

Provider Education

Quality Documentation & Coding Pearls

Ineke M. Ayubi-Moak, MD

CHRONIC KIDNEY DISEASE

Chronic kidney disease is a serious medical condition that affects 14.8% of the population. The prevalence is rising, and it is associated with an increased risk of hospitalization, cardiovascular events, and death. Since patients are asymptomatic and early detection is important to prevent progression, screening high risk patients annually is imperative.



High risk patients include those with:

- Hypertension
- Diabetes
- Cardiovascular disease (CAD, stroke, atherosclerotic disease, CHF)

CKD is diagnosed when there is evidence of kidney damage (microalbuminuria) or decrease in kidney function (decreased GFR) that lasts more than 3 months.

Staging is based on the severity of the abnormalities and allows for risk stratification:

- Stage I = normal GFR (>90) & microalbumin present
- Stage II = mildly reduced GFR (60-90) & microalbumin present
- Stage III = moderately reduced GFR (30-59)
- Stage IV = severely reduced GFR (15-29)
- Stage V = end stage CKD (<15)
- ESRD = on dialysis

The rate of progression to ESRD varies depending on the cause of the CKD, treatments received, comorbid conditions, socioeconomic status, genetics, and ethnicity (among others). If both a low GFR and microalbuminuria are present, the risk of progression worsens, and larger amounts of protein are associated with worse outcomes. It is important to control glucose levels, blood pressure, and lipids.

Conditions commonly seen with CKD:

- **Diabetes** – 40% of diabetics will develop CKD, and DM is the leading cause of ESRD
- **Atherosclerosis of extremities, aorta, renal arteries, coronaries** – vascular disease is the leading cause of death
- **Peripheral Neuropathy** – uremia is toxic to peripheral nerves, and most patients on dialysis will have some level of neuropathy
- **Secondary Hyperparathyroidism** – pathologic manifestation due to changes in bone and mineral metabolism seen in stages 3, 4, and 5
- **Protein calorie malnutrition** – due to anorexia, nausea, and vomiting from uremia
- **Major Depression** – up to 1/3 of dialysis patients will have depression, and it is associated with higher rates of death
- **Uremic bleeding** – due to platelet dysfunction

CODING TIPS

CKD stages

N18.1	Stage I
N18.2	Stage II
N18.3	Stage III
N18.4	Stage IV
N18.5	Stage V
N19.6	ESRD (on dialysis)
Z99.2	Dialysis status or presence of AV shunt
Z91.15	Non-compliance with renal dialysis

Conditions associated with worsening kidney function

E11.22	DM with CKD
I70.0	Atherosclerosis of aorta
I70.2_	Atherosclerosis of ext.
N25.81	2° hyperparathyroid
G63	Neuropathy 2° ESRD
E46	Malnutrition
F32/F33	Major Depression
D69.2	Senile purpura



Don't forget to **VALIDATE: DIAGNOSIS, STATUS & PLAN**

Questions? Call (480) 499-8700 ext. 8205 or email provider.education@azprioritycare.com