Transition to ICD-10-CM Pulmonary System

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Objectives

- **Analyze the ICD-10-CM Chapter 10 categories (J00 -J99)**

- **Review Chapter 10 Guidelines**

- **Explain ICD-10-CM terminology as it relates to coding diseases of the respiratory system**

- **Identify pathophysiology terms as they relate to coding respiratory diseases**

- **Apply ICD-10-CM to common home health scenarios**

Housekeeping Information

- **Handout Materials**
  - **Webcast Participants**

    If you haven't done so already, you can download the handouts and tools in the handout box to the left of your screen. At any time during the presentation – you can **"pause"** the program. Go to the lower left of the screen and click on the "pause" button. Please note you may have to scroll down on the page to see the "pause' button.

  - **DVD Participants**

    The main contact should have received the handout materials link in the receipt email that was issued upon completion of purchase. If you still need a copy of the handouts, ask your contact or email RBC at **rbc@netstep.net**.

- Email your questions to **rbc@netstep.net**

- Lastly, for further information about our Education Programs and Products, go to: **http://education.rbclimited.com**

Respiratory Diseases: A National Focus

- **CMS has focused initiatives on Pulmonary Diseases**
  - **Primary Reason for Hospitalization in United States**
  - **Medicare Payment Changes for Re-Hospitalization for Pneumonia**
- **American Lung Association (2010 Census)**
  - **14+ Million Americans Have Lung Disease**
- **ICD-10-CM codes aligns updated medical terminology & practices with enhanced codes**
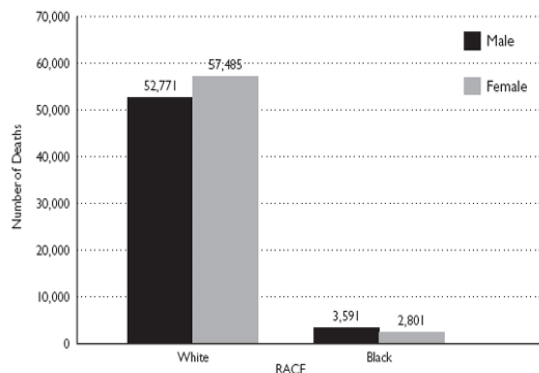- **Increased code specificity to track and correlate with quality outcomes & costs**
  - **Treatment & Best Practice Updates**

COPD Data

- **12 million people have COPD**
- **4th leading cause of death**
- **2nd leading cause of disability**
- **Total cost for COPD Care: $104 Billion (Direct & Indirect)**

<u>**Source: CDC**</u>

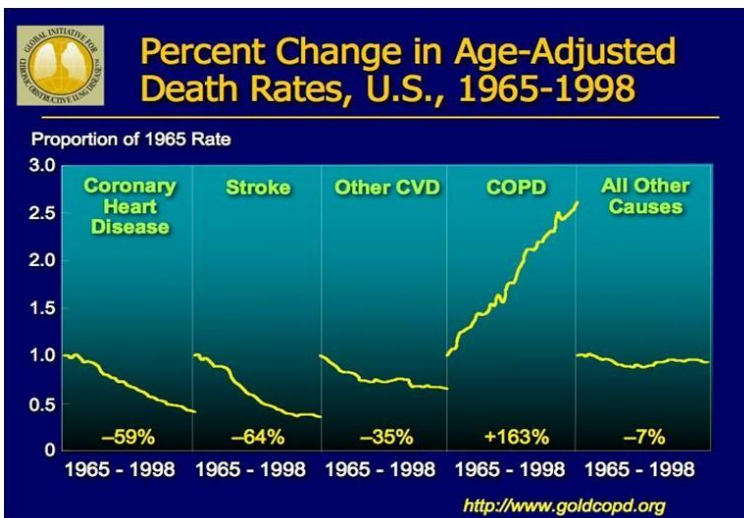Figure 2: Number of COPD Deaths by Race and Sex, U.S., 2004*

Source: Centers for Disease Control and Prevention. National Center for Health Statistics: National Vital Statistics Report. Deaths: Final Data for 2004.
Note:
* Comparisons should only be made between groups and diseases using rates, not number of deaths, as these do not take into account differences which may exist in population size or demographics.

COPD: Increasing Mortality

Percent Change in Age-Adjusted Death Rates, U.S., 1965-1998

Proportion of 1965 Rate

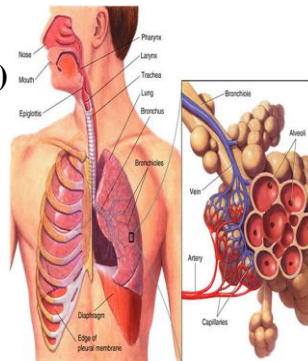| Coronary Heart Disease	Stroke	Other CVD	COPD	All Other Causes
−59%	−64%	−35%	+163%	−7%
1965 - 1998	1965 - 1998	1965 - 1998	1965 - 1998	1965 - 1998

http://www.goldcopd.org
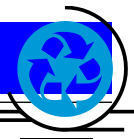
How About Home Care?

