

Respiratory Disease



This is a 15 minute webinar session for CNC physicians and staff

CNC holds webinars monthly to address topics related to risk adjustment documentation and coding

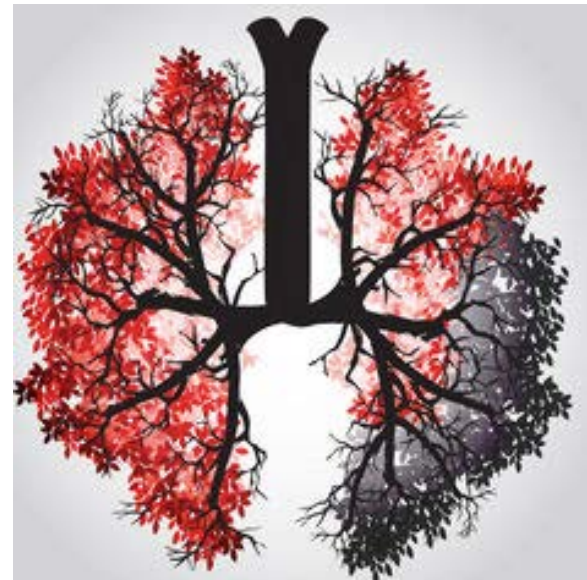
Next scheduled webinar:

- Wednesday, March 28th
- Topic: Evaluation & Management

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- Conditions
 - COPD
 - Asthma
 - Bronchitis
 - Emphysema
 - Tobacco Status
 - Bronchiectasis
 - Chronic Respiratory Failure
 - Respirator
 - Pneumonia
 - Interstitial Pulmonary Disease



Chronic Obstructive Pulmonary Disease (COPD) is chronic condition by definition.

The codes in categories J44 (Other chronic obstructive pulmonary disease) and J45 (Asthma) 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.

Incorrect Documentation	Correct Documentation
H/O COPD, on Advair	COPD stable on Advair



J44.- Chronic Obstructive Pulmonary Disease includes the following:

- asthma with chronic obstructive pulmonary disease
- chronic asthmatic (obstructive) bronchitis
- chronic bronchitis with airways obstruction
- chronic bronchitis with emphysema
- chronic emphysematous bronchitis
- chronic obstructive asthma
- chronic obstructive bronchitis
- chronic obstructive tracheobronchitis



If the type of asthma is documented, code also type of asthma, if applicable (J45.-)

Note: *Asthma Unspecified is not a type of asthma*



J44.- excludes the following conditions (**cannot be coded together**)

- *bronchiectasis (J47.-)*
- *chronic bronchitis NOS (J42)*
- *chronic simple and mucopurulent bronchitis (J41.-)*
- *chronic tracheitis (J42)*
- *chronic tracheobronchitis (J42)*
- *emphysema without chronic bronchitis (J43.-)*
- *lung diseases due to external agents (J60-J70)*



Asthma codes are assigned based on severity, which may be mild intermittent, mild persistent, moderate persistent, or severe.

Asthma is further classified as uncomplicated, with acute exacerbation, or with status asthmaticus.

Status asthmaticus refers to a prolonged, severe asthmatic attack or airway obstruction not relieved by bronchodilators.

Mild Intermittent Asthma	J45.2-
Mild Persistent Asthma	J45.3-
Moderate Persistent Asthma	J45.4-
Severe Persistent Asthma	J45.5-
Exercise Induced Bronchospasm	J45.909
Cough Variant Asthma	J45.991

Requires five digits to identify

- 0 Uncomplicated
- 1 With acute exacerbation
- 2 With status asthmaticus



Chronic Bronchitis is classified as either simple chronic bronchitis, mucopurulent chronic bronchitis, or mixed simple and mucopurulent bronchitis.

If the patient has chronic bronchitis, you must document that it is chronic. The default is 'bronchitis, not defined as acute or chronic' if you do not.

Simple Chronic Bronchitis **J41.0**

- Includes smoker's cough as the most common etiology, may also be caused by environmental pollution or inhalation of irritant chemicals

Mucopurulent Chronic Bronchitis **J41.1**

- Persistent, purulent, and recurrent

Mixed Simple and Mucopurulent Chronic Bronchitis **J41.8**

Chronic Bronchitis, NOS **J42**

J40 Bronchitis, not specified as acute or chronic



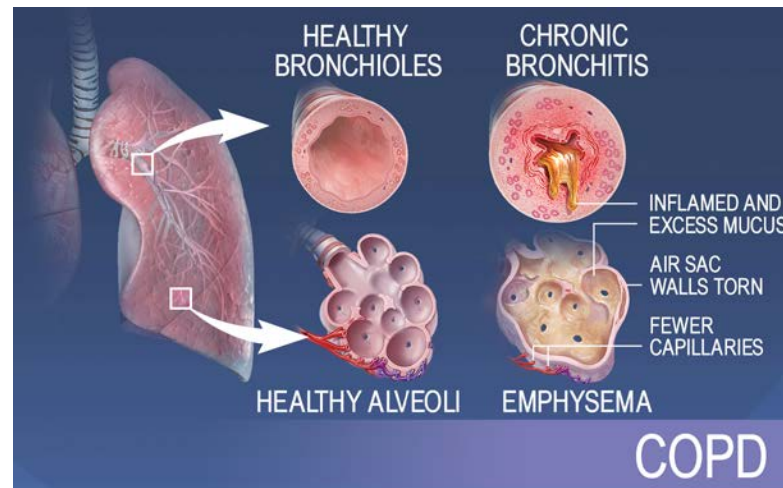
Emphysema

Emphysema is specified as:

- Unilateral Pulmonary Emphysema J43.0
- Panlobular Emphysema J43.1
- Centrilobular Emphysema J43.2
- Interstitial Emphysema J98.2
- Compensatory Emphysema J98.3

Do NOT code J44.9 with J43

Chronic Bronchitis with Emphysema codes to J44.9



Many respiratory conditions require the use off an additional code to identify tobacco exposure or use.

