

# Documenting and Coding Tips: Chronic kidney disease (CKD)

## Medicare Advantage

CKD is estimated to affect 37 million, or 15% of the U.S. adult population.<sup>1</sup> The National Kidney Disease Outcomes Quality Initiative guidelines for CKD promote classification of all individuals with CKD into one of five stages. The different stages of CKD require different interventions to slow the progression of disease, thus, it is clinically important to stage CKD. Screening for CKD should include people at risk, those with a family history or current condition of hypertension, and/or diabetes or any renal disease.

### Staging chronic kidney disease<sup>2</sup>

Note: CKD is defined as either kidney damage or glomerular filtration rate (GFR) < 60 ml/min/1.73 m<sup>2</sup> for ≥ 3 months.

Stage/Severity	GFR value/Description	ICD-10-CM codes	HCC
Stage 1 (Normal or high GFR)	GFR ≥ 90 ml/min/1.73 m <sup>2</sup> with kidney damage*	N18.1	Not an HCC
Stage 2 (Mild)	GFR 60-89 ml/min/1.73 m <sup>2</sup> with kidney damage*	N18.2	Not an HCC
Stage 3 (Moderate)	GFR 30-59 ml/min/1.73 m <sup>2</sup> (stage 3, unspecified)	<b>N18.30</b> +	138
	GFR 45-59 ml/min/1.73 m <sup>2</sup> (stage 3a)	<b>N18.31</b> +	
	GFR 30-44 ml/min/1.73 m <sup>2</sup> (stage 3b)	<b>N18.32</b> +	
Stage 4 (Severe)	GFR 15-29 ml/min/1.73 m <sup>2</sup>	<b>N18.4</b>	137
Stage 5 (Kidney failure or ESRD)	GFR < 15 ml/min/1.73 m <sup>2</sup>	<b>N18.5</b>	136
	Requiring chronic dialysis or transplantation	<b>N18.6</b>	
CKD unspecified	Chronic kidney disease, unspecified (CRD, CRF NOS or CRI)	N18.9	Not an HCC

\*Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests (for example, untimed spot urine albumin/creatinine ratio or microalbumin-sensitive dipstick) or imaging studies.

### Dialysis and kidney transplant

ICD-10-CM codes	Description	HCC
<b>Z99.2</b>	Dependence on renal dialysis or presence of arteriovenous (AV) shunt for dialysis	134
<b>Z91.15</b>	Patient's noncompliance of renal dialysis	
Z94.0	Kidney transplant status Note: Patients may still have CKD, because the kidney transplant may not fully restore kidney function.	Not an HCC

### Secondary hyperparathyroidism of a renal origin (SHPT)

SHPT is a consequence of CKD. Patients with stage 3, 4 and 5 CKD are at risk of SHPT.

Note: Use additional code to identify stage of chronic kidney disease (N18.1-N18.6).

ICD-10-CM code	Description	HCC
<b>N25.81</b>	Secondary hyperparathyroidism of renal origin	23

Consider reviewing Optum tools related to coexisting conditions such as diabetes, hypertension and malnutrition, if applicable.

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2021: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2021.

Codes marked with a + directly after them represent new additions to the FY 2021 ICD-10-CM code classification.

Optum360 ICD-10-CM: Professional for Physicians 2021. Salt Lake City, UT: 2020.

1. Centers for Disease Control and Prevention. Chronic Kidney Disease in the United States, 2019. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2019. <https://www.cdc.gov/kidneydisease/publications-resources/2019-national-facts.html>. Accessed November 4, 2020.

2. Guidelines and commentaries. National Kidney Foundation. [https://www.kidney.org/professionals/guidelines/guidelines\\_commentaries](https://www.kidney.org/professionals/guidelines/guidelines_commentaries). Accessed November 4, 2020.

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2020, the Centers for Medicare & Medicaid Services (CMS) announced that 2020 dates of service for the 2021 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. Website: <https://www.cms.gov/files/document/2021-announcement.pdf>.

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### CKD documentation and coding tips

- **CKD:** Document the stage of CKD. The diagnosis of CKD cannot be coded from a GFR value alone, since it cannot imply the stage. If both a stage of CKD and ESRD are documented, assign code **N18.6** only (for ESRD).
- **ICD-10-CM presumes a causal relationship between diabetes (E11.22), hypertension (I12.-) and hypertensive heart disease (I13.3-),** unless the documentation states they are unrelated.
- **Acute renal failure:** If patient has temporary dialysis, document appropriately and code **Z99.2** (dialysis status).