- **COPD is a Primary or Secondary Diagnosis for over 20% of all home care patients**
- **COPD, <u>specified,</u> is a case mix diagnosis for home health**
    - **COPD, <u>unspecified,</u> is *not* a case mix (496)**
- **COPD is a chronic disease that impacts every home health Plan of Care – *<u>without exception</u>***
- **COPD impacts home health Acute Hospitalization and Emergent Care Rates**
    - **Higher Risk of Uncontrolled Symptoms**
    - **Higher Risk of Falls**
    - **Higher Risk of Infections**

Respiratory System

- **<u>Lungs & Bronchial System</u>**
    - **Allows Exchanges of Gases (O2 & CO2)**
    - **Helps to regulate pH in the blood**
    - **Vital role in smell & ability to vocalize sounds**
- **<u>Works with Other Body Systems</u>**
    - **Delivers oxygen to cells & tissue**
    - **Removes carbon dioxide**
- **<u>Systemic Functions</u>**
    - **Ensures all organs & tissues have oxygen & carbon dioxide removal**
    - **Heart; Lungs and Blood Vessels**
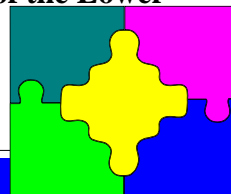   - **Pulmonary & Coronary Circulation**

Chapter 10: J00-J99

- **Diseases of the Respiratory System**
  - **Respiratory System (J00-99)**
    - Diseases & Disorders
    - Intraoperative & postprocedural complications & disorders, NEC (J95)
    - Other diseases of the respiratory system (J96-J99)
- **ICD-10-CM Chapter 10 Guideline Focus**
  - **COPD**
  - **Influenza**
  - **Respiratory Failure; Ventilator Associated Pneumonia**
- **ICD-10-CM**
  - **Updates terminology to reflect current medical practice**

Specific Chapter 10 Blocks

- **J00-J06** Acute Upper Respiratory Infections
- **J09-J18** Influenza & Pneumonia
- **J20-J22** Other Acute Lower Respiratory Infections
- **J30-J39** Other Diseases of the Upper Respiratory Tract
- **J40-J47** Chronic Lower Respiratory Diseases
- **J60-J70** Lung Diseases Due to External Agents
- **J80-J84** Other Respiratory Diseases Principally Effecting the Interstitium
- **J85-J86** Suppurative & necrotic conditions of the Lower Respiratory Tract
- **J90-J95** Other Diseases of the Pleura
- **J96-J99** Other & Unspecified Disorders

Official Code Guidelines

- **Chapter 10: Diseases of the Respiratory System**
  - Parallel ICD-9-CM Code Guidelines
  - Increased Instruction Notes (Code first; Use Additional Code)
  - Enhanced Combination Codes
  - Updated Terminology to Reflect Current Medical Practices
- **COPD (J44-J45)**
  - Acute exacerbation is a worsening or 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
  - If an acute lower respiratory infection is present, then an additional code should be used to identify the infection, if known
  - Asthma should be coded in addition to these codes, if applicable
    - Asthma is NOT considered a part of chronic obstructive pulmonary disease

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More on Code Guidelines

- **Influenza Due to Certain Identified Influenza Viruses**
  - Code only confirmed cases of avian influenza (J09.0-) or novel H1N1
  - Confirmation does not require documentation of positive laboratory testing specific for avian or novel H1N1 (H1N1 or swine flu)
  - Coding should be based on the provider's diagnostic statement that the patient has avian influenza
- **Use J11, influenza, unspecified if**
  - Provider documents "suspected or possible or probable avian influenza"
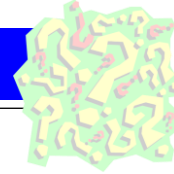 - Code J09.0- should NOT be assigned in these cases

More on Code Guidelines

- **Ventilator Associated Pneumonia (VAP): J95.851**
  - **Provider diagnostic statement must indicate cause and effect to assign this category**
  - **Assign an additional code to identify the organism**
  - **Do <u>NOT</u> assign an additional code from categories J12-J18 to identify the type of pneumonia**
  - **Do NOT assign J95.851 for patients with pneumonia on a mechanical ventilator**
- **Other Considerations**
  - **A patient may be admitted for one type of pneumonia, and then subsequently develop VAP**
  - **Pneumonia Code J12-J18 may be assigned with VAP (J95.851)**

More on Code Guidelines

- **Acute Respiratory Failure**
  - **Acute Respiratory Failure (J96.0) or Acute and chronic respiratory failure (J96.2) may be assigned as a principle diagnosis when it is the condition established after study, and supported by the Alpha and Tabular Index**
  - **Acute respiratory failure may be a secondary diagnosis if it is present on admission and does not meet the definition for the primary diagnosis**
  - **Sequencing Acute Respiratory Failure and Another Acute Condition**
    - **Reference Code Guidelines Details**
    - **Query Physician When Necessary**
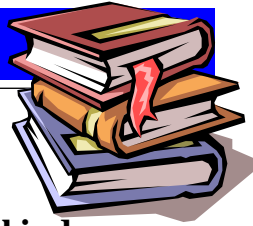
Compare Code Sets

