

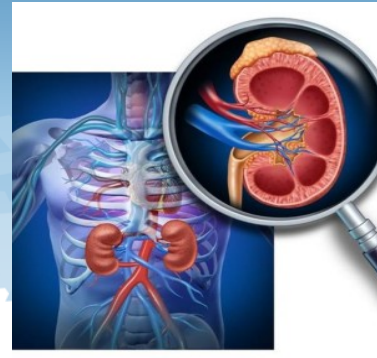
the Coding Talk...

To Code or Not To Code

Physician / MLP Reminder:

Kidney Failure / Documentation

- ❖ Acuity
 - Acute
 - Chronic
 - Acute on Chronic
- ❖ Cause if known –
e.g.: tubular necrosis
- ❖ Any underlying cause such
as dehydration
- ❖ Any chronic kidney disease
& stage -
e.g.: stages 1-5, ESRD
- ❖ Baseline creatinine
- ❖ FENa Score
- ❖ Rationale for not
optimizing with fluids



Diagnosis of the Month... Acute Kidney Failure

Review the medical record to determine if there is documentation of the patient's baseline renal function and clinical indicators of
Acute Kidney Failure.

Clinical Indicators to support Physician/MLP Documentation of ARF

- ❖ AKI is defined as any of the following (not graded):
 - Increase in SCr by ≥ 0.3 mg/dl (≥ 26.5 μ mol/l) within 48 hours; or
 - Increase in SCr to ≥ 1.5 times baseline, which is known or presumed to have occurred within the prior 7 days; or
 - Urine volume < 0.5 ml/kg/h for 6 hours

(Kidney Disease: Improving Global Outcomes (KDIGO) Acute Kidney Injury Work Group. KDIGO Clinical Practice Guideline for Acute Kidney Injury. Kidney inter., Suppl. 2012;2: 19-36)

