

## Chronic Kidney Disease (CKD) Coding Guidelines

Coding for Chronic Kidney Disease (CKD) requires careful attention to the documentation in order to capture the patient's condition accurately and completely. Precise documentation, including the stage of CKD, any underlying causes such as hypertension or diabetes, and associated complications, is essential for appropriate code selection.

Understanding the specific coding conventions for CKD, including the assumed causal relationships between conditions like hypertension or diabetes and CKD, ensures the accurate reflection of the patient's condition for proper treatment planning, quality reporting, and reimbursement.

Below is a quick reference guide with ICD-10 codes, descriptions, coding tips, and documentation examples to help ensure accurate capture of CKD-related conditions:

### Coding Examples - CKD Guidelines

ICD-10 Code	Description	Coding Guidelines	Examples
<b>N18. -</b>	Chronic Kidney Disease, Stages 1 - 6	Codes (N18.1-N18.6) state the specific CKD stage (1-5) or ESRD. Providers should avoid relying solely on eGFR values and must clearly link underlying causes like hypertension or diabetes to the CKD diagnosis using terms like "due to" or "associated with," and specify dialysis status. Remember, a causal relationship between CKD and hypertension or	A patient with a history of long-standing hypertension and Type 2 diabetes mellitus presents for his routine follow-up. Patient reports increasing fatigue and some swelling in their ankles. Labs reveal a stable eGFR of 24 mL/min/1.73m <sup>2</sup> , consistent with previous readings over the past 6 months. Patient is not currently on dialysis. Provider should report N18.4 (Chronic kidney

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		diabetes is often assumed unless documented otherwise.	disease, stage 4), E11.22 (Type 2 diabetes mellitus with diabetic chronic kidney disease) and I12.9 (Hypertensive chronic kidney disease with stage 4 chronic kidney disease).
<b>Z99.2</b>	Dependence on renal dialysis	Providers should ensure that documentation states the patient's ongoing dependence on dialysis. Do not assign code Z99.2 when a patient has not yet started dialysis.	A patient with a long-standing history of hypertension and Type 2 Diabetes Mellitus has progressed to End-Stage Renal Disease (ESRD) and is currently undergoing hemodialysis three times a week. Patient presents for the scheduled dialysis treatment. Provider should report N18.6 (End stage renal disease), E11.22 (Type 2 diabetes mellitus with diabetic chronic kidney disease) and I12.0 (Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease).
<b>N28.9</b>	Disorder of kidney and ureter, unspecified	When coding for disorders of the kidney and ureter, providers should aim for the highest level of specificity in their	A patient presents with acute onset of severe right flank pain radiating to his groin, accompanied by nausea and occasional

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		documentation and code selection. The relevant ICD-10 codes fall primarily within the N00-N39 range, covering diseases of the genitourinary system. Avoid using only "Disorder of kidney and ureter, unspecified" (N28.9) if a more specific condition is identified.	hematuria. Patient has no prior history of kidney stones. A CT scan confirms a 5mm calculus (stone) in the right ureter causing moderate hydronephrosis. Provider should report N20.1 (Calculus of ureter) and N13.2 (Hydronephrosis with renal and ureteral calculus obstruction).
<b>Z91.158</b>	Patient's noncompliance with renal dialysis for other reason	The primary diagnosis should be the condition for which the patient is being seen.  Assign Z91.158 as a secondary code to capture the noncompliance.	A patient with End-Stage Renal Disease has been advised to initiate renal dialysis. Despite multiple counseling sessions with the nephrologist, patient continues to refuse to start dialysis, accepting the risks associated with that decision. Provider can report N18.6 (End Stage Renal Disease) and Z91.158 (Patient's noncompliance with renal dialysis for other reason).
<b>Z87.448</b>	Personal history of other diseases of urinary system	This code is appropriate when the CKD or any other urinary system disease is no longer an active condition requiring	A patient presents for an annual visit, medical history includes a diagnosis of Chronic Kidney Disease Stage 4

ICD-10 Code	Description	Coding Guidelines	Examples
		treatment and the patient is asymptomatic. Avoid using the specific CKD stage code (N18.-) as that designates an active, current diagnosis.	two years ago, secondary to uncontrolled hypertension. Through blood pressure management and lifestyle changes, kidney function has significantly improved, and eGFR has been consistently stable in the normal range for the past year. Patient is asymptomatic and no longer require specific treatment for CKD. Provider should report I10 (Essential Hypertension), and Z87.448 (Personal history of other diseases of urinary system).