- **ICD-9-CM**
  - *Some Combination Codes*

  - *Assign Additional Codes*

  - *Drug Resistant Microorganisms in limited codes*

- **ICD-10-CM**
  - *Expanded Combination Codes with Severity*
  - *Expanded Requirements to Assign Additional Codes*
  - *Directs addition al code for drug resistance, regardless of the drug*
  - *J95-J96 Intraoperative & Postprocedural Complications*

ICD-10-CM Conventions

- **Ensure Coder Reads**
  - **Includes notes: Further defines a category**
  - **Inclusion terms: Some of the conditions included in that code**
  - **Code first/use additional code notes**
  - **Code also – Two codes may be required but sequencing is dependent upon circumstances**
  - **See and See Also**
- **ICD-10-CM has many more combination codes**
  - **Specificity; manifestation & complications**

Steps to Accurate Coding

- **See Basic Code Rules**
- **Identify the main diagnostic term**
- **Find the <u>main term</u> in the alphabetical index**
- **Read the sub-terms under the main term**
- **Follow the cross-reference instructions**
- ***<u>ALWAYS Verify the code in the Tabular Index</u>***
- **<u>Read ALL Instructions</u>**
  - *** Exclusion notes**
  - *** Inclusion notes**
  - *** Code 1st notes**
  - ***NOS (not otherwise specified)**
  - ***NEC (not elsewhere classified)**
  - ***Manifestation notes**

Code Steps Applied

- **<u>Pseudomonas Pneumonia</u>**
- **<u>Step 1</u>**
- **<u>Look up term in Alphabetical Index</u>**
- **Pneumonia**
  - **<u>Pseudomonas NEC J15.1</u>**
    - **Pseudomallei A24.1**

Code Steps Applied

- **Pseudomonas Pneumonia**
- **Step 2**
- **Verify the code in the Tabular index**
  - **J15.1 Pneumonia due to Pseudomonas**
  - **J15.2 Pneumonia due to Staphylococcus**
    - J15.20 Pneumonia due to staphylococcus, unspecified
    - J15.21 Pneumonia due to staphylococcus aureus
    - J15.29 Pneumonia due to other staphylococcus

Sample Alpha Index

- **Bronchitis (diffuse) (fibrinous) (hypostatic) (infective) (membranous) (with tracheitis) J40**
  - **with**
    - influenza, flu or grippe – see influenza, with respiratory manifestations NEC
    - obstruction (airway) (lung) J44.9
    - tracheitis (15 years of age and above) J40
    - acute or subacute J20.9
    - chronic J42
    - under 15 years of age J20.9
    - acute or subacute (with bronchospasm or obstruction) J20.9
  - **with**
    - bronchiectasis J47.1
    - chronic obstructive pulmonary disease J44.0
    - chemical (due to gases, fumes or vapors) J68.0

Sample Tabular Index

- **J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection**
  - *Use additional code to identify the infection*
- **J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation**
  - Decompensated COPD
  - Decompensated COPD with (acute) exacerbation
    - Excludes: chronic obstructive pulmonary disease (COPD) with acute bronchitis (J44.0)
- **J44.9 Chronic obstructive pulmonary disease, unspecified**
  - Chronic obstructive airway disease NOS
  - Chronic obstructive lung disease NOS
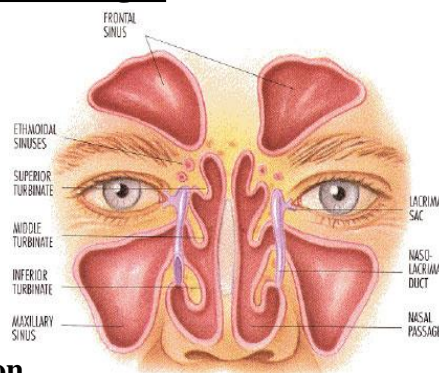- **J45 Asthma**

Quick Check

- **ICD-10-CM aligns terminology with updated clinical practice.**
  - ☐ True
  - ☐ False
- **ICD-10-CM Code Guidelines instructs coders that an infection does *not* necessarily indicate an exacerbation of COPD.**
  - ☐ True
  - ☐ False
- **Asthma is not a form of COPD.**
  - ☐ True
  - ☐ False

Acute Upper Respiratory Infections

- **J00 Acute nasopharyngitis (common cold)**
- **J01 Acute sinusitis**
- **J02 Acute pharyngitis**
- **J03 Acute tonsillitis**
- **J04 Acute laryngitis and tracheitis**
- **J05 Acute obstructive laryngitis (croup) and epiglottis**
- **J06 Acute upper respiratory infections of multiple and unspecified sites**
- *Use additional code to identify infectious agent*
    - *J02.0 Streptococcal pharyngitis*

