This guide includes examples of diagnostic statements and their associated ICD-10 codes. It does not replace ICD-10-CM coding manuals, nor does it replace the training required by a certified medical coder. Any code submitted should be supported by the documentation. Coding guidelines should be referenced and the most specific code appropriate should be selected.

**DID YOU KNOW?**

According to the National Institutes of Health (NIH)*:
- Diabetes is the leading cause of kidney disease. The NIH guides providers to:
  - Annually assess urine albumin excretion in adults and children with type 1 diabetes with diabetes duration of more than 5 years and in adults and children with type 2 diabetes starting at diagnosis.
  - Use an ACE inhibitor or an ARB to manage nonpregnant people with hypertension and diabetes. Patients without hypertension and with urine albumin-to-creatinine ratio (UACR) higher than 300 mg/g should also receive an ACE inhibitor or ARB.

**CODING FOR CKD:**
- A cause-and-effect relationship between CKD and hypertension is assumed. Whenever documentation supports the two conditions, code category I12 or I13 should be referenced.
- For all other conditions the cause-and-effect relationship must be explicitly stated by the provider. Coders cannot assume causality unless coding guidelines directly state to assume the connection.

**EXAMPLES** *(blue font indicates code risk adjusts):*

<table>
<thead>
<tr>
<th>Diagnostic Statement</th>
<th>ICD-10 Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic kidney disease (unspecified stage)</td>
<td><strong>N18.9</strong></td>
</tr>
<tr>
<td>Chronic renal insufficiency</td>
<td><strong>N18.9</strong></td>
</tr>
<tr>
<td>Stage IV CKD; hypertension</td>
<td><strong>I12.9, N18.4</strong></td>
</tr>
<tr>
<td>End stage renal disease</td>
<td><strong>N18.6</strong></td>
</tr>
<tr>
<td>Acute renal insufficiency</td>
<td><strong>N28.9</strong></td>
</tr>
<tr>
<td>Acute renal failure</td>
<td><strong>N17.9</strong></td>
</tr>
<tr>
<td>Chronic kidney disease, stage 5 requiring chronic dialysis</td>
<td><strong>N18.6, Z99.2</strong></td>
</tr>
<tr>
<td>Noncompliant with renal dialysis</td>
<td><strong>Z91.15</strong></td>
</tr>
<tr>
<td>Acute renal disease</td>
<td><strong>N28.9</strong></td>
</tr>
</tbody>
</table>

**CODING TIPS**

First three characters N18.- indicates code category for CKD. Fourth character is assigned according to stage.

**EXAMPLES:**
- Chronic kidney disease, unspecified.......................... N18.9
- Chronic kidney disease, stage 1................................ N18.1
- Chronic kidney disease, stage 2 (mild)...................... N18.2
- Chronic kidney disease, stage 3 (moderate).................. N18.3
- Chronic kidney disease, stage 4 (severe).................... N18.4
- Chronic kidney disease, stage 5............................... N18.5
- End stage renal disease........................................ N18.6

N17 – is the category for acute kidney failure or injury. Do not assign a code from this category if the documented diagnosis is acute renal insufficiency (N28.9).

**DOCUMENTATION CONSIDERATIONS**

**Specify the stage of CKD.** The diagnosis of CKD cannot be coded from diagnostic reports alone, nor can it be documented from GFR or any statement of severity such as “moderate”.

**Specify any causal relationship(s) with other comorbidities** (e.g. “Stage 4 CKD due to diabetes”).

**Specify if the patient is dependent on dialysis.**

**Specify if the patient has an AV fistula (or graft), and document its status (e.g. [im]mature, [non]functioning, etc).**

**QUALITY REPORTING**

Close HEDIS gaps in care quickly by submitting these CPT codes when appropriate (not an exhaustive list):

- 3060F Positive microalbuminuria test result documented and reviewed
- 3061F Negative microalbuminuria test result documented and reviewed
- 3066F Documentation of treatment for nephropathy (e.g. patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist)
- 4010F Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken