other pulmonary heart diseases, rather than I10-I15. When secondary pulmonary hypertension is documented, also code the associated condition or applicable adverse effect as instructed. Sequencing depends on the reason for the encounter and any applicable adverse-effect rules.

Do not confuse these terms

Systemic essential hypertension, pulmonary hypertension, portal hypertension, intracranial hypertension, and ocular hypertension are different diagnoses classified in different parts of ICD-10.

7. Secondary and resistant hypertension

Secondary hypertension: I15.-

Secondary hypertension has an identifiable underlying cause. Report the appropriate I15.- code and the code for the documented cause. Sequencing depends on the reason for the encounter and any applicable Tabular List instructions.

Code	Description
I15.0	Renovascular hypertension
I15.1	Hypertension secondary to other renal disorders
I15.2	Hypertension secondary to endocrine disorders
I15.8	Other secondary hypertension
I15.9	Secondary hypertension, unspecified

Example

Provider documents renovascular hypertension due to renal artery atherosclerosis.

Code(s): I15.0 + I70.1 (sequence according to encounter circumstances).

Resistant hypertension: I1A.0

When the provider documents apparent treatment-resistant, treatment-resistant, or true resistant hypertension, add I1A.0. If the underlying hypertension type is known, sequence that hypertension code first.

- Do not infer resistant hypertension merely because the patient takes several antihypertensive medications.
- Do not equate “uncontrolled” with “resistant.” Resistant hypertension is a specific provider-documented diagnosis.

Example

Treatment-resistant essential hypertension: I10 + I1A.0.

8. Hypertensive crisis: I16.-

Hypertensive crisis codes are assigned from category I16 only when the provider documents hypertensive urgency, hypertensive emergency, or hypertensive crisis. Do not assign an I16 code from a blood-pressure value alone.

Code	Documented diagnosis
I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I16.9	Hypertensive crisis, unspecified

Also report any identified hypertensive disease from I10-I15 or I1A, as applicable. Sequencing is based on the circumstances of the encounter.

Hypertensive Crisis: Urgency vs. Emergency



I16.0

Hypertensive urgency

Severe elevation in blood pressure without evidence of acute organ damage.



I16.1

Hypertensive emergency

Severe elevation in blood pressure with evidence of acute organ damage.



I16.9

Hypertensive crisis, unspecified

Severe elevation in blood pressure without further specification.



IMPORTANT:

I16.0, I16.1, and I16.9 are never coded alone. Always also report an underlying hypertension code from I10–I15.

Crisis terminology must come from provider documentation; severe blood pressure alone is not enough.

Example: hypertensive urgency

Known essential hypertension with documented hypertensive urgency: I16.0 + I10. Sequence according to the circumstances of the encounter.



9. Common coding mistakes to avoid

Hypertension Coding:

4 Common Mistakes to Avoid

	ERROR		FIX
1	I10 billed with I11, I12, or I13	→	Drop I10. The combination code includes it.
2	I11.0 or I13.0 without I50.-	→	Add the heart failure type.
3	I12 or I13 without N18.-	→	Add the CKD stage.
4	I16 billed alone	→	Add the underlying I10 to I15 code.

Spot the error. Apply the guideline. Code with confidence.

Four high-yield hypertension errors to recognize before the CPC exam.

- Do not report I10 with I11, I12, or I13 when the combination code already includes the hypertension relationship.
- Do not use I11 simply because CAD is documented.
- Do not omit N18.- when I12 or I13 requires CKD stage.
- Do not omit I50.- when heart failure type is required with I11.0 or the appropriate I13 code.
- Do not code I16 from a severe blood-pressure reading without provider documentation of crisis, urgency, or emergency.
- Do not treat uncontrolled and resistant hypertension as synonyms.
- Do not ignore an explicit provider statement that conditions are unrelated.

10. CPC exam strategy

When hypertension appears in a CPC-style question, work through the case in the same order every time:

1. Confirm that hypertension is actually diagnosed. If there is only an elevated reading with no diagnosis, think R03.0.
2. Look for CKD or a qualifying heart condition. Check whether the provider states that the conditions are unrelated.
3. If heart failure is present, identify the type. If CKD is present, identify the stage.
4. Look for secondary, resistant, urgency, emergency, or crisis terminology.
5. Follow the code into the Tabular List and read every additional-code and sequencing instruction.

Process reminder

Index first when appropriate, then confirm the code and all instructional notes in the Tabular List. Memory tricks help with recall, but they do not replace code-book verification.

Quick knowledge check

1. Hypertension + CKD stage 2; no unrelatedness documented. Which family?
2. Hypertension + chronic systolic heart failure. Which family?
3. Hypertension + chronic diastolic heart failure + CKD stage 5. Which family?
4. Documented hypertensive emergency in a patient with essential hypertension. Which codes?
5. Elevated BP reading with no diagnosis of hypertension. Which code?
6. Hypertension and native-vessel CAD without angina, with no qualifying hypertensive heart condition. Is I11 presumed?

11. Answer key and rationales

#	Answer	Why
1	I12.9 + N18.2	Hypertension and CKD are presumed related unless documented otherwise; N18.2 identifies stage 2.
2	I11.0 + I50.22	Heart failure is a qualifying hypertensive heart condition; I50.22 identifies chronic systolic heart failure.
3	I13.2 + I50.32 + N18.5	I13.2 captures hypertension with heart failure and stage 5 CKD; add the heart-failure type and CKD stage.
4	I16.1 + I10	I16.1 reports hypertensive emergency; the identified underlying essential hypertension is also coded. Sequence by encounter circumstances.
5	R03.0	An elevated reading without a hypertension diagnosis is not coded as I10.
6	No. I10 + I25.10 when applicable	CAD alone does not create the presumed hypertensive heart-disease relationship.

Official references

CMS/NCHS, FY 2027 ICD-10-CM Official Guidelines for Coding and Reporting, Section I.C.9.a (Hypertension), effective October 1, 2026. [CMS FY 2027 Guidelines](#)

CMS FY 2027 ICD-10-CM files and code-set resources. [CMS ICD-10 resources](#)

Final reminder

Educational material. Always verify the Alphabetic Index, Tabular List, code-specific notes, and current official guidelines when assigning codes to an actual encounter.