Chronic Kidney Disease

Coding Tips & Guidelines[1]

Staging Chronic Kidney Disease				
Stage	**Severity**	**ICD-10**	**GFR Value**	**Renal Function**
Stage 1	Mild Kidney Damage	N18.1	GFR > 90 ml/min/1.73 m2	100-90%
Stage 2	Mild	N18.2	GFR 60-89 ml/min/1.73 m2	89-60%
Stage 3a	Mild to Moderate	N18.31	GFR 45-59 ml/min/1.73 m2	59-30%
Stage 3b	Moderate to Severe	N18.32	GFR 30-44 ml/min/1.73 m2	
Stage 3	Unspecified Stage 3	N18.30		
Stage 4	Severe	N18.4	GFR 15-29 ml/min/1.73 m2	
Stage 5	Kidney Failure	N18.5	GFR < 15 ml/min/1.73 m2	29-15%
ESRD	Requires Dialysis or Transplant	N18.6	GFR < 15 ml/min/1.73 m2	< 15%
Unspecified	Unspecified CKD	N18.9	Renal disease, renal insufficiency and renal failure NOS.	

Stages 3a, 3b and 3 in the bolded box are new.

Note: Glomerular filtration rate (GFR) can be used as supporting documentation for renal insufficiency, renal failure or other renal diseases documented by the physician; however, the value cannot be interpreted to stage CKD or any other renal conditions.

CKD with multiple stages:

- Acute on Chronic Kidney Failure stage 4
  - code both N179 (AKI) and N184, sequence according to circumstances of encounter
- PMH/Problem list/Assessment documents CKD 3, CKD 4 separately
  - code CKD 4
- PMH documents CKD 5, Assessment documents CKD 4
  - code CKD 4
- PMH/Problem List/Assessment documents CKD 4/5 on dialysis with current support of dialysis
  - code CKD 4/5
  - N18.6, End Stage Renal Disease (ESRD), is assigned when provider has documented ESRD
- PMH/Problem List/Assessment documents CKD and ESRD separately
  - Code ESRD only

Diabetes and CKD:

- Causal link assumed when diabetes and CKD, Stage 1 through ESRD (N18.1 - N18.6) is documented anywhere in the note as long as there is no conflicting information questioning the validity of the diagnosis
- E13.22, E11.22 & E10.22 has an instructional note to "Use an additional code to identify stage of chronic kidney disease" (N18.1-N18.6)
  - The ICD-10 "with" guideline applies only applies to unspecified CKD when CKD, unspecified (N18.9) has been assessed.

Example 1: Pt has DM in PMH only, and CKD is assessed somewhere in the note with no conflict to its validity.

RATIONALE: Causal link can be applied because the linked condition is addressed

Example 2: Pt has CKD in PMH only, and DM is assessed.

RATIONALE: No causal link can be applied because the condition is not being assessed.

Hypertensive CKD

- Presumed linkage when patient has both HTN and CKD.
- Assign code from category I12
- Code conditions separately only if documentation specifies cause other than HTN
- Use an additional code to identify stage of chronic kidney disease
  - Stg 1-4 or unsp. (N18.1-N18.4,N18.9) or
  - Stg 5 or ESRD (N18.5-N18.6)

Dependence on Renal Dialysis:

- Code when there is presence/ documentation of an arteriovenous shunt/ fistula for Dialysis - Z99.2
- Code Z91.15, Patient's noncompliance with renal dialysis, when explicitly stated.

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HEDIS® Measures

HEDIS Measures	
Attention for Nephropathy	**Kidney Health Evaluation for Patients with Diabetes**
Members ages 18–75 with diabetes (type 1 and type 2) who had medical attention for nephropathy.	Members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR).
Urine Test CPT® 81000-81003, 81005, 82042-82044, 84156 CPT II® 3060F- 3062F	**Estimated Glomerular Filtration Rate (eGFR)** CPT 80047, 80048, 80050, 80053, 80069, 82565
Nephropathy Treatment ACE/ARB, Dx of ESRD/Stage 4 CKD, kidney transplant status, in care of nephrologist (ICD-10 Specific coding can be used to close gaps) CPT II 3066F, 4010F	**Urine Albumin-Creatinine Ration (uACR)** CPT 82043, 82570

The educational material herein complies with accepted ICD-10 guidelines and is for general supplemental purposes only. The information herein is not guaranteed to be complete, free of errors, or the most current revision. It is the responsibility of the provider to document accurate and complete codes, clinical rationale, and medical services rendered to support appropriate ICD-10 code(s) according to official billing and coding guidelines, procedures, and regulations.