<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
<th>GFR Stage (ml/min/1.73 m²)</th>
<th>Normoalbuminuria*</th>
<th>Microalbuminuria*</th>
<th>Macroalbuminuria*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A1: ACR 30 mg/g normal to mildly increased albuminuria</td>
<td>A2: ACR &gt;30-300 mg/g moderately increased albuminuria</td>
<td>A3: ACR &gt;300 mg/g severely Increased albuminuria</td>
<td></td>
</tr>
<tr>
<td>CKD1</td>
<td>N18.1</td>
<td>G1: &gt;90, normal or high</td>
<td>Observe</td>
<td>Treat</td>
<td>Refer</td>
</tr>
<tr>
<td>CKD2</td>
<td>N18.2</td>
<td>G2: 60-89, mildly decreased</td>
<td>Observe</td>
<td>Treat</td>
<td>Refer</td>
</tr>
<tr>
<td>CKD3</td>
<td>N18.3a</td>
<td>G3a: 45-59, mildly to moderately decreased</td>
<td>Treat</td>
<td>Treat</td>
<td>Refer</td>
</tr>
<tr>
<td>CKD3</td>
<td>N18.3b</td>
<td>G3b: 30-44, moderately to severely decreased</td>
<td>Treat</td>
<td>Treat</td>
<td>Refer</td>
</tr>
<tr>
<td>CKD4</td>
<td>N18.4</td>
<td>G4: 15-29, severely decreased</td>
<td>Refer</td>
<td>Refer</td>
<td>Refer</td>
</tr>
<tr>
<td>CKD5</td>
<td>N.18.5</td>
<td>G5: &lt;15, kidney failure</td>
<td>Refer</td>
<td>Refer</td>
<td>Refer</td>
</tr>
<tr>
<td>CKD6</td>
<td>N18.6</td>
<td>G6: Treated by dialysis</td>
<td>Refer</td>
<td>Refer</td>
<td>Refer</td>
</tr>
</tbody>
</table>

*Old nomenclature

GFR: glomerular filtration rate; ACR: albumin-to-creatinine ratio; CKD: chronic kidney disease; ICD: International Classification of Diseases

Adapted and modified from references 18-23 and ICD-9 and ICD-10 books. (The new ICD-10 code for type 2 diabetic nephropathy to submit insurance claims is E11.21, and it may need to be used in combination with the N-18 codes, noted above.)