Chapter 7

DISEASES OF THE CIRCULATORY AND RESPIRATORY SYSTEMS (I00-J99)

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Learning Objectives

- Understand basic coding guidelines for the circulatory system.
- Review guidelines and examples in the respiratory system.
- Properly sequence ICD-10-CM codes in the circulatory, and respiratory systems.
- Assign ICD-10-CM codes to the highest level of specificity.
- Successfully complete checkpoint exercises and “test your knowledge” exercises.

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Introduction

- Chapter 9 in the Tabular List includes the following sections:
  - Acute Rheumatic Fever (I00-I02).
  - Chronic Rheumatic Heart Disease (I05-I09).
  - Hypertensive Disease (I10-I15).
  - Ischemic Heart Disease (I20-I25).
  - Pulmonary Heart Diseases and Diseases of Pulmonary Circulation (I-26-I28).
  - Other Forms of Heart Disease (I30-I52).

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Introduction

- Cerebrovascular Disease (I60-I69).
- Diseases of Arteries, Arterioles, and Capillaries (I70-I79).
- Disease of Veins and Lymphatic Vessels and Lymph Nodes, not elsewhere classified (I80-I89).
- Other and Unspecified Disorders of the Circulatory System (I95-I99).

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Introduction

- The cardiovascular system is made up of the heart and blood vessels and supplies blood, nutrients, oxygen, hormones, and immunologic substances via a network of arteries originating in the heart and supplying the body's periphery.
- Included in the circulatory system are:
  - Heart.
  - Arteries.
  - Veins.
  - Lymphatics.

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Acute Rheumatic Fever (I00-I02)

- Rheumatic fever (acute rheumatic fever) is sometimes referred to as ARF.
- This condition is an autoimmune disease that occurs after group A (beta hemolytic) streptococcal throat infection.
- This condition causes inflammatory lesions in connective tissue in the heart, joints, blood vessels, and subcutaneous tissue.
- Rheumatic fever can affect the heart, joints, skin, and brain.

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Acute Rheumatic Fever (I00-I02)

- Signs and/or symptoms include:
  - Arthritis in joints.
  - Heart inflammation.
  - Nodules under the skin.
  - Skin rashes.
  - Rapid, jerky movements.
  - Fever.
  - Joint pain.
  - EKG changes.
- Complications of rheumatic fever include atrial fibrillation, carditis, and heart failure.

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Rheumatic Heart Disease (I05-I09)

- Rheumatic heart disease is the late effect of rheumatic fever.
- Common symptoms of this disease includes:
  - Breathlessness.
  - Fatigue.
  - Palpitations.
  - Chest pain.
  - Fainting attacks.
- Rheumatic fever and heart disease affect about 1,800,000 people in the United States.

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Hypertensive Disease (I10-I15)

- Hypertension (high blood pressure) is probably the most common condition located in this chapter.
  - Abnormally high pressure in the arteries increases the risk of problems such as stroke, aneurysm, heart failure, heart attack, and kidney damage.
  - In medical terms, however, hypertension refers to a condition of elevated blood pressure regardless of the cause.
  - It has been called “the silent killer” because it usually does not cause symptoms for many years—until a vital organ is damaged.

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Hypertensive Disease (I10-I15)

- See Table 7.1 Official ICD-10-CM Guidelines for Hypertension.
- In ICD-9-CM, a hypertension table was available in the Alphabetic Index as a reference for hypertension.
- In ICD-10-CM, there is no hypetension table to reference. All conditions for hypertension including manifestations are listed in the Alphabetic Index under “hypertension.”
- As previously indicated, hypertensive disease is located in categories I10-I15.

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Hypertensive Disease (I10-I15)

- Category I10 to I15 is used only when a diagnosis of hypertension is documented in the medical record.
- Tabular List--there are instructional notes to use an additional code to identify the following:
  - Exposure to environmental tobacco smoke (Z77.22).
  - 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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Hypertension with Chronic Kidney Disease (I12.-)

- The ICD-10-CM guidelines require a code from category I12 if the hypertension is associated with the chronic kidney disease.
- The guidelines also indicate “if the condition is classifiable to category N18.”
- Chronic kidney disease (CKD) is classified in category N18, but if hypertension has a causal relationship to the chronic kidney disease it is not coded in category N18, but in category I12.