Sinusitis: J01

- **Inflammation of the Nasal Passages**
- **Multiple Causes**
    - **Environmental Factors**
    - **Bacterial**
    - **Fungal**
    - **Other**
- **Code Selection**
    - **Location of Inflammation**
    - **Acute or Chronic Condition**
    - **Recurrent Condition (As Indicated)**
- **Treatment Options**

More on Sinusitis: J01

- **Acute Sinusitis**
  - *Use additional code (B95-B97) to identify infectious agent*
  - *Excludes 1 Sinusitis NOS: J32.9*
  - *Excludes 2 Chronic sinusitis: J32.0-J32.8*
- **J01.00 Acute maxillary sinusitis, unspecified**
- **J01.01 Acute recurrent maxillary sinusitis**
- **J01.11 Acute recurrent frontal sinusitis**
- **J01.20 Acute ethmoidal sinusitis, unspecified**
- **J01.21 Acute recurrent ethmoidal sinusitis**
- **J01.30 Acute sphenoidal sinusitis, unspecified**
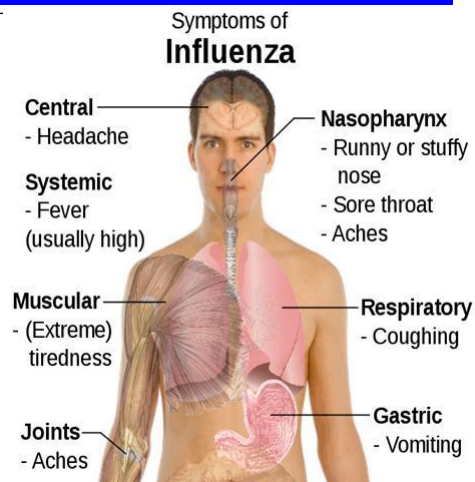
More on Acute Sinusitis: J01

- **J01.31 Acute recurrent sphenoidal sinusitis**
- **J01.40 Acute pansinusitis, unspecified**
- **J01.41 Acute recurrent pansinusitis**
- **J01.80 Other acute sinusitis**
- **J01.81 Other acute recurrent sinusitis**
- **J01.90 Acute sinusitis, unspecified**
- **J01.91 Acute recurrent sinusitis, unspecified**

Influenza & Pneumonia: J09-J18

- **Category Changes in ICD-10**
  - **Influenza & pneumonia are sequenced immediately following acute URI** *and*
  - **Sequenced** *before* **other acute lower respiratory tract infections**
- **Greater** *Specificity* **with Future Expansion Capabilities**
- **Instructional Note: Beginning of Chapter 10**
  - *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 (e.g. tracheobronchitis to bronchitis in J40)*

Influenza: J09-J11

- **Causes**
  - **Viruses**
- **Types**
  - **Two Main Types**
    - **Type A (includes H1N1)**
    - **Type B (less common)**
- **Code Selection**
  - **Virus**
  - **Manifestation(s)**
- **Remember**
  - **Code Guidelines: Clear diagnostic statements**
  - **Default Code: J11.1** *(Influenza NOS)*

Symptoms of
Influenza

Central
- Headache

Nasopharynx
- Runny or stuffy nose
- Sore throat
- Aches

Systemic
- Fever (usually high)

Muscular
- (Extreme) tiredness

Respiratory
- Coughing

Gastric
- Vomiting

Joints
- Aches

More on Influenza: J09-J11

- **J09.x1 Influenza due to identified novel influenza A virus with pneumonia**
- **J09.x2 Influenza due to identified novel influenza A virus with other respiratory manifestations**
- **J09.x3 Influenza due to identified novel influenza A virus with gastrointestinal manifestations**
- **J09.X9 Influenza due to identified novel influenza A virus with other manifestations**
- **J10.1 Influenza due to other identified influenza virus with respiratory manifestations**
- **J10.89 Influenza due to other influenza virus with other manifestations**

More on Influenza

- **Multiple Codes may be used to report a case of influenza**
  - **J09: Use additional codes for manifestations**
    - **J85.1 lung abscess**
    - **J91.8 pleural effusion**
    - **J01.- sinusitis**
  - **J10: Use additional code to identify virus**
    - **Code also type of pneumonia**
    - **Use additional codes for manifestations**
- **Influenza may be a primary *or* secondary diagnosis, depending on the Plan of Care**
- ***Coders MUST read ALL instructional notes***

Case Scenarios

- **Acute bronchitis due to Streptococcus A; mild chronic heart failure**
    - **J20.2 Acute bronchitis due to streptococcus**
    - I50.9 Heart Failure, Unspecified
- **Influenza due to other identified influenza virus with otitis media; Hypertensive Heart Disease with Heart Failure; Oxygen Dependent**
    - **J10.83 Influenza due to other identified influenza virus with otitis media**
    - I11.0 Hypertensive Heart Disease *with* Heart Failure
    - I50.9 Heart Failure, unspecified
    - Z99.81 Oxygen (long term) (supplemental)

