

**Documentation and Coding Tips**

**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

**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.
- 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.

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**Staging Chronic Kidney Disease**

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

<table>
<thead>
<tr>
<th>Stage</th>
<th>Severity</th>
<th>GFR Value (mL/min/1.73 m²)</th>
<th>ICD-9 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>Mild</td>
<td>GFR 60-89 with kidney damage</td>
<td>585.1</td>
</tr>
<tr>
<td>Stage II</td>
<td>Moderate</td>
<td>GFR 30-59</td>
<td>585.2</td>
</tr>
<tr>
<td>Stage III</td>
<td>Severe</td>
<td>GFR 15-29</td>
<td>585.3</td>
</tr>
<tr>
<td>Stage IV</td>
<td>Kidney Failure</td>
<td>GFR &lt; 15</td>
<td>585.5</td>
</tr>
<tr>
<td>Stage V</td>
<td>ESRD Requiring chronic dialysis or transplantation</td>
<td>585.6</td>
<td></td>
</tr>
<tr>
<td>CKD Unsp.</td>
<td>Chronic Kidney Disease, unspecified</td>
<td>585.9</td>
<td></td>
</tr>
</tbody>
</table>

**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.

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