

Chronic Kidney Disease

Kidney disease, also known as chronic kidney disease or CKD, causes more deaths than breast cancer or prostate cancer.ⁱ It occurs when a disease or condition impairs kidney function, causing damage that worsens over several months or years. Risk factors can include, but are not limited to, the following conditionsⁱⁱ

Risk Factors for Chronic Kidney Disease	
Type 1 or type 2 diabetes	Hypertension
Heart disease	Smoking
Obesity	African American, Native American or Asian American heritage
Family history of kidney disease	Abnormal kidney structure
Older age	Frequent use of medications that can cause kidney damage

Specific Stages of CKD

The estimated glomerular filtration rate (eGFR) shows how well the kidneys are filtering. This is the test most often used to diagnose CKD and identify what stage at which the patient is. To diagnose the specific stage of CKD, it's necessary to have at least two eGFR levels that are a minimum of three months apart, falling in the specific eGFR range. If the patient's condition is progressing, it's important for the clinician to update the patient's records to reflect the advancing stage of CKD accurately.ⁱⁱⁱ

Stages of CKD			
CKD Stage	Description	eGFR	Kidney Function
1	Possible kidney damage with normal kidney function	90 or above	90-100%
2	Kidney damage with mild loss of kidney function	60-89	60-89%
3A	Mild to moderate loss of kidney function	45-59	45-59%
3B	Moderate to severe loss of kidney function	30-44	30-44%
4	Severe loss of kidney function	15-29	15-29%
5	Kidney failure	Less than 15	Less than 15%
ESRD (6)	End-Stage Renal Disease (on dialysis)	Dialysis	Complete kidney failure

Documentation Requirements

When documenting chronic kidney disease or end-stage renal disease (ESRD):

- Ensure that all clinical findings leading to the diagnosis are in the visit notes, including the physical examination findings, pertinent clinical history, signs or symptoms.
- Include test results: eGFR, albumin, creatinine levels and other labs; ultrasound, MRI or CT scan.
- Identify the stage of CKD when possible.
- Capture any complications, comorbidities, underlying causes, reductions in medications to preserve kidney function or related symptoms.
- Update the stage of CKD in the patient's medical records when the disease has progressed.
- Link CKD to hypertension and/or heart failure when applicable.
- Clearly document if the patient is on dialysis or if they've had a past kidney transplant.

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

Documentation examples

CKD

- HPI:** Patient is a 71-year-old male who presents for follow up of his chronic conditions. Patient has known diabetes, hyperlipidemia and CKD. His last eGFR of 56 was completed four months ago. Patient needs a refill of metformin while here today.
- PE:** Vitals: Normal; PE: WNL; ROS: Negative; eGFR today: 50
- A:** **E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease**
N18.31 Chronic kidney disease, stage 3a
E78.5 Hyperlipidemia, unspecified
- P:** Continue to monitor blood sugars regularly, refill metformin and discussed ADA diet. Diagnosed CKD stage 3A due to eGFR results, will monitor and recheck at next visit. Discussed the importance of drinking a lot of water and limiting NSAID usage. Continue statin and follow up with labs in 3 months.

CKD and Hypertension

- HPI:** Patient is a 73-year-old female who presents for follow up of their chronic conditions. She was diagnosed with CKD stage 4 last visit and is doing well on her hypertension medication.
- PE:** Vitals: Normal; PE: WNL; ROS: Negative
- A:** **I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 CKD**
N18.4 Chronic kidney disease, stage 4 (severe)
- P:** Educated patient about CKD, its causes and how to slow disease progression; provided written literature. Advised patient to continue a low sodium diet, diuretics and check weight. Encouraged compliance with medications. Explained side effects of noncompliance. Follow up in three months to assess medication tolerance and effectiveness.

ESRD, Hypertension and Dialysis

- HPI:** Patient is a 68-year-old male here for follow up of his chronic conditions. He states that he's been doing well. Patient has ESRD and is going to dialysis three times a week with no concerns at this time. His hypertension is controlled well on the current medication regimen.
- PE:** Vitals: WNL; ROS: Negative; PE: WNL
- A:** **I12.0 Hypertensive chronic kidney disease with stage 5 CKD or ESRD**
N18.6 End stage renal disease, Chronic kidney disease requiring chronic dialysis
Z99.2 Dependence on renal dialysis
- P:** Educated patient about CKD and next steps if it progresses; provided written literature. Advised patient to continue a low sodium diet, diuretics and check weight. Encouraged compliance with medications. Explained side effects of noncompliance. Follow up in three months to assess medication tolerance and effectiveness.

ⁱ <https://www.kidney.org/news/newsroom/fsindex>

ⁱⁱ <https://www.mayoclinic.org/diseases-conditions/chronic-kidney-disease/symptoms-causes/syc-20354521>

ⁱⁱⁱ <https://www.kidney.org/atoz/content/gfr>