


Chronic kidney disease

The following changes have been made to ACS 1438 *Chronic Kidney Disease (CKD)*:

- updated the definition and diagnosis criteria of CKD
- minor changes made to the stage descriptors of CKD
- updated the definition for estimated glomerular filtration rate
- updated the definition of diabetic nephropathy

 Australian Consortium for Classification Development



Chronic kidney disease

The table below shows the changes to the Stages of Chronic Kidney Disease as determined by the glomerular filtration rate:

STAGE	DESCRIPTION	GFR (ML/MIN/1.73M ²)
1	Kidney damage with normal or-increased-GFR kidney function	≥ 90
2	Kidney damage with mild decreased-GFR loss of kidney function	60–89
3 (3a/3b)	Moderate decreased-GFR loss of kidney function	30–59
4	Severe decreased-GFR loss of kidney function	15–29
5	Kidney failure	< 15



Australian Consortium for Classification Development




Chronic kidney disease

- [Where a patient with CKD is admitted for creation of an AV fistula for haemodialysis, assign Z49.0 Preparatory care for dialysis as the principal diagnosis. Assign U87.1 Chronic kidney disease, stage 3–5 if the CKD does not meet the criteria in ACS 0002 Additional diagnoses \(see also ACS 0003 Supplementary codes for chronic conditions, Example 4\).](#)



Australian Consortium for Classification Development




Chronic kidney disease

Example 1:

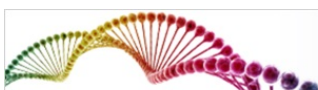
A patient with stage 3b chronic kidney disease is admitted for creation of a Gore-tex AV fistula for haemodialysis (under GA).

Assign:

Z49.0	<i>Preparatory care for dialysis</i>
U87.1	<i>Chronic kidney disease, stage 3–5</i>
34512-01 [765]	<i>Construction of arteriovenous fistula with prosthesis</i>
92514-99 [1910]	<i>General anaesthesia, ASA 99</i>




Australian Consortium for Classification Development




ACS 0011 & 0019 review

Abandoned Procedures & Interventions not performed




Australian Consortium for Classification Development



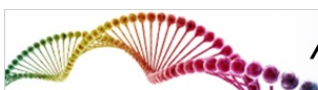
ACS 0011 & 0019 review

ACS 0011 is a coding guideline regarding patients who are admitted to a health care facility, however their intervention is cancelled before the intervention is initiated

ACS 0019 is a coding guideline regarding patients whose intervention has initiated/commenced and then stopped for whatever reason.




Australian Consortium for Classification Development



ACS 0011 & 0019 review

ACS 0011 has classification guidelines for several scenarios

1. If a patient was admitted to a facility for an intervention that was not undertaken (or initiated) and the patient was discharged
2. If a patient is admitted to a facility for an intervention that was not undertaken (or initiated) due to another condition or complication, and the patient requires ongoing inpatient care for that other condition
3. If a patient was admitted to a facility for an intervention that was delayed, but was later undertaken during the same episode of care



Australian Consortium for Classification Development



ACS 0011 & 0019 review

ACS 0019 has classification guidelines which state:

If an intervention was abandoned, interrupted or not completed assign:

- a code for the condition requiring the intervention (principal diagnosis)
- Z53.3 Procedure abandoned after initiation, as an additional diagnosis
- a code for the condition or complication responsible for the abandonment of the intervention, as an additional diagnosis, if applicable
- ACHI codes as applicable, coded to the extent of the intervention performed



Australian Consortium for Classification Development



ACS 0011 & 0019 review

Example 2:

A 34 year old patient was admitted for tonsillectomy under general anaesthesia, for recurrent tonsillitis. Upon induction of anaesthesia the patient developed severe bronchospasm with difficulty in inflating the lungs and dropping oxygen saturations. The procedure was abandoned and the patient was treated for anaphylaxis to the anaesthetic.



Australian Consortium for Classification Development



ACS 0011 & 0019 review

Assign:

J35.0	<i>Chronic tonsillitis</i>
Z53.3	<i>Procedure abandoned after initiation</i>
T88.6	<i>Anaphylactic shock due to adverse effect of correct drug or medicament properly administered</i>
Y48.2	<i>Other and unspecified general anaesthetics</i>
Y92.24	<i>Health service area, this facility</i>
92514-99 [1910]	<i>General anaesthesia ASA 99</i>



Australian Consortium for Classification Development



Further Information

For further detailed information regarding this revision please refer to the Reference to Changes Document provided in this Education Package.



Australian Consortium for Classification Development



Copyright

© Copyright Independent Hospital Pricing Authority 2019, Eleventh Edition.

ICD-10-AM is based upon the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision* (ICD-10) 2016 Edition © World Health Organization. All rights reserved. Modified by permission for Australian Government purposes.

Whilst every reasonable care has been taken to ensure information accuracy within this publication, the ACCD and its staff make no warranty or guarantee that the information presented here is error free and will bear no responsibility for the results or consequences of the use of this material.

This work is copyright. It may be reproduced in whole or in part for study and training purposes subject to the inclusion of an acknowledgment of the source and no commercial usage or sale.

Reproduction for purposes other than those stated above requires the written permission of the IHPA (enquiries.ihpa@ihpa.gov.au).



Australian Consortium for Classification Development