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Informative and educational updates for physicians

FOCUS ON: CHRONIC KIDNEY DISEASE IN DIABETES

The National Kidney Foundation KDOQI[™] guidelines recommend staging of all patients with chronic kidney disease (CKD), regardless of diagnosis, into one of five stages using the KDOQI CKD classification.¹ CKD is defined as “either kidney damage or GFR <60 mL/min/1.73 m² for ≥ 3 months.” Kidney damage is defined as “pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests or imaging studies.” The following table includes information to assist with CKD staging and corresponding ICD-9-CM coding.

Staging Chronic Kidney Disease²

Note: All stages need to be chronic, not a one time event.

Stage	Severity	GFR Value (mL/min/1.73 m ²)	ICD-9 Codes
Stage I		GFR ≥ 90 with kidney damage	585.1
Stage II	Mild	GFR 60-89 with kidney damage	585.2
Stage III	Moderate	GFR 30-59	585.3
Stage IV	Severe	GFR 15-29	585.4
Stage V	Kidney Failure	GFR < 15	585.5
	ESRD	Requiring chronic dialysis or transplantation	585.6
CKD Unsp.		Chronic Kidney Disease, unspecified	585.9

CKD and Diabetes

The diagnosis of CKD cannot be coded from laboratory results – CKD is a clinical diagnosis. Likewise, the determination that CKD is secondary to diabetes is a clinical determination. When the clinician determines that his/her patient has CKD secondary to diabetes, the connection must be explicitly documented in the progress note (e.g. CKD due to, or secondary to, diabetes). The coded stage must match the documented stage, since coding is done as a result of documentation, and not vice versa.

Always remember...

- To screen for diabetic nephropathy by testing annually for urine albumin excretion and by determining, at least annually, serum creatinine and estimated GFR.³
- To document and code both the diabetes and associated renal manifestation(s).
- That stages I and II require other signs of kidney damage (see definition).
- The review of the laboratory results should be documented in the progress note, pertinent findings noted, and the stage of the CKD clearly stated.

Documentation and Coding Tips⁴

Coding Example #1

The patient has stage III chronic kidney disease secondary to type 2 diabetes.

250.40 Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled

585.3 CKD Stage III

Coding Example #2

The patient has type 2 diabetes with diabetic nephropathy.

250.40 Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled

583.81 Nephritis and nephropathy, NOS

(In this case, the clinician did not document the presence of chronic kidney disease in the progress note, so it would be incorrect to use code 585.x.)

Coding Example # 3

The patient has type 2 diabetes with diabetic nephropathy and chronic kidney disease stage II secondary to diabetes.

250.40 Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled

583.81 Nephritis and nephropathy, NOS

585.2 CKD Stage II

- Assign V-code (V45.11) for dialysis status for all 585.6 and some 585.5
- Assign V-code (V42.0) for kidney transplant status

The information presented herein is for informational purposes only. It is not intended, nor is it to be used, to define a standard of care or otherwise substitute for informed medical evaluation, diagnosis and treatment which can only be performed by a qualified medical professional. Because codes, coding requirements and standards can and do change, the individual assigning codes is reminded to verify the accuracy, specificity, currency and acceptability of such codes and coding methods used. Ingenix, Inc. does not warrant or represent that the information contained herein is accurate or free from defects.

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1. National Kidney Foundation, “KDOQI Clinical Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification and Stratification.” [American Journal of Kidney Disease](#) 39: 2002 supplement 1.

2. Ingenix Coders’ Desk Reference For Diagnoses. 2010. Alexandria, VA: Ingenix, 2009.

3. Standards of Medical Care in Diabetes - 2010. Diabetes Care, Vol 33, Supplement 1.

4. World Health Organization, Professional: ICD-9-CM for Physicians-Volumes 1&2. 2010. Alexandria, VA: Ingenix, 2009.