Pneumonia: J12-J18

- **Inflammatory Condition of the Lung(s)**
- **Causes**
    - **Bacteria**
    - **Viruses**
    - **Fungi**
    - **Parasites**
    - **Chemical irritants or physical injury to lung(s)**
- **Code Considerations**
    - **Code first associated influenza, as indicated**
    - **Code first underlying diseases (multiple), as indicated**
        - **I00 Rheumatic fever**

More on Pneumonia

- **Broad Categories**
  - **Hospital Acquired Pneumonia**
  - **Community Acquired Pneumonia (CAP)**
  - **Recent Category**: **Patients living outside hospital who have recently been in close contact with the health care system**
- **Risk Factors**
  - **Underlying lung disease**
  - **Immunosuppression**
- **Other Considerations**
  - **Acute**: **bacterial; atypical; aspiration**
  - **Chronic**: **mycobacterial; fungal; mixed bacterial**

ICD-10-CM Pneumonia Examples

- **J12 Viral Pneumonia, not elsewhere classified**
  - *Code first associated influenza, if applicable*
- **JJ13 Pneumonia due to Streptococcus pneumonias**
- **J14 Pneumonia due to Hemophilus influenzae**
- **J15.0 Pneumonia due to Klebsiella pnumoniae**
- **J15.1 Pneumonia due to Pseudomonas**
- **J15.211 Pneumonia due to Methicillin susceptible Staphylococcus aureus**
- **J15.212 Pneumonia due to Methicillin resistant Staphylococcus aureus**
- **J18.0 Bronchopneumonia, unspecified organism**
- **J18.9 Pneumonia, unspecified organism**

One Case Scenario

- **Patient admitted post hospitalization for bilateral pneumonia. Remains on oral antibiotics. CHF, HTN, peripheral vascular insufficiency, and hypothyroidism. SNV for observation, medication management.**

  J18.1 Lobar pneumonia, unspecified organism

  I50.9 Congestive Heart Failure

  I10 Essential (primary) HTN

  I73.9 Insufficiency, vascular, peripheral

  E03.9 Hypothyroidism (acquired)

Another Case Scenario

- **Patient has pneumonia due to Hemophilus influenza. Chronic obstructive lung disease with lower respiratory infection; Nicotine dependence**

  J14 Pneumonia due to Hemophilus influenza

  J44.0 Chronic obstructive pulmonary disease with lower respiratory infection

  F17.218 Nicontine dependence, cigarettes, with other nicotine induced disorders

  Code also infection, if known

More Case Scenarios

- **Pseudomonas pneumonia; COPD; HTN**
  - **J15.1 Pneumonia due to Pseudomonas**
  - J44.9 COPD
  - I10 Essential (primary) HTN

- **Pneumonia due to Methicillin Resistant Staphylococcus Aureus; CHF; Type 2 DM; UTI**
  - **J15.212 Pneumonia due to MRSA**
  - I50.9 CHF
  - E11.9 Type 2 Diabetes mellitus
  - N39.0 Urinary tract infection

Acute Bronchitis & Bronchiolitis

- **Upper Respiratory Infection**
  - **Bacteria or virus**
  - **Inflammation of bronchial tubes; lungs**
  - **Rapid onset; short duration**
- **Common Infective agents**
  - **Mycoplasma pneumonia**
  - **Hemphilus influenza**
  - **Streptoccocus**
- **ICD-10 Assignment**
  - **Combination code to identify causative infective agent**
  - **Requires more detailed clinical documentation**

More on URI's

- **J20.0 Acute bronchitis due to mycoplasma pneumonia**
- **J20.1 Acute bronchitis due to hemophilus influenza**
- **J20.2 Acute bronchitis due to streptococcus**
- **J20.3 Acute bronchitis due to coxackie virus**
- **J20.4 Acute bronchitis due to parainfluenza virus**
- **J20.5 Acute bronchitis due to respiratory syncytial virus**
- **J20.6 Acute bronchitis due to rhinovirus**
- **J20.7 Acute bronchitis due to echovirus**
- **J20.8 Acute bronchitis due to other specified organisms**
- **J20.9 Acute bronchitis, unspecified**
- **J21.1 Acute bronchiolitis due to human metapneumovirus**
- **J21.8 Acute bronchiolitis due to other specified organisms**

Case Scenario

- **Patient admitted post hospitalization with acute bronchitis due to streptococcus. Remains on antibiotics for the next 7 days. Patient is a Type 1 diabetic with peripheral vascular disease due to the diabetes. Stage 4 CKD, HTN, hypercholesterolemia, status post BKA.**

J20.2 Acute bronchitis due to streptococcus

E10.51 Type 1 diabetes with peripheral angiopathy

I12.9 Chronic hypertensive kidney disease (Stage 1-4)

