MONTHLY TIPS AND TRICKS:
KIDNEY DISEASE

DID YOU KNOW?

According to the National Institutes of Health (NIH)*:

- Diabetes is the leading cause of kidney disease. The NIH guides providers to:
  - Annually assess urine albumin excretion in adults and children with type 1 diabetes with diabetes duration of more than 5 years and in adults and children with type 2 diabetes starting at diagnosis.
  - Use an ACE inhibitor or an ARB to manage nonpregnant people with hypertension and diabetes. Patients without hypertension and with urine albumin-to-creatinine ratio (UACR) higher than 300 mg/g should also receive an ACE inhibitor or ARB.

CODING FOR CKD:

- A cause-and-effect relationship between CKD and hypertension is assumed. Whenever documentation supports the two conditions, code category I12 or I13 should be referenced.
- For all other conditions the cause-and-effect relationship must be explicitly stated by the provider. Coders cannot assume causality unless coding guidelines directly state to assume the connection.

EXAMPLES (blue font indicates code risk adjusts):

Diagnostic Statement:	ICD-10 Code(s):
Chronic kidney disease (unspecified stage)	**N18.9**
Chronic renal insufficiency	**N18.9**
Stage IV CKD; hypertension	**I12.9, N18.4**
End stage renal disease	**N18.6**
Acute renal insufficiency	**N28.9**
Acute renal failure	**N17.9**
Chronic kidney disease, stage 5 requiring chronic dialysis	**N18.6, Z99.2**
Noncompliant with renal dialysis	**Z91.15**
Acute renal disease	**N28.9**

CODING TIPS

First three characters N18.- indicates code category for CKD. Fourth character is assigned according to stage.

EXAMPLES:

Chronic kidney disease, unspecified.....N18.9
Chronic kidney disease, stage 1.....N18.1
Chronic kidney disease, stage 2 (mild) N18.2
Chronic kidney disease, stage 3 (moderate) N18.3
Chronic kidney disease, stage 4 (severe).....N18.4
Chronic kidney disease, stage 5.....N18.5
End stage renal disease N18.6

N17 – is the category for **acute** kidney failure or injury. Do not assign a code from this category if the documented diagnosis is acute renal insufficiency (N28.9).

DOCUMENTATION CONSIDERATIONS

Specify the stage of CKD. The diagnosis of CKD cannot be coded from diagnostic reports alone, nor can it be documented from GFR or any statement of severity such as “moderate”.

Specify any causal relationship(s) with other comorbidities (e.g. “Stage 4 CKD due to diabetes”).

Specify if the patient is dependent on dialysis.

Specify if the patient has an AV fistula (or graft), and document its status (e.g. [im]mature, [non]functioning, etc).

QUALITY REPORTING

Close HEDIS gaps in care quickly by submitting these CPT codes when appropriate (not an exhaustive list):

3060F *Positive microalbuminuria test result documented and reviewed*

3061F *Negative microalbuminuria test result documented and reviewed*

3066F *Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist)*

4010F *Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken*

*https://www.niddk.nih.gov/health-information/communication-programs/ndep/health-professionals/guiding-principles-care-people-risk-diabetes