

# KIDNEY DISEASE

## Physician Documentation

**Renal insufficiency is a generic term that covers a broad spectrum** of illness. It is often found in the medical record, and ICD-10-CM classifies it as an unspecified disorder of the kidney and ureter. Rather than simply documenting “renal insufficiency,” describe the patient’s condition as chronic or acute, document any known etiology, and note if the patient requires dialysis.

### Documentation Tips

- **For hematuria, document whether gross,** benign essential microscopic, or asymptomatic microscopic.
- **Document microalbuminuria when it exists** in patients who have not been diagnosed with chronic kidney disease (CKD). Document nephropathy when it is diagnosed in diabetic patients with a history of more than 90 days of microalbuminuria.
- **Identify the specific stage in chronic kidney disease** as stage 1-5 or end-stage renal disease (ESRD). A coder cannot abstract based on CKD noted as “mild” or “moderate,” and cannot abstract a stage from a glomerular filtration rate (GFR) result. Diagnoses must be assigned by the clinician.
- **Document the underlying cause of CKD.** ICD-10 assumes a causal relationship between CKD and hypertension and between CKD and diabetes, unless the physician documents otherwise.
- **Specify the type of glomerular disease or renal tubule-interstitial disease,** if known.
- **“Acute kidney injury”** may be confused with a traumatic injury. Add “nontraumatic” to the documentation of “acute kidney injury” to prevent misinterpretation.
- **Dependence on dialysis is not a stand-alone condition.** Document the etiology and manifestations for the kidney disorder and the stage of CKD or the acute kidney failure and its cause. Document any presence of arteriovenous shunt for dialysis. Document any noncompliance.
- **Always link a complication of dialysis** (eg, infection, hypotension, catheter break, etc) to dialysis.

#### Common Renal Failure Codes

<b>N17.0</b>	Acute kidney failure with tubular necrosis
<b>N17.1</b>	Acute kidney failure with cortical necrosis
<b>N17.2</b>	Acute kidney failure with medullary necrosis
<b>N17.9</b>	Acute kidney failure, unspecified
<b>N18.-</b>	Add a number corresponding to stage of CKD for stages 1 through 5
<b>N18.6</b>	ESRD (Also code dialysis status Z99.2)
<b>N18.9</b>	Chronic kidney failure, unspecified
<b>N19</b>	Kidney failure, unspecified whether acute or chronic
<b>P96.0</b>	Congenital kidney failure

- **The etiology of anemia in the kidney patient** should be noted in the medical record.
- **When a patient has a transplant complication,** identify the type of complication (eg, failure, infection, or rejection).
- **Specifically document a complication of a transplant as a complication of a transplant.** For example, a patient may have CKD and a transplanted kidney, and the CKD may be a complication of the transplant, but unless it is documented as such, the transplant status and CKD are reported as two unrelated conditions.
- **ARF is an acronym for acute renal failure or acute respiratory failure.** Spell out first reference.
- **Note if a patient is awaiting a kidney transplant,** or has a status as a transplant recipient.

# KIDNEY DISEASE

## Coder Abstraction

**Chronic kidney disease (CKD) or chronic renal failure (CRF)** covers all degrees of chronic, decreased, and irreversible renal function, representing conditions that range from mild to end-stage. CKD is reported based on the renal function of the patient, as determined by the patient's GFR, albuminuria, and other factors. In contrast, acute renal failure comes on rapidly, and may be reversible. It is usually due to an interruption of the blood supply to the kidney, ureteral blockage, or kidney infection/damage.

### Coding Tips

- **If both ESRD and stage 5 CKD are documented,** code only the ESRD.
- **Do not assign a CKD code based on GFR** or on a notation of mild, moderate, severe disease. Query the physician to assign the stage of CKD if it is not documented, or report unspecified.
- **The presence of CKD in a patient with a transplanted kidney** is not necessarily a complication of the transplant. The condition must be so stated to be coded as a complication.
- **Documentation of persistent microalbuminuria in a diabetic patient** may be indicative of CKD. Query the physician to determine how this should be reported

#### Do Not Assign Code I10 in a Patient with CKD

Choose a hypertension code from category I12, *Hypertensive chronic kidney disease*, or I13, *Hypertensive heart and chronic kidney disease*, for patients with hypertension and CKD, unless the physician states otherwise.

- **ARF is an acronym with several meanings.** If acute renal failure is not stated or obvious from context, query the physician regarding the acronym.
- **Assume a causal link between CKD and diabetes or hypertension,** unless documentation states otherwise. If the patient has diabetes,

hypertension, and CKD, query the physician to determine if both conditions are responsible for the CKD, or only one should be linked to the hypertension. If the physician cannot be queried, report both links.

- **Always code documented kidney transplant status and dialysis status,** or any of the status codes listed below, when they are documented.

#### Status Codes Associated with Kidneys

<b>Z76.82</b>	Awaiting kidney transplant
<b>Z90.5</b>	Nephrectomy status
<b>Z91.15</b>	Noncompliance with renal dialysis
<b>Z94.0</b>	Presence of transplanted kidney
<b>Z97.8</b>	Presence of artificial kidney
<b>Z98.85</b>	Transplanted kidney removed
<b>Z99.2</b>	Dependence on dialysis
<b>Z99.2</b>	Dialysis status

- **For a patient with EPO-resistant anemia (D63.1),** code also the underlying CKD.
- **Documented cardiorenal syndrome usually describes** acute decompensated congestive heart failure resulting in acute kidney failure. There is no code for this syndrome, which the Alphabetic Index classifies to hypertension. Be sure to capture all elements of the syndrome by querying the physician if the elements are not documented completely.