

QUICK REFERENCE GUIDE

Resource guide only, not intended to be a comprehensive resource

Risk Factors for CKD

For undiagnosed patients, the following risk factors qualify for use of ICD 10 code N18.0 and N18.9:

- Diabetes
- Hypertension
- Autoimmune disease
- Systemic infection
- UTI
- Obstructive uropathy
- Family history
- Acute kidney injury
- Nephrectomy
- Pre-eclampsia
- Drug exposure (i.e., NSAIDs & analgesics)
- Low birth weight
- Ethnic minorities (i.e., Black, American Indian, Hispanic, Asian or Pacific Islander)
- Low socioeconomic and education

Why Code for CKD Stage?

Complete coding of CKD improves:

- Care coordination
- Care planning
- Inclusion in patient registries
- Population management
- Risk adjustment and reimbursement

Stages & Coding of CKD with Diabetes

Type 1 (E10.22) or Type 2 (E11.22)

Stage – N18.X	Description	GFR (ml/min/1.73 m ²)	Action
0	At increased risk	≥ 90	Screen for CKD – Rx risk factors
Stage 1 – N18.1	Kidney damage with normal or increased GFR	≥ 90	Diagnose, slow progression and treat risk factors
Stage 2 – N18.2	Kidney damage with mild decrease in GFR	60-89	Above plus estimate progression
Stage 3 – N18.3	Moderate decrease in GFR	30-59	Above plus educate and treat complications
Stage 4 – N18.4	Severe decrease in GFR	15-29	Prepare for transplant and replacement Rx
Stage 5 – N18.5	Kidney failure	< 15	Transplant and renal

HCC 18: Type 2 Diabetes with Chronic Complications

Risk adjustment value: 0.307

- E11.65 with hyperglycemia
- E11.8 with unspecified complications
- E11.40 with diabetic neuropathy, unspecified
- E11.42 with diabetic polyneuropathy
- E11.59 with other circulatory problems
- E11.22 with chronic kidney disease
- E11.621 with foot ulcer
- E11.622 with other skin ulcer
- E11.628 with other skin complications

KDIGO Heat Map

Risk of progression
by intensity of coloring
+
Guide to frequency of monitoring
(number of times per year)
+
Referral decision making by
GFR and albuminuria category

			Persistent albuminuria categories, Description and range			
			A1	A2	A3	
			Normal to mildly increased	Moderately increased	Severely increased	
			<30 mg/g <3 mg/mmol	30-300 mg/g 3-30 mg/mmol	>300 mg/g >30 mg/mmol	
GFR categories (ml/min/1.73m ²). Description and range	G1	Normal or high	≥90	1 if CKD	1 Monitor	2 Refer
	G2	Mildly decreased	60-89	1 if CKD	1 Monitor	Refer
	G3a	Mildly to moderately decreased	45-59	1 Monitor	2 Monitor	3 Refer
	G3b	Moderately to severely decreased	30-44	2 Monitor	3 Monitor	3 Refer
	G4	Severely decreased	15-29	3 Refer	3 Refer	4+ Refer
	G5	Kidney failure	<15	4+ Refer	4+ Refer	4+ Refer

This document is owned and copyrighted by the National Committee for Quality Assurance (NCQA). It was produced by NCQA with financial support from Bayer Healthcare Pharmaceutical, Inc. (Bayer). NCQA does not endorse any Bayer products or services. ©2021 NCQA. All rights reserved.

First Line Treatment Options

ACE-Is (angiotensin converting enzyme inhibitors) and ARBs (angiotensin receptor blockers)

ACE-I and ARB medications can lower glomerular capillary pressure, decrease proteinuria, and halt progressive glomerular injury and loss of renal function

When starting ACE-I therapy, consider lisinopril 10mg PO once daily (see ACE-I/ARB dosing document for titration recommendations and interchanges within or between ACE-I/ARB classes)

- If a patient experiences a cough on ACE-I therapy, change to ARB therapy

When starting ARB therapy, consider losartan 25mg PO daily (see ACE-I/ARB Dosing document for titration recommendations and interchanges within or between ACE-I/ARB classes)

Monitor for hyperkalemia

Patient on concurrent diuretic therapy: consider lower starting dose of ACE-I or ARB

Potassium sparing diuretics and/or potassium supplements: monitor serum potassium more frequently

Avoid using NSAIDs with ACE-I or ARB therapy

First Line Dietary Restrictions

Sodium restriction under 2300mg/daily

Summary

- Screen with eGFR and ACR, at least annually for patients at risk
- Refer patients with CKD 4 & 5
- Refer patients with CKD 3 for diagnosis (kidney biopsy) or complex management
- Control blood pressure and diabetes
- Control lipids (statins)
- Screen for and test cardiovascular disease
- Dialysis and transplant for eGFRs < 20