INCREASED USE OF SPECIFIC CKD STAGING CODES FROM 2004 TO 2006

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Chronic kidney disease (CKD) is a highly prevalent yet under-diagnosed condition, and is expected to impose a significant illness and financial burden on society. In order to boost awareness of this disease, it was first necessary to create a common framework in which to diagnose CKD and classify its severity. In 2001, the National Kidney Foundation released Kidney Disease Outcomes Quality Initiative (KDOQI) practice guidelines which introduced the CKD staging system based on glomerular filtration rate estimates, urine protein measurements and other evidence of kidney damage. Furthermore, new ICD9 codes indicating CKD stage were introduced October 2005. However, it remains unclear whether physicians are determining CKD stages and are using these codes accordingly. We performed a retrospective analysis of administrative claims and laboratory data from a large health plan, including more than 2.5 million adults enrolled between January 2004 and December 2006. Patients were identified using claims for CKD during each measurement year. Outcomes included the frequency of both stage-specific and nonspecific CKD ICD9 codes. We found 17,388, 21,439 and 24,895 patients with at least 1 claim for CKD in 2004, 2005 and 2006 respectively. A specific CKD stage was identified in 6.8% (2004), 60.2% (2005) and 71.1% (2006), whereas a nonspecific code was present in 93.2%, 39.8% and 29.9%. These results suggest that the release of the CKD staging ICD9 codes may have contributed to an increased awareness of the disease, as demonstrated by the increased use of specific CKD stage codes by physicians over the nonspecific codes. Further studies are needed to demonstrate whether improved recognition of CKD will lead to better management and outcomes.