Chronic Kidney Disease

Risk Adjustment Coding Guide

A screening for chronic kidney disease (CKD) should be performed annually. Early detection reduces the risk of disease progression.

A causal relationship, unless documented otherwise, is assumed between chronic kidney disease and diabetes and/or hypertension. These conditions must be documented and coded when both exist.

CKD stages must be documented by a provider and cannot be coded based on lab values alone.

Stages of CKD of all types

Stage	Qualitative Description	GFR (mL/min/1.73 m²)
1	Kidney damage – normal GFR	> 90*
2	Kidney damage – mild ↓ GFR	60-89*
3a	Moderate ↓ GFR	45-59
3b	Moderate ↓ GFR	30-44
4	Severe ↓ GFR	15-29
5	End-stage renal disease	<15

*A GFR >60 mL/min/1.73 m² in isolation is not CKD, unless other evidence of kidney damage is present

CKD, chronic kidney disease; *GFR*, glomerular filtration rate

Acute kidney injury (AKI), as well as the underlying condition, must be documented and coded.

Coding examples

CKD with diabetes type 1	N18.- and E10.22
CKD with diabetes type 2	N18.- and E11.22
Hypertension with CKD	I12.0- and N18.-
Hypertensive heart with CKD	I13.0- and N18.-
Kidney transplant status with ESRD	Z94.0 and N18.6
Renal dialysis with ESRD	Z99.2 and N18.6
AKI due to dehydration	N17.9 and E86.0

Does your documentation have MEAT? (Monitor, Evaluate, Assess, Treat)

All HCC diagnoses must be documented and coded at least once per year.

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