Chapter 10

DISEASES OF THE RESPIRATORY SYSTEM (J00-J99)

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CHAPTER SPECIFIC CATEGORY CODE BLOCKS

- J00–J06, Acute upper respiratory infections
- J09–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 the respiratory system

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CHAPTER NOTES

- The terminology used to describe asthma has been updated to reflect the current clinical classification of asthma

- ICD-10-CM has individual codes for acute recurrent sinusitis for each sinus whereas ICD-9-CM does not have a specific code for acute recurrent sinusitis.

- Respiratory condition in more than one site (not specifically indexed) classified to lower anatomic site

- There are minor changes with the elimination of instructions related to chronic obstructive pulmonary disease (COPD).

- Additional code notes:
  - ❖ Use additional code to identify the infectious agent
  - ❖ Use additional code to identify the virus
  - ❖ Code first any associated lung abscess
  - ❖ Code first the underlying disease
  - ❖ Use additional code to identify other conditions such as tobacco use or exposure

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CHRONIC OBSTRUCTIVE PULMONARY DISEASE [COPD] AND ASTHMA

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

- In the Tabular, there is a note under category J44 to code also type of asthma, if applicable (J45.-).
- In the Tabular there is an **Excludes** 2 note under category J45 for asthma with chronic obstructive pulmonary disease.
- By definition, when an **Excludes** 2 note appears under a code, it is acceptable to use both the code and the excluded code together if the patient has both conditions at the same time.

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ASTHMA (J45)

- Asthma is classified to category J45, with a fourth character indicating the severity.
- Coding asthma with ICD-9 codes has been based on extrinsic or intrinsic asthma but with ICD-10 it is not necessary for the coder to look for extrinsic or intrinsic because in ICD-10-CM, it is classified as mild intermittent, mild persistent, moderate persistent, and severe persistent.
- Also includes designations for with or without acute exacerbation.
- Category J45 includes several use additional code notes to identify the following:
  - ❖ Exposure to environmental tobacco smoke (Z77.22)
  - ❖ Exposure to tobacco smoke in the perinatal period (P96.81)
  - ❖ History of tobacco use (Z87.891)
  - ❖ Occupational exposure to environmental tobacco smoke (Z57.31)
  - ❖ Tobacco dependence (F17.-)
  - ❖ Tobacco use (Z72.0)

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ASTHMA SEVERITY

- Severity is identified as:
  - mild intermittent
  - mild persistent
  - moderate persistent
  - severe persistent
  - other or unspecified

Asthma Severity	Frequency of Daytime Symptoms
Intermittent	Less than or equal to 2 times per week
Mild Persistent	More than 2 times per week
Moderate Persistent	Daily. May restrict physical activity
Severe Persistent	Throughout the day. Frequent severe attacks limiting ability to breathe.

- Additionally, characters identify whether status asthmaticus or exacerbation is present.

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ACUTE RESPIRATORY FAILURE (J96)

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.

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 (POA), but does not meet the definition of principal diagnosis.

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ACUTE RESPIRATORY FAILURE (J96) (cont.)

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 guidelines regarding two or more diagnosis 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.

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INFLUENZA DUE TO CERTAIN IDENTIFIED INFLUENZA VIRUSES

- Code only confirmed cases of influenza due to certain identified influenza viruses (category J09), and due to other identified influenza virus (category J10).
- 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 other novel influenza A or other identified influenza virus.
- However, coding should be based on the provider’s diagnostic statement that the patient has avian influenza, or other novel influenza A, for category J09, or has another particular identified strain of influenza, such as H1N1 or H3N2, but not identified as novel or variant, for category J10.
- If the provider records “suspected” or “possible” or “probable” avian influenza, or novel influenza, or other identified influenza, then the appropriate influenza code from category J11, Influenza due to unidentified influenza virus, should be assigned.
- A code from category J09, Influenza due to certain identified influenza viruses, should not be assigned nor should a code from category J10, Influenza due to other identified influenza virus.

