



Documentation and Coding Chronic Kidney Disease



About 37 million people in the U.S. are estimated to have chronic kidney disease (CKD), according to the [Centers for Disease Control and Prevention \(CDC\)](#). Accurately and completely coding and documenting CKD can **capture our members' health status**. Below is information for outpatient and professional services from the [ICD-10-CM Official Guidelines for Coding and Reporting](#).

Coding for CKD

- CKD is divided into stages based on estimated glomerular filtration rate (eGFR) test results and how well the kidneys are filtering blood. The appropriate code for **the applicable stage of CKD is required**, according to [ICD-10-CM guidelines](#). (See the chart.)
- **Avoid using unspecified diagnosis codes** (N18.30 and N18.9) if more information from a provider is available to determine the level of specificity.

ICD-10 Code	Description
N18.1 CKD, stage 1	Kidney damage eGFR >90
N18.2 CKD, stage 2	Kidney damage mild eGFR 60-89
N18.30 CKD, stage 3 unspecified	Moderate CKD
N18.31 CKD, stage 3a	Moderate eGFR 45-59
N18.32 CKD, stage 3b	Moderate eGFR 30-44
N18.4 CKD, stage 4	Severe eGFR 15-29
N18.5 CKD, stage 5	Severe eGFR <15
N18.6 CKD, stage 6 or end-stage renal disease (ESRD)	Severe eGFR <15 (requiring dialysis)
N18.9 CKD, unspecified stage	Stage not indicated



Documenting Specificity

ICD-10-CM guidelines state that CKD can be assumed “due to” both hypertension and diabetes, even in the absence of the provider linking them, unless the CKD is linked by a provider to another condition or the provider clearly states the conditions are unrelated. Include the more specific codes for **the underlying cause**. (See the chart.)

Also specify:

- Acute vs. chronic kidney disease
- The stage of CKD; avoid listing multiple stages
- Any complications

Note that renal insufficiency (N28.9) is a broad term for all stages of kidney impairment, including renal failure. It should be avoided when there is a specific level of kidney decline.

Common errors in documentation include:

- Not adding codes that describe the stage of CKD
- Not linking the condition to underlying causes, such as diabetes and hypertension

ICD-10 Code	Description
E10.22	Type 1 diabetes mellitus with diabetic CKD
E11.22	Type 2 diabetes mellitus with diabetic CKD
I12.9	Hypertensive CKD stage 1-4
I12.0	Hypertensive CKD stage 5-6
I13.0	Hypertensive CKD stage 1-4 with heart failure
I13.10	Hypertensive CKD stage 1-4 without heart failure
I13.11	Hypertensive CKD stage 5-6 without heart failure
I13.2	Hypertensive CKD stage 5-6 with heart failure
N17.9	Acute kidney failure, unspecified
N25.81	Secondary hyperparathyroidism of renal origin
N28.9	Renal insufficiency
Z99.2	Dependence of renal dialysis
Z91.15	Noncompliance with renal dialysis

Documentation Tips

- Include patient demographics, such as name, date of birth and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure providers sign and date all documents.
- Document how each diagnosis was monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Take advantage of the Annual Health Assessment or other yearly preventive exam as an opportunity to capture conditions impacting member care.

Resources

- [ICD-10-CM Official Guidelines for Coding and Reporting](#), “Chronic Kidney Disease” (I.C.14.a) Chapter 14: Diseases of Genitourinary System (N00-N99), “Hypertension” (I.C.9.a) Chapter 9: Diseases of the Circulatory System (I00-I99)
- [CDC Chronic Kidney Disease Basics](#)

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients’ conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Inclusion of a code in this document does not guarantee reimbursement. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.