N18.4 Stage 4 (severe) CKD

E78.0 Hypercholesterolemia

Z89.52 Absence, limb, below the knee (acquired)

One Case Scenario

- **Patient admitted home health with acute bronchitis due to H. influenza. Active treatment. DM, HTN, CHF.**
- **J20.1** Acute bronchitis due to Hemophilus influenza
- E11.9 Type 2 Diabetes without complications
- I50.9 Congestive Heart Failure NOS
- I10 Essential (Primary) Hypertension

Quick Check

- **ICD-10-CM Guidelines direct coders to assign the acute Respiratory infection to the lowest anatomic site.**
  - **True**
  - **False**
- **Pneumonia, unspecified is J18.9**
  - **True**
  - **False**
- **Influenza codes are combination codes to include manifestations of the influenza.**
  - **True**
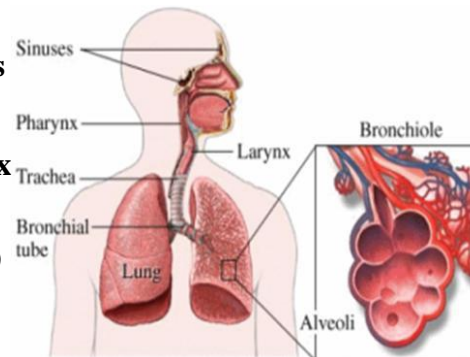 - **False**

Pathophysiology Review

- **Function**
  - □ **Vital exchange of gases**
- **Organs**
  - □ **Nose; Sinuses; Pharynx**
  - □ **Larynx; Trachea**
  - □ **Bronchi (alveolar sacs)**
  - □ **Lungs**
- **Respiratory System**
  - □ **Epithelium (cilia) lines system**
  - □ **Moisten & Protects Airways**
  - □ **Barrier to pathogens; foreign particles**
    - ▪ **Prevents infection & tissue damage**

Sinuses
Pharynx
Larynx
Trachea
Bronchial tube
Lung
Bronchiole
Alveoli

More Pulmonary Diseases

- **Chronic Obstructive Pulmonary Disease**
  - □ **Most common lung disease**
  - □ **CORD; COLB; CAL; COAD**
- **Lung Damage & Inflammation in the Large Airways**
  - □ **Results in Chronic Bronchitis**
- **Further Defined**
  - □ *In clinical terms as a cough with sputum production on most days for three months of a year for two consecutive years*

More on Lung Disease

- **<u>Emphysema</u>**
  - **Prolonged Lung Damage & Inflammation of the Air Sacs, Alveoli**
  - **Enlargement of the air spaces distal to the terminal bronchioles, with destruction of their walls**
- **<u>Code Considerations</u>**
  - **Whether Acute Lower Respiratory Infection Exists**
  - **Whether Acute Exacerbation Exists**
- **<u>Remember</u>**
  - **Code Guidelines: Acute Exacerbation is NOT Infection**

Emphysema

- **J 43 Emphysema**
  - **Use additional code to identify**
    - **Exposure to environmental tobacco smoke (Z77.22)**
    - **Exposure to tobacco smoke in the perinatal period (Z96.81)**
    - **History of tobacco use (Z87.891)**
    - **Occupational exposure to environmental tobacco smoke (Z57.31)**
    - **Tobacco dependence (F17-_**
    - **Tobacco use (Z72.0)**
- **J43.0 Unilateral pulmonary emphysema (MacLeod's Syndrome)**
- **J43.1 Panlobular emphysema**
- **J43.2 Cetrilobular emphysema**
- **J43.8 Other emphysema**
- **J43.9 Emphysema, unspecified**

ICD-10 Code Guidelines

- **Acute exacerbation is a worsening *or* decompensation of a chronic condition**
- **If an acute lower respiratory infection is present (J44.0), then an additional code should be used to identify the infection, if known**
- **Asthma should be coded in addition to these codes, if applicable**
- **Asthma is <u>NOT</u> considered as a part of chronic obstructive pulmonary disease (COPD)**

COPD Code Examples

- **<u>J44</u>: Other chronic obstructive pulmonary disease**
  - *Code also type of asthma*
  - *Use additional codes as well*
- **<u>J44.0</u> Chronic obstructive pulmonary disease with acute lower respiratory infection**
  - *Use additional code to identify the infection*
- **<u>J44.1</u> Chronic obstructive pulmonary disease with (acute) exacerbation**
  - **Decompensated COPD**
- **<u>J44.9</u> Chronic obstructive pulmonary disease, unspecified** *(COPD NOS)*

Case Scenario

- **Patient has pneumonia due to Hemophilus influenza. Chronic obstructive lung disease with lower respiratory infection; Nicotine dependence.**

  J14 **Pneumonia due to Hemophilus influenza**

  J44.0 **Chronic obstructive pulmonary disease with lower respiratory infection**

  F17.218 **Nicotine dependence, cigarettes, with other nicotine induced disorders**