Exposure to Environmental Tobacco Smoke Z77.22

Personal History of Nicotine Dependence Z87.891

Occupational Exposure to Environmental Tobacco Smoke Z57.31

Tobacco Use Z72.0

Nicotine Dependence F17.2-

F17 requires six digits to further define:

- Fifth digit identifies nicotine type
 - Unspecified, Cigarettes, Chewing Tobacco, Other Tobacco Product
- Sixth digit identifies status
 - Uncomplicated, in Remission, with Withdrawal, Other Nicotine-Induced Disorder, Unspecified



Bronchiectasis is dilation of the bronchi with mucous production and persistent cough. The fourth character identifies whether an acute lower respiratory infection is present or whether the condition is exacerbated or decompensated. The uncomplicated option is the appropriate choice when neither of those conditions apply.

Bronchiectasis with Acute Lower Respiratory Infection J47.0

- Bronchiectasis with acute bronchitis

Bronchiectasis with Acute Exacerbation J47.1

Bronchiectasis, Uncomplicated J47.9

Do NOT code J44.9 with J47



Respiratory Failure

Respiratory failure is classified as hypoxemic or hypercapnic. These codes exclude Post Procedural Respiratory Failure J95.82

Acute respiratory failure – any due to a respiratory cause, e.g., patient admitted with pneumonia who now has an oxygen requirement

Chronic Respiratory Failure with Hypoxia	J96.11
Chronic Respiratory Failure with Hypercapnia	J96.12
Acute Respiratory Failure	J96.0-
Acute/Chronic Respiratory Failure	J96.2-

****If respiratory failure is documented with hypoxia and hypercapnia, separate codes are necessary to indicate that both are present**

Patients who are Dependent on Supplemental Oxygen Z99.81, secondary to **COPD**, qualify for **Respiratory Failure**



Respirator

If a patient stops breathing and you begin to run a code...

- Respiratory arrest R09.2

If they survive the code and require intubation/vent management...

- Dependence on respirator [ventilator] status Z99.11

Note: This includes any vent-dependent patient, including those after surgery who cannot wean off the ventilator within a reasonable time



When completing the required documentation for pneumonia, it is important to note the clinical findings substantiating pneumonia, including the results of the chest x-ray and sputum culture.

Conditions listed here are classified to J15-

- J15.0 Pneumonia due to *Klebsiella pneumoniae*
- J15.1 Pneumonia due to *Pseudomonas*
- J15.20 Pneumonia due to staphylococcus, unspecified
- J15.211 Pneumonia due to Methicillin susceptible *Staphylococcus aureus*
- J15.212 Pneumonia due to Methicillin resistant *Staphylococcus aureus*
- J15.29 Pneumonia due to other staphylococcus
- J15.5 Pneumonia due to *Escherichia coli*
- J15.6 Pneumonia due to other aerobic Gram-negative bacteria
- J15.8 Pneumonia due to other specified bacteria



J13 Pneumonia due to Streptococcus pneumoniae

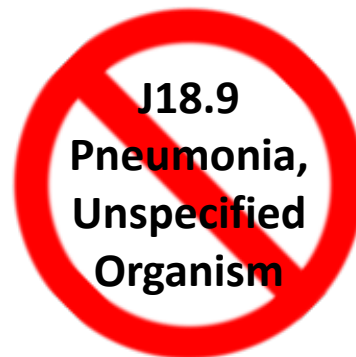
J14 Pneumonia due to Hemophilus influenza

J15.3 Pneumonia due to streptococcus, group B

J15.4 Pneumonia due to other streptococci

J18.1 Lobar pneumonia, unspecified organism

--This code specifies lobar pneumonia that affects one or more sections or lobes of the lungs without specification of causal organism

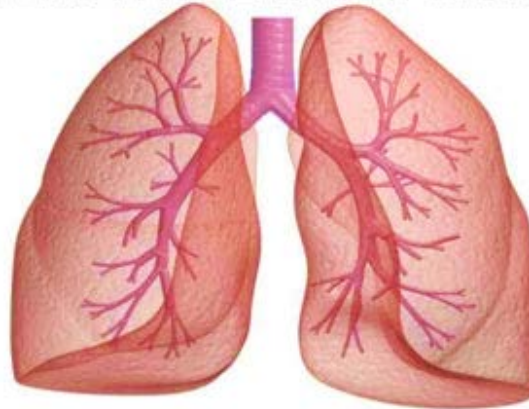


Interstitial Pulmonary Disease

Interstitial Lung Disease (ILD) is a broad term that covers over 100 individual disorders. These specific disorders are grouped together due to the similarities of their physiologic features, their clinical presentation, and their radiographic images.

- J84.0- Alveolar and parieto-alveolar conditions
- J84.1- Other interstitial pulmonary disease w/ fibrosis
- J84.2 Lymphoid interstitial pneumonia
- J84.8 Other specified interstitial disease
- J84.9 Interstitial pulmonary disease, unspecified

INTERSTITIAL LUNG DISEASE





Please submit coding and documentation questions to
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