

Welcome to the ATS ICD-10 Pulmonary Coding Webinar

The webinar will begin shortly....



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Welcome to the ATS ICD-10 Pulmonary Coding Webinar

Moderator: Gary Ewart, ATS staff

Presenter: Katina Nicolacakis MD, Chair ATS Clinical
Practice Committee



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Future ICD-10 Webinars

Wednesday September 16 – Critical Care Medicine
Coding with Dr. Stephen Hoffmann

Wednesday September 23 – Sleep Medicine Coding
presented by Dr. Michael Nelson



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ATS Coding and Billing Quarterly

- Quarterly newsletter for ATS members
- Address coding, billing and regulation for
 - Pulmonary
 - Critical Care
 - Sleep
- Can be found online at:
- <http://www.thoracic.org/about/newsroom/newsletters/coding-and-billing/index.php>



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ICD-10-CM Coding for Pulmonary Medicine

American Thoracic Society Clinical Practice Committee Webinar

September 9, 2015

Katina Nicolacakis, MD, FCCP

Assistant Professor of Medicine

Cleveland Clinic Lerner College of Medicine

Case Western Reserve University

Respiratory Institute - Cleveland Clinic

Director of Medical Compliance, Billing and Reimbursement



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- ATS Clinical Practice Committee, Chair and Advisory Board Member to, *ATS Coding and Billing Quarterly* newsletter
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ICD-10-CM History

- 1983-1992 - ICD-10 developed by WHO
- 1994 - National Center for Health Statistics (NCHS) developed US clinical modification - ICD-10-CM
- January 1, 1999 – US implemented ICD-10-CM for mortality reporting only
- January 16, 2009 Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification to Medical Data Code Set Standards - adopts ICD-10-CM
- CMS developed a procedure code set: ICD-10-PCS
 - ICD-10-PCS only used for facility reporting of hospital inpatient procedures



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ICD-10-CM History

- October 1, 2011 Last revision for ICD-9-CM
 - No ICD-9-CM coding changes planned for 2015
- October 1, 2014 implementation date delayed for 1 year
- October 1, 2015 ICD-10-CM will be used in all clinical settings: inpatient and outpatient
- September 30 2015 ICD-9-CM will cease to operate at midnight



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ICD-9-CM vs ICD-10-CM

ICD-9-CM	ICD-10-CM
3-5 characters in length	3-7 characters in length
First Character Numeric or Alpha (E or V Codes)	First character always alpha (All letters except "U")
~13,000 codes	~68,000 codes
Limited space for new codes	Flexible for adding new codes
Lacks detail	Very specific
Lacks laterality	Has laterality



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ICD-10-CM Organizational Changes

- Same hierarchical structure as ICD-9-CM
- 21 chapters
- No V and E codes
- Sense organs separated from nervous system disorders.
- Injuries grouped by anatomical site rather than injury category
- Postoperative complications moved to procedure-specific body system chapter.



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21 Chapters Now...

...But Same Great Hierarchical Structure

1. Certain Infectious And Parasitic Diseases (A00-B99)
2. Neoplasms (C00-D49)
3. Diseases Of The Blood And Blood-forming Organs And Certain Disorders Involving The Immune Mechanism (D50-D89)
4. Endocrine, Nutritional And Metabolic Diseases (E00-E89)
5. Mental, Behavioral And Neurodevelopmental Disorders (F01-F99)
6. Diseases Of The Nervous System (G00-G99)
7. Diseases Of The Eye And Adnexa (H00-H59)
8. Diseases Of The Ear And Mastoid Process (H60-H95)
9. Diseases Of The Circulatory System (I00-I99)
10. Diseases Of The Respiratory System (J00-J99)
11. Diseases Of The Digestive System (K00-K95)
12. Diseases Of The Skin And Subcutaneous Tissue (L00-L99)
13. Diseases Of The Musculoskeletal System And Connective Tissue (M00-M99)
14. Diseases Of The Genitourinary System (N00-N99)
15. Pregnancy, Childbirth And The Puerperium (O00-O9A)
16. Certain Conditions Originating In The Perinatal Period (P00-P96)
17. Congenital Malformations, Deformations And Chromosomal Abnormalities (Q00-Q99)
18. Symptoms, Signs And Abnormal Clinical And Laboratory Findings, Not Elsewhere Classified (R00-R99)
19. Injury, Poisoning And Certain Other Consequences Of External Causes (S00-T88)
20. External Causes Of Morbidity (V00-Y99)
21. Factors Influencing Health Status And Contact With Health Services (Z00-Z99)

