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Quick Reference Guide

HCC Coding for ICD-10: CKD and ESRD

Acute Renal Failure	
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9*	Acute kidney failure, unspecified

Chronic Kidney Disease (CKD)	
N18.1	CKD, stage 1
N18.2	CKD, stage 2
N18.30**	CKD, stage 3 unspecified
N18.31	CKD, stage 3a
N18.32	CKD, stage 3b
N18.4	CKD, stage 4
N18.5	CKD, stage 5
N18.6	End-stage renal disease

"Other" CKD Diagnoses	
Z99.2	Dependence on renal dialysis; Presence of arteriovenous shunt for dialysis
Z91.15	Patient's noncompliance with renal dialysis

Diabetic Chronic Kidney Disease (CKD)	
E08.22	Diabetes mellitus due to underlying condition with diabetic CKD
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E09.22	Drug or chemical induced diabetes mellitus with diabetic CKD
E10.22	Type I diabetes mellitus with diabetic CKD
E11.22	Type II diabetes mellitus with diabetic CKD
E13.22	Other specified diabetes mellitus with diabetic CKD

Hypertensive CKD	
I12.0	Hypertensive CKD with stage 5 CKD or ESRD
I13.0	Hypertensive heart and CKD with heart failure and stage 1-4 CKD or unspecified CKD
I13.11	Hypertensive heart and CKD without heart failure, with stage 5 or ESRD
I13.2	Hypertensive heart and CKD with heart failure and stage 5 CKD or ESRD

Kidney Transplant	
Z94.0	Kidney transplant status

CKD Staging	
Stage 1	Normal Glomerular Filtration Rate (GFR) (> 90 mL/min/1.73 m^2), plus either persistent albuminuria or known structural or hereditary renal disease.
Stage 2	GFR 60 to 89 mL/min/1.73 m^2
Stage 3a	GFR 45 to 59 mL/min/1.73 m^2
Stage 3b	GFR 30 to 44 mL/min/1.73 m^2
Stage 4	GFR 15 to 29 mL/min/1.73 m^2
Stage 5	GFR <15 mL/min/1.73 m^2

* Applies to renal failure after procedure; renal failure requiring dialysis; acute-on-chronic renal failure; and renal failure due to obstruction, contrast agent, ACE inhibitor, etc.

** Please consider using "CKD Unspecified" only if there is not an eGFR value available. Otherwise, please use the appropriate code to identify the specific CKD stage.

Coding Guidelines and Best Practices

- Two eGFR results 90 days apart are recommended to establish an initial CKD diagnosis.
- Hierarchical Condition Category (HCC) codes are cleared on December 31st each year and, if appropriate, need to be reassigned beginning January 1st to reflect the condition.
- Coding should be assigned to the highest degree of specificity or severity. Ensure that there is consistent and non-conflicting documentation regarding specificity and severity of the condition being addressed.
- If the patient has diabetes mellitus and has long term insulin, consider adding code Z79.4, and/or if they are on an oral medication or non-injectable drugs, add the necessary codes that are supported within the documentation.
- Secondary diabetes is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug, or poisoning).
- If a patient has hypertensive CKD and acute renal failure, the acute renal failure should also be coded. Sequence according to the circumstances of the admission/encounter.
- If a patient has CKD attributable to both diabetes and hypertension, it should be linked to both conditions.
- CKD 5 and ESRD cannot both be coded on the same date of service. If both conditions have been coded, use ESRD.
- Patients that have had kidney transplant coded may still have CKD. In these cases, document the appropriate stage of CKD along with the kidney transplant status code (Z94.0).
- When coding diabetes mellitus with CKD, the word "with" should be interpreted to mean "associated with" or "due to." These conditions should be coded as related, even in the absence of provider documentation explicitly linking them, unless the documentation clearly states that the conditions are unrelated, or when another guideline exists that specifically requires a documented linkage between two conditions.
- CKD should not be coded as hypertensive if the provider indicates the CKD is not related to hypertension.
- Document all cause-and-effect relationships.
- Identify diagnoses that are current or chronic problems, rather than past medical history or previously resolved conditions.
- Document history of heart attack, status codes, etc. that affect the patient's care as "history of" or "PMH" (past medical history) when they no longer exist or are not current conditions.

The Centers for Medicare and Medicaid Services (CMS) uses a Hierarchical Condition Category (HCC) risk adjustment model to calculate patient risk scores to predict healthcare costs based on acuity and patient's health status.

Please note that HCC codes are included for reference only. Providers should refer to the currently published HCC codes to confirm accuracy and utilize their own clinical judgment in assessing HCC codes.

The guidelines and recommendations outlined in this document are derived from the following sources:

American Medical Association. (2022). Appendix E: Centers for Medicare & Medicaid Services Hierarchical Condition Categories (CMS-HCC). *ICD-10-CM 2023: The Complete Official Codebook.*

Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). (2023, April 1). *ICD-10-CM Official Guidelines for Coding and Reporting FY2023.*