

Documentation & Coding of Chronic Kidney Disease (CKD)

The National Kidney Foundation Kidney Disease Outcomes Quality Initiative™ (NKF KDOQI) guidelines for chronic kidney disease (CKD) promote classification of all individuals with CKD into one of five stages. In order to be considered CKD Stage I or Stage II, the guidelines specify that there must be evidence of kidney damage as defined in the table below (e.g. abnormal untimed spot urine albumin/creatinine ratio or microalbumin-sensitive dipstick). For these patients, the Glomerular Filtration Rate (GFR) would determine whether they were Stage I (slightly increased or normal GFR) or Stage II (mild reduction of GFR).¹ Because different stages of CKD require different interventions, it is clinically important to specify the exact stage of CKD that a patient may have.

In addition, the guidelines also specify that documented evidence of kidney damage is not required if the GFR falls below 60 ml/min/1.73 m².

Diagnosing CKD

The diagnosis of CKD cannot be coded from diagnostic reports (e.g., lab reports) alone. The review of the diagnostic reports should be documented in the progress note, a clinical rationale regarding pertinent findings noted and the stage of the CKD clearly stated.^{2,3}

Note: The diagnosis of CKD requires at least two abnormal markers of damage or two abnormal GFRs persisting ≥ 3 months.⁴

Staging Chronic Kidney Disease^{2,3}

Note: All stages need to be chronic, not a one time event.

Stage	Severity	GFR Value	ICD-9 Codes
Stage I	Normal or Slightly ↑ GFR	GFR ≥ 90 ml/min/1.73 m ² with kidney damage*	585.1
Stage II	Mild	GFR 60-89 ml/min/1.73 m ² with kidney damage*	585.2
Stage III	Moderate	GFR 30-59 ml/min/1.73 m ²	585.3
Stage IV	Severe	GFR 15-29 ml/min/1.73 m ²	585.4
Stage V	Kidney Failure	GFR < 15 ml/min/1.73 m ²	585.5
	ESRD	Requiring chronic dialysis or transplantation	585.6
CKD Unsp.	CRD, CRF NOS or CRI	Chronic Kidney Disease, unspecified	585.9

- Assign **V45.11** for "dialysis status" or **V45.12** for "noncompliance with renal dialysis" with regard to all **585.6** and some **585.5**; assign **V42.0** for "kidney transplant status."³
- CKD is defined as either kidney damage or GFR < 60 ml/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 microalbumin-sensitive dipstick) or imaging studies. Thus, patients can have chronic kidney disease with a normal estimated GFR.*

ICD-9-CM instructs the coder to use an additional code to identify kidney transplant status, if applicable (V42.0). A kidney transplant may not fully restore kidney function; therefore, patients who have undergone a kidney transplant may still have some form of CKD. Code V42.0, Kidney replaced by transplant, may be assigned in addition to the appropriate CKD code, based on the patient's post-transplant stage.

If a patient is on renal dialysis or if an arterial-venous shunt is present, code also **V45.11**. If a patient is noncompliant with dialysis, code also **V45.12**.

Patients that have had a kidney transplant where documentation indicates the presence of failure or rejection, assign code 996.81, Complication of kidney transplant, followed by a code to identify the nature of the complication.

1. National Kidney Foundation, "KDOQI Clinical Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification and Stratification." American Journal of Kidney Disease 39: 2002 supplement 1.
 2. OptumInsight, Coders' Desk Reference For Diagnoses. 2013. Alexandria, VA: OptumInsight, 2012.
 3. World Health Organization: ICD-9-CM for Providers, Professional Ed. Volumes 1&2. 2013. Alexandria, VA: OptumInsight, 2011
 4. "Frequently Asked Questions About GFR Estimates." National Kidney Foundation, 2013. Web. <http://www.kidney.org/professionals/kls/pdf/12-10-4004_KBB_FAQs_AboutGFR-1.pdf>.

CKD Documentation Tips

- **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.
- **CKD and Diabetes:** There is no presumed linkage between diabetes and CKD. It must be implied (i.e. diabetic nephropathy) or a causal relationship stated (i.e. chronic kidney disease due to diabetes).
- **CKD and Hypertension:** ICD-9-CM assumes a relationship when a patient has both chronic renal disease and hypertension (cause-and-effect link). Both conditions, chronic kidney disease (staged) and hypertension, must be documented.
- **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).
- **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**.

Coding Examples

Examples of progress notes reflecting the cause and effect linkage when kidney disease is documented as due to diabetes, when CKD is present with hypertension and the accurate reporting of ICD-9 codes:

Coding Example #1

The patient has Stage 3 chronic kidney disease secondary to type 2 diabetes.

250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled
585.3	Chronic kidney disease, Stage III (moderate)

Coding Example #2

The patient has type 2 diabetes with diabetic nephropathy.

250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled
583.81	Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere

In this case, the clinician did not document the presence of chronic kidney disease in the progress note, so it would be incorrect to use code 585.X.

Coding Example #3

The patient has nephropathy due to diabetes with hypertension, and CKD Stage 4.

250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled
403.90	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified
585.4	Chronic kidney disease, Stage IV (severe)

Due to the updated, clinically revised CMS-HCC risk adjustment model for Payment Year 2014, the bolding of ICD-9-CM codes has been revised to reflect:

- **Red = Risk adjusts in only the 2013 CMS-HCC model**
- **Black = Risk adjusts in both the 2013 CMS-HCC model and the 2014 CMS-HCC model**
- **Orange = Risk adjusts in only the 2014 CMS-HCC model**

Note: The 2014 Payment Year model is a blend of the 2013 CMS-HCC model (25%) and the 2014 CMS-HCC model (75%).



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Optum does not warrant that this easy reference guide, supplied for informational purposes, is complete, accurate or free from defects; the ICD-9-CM code book is the authoritative reference. Records should reflect a practitioner's clinical "thought process," coding and documenting the status and treatment of all conditions affecting the patient to the most specific level. In 2013, CMS announced an "updated, clinically revised CMS-HCC risk adjustment model" that differs from the proposed model. See: www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2014.pdf, www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2014.pdf and www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html.

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