



Renal Diseases

Best Practice Documentation

Click on the desired Diagnoses link or press Enter to view all information.

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Contact the following for any documentation questions or concerns:

CDI: Shannon Menei 302-733-5973

HIMS Coding: Kim Seery 302-733-1113



Acute Kidney Injury / Failure

- Due to
 - Acute tubular necrosis (ATN)
 - Acute cortical necrosis
 - Acute medullary necrosis
 - Drug or Chemical (specify, i.e. contrast)
 - Acute Condition (i.e. dehydration)
 - Traumatic Injury
 - Unknown etiology

- Provide your supporting clinical rationale to support your diagnosis

- If condition is “ruled out” include that in your updated documentation throughout the patient’s stay or discharge summary



Acute Renal Failure Documentation Example

Insufficient Documentation

- 67 yr old female presented with UTI. Hx of DM,HTN, arthritis, kidney disease. Elevated creatinine of 1.8. Hydrate with IVF.
- 60 yr old female presenting with PNA and acute renal failure. Admission creatinine 1.3. Baseline creatinine is 1.2.

Best Practice Documentation

- 67 yr old female presented with UTI. Hx of DM,HTN, arthritis, **CKD-2**. Creatinine of 1.8 with **baseline of 1.2. Acute renal failure**. Hydrate with IVF.
- 60 yr old female presenting with PNA and acute renal failure. Admission creatinine 1.3. **(Baseline creatinine is 1.2. This does not meet CCHS criteria for ARF so ARF should not be documented).**



Chronic Kidney Disease

Best practice documentation for patients who have chronic kidney disease is to avoid terms such as renal insufficiency. To accurately capture your patients severity of illness and risk of mortality you need to capture the data points outlined below.

- Stage
 - Identify stage I through V, End Stage Renal Disease (ESRD)
 - Dialysis status

- Underlying cause (when known)
 - Hypertension
 - Diabetes
 - Medication Induced



Chronic Renal Failure Documentation Example

Insufficient Documentation

- 88 yr old female presented with UTI. Hx of DM,HTN, arthritis, kidney disease. Admission lab shows GFR = 18 .

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- 88 yr old female presented with UTI. Hx of DM,HTN, arthritis, **CKD stage 4**. Admission lab shows GFR = 18 .



Status Post Kidney Transplant

- Specify complication:
 - Rejection
 - Failure
 - Infection (specify the type of infection)
- CKD in a kidney transplant patient
 - Complication related to kidney transplant
 - CKD



Hydronephrosis

- Identify type:
 - Acquired
 - Congenital
 - Tuberculous
- For acquired, identify type/presentation
 - With infection (pyonephrosis)
 - With renal and ureteral calculous obstruction
 - With ureteral stricture
 - Other (specify)



Hydronephrosis Documentation Example

Insufficient Documentation

- CT scan with + hydro

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- CT scan shows **hydronephrosis with renal calculus obstruction**



Hypertension

- Type:
 - Essential (Primary)
 - Hypertensive heart disease
 - With or without heart failure
 - Hypertensive heart and CKD
 - With or without heart failure and stage CKD
 - Hypertensive CKD
 - Stage of CKD
 - Secondary
 - Specify underlying cause and condition
 - Renovascular
 - Endocrine disorder



Hypertension Documentation Example

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- Patient with history of HTN, CAD, CHF and CKD presented with shortness of breath and cough. Will treat for CAP.

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- Patient with history of **Hypertensive heart disease, CKD-3, chronic diastolic heart failure.** Will treat for CAP.

*Note - Remember to specifically link any heart disease to the hypertension if applicable.



Glomerular Diseases

- Nephritic syndrome
 - Acute
 - Chronic
 - Rapidly progressive nephritic syndrome
- Identify any associated kidney failure
- Nephrotic Syndrome
 - Congenital nephrotic syndrome
 - Lipoid nephrosis
 - Recurrent and persistent hematuria



Glomerular Diseases

Identify type of morphological changes

- Diffuse deposit disease
- Diffuse crescentic glomerulonephritis
- Diffuse endocapillary proliferative glomerulonephritis
- Diffuse membranous glomerulonephritis
- Diffuse mesangial proliferative glomerulonephritis
- Diffuse mesangiocapillary glomerulonephritis
- Extracapillary glomerulonephritis
- Focal and segmental glomerular lesions
- Focal and segmental hyalinosis
- Focal and segmental sclerosis
- Focal glomerulonephritis
- Membranoproliferative glomerulonephritis, type 2
- Membranoproliferative glomerulonephritis, Type 1 and 3 or NOS
- Minimal change lesion
- Minor glomerular abnormality
- Proliferative glomerulonephritis, NOS



Glomerular Disease Documentation Example

Insufficient Documentation

- Patient with history of lupus presents with generalized swelling of extremities and abdomen. Labs: decreased albumin, elevated BUN and creatinine and +renal biopsy. Treat for nephritis.

Best Practice Documentation

- Patient with history of lupus presents with generalized swelling of extremities and abdomen. Labs: decreased albumin, elevated BUN and creatinine and renal biopsy likely **acute nephrotic syndrome. Class –V lupus nephritis; membranous nephropathy.** Treat for same.

*Note - For acute cases specify nephritic syndrome as acute or rapidly progressive.



Hematuria

- Type
 - Gross
 - Microscopic
 - Benign essential
 - Other microscopic
 - Idiopathic (Recurrent and Persistent)

- Underlying Cause
 - Associated glomerular lesion (Diffuse membranous glomerulonephritis)
 - Cystitis
 - BPH
 - Malignancy (specify organ)



Hematuria Documentation Example

Insufficient Documentation

- Elderly male with history of Atrial Fib on Coumadin admitted with hematuria. INR is 9.7.

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- Elderly male with history of **Persistent** Atrial Fib admitted with **gross** hematuria **due to Coumadin coagulopathy**.



Pyelonephritis

- Acuity
 - Acute
 - Chronic - further specify:
 - Nonobstructive
 - Nonobstructive reflux associated
 - Obstructive (specify underlying obstruction)

- Associated diseases or conditions
 - Leukemia
 - Lymphoma
 - Sepsis

- Identify infectious agent



Pyelonephritis Documentation Example

Insufficient Documentation

- 68 year old female admitted with fever, flank pain with positive urinalysis. IV antibiotics and IVF started. Ultrasound shows renal enlargement and gas in renal parenchyma.

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- 68 year old female admitted with fever, flank pain with positive urinalysis. Ultrasound shows renal enlargement and gas in renal parenchyma. **Continue IV antibiotics and IVF for acute pyelonephritis.**

**Note - Document acuity!*



Key Documentation Concepts

- Specify severity or status of the disease, (e.g. acute or chronic)
- Specify site, etiology and any secondary diseases associated with the diagnosis
- Specify acquired vs congenital
- Identify associated infectious agents



Take the Extra Step!

Document :

- ALL chronic conditions – present and stable but managed.
- Significance of abnormal tests (i.e.: UTI, electrolytes, echo)
- Clarify whether diagnoses are ruled in or ruled out
- Establish cause-and-effect relationships (i.e. PICC line infection)
- Laterality, if applicable
- Explain the “why” and “because” to support medical necessity
- Any tobacco use, abuse, dependence, history of smoke exposure (e.g., second hand, occupational, etc.)