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Hypertension Heart and Chronic Kidney Disease (I13.-)

- The ICD-10-CM guidelines instruct the user to "assign codes from combination category I13, Hypertensive heart and chronic kidney disease, when both hypertensive kidney disease and hypertensive heart disease are stated in the diagnosis."
- Also, as with hypertension with CKD, a code from category N18.-) should be assigned to identify the CKDK.

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Hypertension Heart and Chronic Kidney Disease (I13.-)

- Also, with hypertensive heart and CKD you can assume a causal relationship using the combination code(s) from category I13.-
- Don’t forget that if heart failure is documented a code from category I50- must be reported for the failure.

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Coding Tips

- High blood pressure in the absence of a diagnosis of hypertension should be coded R030, elevated blood pressure reading without diagnosis of hypertension.
- Category I50.-, Heart failure, includes associated pulmonary edema.
- Hypertensive heart disease is classified as I11.-
- Hypertensive heart disease and renal failure is classified as I13.-

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Ischemic Heart Disease (I20-I25)

- This category includes myocardial infarction (sometimes referred to as heart attack), angina pectoris, and all other forms (acute and chronic) of ischemic heart disease.
- Myocardial infarction is a medical emergency in which the blood supply is restricted or cut off, causing some of the heart's muscle (myocardium) to die from lack of oxygen.

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Ischemic Heart Disease (I20-I25)

- Myocardial infarction usually occurs when a blockage in a coronary artery is restricted or cuts off the blood supply to the region of the heart.
- The heart's ability to keep pumping after a heart attack is related to the extent and location of the damaged tissue (infarction).

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Angina (I20)

- Angina results from coronary artery disease.
- However, this is not the only cause of angina.
- Some other causes are:
  - Abnormalities of the aortic valve.
  - Aortic valve stenosis.
  - Hypertrophic subaortic stenosis.
  - Arterial spasm.

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Angina (I20)

- Common types of angina include:
  - Unstable angina can be the first sign to a heart attack.
    - In this type of angina, the pain occurs at rest with more frequent episodes, may last longer or occur with minimal or no activity.
    - Typically medication is the treatment of choice, but with the unstable nature of the angina it could progress to a myocardial infarction.

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Angina (I20)

- Stable angina symptoms present only during exertion or stress and subside with rest.
  - Angina prinzmetal also occurs when the patient is at rest and is a variant of angina pectoris.
  - It is often referred to as unstable angina.
  - This condition is associated with ST-segment elevations on an EKG.

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Angina (I20)

- Symptoms include decreased blood flow to the heart's muscles from a coronary artery spasm which is close to the blockage.
- Typically, patients with this type of angina also have coronary artery disease.

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Acute Myocardial Infarction

- When a person suffers a heart attack, symptoms include shortness of breath, chest discomfort, and crushing chest pain that can spread to the neck or shoulder.
- One of the most common diagnostic tools is the EKG.
- If part of the heart muscle is damaged, the EKG will indicate an elevation of the ST segment or ST elevation.

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Acute Myocardial Infarction

- When a heart attack is diagnosed based on the EKG ST elevation, this is referred to as STEMI.
- Acute myocardial infarction (category I21-I22) is site specific:
  - Anterior wall (I21.0-).
  - Inferior wall (I21.1-).
  - Other sites (I21.2-).
- Review Table 7.2, ICD-10-CM Official Guidelines for Coding and Reporting.

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Coding Tip

- The guidelines for assigning the correct I22 (subsequent) code are the same as for the initial AMI. The documentation in the patient's chart should indicate what area of the heart muscle is affected.

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Acute Myocardial Infarction

- For categories I21.- to I21.-, a fifth character is required.
- In addition, the instructional notes indicate to use an additional code to identify other circumstances such as tobacco use, dependence, body mass index (BMI), etc.
- Review Figure 7.4 for category I21.

