Western Australian Coding Rule

0719/07  Gitelman syndrome

WA Coding Rule 0810/02 *Gitelman syndrome* is retired.

In ICD-10-AM/ACHI/ACS Eleventh Edition (effective 1 July 2019) ACS 0005 *Syndromes* was amended and new code U91 Syndrome, NEC created. Coders should be guided by the classification instructions in ACS 0005 *Syndromes*.

**DECISION**

WA Coding Rule 0810/02 *Gitelman Syndrome* is retired.

[Effective 01 Jul 2019, ICD-10-AM/ACHI/ACS 11th Ed.]
0810/02 Gitelman syndrome

Q.
How do we code Gitelman syndrome? Patient presented with hypokalaemia and hypomagnesaemia on a background of gastroenteritis. K and Mg were replaced and patient was discharged.

In reference to ACS 0005 Syndromes point 5 the case is being sent to the state coding advisory body.

A.
Gitelman Syndrome is an autosomal recessive disorder characterised by hypomagnesaemia, hypocalcuria, hypokalaemia and metabolic alkalosis. It is caused by gene mutation which results in defects in the transport process performed in the distal convoluted tubule in the nephron. Symptoms are not present at birth and the disease is usually diagnosed during adolescence or adulthood.

We advise coding the manifestations the patient has, along with Q87.89 Other specified congenital malformation syndromes, not elsewhere classified as per point 5 in the ACS 0005 Syndromes:

N25.8 Other disorders resulting from impaired renal tubular function
E87.6 Hypokalaemia
E83.4 Disorders of magnesium metabolism
Q87.89 Other specified congenital malformation syndromes, not elsewhere classified

DECISION
For Gitelman’s syndrome, code all syndrome manifestations relevant to the patient followed by a code from Q87 to reflect that it is a congenital syndrome without a specific code in ICD-10-AM:

N25.8 Other disorders resulting from impaired renal tubular function
E87.6 Hypokalaemia
E83.4 Disorders of magnesium metabolism
Q87.89 Other specified congenital malformation syndromes, not elsewhere classified