

Focus on: Chronic kidney disease

Medicare Advantage*	Conditions in the CMS-HCC categories include: Chronic kidney disease (stage 3 unspecified); chronic kidney disease (stage 3a); chronic kidney disease (stage 3b); chronic kidney disease (stage 4 [severe]); chronic kidney disease (stage 5); end stage renal disease; hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease; hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease; hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease; and acute kidney failure; complications of renal dialysis; complications of vascular dialysis catheter; complications of intraperitoneal, peritoneal or extracorporeal dialysis catheter; dependence on dialysis; and patient or caregiver noncompliance with dialysis.
<ul style="list-style-type: none"> • HCC 138 (328,329): Chronic Kidney Disease, Moderate (Stage 3) • HCC 137 (327): Chronic Kidney Disease, Severe (Stage 4) • HCC 136 (326): Chronic Kidney Disease, Stage 5 and ESRD • HCC 135: Acute renal failure • HCC 134: Dialysis status 	
Affordable Care Act*	The HHS-HCC conditions include: Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease; hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease; chronic kidney disease, stage 4 (severe); chronic kidney disease (stage 5); end stage renal disease; cystic dilatation of collecting ducts; other polycystic kidney infantile type; unspecified complication of kidney transplant; kidney transplant rejection; kidney transplant failure; kidney transplant infection; other complication of kidney transplant; encounter for aftercare following kidney transplant; and kidney transplant status.
<ul style="list-style-type: none"> • HCC 188: Chronic kidney disease, severe (Stage 4) • HCC 187: Chronic kidney disease, (Stage 5) • HCC 184: End stage renal disease • HCC 183: Kidney transplant status/ complications 	

*The conditions listed in the table above do not represent an inclusive list. Please check the CMS and HHS mappings for a complete list of conditions. HCC information is provided for educational purposes on the differences between the CMS and HHS models and is not intended to affect patient care. CMS requires submission of all diagnosis codes within the reporting period each calendar year based on what is documented in the medical record.

The hierarchal condition categories listed above in parentheses are the new HCCs in the 2024 CMS-HCC model. The 2020 model and the 2024 model are blended 67%/33% for PY 2024, and 33%/67% for 2025. Please see the 2024 Announcement for details. <https://www.cms.gov/files/document/2024-announcement-pdf.pdf>

Documentation should be clear, concise and legible. All conditions that coexist at the time of the encounter/visit and require or affect patient care, treatment and/or management should be documented.¹

When documenting chronic kidney disease, specify:

- **Stage:** CKD stage 1, 2, 3A, 3B, 4, 5, ESRD
- **Severity:** Mild, moderate, severe
- **Comorbidities/complication factors:** Hypertension, diabetes, heart failure, obesity, secondary hyperparathyroidism of renal origin, dialysis status, family history of kidney disease, etc.
- **Cause:** Hypertension, glomerulonephritis, interstitial nephritis, polycystic kidney disease, etc.

Staging chronic kidney disease²

Note: CKD is defined as either kidney damage or glomerular filtration rate (GFR) <60 ml/min/1.73 m² for ≥3 months.

Stage/severity	GFR value/description	ICD-10-CM code
Stage 1 (Normal or high GFR)	GFR ≥90 ml/min/1.73 m ² with <i>kidney damage</i> *	N18.1
Stage 2 (Mild)	GFR 60–89 ml/min/1.73 m ² with <i>kidney damage</i> *	N18.2
Stage 3 (Moderate)	GFR 30–59 ml/min/1.73 m ² (stage 3, unspecified)	N18.30
	GFR 45–59 ml/min/1.73 m ² (stage 3a)	N18.31
	GFR 30–44 ml/min/1.73 m ² (stage 3b)	N18.32
Stage 4 (Severe)	GFR 15–29 ml/min/1.73 m ²	N18.4
Stage 5 (Kidney failure or end-stage renal disease [ESRD])	GFR <15 ml/min/1.73 m ²	N18.5
	ESRD: requiring chronic dialysis or transplantation	N18.6
CKD unspecified	Chronic kidney disease, unspecified (CRD, CRF NOS or CRI)	N18.9

* Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests (for example, untimed spot urine albumin/creatinine ratio or microalbumin-sensitive dipstick) or imaging studies.

For more information on chronic kidney disease, please refer to our [Documentation and coding tips: Chronic kidney disease](#)

HEDIS measure

Kidney health evaluation for patients with diabetes (KED):

- **Description:** Measures the percentage of plan members who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.
- **Age:** Members ages 18–85 with diabetes (Type 1 or Type 2).
- **What to report for compliance:** These screenings are typically closed by claims but can also be closed from medical record documentation.
- **What you need to include in medical record documentation:** Members who received both an eGFR and a uACR during the measurement year on the same or different dates of service:
 - At least one eGFR
 - At least one uACR identified by either of the following:
 - Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart. For example, if the service date for the quantitative urine albumin test was December 1 of the measurement year, then the urine creatinine test must have a service date on or between November 27 and December 5 of the measurement year.
 - A uACR
- **Claims-only exclusions:** Members 66 years and older who are enrolled in an Institutional SNP (I-SNP) or living long-term in an institution any time during the measurement year. Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness during the measurement year.

For additional information regarding HEDIS measures, please refer to our [Closing gaps in quality measures toolbox](#).

Training opportunities

Optum offers a variety of documentation and coding courses for Medicare Advantage (MA) and the Affordable Care Act (ACA). Some sessions offer continuing education units (CEUs) and can be used for continuing medical education (CME) credits, depending on your credentialing organization.

National trainings: Please speak with your Optum representative for a schedule of virtual trainings on documenting and coding prevalent chronic conditions.

If you are not sure who your Optum representative is, please contact the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday–Friday.

* HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

* Optum360 ICD-10-CM: Professional for Physicians 2023. Salt Lake City, UT: 2022.

1. [ICD-10-CM Official Guidelines for Coding and Reporting](#).
2. National Kidney Foundation. [Guidelines and commentaries](#).

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2023: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2024, using both the 2020 model and the 2024 model, which is currently a blended model.

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. This presentation supplies general information regarding HEDIS and the Five-Star Quality Rating System, but NCQA administers HEDIS and CMS administers the Five-Star Quality Rating System, and you should consult the NCQA and CMS websites for further information. Lastly, on March 31, 2023, the Centers for Medicare & Medicaid Services (CMS) announced that 2023 dates of service for the 2024 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. [cms.gov/files/document/2024-announcement.pdf](https://www.cms.gov/files/document/2024-announcement.pdf).

For the Affordable Care Act (ACA): The Department of Health & Human Services Hierarchical Condition Category (HHS-HCC) model applies in the health exchange risk adjustment program under the Affordable Care Act. This model differs significantly from the CMS-HCC model, which applies in the Medicare Advantage risk adjustment program. For more information, please visit: <https://www.cms.gov/ccio/resources/regulations-and-guidance#Premium-Stabilization-Programs>. HHS also issues an annual notice of benefit and payment parameters, which may contain additional guidance on risk adjustment coding and other related issues under the Affordable Care Act.

For more information on Optum and the products and services we offer, contact us at 1-877-751-9207 or email providersupport@optum.com. If you have questions or wish to be removed from this email, please contact your Optum representative.



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