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Coronary Artery Disease (I25.-)

- Coronary artery disease is a condition in which fatty deposits accumulate in the cells lining the wall of a coronary artery and obstruct blood flow.
- For the heart to contract and pump normally, the myocardium requires a continuous supply of oxygen-enriched blood from the coronary arteries.
- When the obstruction of a coronary artery worsens, ischemia to the heart muscle will develop, resulting in heart damage.

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Coronary Artery Disease (I25.-)

- The major cause of myocardial infarction and angina is coronary artery disease.
- Diagnosis codes in this category include:
  - Coronary atherosclerosis.
  - Arteriosclerotic heart disease (ASHD).
  - Coronary artery stricture.
  - Aneurysm of the heart and coronary vessels.
  - Arteriovenous aneurysm.
  - Chronic coronary insufficiency.
  - Iatrogenic hypotension.

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Heart Failure (I50)

- Heart failure is sometimes referred to as congestive heart failure.
  - This is a serious condition in which the quantity of blood pumped by the heart each minute is not sufficient to meet the body's requirement for oxygen and nutrients.
  - With this condition, the heart's ability to keep up with its workload is diminished.

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Heart Failure (I50)

- Congestive heart failure is more common in older adults, but it can occur in younger people as well.
- Other conditions may contribute to heart failure, so use caution when selecting the appropriate diagnosis code.
- The codes are defined as left and right heart failure and are determined by which ventricle is affected and whether it is diastolic, systolic, and/or a combination of both.

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Heart Failure (I50)

- Codes for heart failure include associated pulmonary edema.
  - Right heart failure.
  - Left heart failure.
  - Systolic heart failure.
  - Diastolic.
  - Systolic and diastolic.

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Heart Failure (I50)

- Heart failure unspecified is nonspecific and should only be used when every effort has been exhausted in determining a more definitive diagnosis.
- A subclassification is used to identify whether the heart failure is diastolic, systolic, or a combination.
- See Figure 7.5.

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Cerebrovascular Disease (I60-I69)

- The word "cerebrovascular" is made up of two parts: “cerebro” refers to the large part of the brain; “vascular” refers to arteries and veins.
- “Cerebrovascular" refers to blood flow in the brain.
- The term “cerebrovascular disease” covers acute stroke and other diseases that may lead to stroke, like carotid stenosis and aneurysms.

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Signs and Symptoms of Stroke

- There are “warning signs” of an impending stroke, and stroke often does not strike unannounced.
- Stroke can strike a person twice. Suffering one stroke, regardless of its severity, increases one’s chances of suffering a second stroke.
- Transient ischemic attack (TIA) is a temporary cerebrovascular disruption that leaves no permanent damage. These are recognizable events and can be a predictor of a future, more devastating stroke.

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Signs and Symptoms of Stroke

- Headache. A severe, sudden, unusual headache can be a sign of an hemorrhagic stroke and requires immediate medical attention.
- Symptoms of TIA include:
  - Visual disturbances, including blocked vision or loss of vision in one eye, blurry vision, or “graying.”
  - Weakness, numbness, or clumsiness in one arm or hand.

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Signs and Symptoms of Stroke

- Language problems, including slurred speech or speaking gibberish.
- Facial droop/weakness.
- Unusual dizziness, vertigo, and overall numbness may also indicate a vertebrobasiliar TIA .

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Coding Issues

- Diagnosis codes in this category include:
  - Subdural hemorrhage.
  - Thrombosis of the arteries.
  - Transient cerebral ischemia.
  - Hypertensive encephalopathy.
  - Stroke/CVA.
  - Cerebral aneurysm.

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Coding Issues

- Speech and language deficits, including:
  - Aphasia-impairment or inability to communicate by speech, writing, or sign.
  - Dysphasia-impaired speech; marked by inability to sequence language.
- Hemiplegia.
- Monoplegia.

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Coding Issues

- Other effects of cerebrovasuclar disease:
  - Facial weakness.
  - Vertigo.
  - Late effects.
- Review the Official ICD-10-CM Guidelines for Coding Cerebrovascular conditions.

