



Western Australian Coding Rule

0415/04 Hypertension in APSGN

Q.

Which code should be assigned for hypertension in children who are admitted for acute post-streptococcal glomerulonephritis?

A.

Acute post-streptococcal glomerulonephritis (APSGN) is an inflammatory disease of the kidneys which occurs 2 to 3 weeks after skin or throat infection with group A streptococcus. Not all types of streptococcus cause kidney problems, only those caused by nephritogenic strains. The streptococcal infection causes the glomeruli of the kidneys to become inflamed by an immunologic process. The exact mechanism remains to be determined. APSGN can cause haematuria, hypertension, oedema, oliguria and proteinuria. It most commonly affects children but can occur at any age.

Treatment of APSGN focuses on relieving the symptoms. Antibiotics may be given to destroy any streptococcal bacteria that remain in the body. Blood pressure and diuretic medications may be needed to control oedema and high blood pressure.

Even though hypertension is a symptom of APSGN, if it is treated as a condition in its own right (i.e. by the administration of antihypertensive medication), it should be coded.

If hypertension is documented as due to APSGN, it should be coded to I15.1 *Hypertension secondary to other kidney disorders*. The clinician may be queried if documentation is unclear.

DECISION

Hypertension due to APSGN should be coded to I15.1 *Hypertension secondary to other kidney disorders*, if it meets the criteria for coding in ACS 0002 *Additional diagnoses*. If documentation is unclear, the coder may seek clinical advice.

[Effective 01 Apr 2015, ICD-10-AM/ACHI/ACS 8th Ed.]