Secondary Hyperparathyroidism of Renal Origin

Overview:
Secondary hyperparathyroidism of renal origin (N25.81) may be recommended when:
- The patient had CKD 3 – 5 or end stage renal disease
- The patient’s PTH is elevated
- The patient’s calcium level is normal or low
or
- Laboratory parameters (including PTH) have returned to normal but the patient remains on active treatment after meeting the above criteria

Other tests to consider monitoring/management of bone mineral disease in chronic kidney disease include 25-OH vitamin D, alkaline phosphatase, and phosphorus.

Documentation Examples:
Assessment/Plan: Secondary hyperparathyroidism of renal origin: Elevated PTH level of 75 pg/mL noted on 1/3/23 in the setting of known CKD3b. Check vit D, phos, and calcium and treat abnormalities as indicated.

Active management is demonstrated with plan to update laboratory values. Plan to consider therapy is documented as is correlation with comorbid condition of CKD.

Active Management (“MEAT”):

Monitor
- Symptoms
- Disease progression/regression
- Ordering tests

Evaluate
- Test results
- Medication effectiveness
- Response to treatment
- Exam finding

Assess/Address
- Review records
- Counseling
- Documenting status

Treat
- Prescribe/continue medication/stopping
- Surgical/other interventions
- Referral to a specialist

Common Pitfalls:
- Nonspecific diagnosis
- Documentation and reported ICD-10 codes do not match
- Not enough information to indicate active assessment/management
- Not linking data/medications to the relevant condition in the assessment/plan.
- Not addressing both conditions when a single ICD-10 code represents a condition and its complication/manifestation (such as DM with CKD)
- Inappropriately coding acute conditions as chronic

Resources:
(1) KDIGO CKD-MBD Quick Reference Guide; (2) Up to Date, Management of secondary hyperparathyroidism in adult nondialysis patient with chronic kidney disease; (3) DynaMed, Secondary Hyperparathyroidism