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Diseases of the Respiratory System (J00-J99)

- Chapter 10 in the Tabular List includes the following sections:
  - Acute upper respiratory infections (J00-J06).
  - Influenza and pneumonia (J09-J18).
  - Other acute lower respiratory infections (J20-J22).
  - Other diseases of upper respiratory tract (J30-J39).
  - Chronic lower respiratory diseases (J40-J47).
  - Lung diseases due to external agents (J60-J70).

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Diseases of the Respiratory System (J00-J99)

- Other respiratory diseases principally affecting the interstitium (J80-J84).
- Other respiratory diseases principally affecting the interstitium (J80-J84).
- Suppurative and necrotic conditions of the lower respiratory tract (J85-J86).
- Other diseases of the pleura (J90-J94).

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Diseases of the Respiratory System (J00-J99)

- Intraoperative and postprocedural complications and disorders of the respiratory system, not elsewhere classified (J95).
- Other diseases of the respiratory system (J96-J99).
- Diseases of the Respiratory System are located in Chapter 10 of the Tabular List.

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Diseases of the Respiratory System (J00-J99)

- Among the most common symptoms of respiratory disorders are:
  - Cough.
  - Shortness of breath.
  - Chest pain.
  - Wheezing.
  - Stridor (a crowing sound when breathing).
  - Hemoptysis (coughing up of blood).
  - Cyanosis (bluish discoloration).
  - Finger clubbing.
  - Respiratory failure.

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Acute Upper Respiratory Infections (J00-J06)

- Conditions in this classification include:
  - Acute nasopharyngitis (common cold).
  - Acute sinusitis.
  - Acute pharyngitis.
  - Acute tonsillitis.
  - Acute laryngitis.
  - Acute upper respiratory infection.
  - Acute bronchitis.
  - Review Figure 7.6.

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Acute Upper Respiratory Infections (J00-J06)

- The common cold is listed under “cold” in the Alphabetic Index (J00).
- Nasopharyngitis (acute) is listed as nasopharyngitis.

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Coding Tip

- Remember, if the patient has an acute condition that is also chronic, the acute condition is report as the first-listed diagnosis.

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Influenza and Pneumonia (J09-J18)

- Codes for pneumonia and influenza can be found in Chapter 9 and in Chapter 1.
- Pneumonia is an infection of the lungs that involves the small air sacs (alveoli) and the tissues around them.
- Pneumonia is a group of illnesses, each caused by a different microscopic organism. Usually pneumonia starts after organisms are inhaled into the lungs, but sometimes the infection is carried to the lungs by the bloodstream, or it migrates to the lungs directly from a nearby infection.

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Influenza and Pneumonia (J09-J18)

- The most common causes are bacteria and viruses. Some bacterial causes are:
  - Streptococcus pneumoniae.
  - Staphylococcus aureus.
  - Legionnella.
  - Haemophilus influenzae.
  - Fungi.
  - Mycoplasm.
  - a pneumoniae (common in older children and younger adults).

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Influenza and Pneumonia (J09-J18)

- Viruses include:
  - Influenza (flu).
  - Chickenpox.
- Common symptoms of pneumonia are:
  - Cough producing sputum.
  - Chest pain.
  - Chills.
  - Fever.
  - Shortness of breath.

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Coding Tip

- Pneumonia is coded in both Chapters 1 and 9 in the Tabular List.
  - Chapter 1: Certain Infectious and Parasitic Diseases.
  - Chapter 10: Diseases of the Respiratory System.

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Influenza and Pneumonia (J09-J18)

- Review Table 7.4
- Pneumonia Due to SARS-associated coronavirus:
  - Severe acute respiratory syndrome (SARS) is a recognized febrile severe lower respiratory illness that is caused by infection with a novel coronavirus, SARS-associated coronavirus (SARS-CoV).

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Influenza and Pneumonia (J09-J18)

  - During the winter of 2002 through the spring of 2003, WHO received reports of >8,000 SARS cases and nearly 800 death worldwide.
- The vast majority of patients with SARS-CoV disease:
  - Have a clear history of exposure either to a SARS patient(s) or to a setting in which SARS-CoV transmission is occurring.
  - Develop pneumonia.
- Laboratory tests are helpful but do not reliably detect infection early in the illness.

