

ICD-10-CM and ICD-10-PCS Preview

Chapter 10:
Diseases of the Respiratory System
J 00-J99

Blocks

- ▶ J00-J06 Acute upper respiratory infections
- ▶ J10-J18 Influenza and pneumonia
- ▶ J20-J22 Other acute lower respiratory infections
- ▶ J30-J39 Other diseases of upper respiratory tract
- ▶ J40-J47 Chronic lower respiratory diseases
- ▶ J60-J70 Lung diseases due to external agents
- ▶ J80-J84 Other respiratory diseases principally affecting the interstitium
- ▶ J85-J86 Suppurative and necrotic conditions of the lower respiratory tract
- ▶ J90-J94 Other diseases of the pleura
- ▶ J95 Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
- ▶ J96-J99 Other diseases of respiratory system

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Review Coding Guidelines

- ▶ 10.a. Chronic Obstructive Pulmonary Disease and Asthma
 - 1) Acute exacerbation of COPD
- ▶ 10.b. Acute Respiratory Failure
 - 1) ARF as PDX
 - 2) ARF as secondary diagnosis
 - 3) Sequencing of ARF and another acute condition
- ▶ 10.c. Influenza due to certain identified influenza viruses
- ▶ 10.d. Ventilator associated Pneumonia
 - 1) Documentation of Ventilator Associated Pneumonia
 - 2) Ventilator associated Pneumonia develops after admission

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Note at beginning

- ▶ When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site
 - (for example, tracheobronchitis to bronchitis in J40)

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Note throughout Chapter

- ▶ Use additional code, where applicable, to identify:
 - Exposure to environmental tobacco smoke (Z58.7)
 - Exposure to tobacco smoke in the perinatal period (P96.81)
 - History of tobacco use (Z86.82)
 - Occupational exposure to environmental tobacco smoke (Z57.31)
 - Tobacco dependence (F17.-)
 - Tobacco use (Z72.0)

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J44 Other COPD

- ▶ **Read Includes Note**
- ▶ **Code also type of asthma if applicable**
- ▶ Use additional code for exposures
- ▶ Examine Excludes 1 note
- ▶ J44.0 COPD with acute lower respiratory infection
 - **Use additional code to identify infection**
- ▶ J44.1 COPD with (acute) exacerbation
 - **Excludes 2 COPD with acute bronchitis (J44.0)**
- ▶ J44.9 COPD unspecified

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J45 Asthma

- ▶ J45.2 Mild intermittent asthma
- ▶ J45.3 Mild persistent asthma
- ▶ J45.4 Moderate persistent asthma
- ▶ J45.5 Severe persistent asthma
- ▶ J45.9 Other and unspecified asthma
- ▶ 5th Character:
 - Uncomplicated
 - With (acute) exacerbation
 - With Status Asthmaticus
- ▶ Review Excludes 2 Note

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J95 Intraoperative and postprocedural complications and disorders of respiratory system

- ▶ New section in every chapter
 - Fourth characters describe complications following
 - hemorrhage, hematoma, accidental puncture, and so on.
 - Fifth characters further specify the listed complication.
 - Sixth character adds additional specificity

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Coding Exercises

1. Acute Bronchitis with COPD
2. Acute viral pneumonia;
right sided hemiparesis due to old CVA five years prior to admission. Patient is left handed
3. Allergic (house dust) bronchial asthma in acute exacerbation with status asthmaticus. Patient was admitted with intractable wheezing unresponsive to Proventil or Prednisone. Wheezing subsided after infusions of subcutaneous epinephrine and IV theophylline
4. A known CHF (chronic systolic failure) was admitted from SNF in acute respiratory failure. The patient was intubated and remained on continuous mechanical ventilation for 2 days. Diagnosis: ARF, CHF

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Coding Exercises

5. A casual drug user found unresponsive in his home by friends was brought in by paramedics to the Center's ED in acute respiratory failure & placed on continuous positive airway pressure ventilation for one day.
Discharge Diagnosis: Acute respiratory failure secondary to accidental crack cocaine overdose at home.
6. *Proteus mirabilis* pneumonia with shortness of breath and pulmonary infiltrates; Bronchoscopy with transbronchial biopsy of lung to rule out cancer.
7. Severe persistent asthma with acute exacerbation

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Schedule of Activities

- ▶ No Webinar in December and January
- ▶ Will resume February 16, 2012
 - Any special requests???
- ▶ CCS Exam Review
 - March 10 & March 11, 2012
- ▶ CCS Exams for March 2013 based on ICD 10 CM & ICD 10-PCS

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care of an initial AMI, and the reason for admission is the subsequent AMI, the I22 code should be sequenced first followed by the I21. An I21 code must accompany an I22 code to identify the site of the initial AMI, and to indicate that the patient is still within the 4 week time frame of healing from the initial AMI.

