

Internal Medicine Coding Alert

Reader Question: White Coat Hypertension

Question: Our physician recently diagnosed a patient with "white coat hypertension." I want to know what this condition indicates and whether or not it is a covered diagnosis. If so, what codes will I have to use to report this diagnosis?

Nebraska Subscriber

Answer: Your clinician will diagnose a patient with white-coat hypertension when he records high blood pressure readings in the doctor's office, but normal readings in other settings. If your clinician diagnoses a patient with white coat hypertension, you can report it with 796.2 (Elevated blood pressure reading without diagnosis of hypertension). Per ICD-9, this category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an incidental finding. The ICD-9 index lists it under transient hypertension. The ICD-10 equivalent to 796.2 is R03.0 (Elevated blood pressure reading, without diagnosis of hypertension).

For your clinician to arrive at a diagnosis of white coat hypertension, he will have to record ambulatory blood pressure monitoring (ABPM) for a minimum period of 24 hours. You report one of the following codes for recording of the ABPM:

- 93784 (Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report)
- 93786 (...recording only)
- 93788 (...scanning analysis with report)
- 93790 (...review with interpretation and report)
- In addition to supplying 796.2 for Medicare patients, you also have to prove that the patient meets Medicare's criteria for white-coat hypertension. According to Medicare Claims Processing Manual, Chapter 32, Section 10, a diagnosis of white coat hypertension should be suspected when a patient has all three of the following:
- Clinic/office blood pressure greater than 140/90 mm Hg on at least three separate clinic/office visits with two separate measurements made at each visit
- At least two documented separate blood pressure measurements taken outside the clinic/office that are less than 140/90 mm Hg
- No evidence of end-organ damage.