

Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

March 2021

Chronic Kidney Disease

Chronic kidney disease (CKD) is the gradual, and often permanent, loss of kidney function. It is a progressive condition that can result in significant morbidity and mortality. The condition is common in the elderly and impacts the Medicare Advantage population.

Two of the most notable causes of CKD are hypertension (HTN) and diabetes mellitus (DM). Patients with these conditions and a family history of kidney failure are at a higher risk for developing CKD and should be monitored closely.

Characteristics of CKD

- Kidney disease is often considered to be a silent disease due to the lack of symptoms and can go unnoticed until it reaches an advanced state. Timely detection and treatment can slow and prevent its progression.
- When kidney function is compromised, it is defined as renal or kidney failure.
- The decrease in renal function can progress very slowly or very quickly. Chronic failure progresses gradually over at least three months and can lead to permanent renal failure.
- CKD has countless causes, but DM and HTN are the most frequent.
- The diagnosis of CKD involves at least two abnormal markers of damage or two anomalous glomerular filtration rates (GFRs) persisting for more than three months.
- CKD is staged according to GFR results with formulas designed for infant/children and adults.



Physician Documentation for CKD

Physician documentation should include:

- Presence or absence of any current symptoms related to CKD (e.g., fatigue, weakness, changes in urine output)
- Current physical exam findings (e.g., elevated blood pressure, edema, weight loss)
- Related diagnostic tests (e.g., GFR, albumin-to-creatinine ratio)
- Presence of a surgically placed arteriovenous shunt for dialysis
- CKD to the highest specificity along with the stage of CKD
 - Remember, coders are not allowed to code the stage based on the GFR; rather, the specific stage must be explicitly stated in the progress note.

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Physician Documentation for CKD *(continued)*

- Current status (e.g., stable, worsening, improved)
- Cause, if known
- Specific and concise treatment plan for CKD
- Referrals made or consultations requested, if any
- Specific details of current dialysis status (e.g., hemodialysis, peritoneal dialysis, frequency)

Coding CKD

CKD classifies to category N18. **Provider documentation must explicitly state the stage of CKD to ensure accurate code assignment.**

Stage	GFR	Description	ICD-10 Code
1	>90	Normal kidney function, but urine findings, structural abnormalities or genetic trait points to kidney disease	N18.1
2	60-89	Mildly reduced kidney function, and other findings (as for stage 1) point to kidney disease	N18.2
3 (unspec)	30-59	Moderately reduced kidney function; there is some damage to kidneys, and they are not working as well as they should	N18.30
3a	45-59	Mild to moderate reduced kidney function	N18.31
3b	30-44	Moderate to severe reduced kidney function	N18.32
4	15-29	Severely reduced kidney function	N18.4
5	<15	Kidney failure not requiring dialysis	N18.5
6	<15	End stage renal disease (ESRD) requiring dialysis	N18.6

New ICD-10 codes

CKD stage 3, moderate kidney disease, now has additional stages:

- N18.30 for CKD stage 3, unspecified
- N18.31 for CKD stage 3a, GFR 45 thru 59
- N18.32 for CKD stage 3b, GFR 30 thru 44

CKD and Underlying Causes

The ICD-10-CM code book has instructional notes for coding the underlying cause:

- Diabetic CKD (E08.22, E09.22, E10.22, E11.22, E13.22)
- Hypertensive CKD (I12-, I13-)

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CKD and Underlying Causes *(continued)*

CKD and Diabetes Mellitus

- In ICD-10-CM, more than one code is required for patients with diabetic CKD. A combination code indicating the type of diabetes with diabetic CKD is needed, along with a code identifying the stage of CKD.
- There is an assumed cause-and-effect relationship between diabetes and CKD when both conditions are documented in the medical record per the ICD-10 coding guidelines. Unless the documentation specifically states that diabetes is *not* the cause of CKD, the conditions should be coded separately.
- It is also advised to use an additional code to identify dialysis status (Z99.2), if applicable. Use code N18.6, end-stage renal disease, for CKD that requires chronic dialysis.

CKD and Hypertension ICD-10-CM Coding Guidance

According to the ICD-10-CM Official Coding Guidelines (as of Oct. 1, 2016), “The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement...these conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated.”

Hypertensive CKD

- Category I12 (hypertensive CKD) applies when both HTN and CKD are stated as diagnoses. If the documentation specifically identifies a different cause, CKD should not be coded as hypertensive. (Reference table below for additional coding guidance.)

Hypertensive heart and CKD

- Combination category I13 (hypertensive heart and CKD) applies when both hypertensive heart disease and hypertensive kidney disease are stated as diagnoses. (Reference table below for additional coding guidance.)
- Category I13 includes the conditions from I11 and I12 categories. If a patient has hypertension, heart disease and CKD, only a code from I13 should be used. Do not use individual codes for hypertension, heart disease and CKD, or codes from I11 or I12.

ICD-10 Code	Description	Additional codes needed to identify
I12.0	Hypertensive CKD stage 5 or ESRD	Stage of CKD (N18.5, N18.6)
I12.9	Hypertensive CKD stage 1-4 or unspecified	Stage of CKD (N18.1-N18.4 and N18.9)
I13.0	Hypertensive heart (with failure) and CKD stage 1-4 or unspecified	Heart failure (I50.-) and stage of CKD (N18.1-N18.4 and N18.9)
I13.10	Hypertensive heart (without failure) and CKD stage 1-4 or unspecified	Stage of CKD (N18.1-N18.4 and N18.9)
I13.11	Hypertensive heart (without failure) on CKD stage 5 or ESRD	Stage of CKD (N18.5-N18.6)
I13.12	Hypertensive heart (with failure) on CKD stage 5 or ESRD	Heart failure (I50.-) and stage of CKD (N18.5-N18.6)

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Earn CEUs Through Coding Webinars

We offer on-demand webinars that provide details about how to support diagnoses, per the Centers for Medicare & Medicaid Services and U.S. Department of Health and Human Services guidelines. These courses are updated for 2020-21 and are eligible for 1.5 continuing education unit credits each.

Topics include:

- Atrial fibrillation
- Diabetes
- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Major depression
- Mental health
- Rheumatoid arthritis



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References

- Journal of AHIMA
- ICD-10-CM Official Guidelines for Coding and Reporting FY 2021
- Risk Adjustment Documentation and Coding AMA
- ICD-10-CM coding manual
- National Kidney Foundation
- American Hospital Association Coding Clinic



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