The guidelines for assigning the correct I22 code are the same as for the initial AMI.

10. Chapter 10: Diseases of Respiratory System (J00-J99)

a. Chronic Obstructive Pulmonary Disease [COPD] and Asthma

1) Acute exacerbation of chronic obstructive bronchitis and asthma

The codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation. An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.

b. Acute Respiratory Failure

1) Acute respiratory failure as principal diagnosis

A code from subcategory J96.0, Acute respiratory failure, or subcategory J96.2, Acute and chronic respiratory failure, may be assigned as a principal diagnosis when it is the condition established after study to be chiefly responsible for occasioning the admission to the hospital, and the selection is supported by the Alphabetic Index and Tabular List. However, chapter-specific coding guidelines (such as obstetrics, poisoning, HIV, newborn) that provide sequencing direction take precedence.

2) Acute respiratory failure as secondary diagnosis

Respiratory failure may be listed as a secondary diagnosis if it occurs after admission, or if it is present on admission, but does not meet the definition of principal diagnosis.

3) Sequencing of acute respiratory failure and another acute condition

When a patient is admitted with respiratory failure and another acute condition, (e.g., myocardial infarction, cerebrovascular accident, aspiration pneumonia), the principal diagnosis will not be the same in every situation. This applies whether the other acute condition is a respiratory or nonrespiratory condition. Selection of the principal diagnosis will be dependent on the circumstances of admission. If both the respiratory failure and the other acute condition are equally responsible for occasioning the admission to the hospital, and there are no chapter-specific sequencing rules, the guideline regarding two or more diagnoses that equally meet the definition for principal diagnosis (*Section II, C.*) may be applied in these situations.

If the documentation is not clear as to whether acute respiratory failure and another condition are equally responsible for occasioning the admission, query the provider for clarification.

c. Influenza due to *certain identified influenza influenza viruses*

Code only confirmed cases of avian influenza (code J09.0-, Influenza due to identified avian influenza virus) or novel H1N1 or swine flu, code J09.1-. This is an exception to the hospital inpatient guideline Section II, H. (Uncertain Diagnosis).

In this context, “confirmation” does not require documentation of positive laboratory testing specific for avian or novel H1N1 (H1N1 or swine flu) influenza. However, coding should be based on the provider’s diagnostic statement that the patient has avian influenza.

If the provider records “suspected or possible or probable avian influenza,” the appropriate influenza code from category **J11**, Influenza due to **unspecified** influenza virus, should be assigned. A code from category J09, Influenza due to certain identified influenza viruses, should not be assigned.

d. Ventilator associated Pneumonia

1) Documentation of Ventilator associated Pneumonia

As with all procedural or postprocedural complications, code assignment is based on the provider's documentation of the relationship between the condition and the procedure.

Code J95.851, Ventilator associated pneumonia, should be assigned only when the provider has documented ventilator associated pneumonia (VAP). An additional code to identify the organism (e.g., Pseudomonas aeruginosa, code B96.5) should also be assigned. Do not assign an additional code from categories J12-J18 to identify the type of pneumonia.

Code J95.851 should not be assigned for cases where the patient has pneumonia and is on a mechanical ventilator but the provider has not specifically stated that the pneumonia is ventilator-associated pneumonia. If the documentation is unclear as to whether the patient has a pneumonia that is a complication attributable to the mechanical ventilator, query the provider.

2) Ventilator associated Pneumonia Develops after Admission

A patient may be admitted with one type of pneumonia (e.g., code J13, Pneumonia due to Streptococcus pneumonia) and subsequently develop VAP. In this instance, the principal diagnosis would be the appropriate code from categories J12-J18 for the pneumonia diagnosed at the time of admission. Code J95.851, Ventilator associated pneumonia, would be assigned as an additional diagnosis when the provider has also documented the presence of ventilator associated pneumonia.

11. Chapter 11: Diseases of Digestive System (K00-K94)

Reserved for future guideline expansion