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VENTILATOR ASSOCIATED PNEUMONIA

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 and 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.

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VENTILATOR ASSOCIATED PNEUMONIA (cont.)

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.

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CODING EXAMPLES

1. Patient presents today for asthma recheck. She states she is coughing occasionally, and remains short of breath. Her symptoms are present more than two days a week, but not daily. She has been using her rescue inhaler about every other day with nighttime wakening due to her asthma about three times a month. She states that her asthma is causing minor limitations to her normal activity as sometimes she has to slow down her activity as she gets tired due to shortness of breath and wheezing. She had a PFT today and chest X-ray. Patient is a former one pack per day cigarette smoker for five years.

   PHYSICAL EXAM: Patient not in acute respiratory distress. Vitals taken and recorded. O2 sats at 96 percent on room air. HEENT: NCAT. CHEST: Bilateral air entry equal. No rhonchi. No wheezes on auscultation. However, on forceful expiration, I could hear rhonchi and wheezing, more on the left lung. CARDIO: First and second heart sounds normal. EXTREMITIES: No CCE.

   ASSESSMENT/PLAN: Mild persistent asthma with acute exacerbation. Plan is to see her back in 4 days to assess her asthma symptoms and step up or step down her asthma medications depending on her symptoms.

   Answer: J45.31 Mild persistent asthma with (acute) exacerbation
   Z87.891 Personal history of nicotine dependence

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CODING EXAMPLES (cont.)

Rationale to example one: In ICD-10-CM, asthma is coded according to the type of asthma and if there is acute exacerbation or status asthmaticus. Category J45 contains the asthma codes. The subcategories are as follows: J45.2- mild intermittent, J45.3- mild persistent, J45.4- moderate persistent, J45.5- severe persistent, and J45.9- other and unspecified asthma. There is a notation above the category that also states to use an additional code to identify exposure to environmental tobacco smoke, exposure to tobacco smoke in the perinatal period, history of tobacco use, occupational exposure to environmental tobacco smoke, tobacco dependence, or tobacco use.

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CODING EXAMPLES (cont.)

2. This 75-year-old female was brought to the ER with severe difficulty in breathing. She was intubated and started on mechanical ventilation and admitted. Diagnosis for this patient: Acute respiratory failure, acute infectious bronchitis with acute exacerbation of COPD. What diagnosis codes are assigned?

   Answer: J96.00 Failure, respiration, respiratory, acute

   J44.0 Bronchitis (diffuse) (fibrinous) (hypostatic) (infective) (membranous) (with tracheitis), acute or subacute, with chronic obstructive pulmonary disease

   J20.9 Bronchitis (diffuse) (fibrinous) (hypostatic) (infective) (membranous), acute or subacute

   J44.1 Disease, diseased, pulmonary, chronic obstructive, with, exacerbation (acute)

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CODING EXAMPLES (cont.)

Rationale to example two: Review Coding Guidelines I.C.10.b.1-3 regarding sequencing of respiratory failure. Code J96.00 may be assigned as the 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 Index and Tabular. In this case, no other guidelines conflict, such as obstetrics, poisoning, HIV, and such. The patient was started on mechanical ventilation in the ER. The documentation is limited in this brief scenario, however, so if there was any doubt about the correct sequencing, the physician should be queried. Code J20.9 is added to identify the infection (acute bronchitis). Under J44.0, there is a note: “Use additional code to identify the infection.” There is an Excludes2 note under section Other Acute Lower Respiratory Infections (J20-J22) – Excludes2: COPD with acute lower respiratory infection (J44.0). Both codes J44.0 and J20.9 are necessary to correctly code the acute bronchitis with COPD. Code J44.1 is added as an additional code to identify the COPD exacerbation. There is an Excludes2 note under J44.1, but both codes can be assigned when both acute bronchitis and an acute exacerbation are documented. The Index entries also show COPD with acute bronchitis and acute exacerbation at the same indentation level, meaning that one doesn’t include the other.