*Sense organs separated from nervous system disorders

*Disorders of the Immune System Are included with "Diseases of the Blood and Blood-Forming Organs"

*Postoperative complications moved to procedure specific body system chapter

*Injuries grouped by anatomical site rather than injury category



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ICD-10-CM Code Structure

X X X . X X X X

- Up to 7 characters (Decimal after 1st 3)
 - 1st character a letter (except “U”)
 - 2nd character a number
 - 3rd–7th characters alpha or numeric
- Characters 1-3 Category (aka family)
- Characters 4-6 Etiology, anatomic site, severity, other vital details
- Character 7 Extension - significant difference between ICD-9 and ICD-10.
 - Use for certain ICD-10-CM codes
 - Primarily Chapter 19 (Injury, poisoning and certain other consequences of external causes) and Chapter 15 (Pregnancy, childbirth and the puerperium).
 - If a code has fewer than six characters and requires a seventh character extension, you must fill in all of the empty character spaces with a placeholder “X.”
 - 7th Character
 - A - Initial encounter
 - D - Subsequent encounter
 - S - Sequela



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New Features

- Combination codes
- Laterality
- Episode of care
- Expanded Codes
- Inclusion of trimester in obstetrics codes
- Detail for ambulatory/managed care encounters



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ICD-10-CM Benefits

- Flexible/Expandable
- More specificity
- Measures health care services.
- Public health surveillance.
- Reflects advances
- Uses current medical terminology.



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ICD-10-CM General Use

- Codes based on medical record documentation.
- Diagnoses reported to highest number of characters available
- Signs and symptoms are acceptable if diagnosis not established
 - Signs/symptoms not routinely associated with disease should be coded (but not those routinely associated with the disease)
- Nonspecific codes are still available
- May need multiple codes to fully describe a single condition
- American Hospital Association/American Health Information Management Association study showed much of the detail contained in ICD-10-CM is already in medical record documentation



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Simple Pneumococcal Pneumonia...

- ...Or is it so simple



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Sense organs separated from nervous system disorders

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Chapter 10

Diseases of the Respiratory System (J00-J99)

- J00-J06
J09-J18
J20-J22
J30-J39
J40-J47
J60-J70
J80-J84
Acute upper respiratory infections
Influenza and pneumonia
Other acute lower respiratory infections
Other diseases of upper respiratory tract
Chronic lower respiratory diseases
Lung diseases due to external agents
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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- **Influenza and pneumonia (J09-J18)**
 - **Excludes2:** allergic or eosinophilic pneumonia (J82) aspiration pneumonia NOS (J69.0)
 - meconium pneumonia (P24.01)
 - neonatal aspiration pneumonia (P24.-)
 - pneumonia due to solids and liquids (J69.-) congenital pneumonia (P23.9)
 - lipid pneumonia (J69.1)
 - rheumatic pneumonia (I00)
 - ventilator associated pneumonia (J95.851)
- **J13 Pneumonia due to Streptococcus pneumoniae**
 - Bronchopneumonia due to S. pneumoniae
 - **Code first** associated influenza, if applicable (J09.X1, J10.0-, J11.0-)
 - **Code also** associated abscess, if applicable (J85.1)
 - **Excludes1:** congenital pneumonia due to S. pneumoniae (P23.6)
 - lobar pneumonia, unspecified organism (J18.1)
 - pneumonia due to other streptococci (J15.3-J15.4)



Excludes ICD-9-CM

“Excludes” note under a code indicates that the terms excluded from the code are to be coded elsewhere.

- In some cases, the codes for the excluded terms should not be used in conjunction with the code from which it is excluded.



