

Focus on Chronic Kidney Disease (CKD)

March is National Kidney Month



Quick Facts

- Approximately 26 million Americans and 39.4% of people age 60 and older have chronic kidney disease (CKD).^{1,2}
- Hypertension and diabetes are the most common causes of CKD and end stage renal disease (ESRD). Together they account for 68% of ESRD.^{3,4}
- African-Americans, Hispanics, Native Americans and Pacific Islanders have up to a four times increased risk for CKD and ESRD.³
- In 2007, the ESRD program cost \$35.32 billion in public and private spending.⁵
- Up to 74% of CKD cases may be undiagnosed or unreported.⁵
- Poor survival of CKD patients is often due to premature cardiovascular disease including coronary heart disease, cerebrovascular disease and/or peripheral vascular disease.⁶

Who Should be Screened^{4,6,7}

- Those with diabetes and hypertension
- Those with a family history of CKD, diabetes, or hypertension
- Ethnic minorities
- All seniors age 65 and older
- Those recovering from acute renal failure
- Seniors with urinary tract infection or stones
- Those with cardiovascular disease

Screening should include calculated glomerular filtration rate (GFR) and urine protein assessment.

Documentation Tips and Coding Highlights

CKD: The diagnosis of CKD cannot be coded from diagnostic reports alone. Documentation in the progress note should clearly state: review of reports, pertinent findings and the stage of CKD, including the GFR.⁸

CKD and Diabetes: There is no presumed linkage between diabetes and CKD. It must be implied (diabetic) or a causal relationship stated (due to diabetes).

CKD and Hypertension: ICD-9 assumes a relationship when a patient has both renal disease and hypertension (cause and effect link). Both conditions, chronic kidney disease (staged) and hypertension, must be documented.⁸

CKD, Hypertension and Heart Disease: There is no presumed linkage between hypertension and heart disease. It must be implied (hypertensive) or a causal relationship stated (due to hypertension).⁸

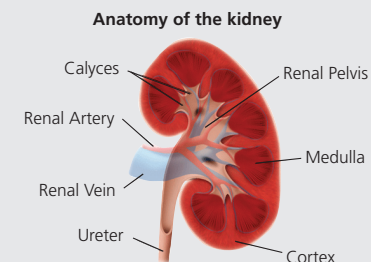
Kidney Failure: It is important to specify the type of kidney failure — acute or chronic — and the cause of the kidney failure, if known. If kidney failure is chronic, document the stage of the CKD.

Acute Renal Failure: If patient has temporary dialysis, document it and code **V45.11**.⁸

*Use additional code to identify kidney transplant status (V42.0), renal dialysis status (**V45.11**) or noncompliance with renal dialysis (**V45.12**), if applicable.

Diagnosing and Staging CKD⁷

Diagnosis is based on eGFR calculated on metabolic panels and yearly urine microalbumin testing. Many labs now calculate eGFR on all labs and use the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation. This equation does not require patient weight and is recommended for use by the National Institutes of Health and National Kidney Foundation.



Staging Chronic Kidney Disease^{9*}

Stage	Severity	GFR Values	ICD-9-CM
Stage I		GFR ≥ 90 mL/min with kidney damage*	585.1
Stage II	Mild	GFR 60-89 mL/min with kidney damage*	585.2
Stage III	Moderate	GFR 30-59 mL/min	585.3
Stage IV	Severe	GFR 15-29 mL/min	585.4
Stage V	Kidney Failure	GFR < 15 mL/min	585.5
	ESRD	Requiring chronic dialysis or transplantation	585.6
CKD Unsp.		Chronic Kidney Disease, unspecified	585.9

The goal of treatment in Stage I and Stage II CKD should be to HALT if not REVERSE progression. The goal in the later stages of CKD is to DELAY progression. Aggressive treatment of early stage CKD should improve survival in this challenging patient population.

*CKD is defined as either kidney damage or GFR < 60mL/min/1.73 m² for ≥ 3 months. Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests (e.g., untimed spot urine albumin/creatinine ratio) or imaging studies.⁷

¹ CDC/Department of Health and Human Services, "Prevalence of Chronic Kidney Disease and Associated Risk Factors." *Morbidity and Mortality Weekly Report* 56(08)(2007):161-165.

² Chronic Kidney Disease (CKD) *National Kidney Foundation*. National Kidney Foundation. 27 Oct. 2011. Web. <<http://www.kidney.org/kidneydisease/ckd/index.cfm>>.

³ "Kidney and Urologic Diseases Statistics for the United States." *National Kidney and Urologic Diseases Information Clearinghouse*. 27 Oct. 2011. Web. <<http://kidney.niddk.nih.gov/kudiseases/pubs/kustats/index.htm>>.

⁴ National Institute of Diabetes and Digestive and Kidney Diseases, Healthy People 2010, Chronic Kidney Disease Draft Chapter. 27 Oct. 2011. Web. <<http://www2.niddk.nih.gov/AboutNIDDK/CommitteesAndWorkingGroups/KUHDIC/KidneySubcommittee/2010.htm>>.

⁵ Ryan, T.P., et al., "Chronic kidney Disease Prevalence and Rate of Diagnosis". *The American Journal of Medicine, Volume 120*, Issue 11, November 2007, Pages 981-986.

⁶ National Kidney Foundation. KDOQI Clinical Practice Guidelines for Managing Dyslipidemias in Chronic Kidney Disease. *Am J Kidney Dis* 41:S1-S92, 2003 (suppl 3).

⁷ National Kidney Foundation, "KDOQI Clinical Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification and Stratification." *American Journal of Kidney Disease* 39: 2002 supplement 1.

⁸ World Health Organization, *Professional: ICD-9-CM for Physicians—Volumes 1 & 2*. Alexandria, VA: Ingenix, 2011, October. Print.

⁹ Ingenix, *Coders' Desk Reference For Diagnoses*. 2012. Alexandria, VA: Ingenix, 2011: 508.