Correct classification of chronic kidney disease

By Richard D. Pinson, FACP

As the U.S. population ages, chronic kidney disease (CKD) is becoming more and more prevalent. Some common conditions predisposing patients to develop CKD are listed in the box to the right. Recognition and early management of CKD are crucial to limiting progression and reducing the associated morbidity and mortality.

The diagnosis of CKD and documentation of stage are important for correct coding, which affects hospital revenue and severity of illness classification. In addition, reporting the stage of CKD will improve the accuracy of our national health care database, which is important for research and for projections of national health care needs.

Clinical practice guidelines for CKD have been published by the National Kidney Foundation. The guidelines identify five stages of CKD (see box on page 11) based on the glomerular filtration rate (GFR). End-stage renal disease (ESRD) is defined as dialysis-dependent CKD stage 5.

The GFR may be calculated using the Modification of Diet in Renal Disease (MDRD) formula, available on the National Kidney Foundation website at www.kidney.org/professionals/kdoqi/gfr_calculator.cfm. The calculated GFR is proportional to serum creatinine, but also depends on age, race, and gender. Most clinical labs now report calculated GFR together

### Common conditions predisposing to chronic kidney disease

- Diabetes
- Hypertension
- Autoimmune diseases
- Urinary obstruction
- Multiple recurrent urinary infections
- Prior episode(s) of acute renal failure
- Certain medications, including nonsteroidal anti-inflammatory drugs

The above guidelines indicate that clinicians do not have to specifically document “severe sepsis.” Also, the word “associated” indicates that acute organ dysfunction (when documentation is clear and consistent) does not have to be specifically linked to sepsis for assignment of code 995.92, severe sepsis.

Always assign 995.92, severe sepsis, whenever septic shock is documented and also assign code 785.52, septic shock. Do not assign code 995.92, severe sepsis, if acute organ dysfunction in the presence of sepsis is specifically attributed to another condition (for example, “acute renal failure due to dehydration”). If documentation is unclear or inconsistent, ask the clinician.

**Got a documentation or coding conundrum?** Dr. Pinson will respond immediately, and the question may then appear in an upcoming issue of the magazine. Please e-mail your questions to acphospitalist@acponline.org.