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Influenza and Pneumonia (J09-J18)

- Common symptoms of SARS-associated coronavirus (SARS-CoV) include flu-like symptoms, fever, chills, cough, headache, Myalgia, etc.
  - The symptoms may range from mild to more severe forms of respiratory illness.
- The diagnosis of SARS-CoV is based on these elements:
  - Clinical presentation.
  - Laboratory test results.
  - Epidemio.
  - Logical exposure.

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Coding Tip

- When a patient has been exposed to SARS, but no evidence in laboratory findings indicates the disease is present, use Z20.89-Exposure to SARS-associated coronavirus.

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Other Diseases of the Upper Respiratory Tract (J30-J39)

- Other diseases of the upper respiratory tract include:
  - Nasal polyps.
  - Chronic sinusitis.
  - Chronic diseases of the tonsils and adenoids.
  - Chronic laryngitis.
  - Allergic rhinitis.
  - Other diseases of the upper respiratory tract.
- Combination coding is common with diseases of the respiratory system.

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Chronic Obstructive Pulmonary Disease [COPD] (J44.-)

- Chronic obstructive pulmonary disease (COPD) is a term that refers mainly to two closely related respiratory disorders that gradually take a person's breath away: chronic bronchitis and/or emphysema associated with airflow obstruction.
  - A person with COPD sometimes has both chronic bronchitis and emphysema, or may just have one of these diseases.

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Chronic Obstructive Pulmonary Disease [COPD] (J44.-)

- Chronic bronchitis is a longstanding inflammation of the airways that produces a lot of mucus, causing wheezing and infections.
  - It's considered chronic if someone has coughing and mucus on a regular basis for at least 3 months a year and for 2 years in a row.

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Chronic Obstructive Pulmonary Disease [COPD] (J44.-)

- Emphysema is a disease that destroys the air sacs and/or the smallest breathing tubes in the lungs.
  - Simply put, the lungs lose elasticity, similar to an overused rubber band.
  - This causes the air sacs to become enlarged, thus making breathing difficult.
- The overwhelming cause of COPD is smoking.
  - In fact, approximately 90% of COPD patients have a history of smoking.

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Chronic Obstructive Pulmonary Disease [COPD] (J44.-)

- Other risk factors include:
  - Heredity.
  - Second-hand smoke.
  - Exposure to air pollution at work and in the environment.
  - A history of childhood respiratory infections.
- The primary symptom of COPD is shortness of breath accompanied by a cough or wheezing.

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Chronic Obstructive Pulmonary Disease [COPD] (J44.-)

- In the later stages of the disease, someone with COPD could suffer from severe shortness of breath, coughing and excessive amounts of sputum (mucus), wheezing, recurrent infections, swelled ankles, and a bluish skin tint.
- At advanced stages, people with COPD may need constant care and supplemental oxygen in order to breathe.

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Chronic Obstructive Pulmonary Disease [COPD] (J44.-)

- Conditions in this classification include:
  - Bronchitis.
  - Emphysema.
  - Asthma.
  - Bronchiectasis.
  - Extrinsic allergic alveolitis.
  - Chronic airway obstruction, not elsewhere classified.

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Coding Issues

- When coding COPD, accurate identification of the specific condition attributed to the airway obstruction along with any associated acute conditions such as acute bronchiectasis.
- When the diagnosis in the medical record states “COPD” without associated conditions, it is coded as Chronic obstructive pulmonary disease, unspecified (J44.9).
- Use this code only when a more specific diagnosis code cannot be assigned. Accurate coding of COPD and their related conditions is critical.

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Coding Issues

- If an acute lower respiratory infection is present (J44.0), then an additional code should be used to identify the infection, if known.
- The code set also states that asthma should be coded in addition to these codes, if applicable. Other codes that may be reported are:
  - History of tobacco use (Z87.891),
  - Exposure to environmental tobacco smoke (Z77.22),
  - Tobacco use (Z72.0),
- Review the ICD-10-CM guidelines for reporting COPD and Asthma.