  Code also infection, if known

Another Case Scenario

- **Patient admitted post hospitalization for acute exacerbation of COPD. Insulin dependent diabetic with neuropathy. HTN; Hyperlipidemia.**

  J44.1 **COPD with acute exacerbation**

  E11.40 **Type 2 Diabetes with neuropathy**

  I10 Essential Hypertension

  E78.5 **Hyperlipidemia**

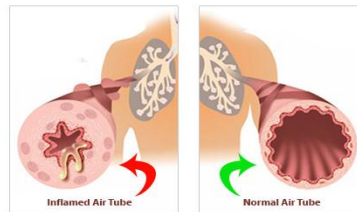 **Z79.4** **Long term current use of insulin**

  Z99.81 **Dependence on supplemental oxygen**

More Case Scenarios

- **Emphysema with chronic bronchitis & LRI; HTN, mild chronic heart failure**
  - **J44.0 COPD with acute lower respiratory infection**
  - N18.3 CKD, Stage III (moderate)
  - I50.9 Heart Failure, Unspecified
- **COPD; Hypertensive Heart Disease with Heart Failure; Oxygen Dependent**
  - **J44.9** COPD, NOS
  - I11.0 Hypertensive Heart Disease *with* Heart Failure
  - I50.9 Heart Failure, unspecified
  - Z99.81 Oxygen (long term) (supplemental)

Asthma: J45

- **Common chronic inflammatory disease of the airways**
  - **NOT Considered as a part of chronic obstructive pulmonary disease**
- **Classified Based on Disease Severity** *(PEFR)*
  - **Mild Intermittent**
  - **Mild**
  - **Moderate**
  - **Severe Persistent**
- **Causes**
  - **Allergy; Occupational; Exercise; Other**

Asthma Code Examples

- **Code Selection Considerations**
  - Severity of disease
  - Whether acute exacerbation exists
  - Whether status asthmaticus exists
  - Code additional codes as indicated
- **J45.20** Mild intermittent asthma, uncomplicated
- **J45.21** Mild intermittent asthma with (acute) exacerbation
- **J45.22** Mild intermittent asthma with status asthmaticus
- **J45.32** Mild persistent asthma with status asthmaticus
- **J45.901** Unspecified asthma with (acute) exacerbation
- **J45.902** Unspecified asthma with status asthmaticus
- **J45.909** Unspecified asthma, uncomplicated

Another Case Scenario

- **Patient admitted post hospitalization for acute transmural anterior wall STEMI. Parkinson's; asthma; diabetes controlled by oral hypoglycemics.**

  I21.09 ST elevation (STEMI) MI involving other coronary artery of anterior wall

  G20 Parkinson's Disease

  J45.909 Unspecified Asthma, uncomplicated

  E11.9 Diabetes, Type 2
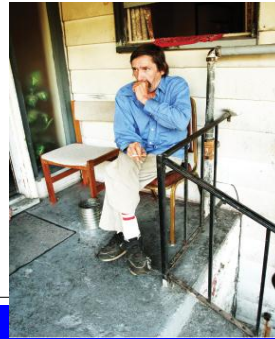
Another Case Scenario

- **Patient admitted with mild intermittent asthma with an acute exacerbation. Emphysema; CHF; Generalized osteoarthritis**

    J45.21 Mild intermittent asthma with an acute exacerbation

    J43.9 Emphysema

    I50.9 Heart Failure, Unspecified

    M15.9 Osteoarthritis, generalized

Code These Scenarios

- **Acute recurrent maxillary sinusitis; Pneumonia due to Streptococcus**

- **Pneumonia due to H. influenza; Exacerbation of COPD**

Code These Scenarios

- **Acute recurrent maxillary sinusitis due to recurrent Streptococcus pneumonia infection**
    - **J01.01 Acute recurrent maxillary sinusitis**
    - **B95.3 Streptococcus pneumonia as the cause of diseases classified elsewhere**

An instructional note at category J01 states to use an additional code to identify the infectious agent.

- **Pneumonia due to H. influenza; Exacerbation of COPD**
    - **J14 Pneumonia due to Hemophilus influenza**
    - **J44.1 COPD with acute exacerbation**

Respiratory Failure

- **Lungs are *Unable* to Exchange Gases**
    - **Usually develops quickly and requires emergency care**
- **Code Selection**
    - **Acute (short term)**
    - **Chronic (long term)**
- **Acute Respiratory Distress Syndrome *(ARDS)***
    - **Is NOT Respiratory Failure**
    - **Develops in people who are very ill with another disease or have suffered a trauma or injury**
    - **J80 Acute respiratory distress syndrome**
        - **In child or adult**
        - **Adult hyaline membrane disease**

