

CHRONIC KIDNEY DISEASE

- State the cause of CKD; assumed causal relationship with diabetes and hypertension
- Document and code the baseline CKD stage, as well as any acute kidney injury (AKI) that may be present
- If the patient is currently on dialysis or had a kidney transplant, code it separately
- Consider how CKD affects the management of other diseases and report it when necessary

Clinical Concepts

CKD is defined as structural or functional kidney damage or an eGFR <60 mL/min, persisting for >3 months, irrespective of the cause.

- The duration is necessary to distinguish CKD from acute kidney injury (AKI)

CKD Stage/Severity	GFR (mL/min/1.73 m ²)
Stage 1 (normal)	≥90 w/kidney damage*
Stage 2 (mild)	60-89 w/kidney damage*
Stage 3a (moderate)	45-59
Stage 3b (moderate)	30-44
Stage 4 (severe)	15-29
Stage 5 (failure)	<15
End-Stage	<15 Dialysis dependent or requiring kidney transplant

**pathologic abnormalities or markers of damage including blood or urine tests and imaging studies*

Documentation Matters

History – document the date of onset, the presence or absence of current symptoms related to CKD, results of prior diagnostic testing, and any previous medical or surgical interventions including chronic dialysis or kidney transplant.

Exam – a thorough physical exam can provide clues about the potential cause of CKD, such as signs of diabetes, hypertension, or other systemic diseases.

Document any relevant findings, such as:

- Abnormal lab values
- Elevated blood pressure
- Signs of fluid overload or depletion
- Presence of AV shunt for dialysis

Assessment – document the stage of CKD, as well as any associated conditions or contributing factors. Include the current status of CKD (e.g. stable, worsening, improved, etc.).

Plan – document the treatment or management plan for CKD and its etiology. Link associated prescription medications, orders for lab or diagnostic testing,

specialist referrals, and details related to dialysis status, when applicable. Include a timeline for reevaluation or follow-up.

Coding Guidance

In order for accurate code assignment to occur, the following information must be documented in the progress note:

- **Stage**
 - 1 – 5
 - ESRD
 - Dependence on dialysis
 - Noncompliance with dialysis
- **Etiology (If known)**
 - Hypertension
 - Diabetes mellitus
 - Autoimmune disease
 - Atherosclerosis
 - Congenital condition

Document and code only one stage of CKD per encounter. Documentation that includes multiple CKD stages may result in a query for clarification.

ICD-10-CM presumes a causal relationship between CKD, hypertension and diabetes. These conditions should be coded as related unless documentation explicitly states they are unrelated. Use appropriate combination codes to report hypertensive and/or diabetic CKD when they coexist.

Providers are encouraged to clearly document cause-and-effect relationships using linking terms, such as “due to,” “secondary to,” “associated with,” or “related to”.

Do not use “chronic kidney/renal impairment” to describe CKD. Appropriate synonyms for CKD include chronic kidney/renal disease, chronic kidney/renal failure, and chronic kidney/renal insufficiency.

References

[Up to Date: Definition & Staging of CKD in Adults](#)
[ICD-10-CM Official Guidelines for Coding & Reporting](#)

Chronic Kidney Disease Diagnoses

ICD-10-CM	Code Description	HCC Model
N18.1	Chronic kidney disease, stage 1	-
N18.2	Chronic kidney disease, stage 2	-
N18.30	Chronic kidney disease, stage 3, unspecified	CMS
N18.31	Chronic kidney disease, stage 3a	CMS
N18.32	Chronic kidney disease, stage 3b	CMS
N18.4	Chronic kidney disease, stage 4	CMS/HHS
N18.5	Chronic kidney disease, stage 5	CMS/HHS
N18.6	End stage renal disease	CMS/HHS
I12.0	Hypertensive chronic kidney disease with stage 5 CKD or ESRD <ul style="list-style-type: none"> Use additional code to report CKD stage (N18*) 	CMS/HHS
I12.9	Hypertensive chronic kidney disease with stage 1-4 CKD <ul style="list-style-type: none"> Use additional code to report CKD stage (N18*) 	-
I13.0	Hypertensive heart & chronic kidney disease stage 1-4 with heart failure <ul style="list-style-type: none"> Use additional codes to report CKD stage (N18*) and type of HF (I50*) 	CMS/HHS
I13.10	Hypertensive heart & chronic kidney disease with stage 1-4 CKD, without heart failure <ul style="list-style-type: none"> Use additional code to report CKD stage (N18*) 	-
I13.11	Hypertensive heart & chronic kidney disease with stage 5 CKD or ESRD, without heart failure <ul style="list-style-type: none"> Use additional code to report CKD stage (N18*) 	-
I13.2	Hypertensive heart & chronic kidney disease stage 5 or ESRD with heart failure <ul style="list-style-type: none"> Use additional codes to report CKD stage (N18*) and type of HF (I50*) 	CMS/HHS
O10.21*	Pre-existing hypertensive CKD complicating pregnancy	*6 th character required: 1 – first trimester 2 – second trimester 3 – third trimester 9 – unspecified trimester HHS

Additional Diagnoses to Consider

ICD-10-CM	Code Description	HCC Model
D63.1	Anemia in chronic kidney disease	-
E08.22 – E13.22	Diabetes mellitus with diabetic chronic kidney disease <ul style="list-style-type: none"> Specify type of DM 	CMS/HHS
I70.1	Atherosclerosis of renal artery	-
I87.2	Venous insufficiency (chronic) (peripheral)	-
M32.14	Glomerular disease in systemic lupus erythematosus	CMS/HHS
N17*	Acute kidney failure	-
N25.81	Secondary hyperparathyroidism of renal origin	HHS
Z94.0	Kidney transplant status	HHS
Z91.15*	Patient's noncompliance with renal dialysis	-
Z91.A5*	Caregiver's noncompliance with renal dialysis	-
Z99.2	Dependence on renal dialysis	-

*Additional characters needed to complete code