



March 25, 2008

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National Center for Health Statistics
Centers for Disease Control and Prevention
Mail Stop P08
Hyattsville MD 20781

Re: ICD-9-CM coding for acute renal failure

Dear Ms Blum,

On behalf of our members, we write to request that the terminology in the current 584 series be updated to conform to current usage. Acute kidney injury (AKI) is a term that is now in wide use in the nephrology and critical care literature, replacing acute renal failure (ARF). It refers to an abrupt reduction in kidney function as evidenced by a pronounced increase in serum creatinine and/or reduction in urine output, which can but does not always result in kidney failure. The term AKI has been adopted by the major nephrology and critical care societies to better reflect an event that leads to a decline in kidney function.

We recommend the following changes:

1. AKI (non-traumatic) should be indexed to 584.9.
2. 584 should be changed to "acute renal failure or acute kidney failure".
3. Acute kidney disease should be added as an inclusion term under 584.

We believe these changes will enhance data collection in this area, and set the stage for classification of AKI, as new epidemiologic and outcomes data are reported.

Thank you for the opportunity to comment on this important issue.

Sincerely,

Peter Aronson, MD
President, ASN

David Warnock, MD
Immediate Past President, NKF

Allan Collins, MD
President, NKF

Alan S. Kliger, MD
President, RPA