

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.-)

Hypertensive diseases (I10-I16)

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)

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

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 potentially avoidable event and is a process measure.

Items **M1810** and **M1820** impact PDGM functional impairment calculation and value based purchasing.

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

Item **M1840** impacts PDGM functional impairment calculation and is a potentially avoidable event.

Item **M1860** impacts PDGM functional impairment calculation, value based purchasing and five-star ratings, is a potentially avoidable event and a quality measure publicly reported, and is a process 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**