



Criteria for Comorbidity or Problem Significance Applied to Kidney Disease

Kidney disease (specifically acute kidney injury and/or chronic kidney disease) is a comorbidity or problem that coexists at the time of admission or develops subsequently and demonstrates at least one of the following:

- Requires treatment beyond maintenance of pre-existing kidney disease; for example, the treatment changes from conservative measures (e.g., diet restrictions) to initiation of dialysis.
- Increases the acute care inpatient length of stay by at least 24 hours (increase is attributed to the assessment or treatment of the kidney disease).
- Significantly affects the treatment received. To determine significance, there must be documented evidence that the kidney disease required at least one of the following:
 - A consultationⁱ or assessment that confirms a diagnosis of kidney disease that was not previously diagnosed.
 - A consultationⁱⁱ (e.g., the patient is seen by an internist or a nephrologist) to assess previously diagnosed kidney disease and a new or amended course of treatment is recommended and instituted. For example, the underlying condition (e.g., dehydration severe enough to warrant rehydration) is treated (e.g., with intravenous fluids) to bring the creatinine back to baseline, or dialysis treatments are initiated.
 - Dialysis (**1.PZ.21.^^**), which is a therapeutic intervention identified as mandatory in the coding standard *Selection of Interventions to Code for Acute Inpatient Care*, is initiated. Therefore, when dialysis is done during an episode of care, kidney disease meets the criteria for significance.
 - A patient with known chronic kidney disease is currently on dialysis, develops acute renal failure and has dialysis during the episode of care: **both** acute renal failure **and** chronic renal failure meet the criteria for significance.
 - A patient with known chronic kidney disease is **not** currently on dialysis, develops acute renal failure and has dialysis during the episode of care that is considered permanent at the time of discharge: **both** acute renal failure **and** chronic renal failure meet the criteria for significance.
 - A patient with known chronic kidney disease is **not** currently on dialysis, develops acute renal failure and has temporary dialysis during the episode of care that is discontinued at the time of discharge: **only** the acute renal failure meets the criteria for significance.

i. The consultation does not have to be documented on a formal consultation report; for example, it may be documented by the consultant in the progress notes.

ii. When the health care facility does not have access to specialists (e.g., a nephrologist), a request for a second opinion by a peer clinician may be considered a consultation.



Job Aid

- A kidney biopsy (**2.PC.71.^^**), which is a diagnostic intervention identified as mandatory in the coding standard *Selection of Interventions to Code for Acute Inpatient Care*, is performed. When a biopsy is performed to confirm a diagnosis of kidney disease and the underlying cause, both the kidney disease and the underlying cause meet the criteria for significance.

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