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CODING EXAMPLES (cont.)

3. A ventilator-dependent patient (due to COPD with emphysema) is admitted to the hospital for dehydration. IV fluids are started for hydration and the patient is placed on the hospital's ventilator. What is the appropriate diagnosis code assignment?

Answer: E86.0 Dehydration

J43.9 Emphysema (atrophic) (bullous) (chronic) (interlobular) (lung) (obstructive) (pulmonary) (senile) (vesicular)

Z99.11 Dependence, on, ventilator

Rationale: The dehydration is the reason for admission and therefore should be listed as n the principal diagnosis.

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CODING EXAMPLES (cont.)

4. A 17-year-old college student was treated for cough, fever, body aches and headache. Diagnosis: Upper respiratory tract infection due to novel influenza A virus. Whar diagnosis codes are assigned?

Answer: J09.X2 Influenza (bronchial) (epidemic) (respiratory) (upper) (unidentified influenza virus), due to identified novel influenza A virus, with, respiratory manifestations, NE

Rationale: Coding Guideline I.C.10.c. states that only confirmed cases of influenza due to certain identified viruses (category J09) are coded. This is an exception to the hospital inpatient guideline Section II, H. In this context, “confirmation” does not require documentation of positive laboratory testing specific for avian or other novel influenza A. However, coding should be based on the provider’s diagnostic statement. In this case, there is no documentation that a laboratory test confirmed the novel influenza A virus, but the statement was documented as a confirmed diagnosis, not “possible,” “probable,” or other such terms. ICD-10-CM provides some combination codes for associated manifestations (respiratory, gastroenteritis, other).

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CODING EXAMPLES (cont.)

5. The patient has increasing shortness of breath, weakness and ineffective cough. Treatment included oxygen therapy and advice for smoking cessation. Diagnosis listed as acute respiratory insufficiency due to acute exacerbation of COPD and tobacco dependence. What diagnosis codes are assigned?

Answer: J44.1 Disease, diseased, pulmonary, chronic obstructive, with exacerbation (acute)

F17.200 Dependence (on) (syndrome), tobacco – *see* dependence, drug, nicotine

Z71.6 Counseling (for), substance abuse, tobacco

Rationale: The acute respiratory insufficiency is a symptom that is an integral part of the COPD and is not coded.

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CODING EXAMPLES (cont.)

6. The physician documented the following diagnoses for this elderly patient: COPD with emphysema, CHF, hypertension and atrial fibrillation. What diagnosis codes are assigned?

Answer:

Code	Description
J43.9	Emphysema (atrophic) (bullous) (chronic) (interlobular) (lung) (obstructive) (pulmonary) (senile) (vesicular)
I50.9	Failure, failed, heart (acute) (senile) (sudden), congestive (compensated) (decompensated)
I10	Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)
I48.0	Fibrillation, atrial or auricular (established)

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CODING EXAMPLES (cont.)

Rationale to example six: Code J43.9 includes the COPD as indicated by the nonessential modifiers. Additionally, there is an Excludes1 note under J44 (COPD) for emphysema (J43.-). Follow Index and Tabular carefully. When indexing COPD via Disease, lung, obstructive (chronic) there is a subterm with emphysema (J44.9). When verifying J44.9 in the Tabular there is an Excludes1 note: J44 Excludes1: emphysema without chronic bronchitis (J43.X). The emphysema in category J44 would be emphysema **with** chronic bronchitis. When verifying J43.9 in the Tabular there is an Excludes1 note: emphysema with chronic (obstructive) bronchitis (J44.x). To differentiate these two categories with emphysema, chronic bronchitis is key and must be documented. In this case, follow the Tabular, not the Index.

The CHF and hypertension are coded with two codes since there is no stated causal relationship. ICD-10-CM Coding Guidelines state that if heart conditions (I50.-, I51.4 – I51.9) with hypertension do not have a documented causal relationship, the conditions are coded separately.

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