

Risk Coding Tips and Tools

Chronic Kidney Disease

Documenting Chronic Kidney Disease (CKD)

- Medical coders cannot calculate the stage of CKD based on estimated glomerular filtration rate (eGFR) values alone; the provider must document the current stage

Common Errors in Documentation

- Not adding the correct description to describe the stage of CKD
- Not linking the condition to underlying causes
- Not providing support for a linked diagnosis
 - For example, for hypertension and diabetes with CKD, both conditions can be linked in relation to CKD, and each condition needs an assessment and plan

Physician Documentation Example

Example 1:

Patient with stable CKD Stage 3a. Avoid NSAIDs and dehydration. Will continue to monitor.

Provider coded: Chronic Kidney Disease Stage 3a (N18.31) 

Example 2:

Diabetes – continue Metformin. → **no mention of CKD in the documentation.**

Provider coded: Type 2 Diabetes Mellitus with CKD Stage 3b (E11.22, N18.32) 

Corrected:

DM II – stable. Continue Metformin 500mg twice daily.

CKD Stage 3b – secondary to diabetes. Avoid NSAIDs, follow up with nephrologist.

Provider coded: Type 2 Diabetes Mellitus with CKD Stage 3b (E11.22, N18.32) 

Example 3:

CKD: eGFR 32, creatinine stable, follows with nephrologist. → **no mention of the stage in the documentation.**

Provider coded: Chronic Kidney Disease Stage 3b (N18.32) 

Example 4:

Renal insufficiency: eGFR worse, continue with nephrologist. → **description does not map to chronic kidney disease.**

Provider coded: Chronic Kidney Disease Stage 3b (N18.32) 

Centers for Medicare & Medicaid Services. (2024). ICD-10-CM official guidelines for coding and reporting (FY 2025, Sections I.C.14.a & I.C.9.a). CDC.gov. <https://stacks.cdc.gov/view/cdc/158747>

You can find this resource and others like it in the OHN Risk Coding Corner at
www.OrlandoHealth.com/Network/Resources.

You can also contact us at RiskCoding@OrlandoHealth.com for additional questions or support needs.