Government of Western Australia
Department of Health

Western Australian Coding Rule

1017/07 Application of ACCD Coding Rule *Fluid overload, ESKD and pulmonary oedema* (June 2013) in patients with CCF and/or renal failure

Q.

The ACCD Coding Rule *Fluid overload, ESKD and pulmonary oedema* (June 2013) instructs coders to apply *Problems and underlying conditions* section of ACS 0001 i.e. sequence the problem (fluid overload or pulmonary oedema) as principal diagnosis and the underlying cause (CCF and/or renal failure) as additional diagnosis. This poses a problem for coders when the doctor nominates CCF or renal failure as principal diagnosis. Should coders follow the ACCD Coding Rule and instead sequence the problem (e.g. fluid overload) as principal diagnosis?

A.

ACCD Coding Rule:

Fluid overload, ESKD (end-stage kidney disease) and pulmonary oedema (June 2013)

> Q: What should be assigned as the principal diagnosis for fluid overload with end-stage kidney disease (ESKD) with/without pulmonary oedema?
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> A: Fluid overload results from diseases where there is compromised regulation of sodium and water such as renal failure, congestive heart failure (CHF) and liver failure. Fluid overload in a patient with ESKD may cause cardiopulmonary complications such as pulmonary oedema (PO) and CHF. Patients may present with a combination of multiple cardiac and/or liver diseases and/or non-compliance with treatment which may contribute to fluid overload.
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> The selection of principal diagnosis (PDx) for a patient admitted with fluid overload depends on what other conditions are documented and the circumstances of the admission. **Coders should be guided by ACS 0001 *Principal diagnosis, Problems and underlying conditions* and ACS 0002 *Additional diagnoses, Problems and underlying conditions***. Each case should be reviewed based on documentation and coders should seek clarification from the clinician where there is uncertainty regarding the principal diagnosis.

The June 2013 ACCD Coding Rule clarified that fluid overload and pulmonary oedema (with CCF and renal failure) may be coded as conditions in their own right. This was a change in practice as old national advice was that fluid overload and acute oedema were not to be coded with CCF.

If both conditions meet criteria for coding, the ACCD Coding Rule advises to apply the *Problems and underlying conditions* section of ACS 0001, where dot point 2 instructs the problem should be sequenced as principal diagnosis, and underlying cause as additional diagnosis.

In an episode with fluid overload (problem) due to CCF and/or renal failure (underlying cause), there is difficulty in applying the ACCD Coding Rule when the clinician nominates CCF or renal

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failure as principal diagnosis, because the doctor's (valid) choice of principal diagnosis does not align with sequencing instructions in *Problems and underlying conditions*.

WACCAG advises that sequencing should be determined by the documentation for each case and the doctor's choice of principal diagnosis. Principal diagnosis of CCF or ESKD should not be queried with the clinician or re-sequenced in an attempt to apply the ACCD Coding Rule. If there is any ambiguity in the documentation, the case should be queried with the clinician.

DECISION

Fluid overload and pulmonary oedema may be coded as conditions in their own right in patients with CCF or renal failure. Sequencing of codes should be in accordance with the clinician's principal diagnosis selection and criteria in ACS 0001 and 0002.

[Effective 11 Oct 2017, ICD-10-AM/ACHI/ACS 10th Ed.]