## FAQs

### What are the key elements to document for accurate CKD coding?

Accurate documentation is crucial for correct CKD coding. Key elements include:

- **Specificity of CKD:** Document the highest level of specificity for the CKD diagnosis.
- **Specific stage of CKD:** Explicitly state the patient's CKD stage (1-5) or if they have end-stage renal disease (ESRD). Coders cannot infer the stage solely from GFR values.
- **Acuity and status:** Indicate whether the CKD is acute or chronic and its current status (stable, worsening, etc.).

- **Cause of CKD:** Document the underlying cause of CKD, if known, and clearly link it to the CKD using descriptive terms.
- **Complications:** Document any associated complications of the CKD.

### How do CKD stages correspond to ICD-10 codes?

ICD-10-CM classifies CKD into stages based on severity, primarily related to the estimated glomerular filtration rate (eGFR). The codes are:

ICD-10 Code	Code Description	eGFR Range
<b>N18.1</b>	Chronic kidney disease, stage 1	90 or higher
<b>N18.2</b>	Chronic kidney disease, stage 2 (mild)	89 to 60
<b>N18.30</b>	Chronic kidney disease, stage 3 unspecified	No eGFR documented
<b>N18.31</b>	Chronic kidney disease, stage 3a	45 to 59
<b>N18.32</b>	Chronic kidney disease, stage 3b	30 to 44
<b>N18.4</b>	Chronic kidney disease, stage 4 (severe)	15 to 29
<b>N18.5</b>	Chronic kidney disease, stage 5	Less than 15
<b>N18.6</b>	End stage renal disease	ESRD on dialysis
<b>N18.9</b>	Chronic kidney disease, unspecified	No eGFR documented

### How should hypertension and diabetes be coded in relation to CKD?

ICD-10-CM guidelines provide specific instructions for coding CKD when hypertension or diabetes is also present. A causal link between CKD and these conditions is generally assumed unless otherwise documented. For hypertensive CKD, code I12-

first, followed by the CKD stage code from category N18-. If hypertension, heart disease, and CKD are present, use a code from category I13-. For diabetic CKD, use a combination code from categories E08- through E13- followed by the appropriate N18- code for the CKD stage.

### **What code should be used for End-Stage Renal Disease (ESRD)?**

For ESRD, use code N18.6. This code covers CKD requiring chronic dialysis. If both ESRD and a CKD stage are documented, only N18.6 is assigned.

### **What if a patient with CKD has had a kidney transplant?**

Patients with a kidney transplant may still have CKD. Code the appropriate N18- code for the CKD stage and code Z94.0 for transplant status, if applicable. The presence of CKD after a transplant doesn't automatically mean it's a transplant complication.

### **How should acute kidney failure (AKF) be coded in patients with CKD?**

If both AKF and CKD are documented, code both. Use the appropriate N17- code for AKF and the N18- code for the CKD stage.

### **When should "renal insufficiency" (N28.9) be avoided?**

Renal insufficiency (N28.9) is a general term. Avoid using it when a specific CKD stage or more precise level of kidney decline is documented. Use the most specific code possible.

### **References**

- AAPC. (2024). ICD-10-CM complete code set 2025. AAPC.
- Beckman, K. D. (2014, April). How to Document and Code for Hypertensive Diseases in ICD-10. American Academy of Family Physicians : <https://www.aafp.org/pubs/fpm/issues/2014/0300/p5.html>
- Centers for Medicare & Medicaid Services. ICD-10-CM Official Guidelines for Coding and Reporting (FY2025): <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf> page 60.
- Chaplain, S. (2021, February 1). Take the Guesswork out of Hypertensive Coding. American Academy of Professional Coders. Take the Guesswork Out of Hypertension Coding - AAPC Knowledge Center