

## Hypertensive Kidney Disease (CKD HTN) Stage 1-4

Documentation and code assignment requires assigning codes for both hypertensive chronic kidney disease and an additional code to identify the stage of chronic kidney disease in order to fully capture the specificity of the condition. Assign additional codes for complications, if applicable.

Documentation Requirements	
<b>Conditions:</b>	Assign a code from the hypertensive disease category in addition to a code from the chronic kidney disease category to identify CKD Stage 1-4. If a patient has hypertensive chronic kidney disease and acute renal failure, the acute renal failure should also be coded.
<b>Complications:</b>	Renal failure, Myocardial Infarction, Stroke, Pulmonary Edema, Retinopathy, Left Ventricular Hypertrophy, Congestive Heart Failure, Aneurysm, Vascular Dementia
<b>Best Practice:</b>	Report long-term (current use) of medication such as Angiotensin-Converting Enzyme (ACE) inhibitors, and Angiotensin Receptor Blockers (ARBs), etc.

EMR Diagnosis Key Search Term	
Diagnosis Etiology	Diagnosis Complication
Key Search Term:	Key Search Term:
Key Search Term:	Key Search Term:

## Documentation and Reporting Guidelines

### Additional Guidelines:

- Hypertensive Disease classification presumes a causal relationship between hypertension and kidney involvement. These conditions should be coded as related even in the absence of documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated.

### Chronic Diseases

- Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s).

### Conditions that Co-exist at the time of the encounter

- Code all documented conditions that coexist at the time of the encounter and requires or affects patient care treatment or management.
- Do not code conditions that were previously treated and no longer exist.
- History codes may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment.