

Indicator	Query	Response	Date
<b>CKD1</b>	How should a patient with Renal Cell Carcinoma (B55a0) be coded as this code as this code is not included in the basket of codes for the CKD Register?	Suggest using the code B4A.. (Malignant neoplasm of kidney and other unspecified urinary organs) which is included in the CKD register codes and was chosen as the best code for cancers of the renal system for the SCIMP list. To include the accurate diagnosis in the patient record, more specific detailed could be added in the extension or code BB5a0 (Renal cell carcinoma) could be added to the record separately with the same date.	29.11.07
<b>CKD4</b>	Some reviewers have asked if the following is an acceptable reason for exception reporting for CKD4. They are quoting from a consensus statement accessible at <a href="http://www.renal.org/CKDguide/consensus.html">http://www.renal.org/CKDguide/consensus.html</a> which states: "Blood pressure: There is strong evidence that blood pressure lowering reduces cardiovascular disease risk and the progression of CKD. Treatment should be offered to those with blood pressure equal to or greater than 140/90 mmHg but the optimal treatment target remains poorly defined. For most patients in stages 1, 2, 3A and 3B, the primary objective is to reduce the risk of stroke and heart disease and choice of therapy should follow national guidelines (initial therapy less than 55 yrs; ACE inhibitor, greater than 55 yrs; calcium channel blockers or diuretic). In the absence of proteinuria, it is acceptable for general practitioners to "exemption code" patients from the requirement for ACEi/ARB prescription if blood pressure control is satisfactory."	The agreed reference for CKD is the FAQs which were put together at a national level and which are on the Paymodernisation website <a href="http://www.paymodernisation.scot.nhs.uk/gms/natref/qual_def/docs/QOF%20FAQ%20CKD%20April%2007.pdf">http://www.paymodernisation.scot.nhs.uk/gms/natref/qual_def/docs/QOF%20FAQ%20CKD%20April%2007.pdf</a>  This scenario is addressed under FAQ No 19 and No 31(see below) both of which make it clear that the suggestion is correct. However, it would be preferable if reviewers used the agreed FAQs as reference point in the first instance to avoid confusion and inconsistency.  "31. Who could/should be exception reported? The usual categories of exception codes apply: "Patient unsuitable" and "Informed Dissent". There may be few situations where these apply other than in terminal illness where renal function may fail and there is no benefit to the patient in attempting to manage their renal impairment. People who are intolerant to Angiotensin converting enzyme inhibitors (ACE-I) and Angiotensin II receptor blockers (ARB) are effectively exception reported as they are removed from the target population. The maximum tolerated dose of antihypertensive code has the same effect. In the absence of proteinuria it is acceptable to exception report patients from the requirement for ACE-I/ARB prescription if their blood pressure control is satisfactory."	24.12.07

<b>CKD</b>	<p>The recently published FAQs on Chronic Kidney Disease (CKD) have conflicting definitions of CKD conferring eligibility for inclusion on the CKD register. Which one should we use?</p>	<p>The correct definition is given in para 12, bullet 4 of the FAQs.</p> <p>This states that to diagnose CKD, two readings eGFR &lt;60 ml/min/1.73m<sup>2</sup> at least 3 months apart are required (without an intermediate reading ≥60 ml/min/1.73m<sup>2</sup>).</p>	13/01/10
		<p>The authors of the FAQs are aware of the conflicting definitions in the document and are in the process of correcting these before issuing an updated version.</p> <p>Link to updated version of FAQs (January 2010)  <a href="http://www.nhsemployers.org/Aboutus/Publications/Documents/Chronic_kidney_disease_FAQs_2nd_ed.pdf">http://www.nhsemployers.org/Aboutus/Publications/Documents/Chronic_kidney_disease_FAQs_2nd_ed.pdf</a></p>	