

**\*\*The criteria provided below is representative of what is commonly accepted by certain payers and is not all inclusive, nor is it a guarantee a particular code will be supported by a payer.**

<b>AKI Audit Criteria</b>	<b>Findings</b>	<b>Documentation Source (i.e., H&amp;P, Consult)</b>
Baseline creatinine, or lowest hospital value, multiplied by 1.5 or 50%		
Baseline creatinine or lowest hospital value plus 0.3 within 48 hours (prospectively with 2 separate measurements)		
Urine output < 0.5 ml/kg/hr for 6 hours based on weight		
<b>Unsupported**</b>		
Rapid return (<24 hours) to baseline		
GFR when not cited by Payer		
<b>ATN Audit Criteria**</b>		
UA has muddy casts or epithelial cells (rarely seen)		
FENa (need urine electrolytes) >2%		
<b>ATN Alternative Factors</b>		
Return to baseline >72 hours		
Urine sodium/creatinine obtained same time as serum Na/Cr		
Clinical Context identified (hypotension, sepsis, nephrotoxins, medications*)		
BUN/creatinine ratio: < 20		
Cr rose daily > 0.3 to 0.5 mg/dL per day >/day		
urine osmolality <450 mosmol/kg		
Urine Concentration >40 to 50 mEq/L		
FENa > 2%		
<b>Total Alternate Criteria &gt;2</b>		

\*Medications commonly causing ATN: acetaminophen, NSAIDS, cyclosporine, cisplatin, acyclovir, tetracycline, aminoglycosides.

\*\* Per certain Payers