Respiratory Failure Codes

- **J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia**
- **J96.01 Acute respiratory failure with hypoxia**
- **J96.02 Acute respiratory failure with hypercapnia**
- **J96.10 Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia**
- **J96.11 Chronic respiratory failure with hypoxia**
- **J96.12 Chronic respiratory failure with hypercapnia**
- **J96.20 Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia**
- **J96.90 Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia**
- **J96.91 Respiratory failure, unspecified with hypoxia**

Complications: J95

- **Moved to Procedure Specific Body Systems Chapters**
  - **Intraoperative & Postprocedural Complications**
  - **Additional codes to specify nature of complication**
- **Example:**
  - **Ventilator associated pneumonia J95.851**
  - *Use additional code to identify organism*

Complication Codes

- **J95.00 Unspecified tracheostomy complication**
- **J95.01 Hemorrhage from tracheostomy stoma**
- **J95.02 Infection of tracheostomy stoma**
- **J95.1 Acute pulmonary insufficiency following thoracic surgery**
- **J95.2 Acute pulmonary insufficiency following nonthoracic surgery**
- **J95.3 Chronic pulmonary insufficiency following surgery**
- **J95.4 Chemical pneumonitis due to anesthesia (Mendelson's syndrome)**

More on Complications

- **J95.5 Postprocedural subglottic stenosis**
- **J95.61 Intraoperative hemorrhage and hematoma of a respiratory system organ or structure complicating a respiratory procedure**
- **J95.62 Intraoperative hemorrhage and hematoma of a respiratory system organ or structure complicating other procedure**
- **J95.71 Accidental puncture and laceration of a respiratory system organ or structure during a procedure**
- **J95.81 Postprocedural pneumothorax**
- **J95.84 Transfusion-related acute lung injury (TRALI)**
- **J95.8- Complication of respirator (ventilator)**

Quick Check

- **The cilia cells are responsible for detoxifying harmful substances that are inhaled into the lungs.**
  - True
  - False
- **Asthma is a form of COPD, and should not be coded with COPD.**
  - True
  - False
- **The peak expiratory volume rate is one clinical variable used to classify asthma.**
  - True
  - False

Consider Coder Challenges

- **Back to Basics**
  - **Utilize 10 Steps of Code Assignment**
  - **Use both Alphabetic and Tabular Index**
  - **Visit: www.who.int.classifications/icd/en**
    - **Access searchable database of codes**
- **Cannot Rely on Coding Guidance**
  - **All Previous Guidances Retired with ICD-9-CM**
  - **Instructions embedded in Tabular Index**
- **ICD-10 is the Property of WHO**
  - **Additional Guidance requires WHO Approval**
  - **Stay tuned for more information on this process**

More Challenges

- **Documentation Needs**
  - **Requires *increased specificity* in the clinical documentation**

- **Specific Documentation Needs**
  - *Laterality; Severity; Specific Affected site; Clinical Specificity*
  - **Examples:**
    - **Mild intermittent asthma, with (acute) exacerbation (J45.21)**
    - **Acute recurrent sphenoidal sinusitis (J01.31)**
    - **Acute respiratory failure with hypoxia (J96.01)**
    - **Panlobar emphysema (J43.1)**

Agency Risk Areas

CAUTION

- **Lack of access to ICD-10-CM Resources**
- **Lack of supporting physician documentation for accurate primary and secondary diagnoses and code assignment**
  - **Lack of access to precise clinical documentation**
- **Lack of substantiating clinician documentation in the OASIS assessment to support the selection and sequencing of primary and secondary diagnoses**
- **Not following ICD-10-CM code convention and Code Guidelines**

Resource Web Sites

www.cms.hhs.gov/ICD10
Centers for Medicare & Medicaid Services
ICD-10 Web Site

www.cdc.gov/nchs/icd/icd10cm.htm#10update
Centers for Disease Control
Official ICD-10-CM Code Guidelines

www.ahima.org
AHIMA (American Health Information Management Association)

www.cms.hhs.gov/ICD9ProvidersDiagnosticCodes/03_meetings.asp
ICD-9-CM Coordination & Maintenance Committee Meetings

www.medicalspecialtycoding.com
Board of Medical Specialty Coding

Available Education Programs as Webcasts and DVDs

- ICD-10-CM Transition - 6 Part Series
- Available as individual programs. Part 1: Fundamentals, Part 2: Diabetes, Part 3: Cardiovascular, Part 4: Pulmonary, Part 5: Rehabilitation, Part 6: Wounds
- ACOs: What Impact Do They Have on The Health Care System and Home Care?
- Infection Control for Home Care and Hospice Question and Answer Session
- Episodic Payment System (NY) Webcast Series - 2 Part Series
- Health Care Reform, Palliative Care and Quality of Life Issues - Live Webcast on 7/18/12 (1 - 2pm EST)
- 2013 ICD-9-CM Code Updates
- ICD-9-CM Code Series (Beginner; Intermediate; Advanced)
- 2013 Home Health PPS Updates
- FREE Program - Home Health Audit Priorities
- FREE Program - ICD-10-CM: Coming to Home Health in 2013

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