

CHRONIC Kidney Disease (CKD)

SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN

CKD Stage	G Designation/Category	eGFR (ml/min/1.73m ²)
Stage 1	G1	= > 90 Normal eGFR with other evidence of kidney damage for example, persistent microalbuminuria or proteinuria, hematuria, structural abnormalities, biopsy proven glomerulonephritis, etc.
Stage 2	G2	60 - 89 With other evidence of kidney damage for example, microalbuminuria, or proteinuria, hematuria, structural abnormalities, biopsy proven glomerulonephritis, etc.
Stage 3a	G3a	45 - 59
Stage 3b	G3b	30 - 44
Stage 4	G4	15 - 29
Stage 5	G5	< 15

National Kidney Foundation. K/DOQI clinical practice guidelines for chronic kidney disease: evaluation, classification, and stratification. AM J Kidney Dis 2002; 39(Suppl 1):S1 KDIGO. Summary of recommendation statements. Kidney Int; 3(supple):5

Patients with chronic kidney disease should have their disease stage based on their GFR, and the stage of CKD then documented in the medical record.

GFR levels < 45 place patients at risk for secondary hyperparathyroidism of renal origin. Therefore, consider screening these patients by checking an intact parathyroid hormone (PTH) level. In patients with GFR < 45, an intact PTH > 65 pg/mL confirms the diagnosis of **secondary hyperparathyroidism of renal origin*** (ICD-10-CM code **N25.81**).

The diagnosis should then be documented in the medical record along with an appropriate management plan, which can include monitoring calcium and phosphorus levels, vitamin D supplementation or referral to a specialist.

*Risk-adjusting diagnosis

ICD-10-CM diagnoses codes are ICD-10-CM *Official Guidelines for Coding and Reporting* are subject to change. It's the responsibility of the provider to ensure that current ICD-10-CM diagnosis codes and the current ICD-10-CM *Official Coding Guidelines for Coding and Reporting* are reviewed prior to the submission of claims.

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