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Coding Issues

- When reviewing the tabular list under J44.-, the guidance under the subclassification lists the following conditions:
  - Asthma with chronic obstructive pulmonary disease.
  - Chronic asthmatic (obstructive) bronchitis.
  - Chronic bronchitis with airways obstruction.
  - Chronic bronchitis with emphysema.
  - Chronic emphysematous bronchitis.

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Coding Issues

- Chronic obstructive asthma.
- Chronic obstructive bronchitis.
- Chronic obstructive tracheobronchitis.
- Since the condition mentioned in the example above indicates decompensated COPD, J44.1 would be the appropriate diagnosis code.

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Asthma (J45)

- Asthma (J45.-) is a condition in which the airways are narrowed because hyper reactivity to certain stimuli produces inflammation; the airway narrowing is reversible.
  - Asthma attacks vary in frequency and severity.
  - Some people with asthma are symptom-free most of the time, with an occasional, brief, mild episode of shortness of breath.

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Asthma (J45)

  - Others cough and wheeze most of the time and have severe attacks after viral infections, exercise, or exposure to allergens or irritants.
  - Crying or hearty laughing may also bring on symptoms.
- An asthma attack may begin suddenly with:
  - Wheezing.
  - Coughing.
  - Shortness of breath.

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Asthma (J45)

- People with asthma usually first notice shortness of breath, coughing, or chest tightness.
  - The attack may be over in minutes, or it may last for hours or days. Itching on the chest or neck may be an early symptom, especially in children.
  - A dry cough at night or while exercising may be the only symptom.
  - During an asthma attack, shortness of breath may become severe, creating anxiety.

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Coding Issues

- Diagnosis codes are selected with the use of category J45- Documentation for asthma includes:
  - Severity of disease (mild intermittent, moderate, persistent, etc.).
  - If an exacerbation is documented.
  - If status asthmatics is documented.
- Review Figure 7.7.

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Acute Respiratory Distress Syndrome (J80)

- This type of lung failure results from many different disorders that cause fluid accumulation in the lungs (pulmonary edema).
- This syndrome is a medical emergency that can occur in people who previously had normal lungs.
- Despite the fact that it is sometimes called adult respiratory distress syndrome, this condition can occur in children.
- Acute respiratory distress syndrome is coded to classification J80, and there is only one code in the subclassification.

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Acute Respiratory Failure (J96.-)

- Respiratory failure is a condition that affects breathing function or the lungs themselves and can result in failure of the lungs to function properly.
- Several different abnormalities of breathing function can cause respiratory failure.

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Acute Respiratory Failure (J96.-)

- Major categories, with specific examples of each are:
  - Obstruction of the airways:
    - Examples are chronic bronchitis with heavy secretions; emphysema; cystic fibrosis; and asthma (a condition in which it is very hard to get air in and out through narrowed breathing tubes).
  - Weak breathing:
    - This can be caused by drugs or alcohol, which depress the respiratory center; extreme obesity; or sleep apnea, where patients stop breathing for long periods while sleeping.

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Acute Respiratory Failure (J96.-)

- Muscle weakness:
  - This can be caused by a muscle disease called myasthenia; muscular dystrophy; polio; a stroke that paralyzes the respiratory muscles; injury of the spinal cord; or Lou Gehrig's disease.
- Lung diseases, including severe pneumonia. Pulmonary edema can be the source of respiratory failure and can often result from heart disease; respiratory distress syndrome; pulmonary fibrosis and other scarring diseases of the lung; radiation exposure; burn injury when smoke is inhaled; and widespread lung cancer.
- An abnormal chest wall (can be caused by scoliosis or severe injury of the chest wall).

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Acute Respiratory Failure (J96.-)

- Diagnosis:
  - If a patient is treated for acute respiratory failure, respiration failure, a code from J96.0- is reported as the first-listed diagnosis.
  - If the reason for the encounter chiefly to be responsible for treatment is primary, the reason may be listed as the first-listed or principal diagnosis.
  - Respiratory failure may be listed secondary as it is present on admission and not the first-listed/principal diagnosis.

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Coding Tip

- Based on the ICD-10-CM Guidelines, 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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