

Chronic Kidney Disease

Chronic kidney disease (CKD) refers to the kidney's reduced ability to filter blood. Kidneys function to filter waste and excess fluids from the body and excrete them in urine. The main causes of CKD are diabetes and high blood pressure. There are 7 stages of Chronic kidney disease: Stage 1, Stage 2, Stage 3a, Stage 3b, Stage 4, Stage 5, and End Stage Renal Disease (ESRD). Dialysis is the typical treatment for later stages and ESRD.

ICD-10 CODES

N18.1 Chronic kidney disease, stage 1	N18.5 Chronic kidney disease, stage 5
N18.2 Chronic kidney disease, stage 2 (mild)	N18.6 End stage renal disease (CKD requiring dialysis)
N18.30 Chronic kidney disease, stage 3 unspecified (moderate)	N18.9 Chronic kidney disease, unspecified
N18.31 Chronic kidney disease, stage 3a	Z99.2 Dependence on renal dialysis
N18.32 Chronic kidney disease, stage 3b	Z94.0 Kidney transplant status
N18.4 Chronic kidney disease, stage 4 (severe)	Z87.448 Personal history of other diseases of urinary system

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support chronic kidney disease.

Diagnosis: Chronic Kidney Disease

Evidence: GFR 25, edema in extremities, right sided pain in back

Evaluation: CKD stage 4

Plan: Urgent followup with nephrology, control blood sugar and BP

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:

Chronic Kidney Disease Diagnosis

- Cause if known
- Secondary conditions

Status:

Active

- Stage of CKD
- Current Symptoms

Historical (resolved)

- Transplant history
- Status of secondary conditions

Plan:

- Pharmacologic
- Control of cause
- Referrals
- Lifestyle changes
- Symptom management

BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate the stage of chronic kidney disease, along with any contributing conditions, and use verbiage to solidify any relationship between the two.
- Final diagnosis of 'kidney disease' is **not assumed to be acute or chronic** and the status must be stated to accurately represent the disease.
- When documenting CKD and its etiology, be sure to document **all compounding confirmed factors** to get a complete picture of the patients' health status.
- DSP should be applied for all diseases **as well as** for the resulting kidney disease. Status should be apparent by using descriptive words to clarify the presence and severity of the illnesses. (Chronic, acute, mild, moderate, severe, resolved, uncontrolled, etc.)
- Documentation should **always include DEEP elements** for CKD to show clinical evidence by incorporating labs, imaging, signs and symptoms and documenting any associated treatments.
- If a CKD is resolved, via a transplant, it is **important** to document this as a personal history along with the transplant status, as these impact future care. The underlying cause of CKD may still be reported as active as long as it is still present.
- **Avoid** documenting active CKD as a "history of" as this suggests a resolved status and causes conflict within the documentation.
- Confirmation should be found within the documentation representing the **cause and effect** relationship between any condition that attributed to the presence of chronic kidney disease.



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