

Item S2. Inpatient and outpatient ICD-9 codes in claims used to define chronic kidney disease in Medicare data (CKD_{Medicare}) in our secondary analyses.

250.4 - Diabetes with renal manifestations
403.x1 - Hypertensive chronic kidney disease
403.x0 (after October 1, 2006) - Hypertensive chronic kidney disease (subtypes)
404.x2, Hypertensive heart and chronic kidney disease
404.x3, Hypertensive heart and chronic kidney disease (subtypes)
404.x0 Hypertensive heart and chronic kidney disease (subtypes)
404.x1 Benign hypertension and renal disease (after October 1, 2006)
582.xx Chronic glomerulonephritis
585.1 Chronic kidney disease, Stage I
585.2 Chronic kidney disease, Stage II (mild)
585.3 Chronic kidney disease, Stage III (moderate)
585.4 Chronic kidney disease, Stage IV (severe)
585.5 Chronic kidney disease, Stage V
585.6 End stage renal disease
585.9 Chronic kidney disease, unspecified
586 Renal failure, unspecified
791.0 Proteinuria

Chronic kidney disease in Medicare was defined as the presence of any of the above ICD-9 codes associated with an inpatient, skilled nursing facility or home health aide claim or an outpatient claim linked to a physician evaluation and management claim.