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Excludes ICD-10-CM

Type 1 vs. Type 2

- A “Type 1 excludes” note is a pure excludes note. It means “Not Coded Here”
 - An “Type 1 excludes” note indicates that the code excluded should never be used at the same time as the code above the “Type 1 excludes” note
 - An excludes 1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.
- A “Type 2 excludes” note represents “Not included here”
 - Indicates that the condition excluded is not part of the condition represented by the code
 - If both conditions present it is acceptable to use both the code and the excluded code



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- **Influenza and pneumonia (J09-J18)**

- **Excludes2** NOT INCLUDED HERE: allergic or eosinophilic pneumonia (J82) aspiration pneumonia NOS (J69.0)
 - meconium pneumonia (P24.01)
 - neonatal aspiration pneumonia (P24.-)
 - pneumonia due to solids and liquids (J69.-) congenital pneumonia (P23.9)
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- **J13 Pneumonia due to Streptococcus pneumoniae**

- Bronchopneumonia due to S. pneumoniae
- **Code first** associated influenza, if applicable (J09.X1, J10.0-, J11.0-)
- **Code also** associated abscess, if applicable (J85.1)
- **Excludes1** NOT CODED HERE:
 - congenital pneumonia due to S. pneumoniae (P23.6)
 - lobar pneumonia, unspecified organism (J18.1)
 - pneumonia due to other streptococci (J15.3-J15.4)



Code Also & Code First

- Not used in ICD-9-CM
- “Code also”- two codes may be required to fully describe a condition, but this note does not provide sequencing direction
- “Code First” - code the underlying condition first.



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- **Influenza and pneumonia (J09-J18)**
 - **Excludes2:** allergic or eosinophilic pneumonia (J82) aspiration pneumonia NOS (J69.0)
 - meconium pneumonia (P24.01)
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 - lipid pneumonia (J69.1)
 - rheumatic pneumonia (I00)
 - ventilator associated pneumonia (J95.851)
- **J13 Pneumonia due to Streptococcus pneumoniae**
 - Bronchopneumonia due to S. pneumoniae
 - **Code first** UNDERLYING CONDITION FIRST associated influenza, if applicable (J09.X1, J10.0-, J11.0-)
 - **Code also** TWO CODES MAYBE NEEDED associated abscess, if applicable (J85.1)
 - **Excludes1:**
 - congenital pneumonia due to S. pneumoniae (P23.6)
 - lobar pneumonia, unspecified organism (J18.1)
 - pneumonia due to other streptococci (J15.3-J15.4)



Placeholder Character

- Not used in ICD-9-CM
- The ICD-10 uses a placeholder character “X.”
- The “X” is used as a placeholder for certain codes to allow for future expansion.
- Where a placeholder exists, the X must be used in order for the code to be considered a valid code.
- **Example**
 - T37.0x1A - poisoning by sulfamides, accidental (unintentional), initial encounter



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NEC vs. NOS

- NEC – “Not elsewhere classifiable”
 - ICD-10-CM does not have a code that describes the condition.
- NOS – “Not Otherwise Specified”
 - AKA “Unspecified”
 - Indicates that there is insufficient information in the medical record to assign a more specific code



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ICD-10-CM Cross-Walking

Mapping Categories	ICD-10 to ICD-9	ICD-9 to ICD-10
No Match	1.2%	3.0%
1-to1 Exact Match	5.0%	24.2%
1-to-1 Approximate Match with 1 Choice	82.6%	49.1%
1-to-1 Approximate Match with Multiple Choices	4.3%	18.7%
1-to-Many Match with 1 Scenario	6.6%	2.1%
1-to-Many Match with Multiple Scenarios	0.2%	2.9%



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ICD-10-CM DOCUMENTATION IMPACTS

- Disease Acuity
- Supporting Lab Values
- Disease or Disorder Site
- Underlying and Associated Conditions
- Infectious Agents
- Outside Influences



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Outside Influences: Tobacco

- Current use (Z72.0)
- Occupational exposure (Z57.31)
- Environmental exposure (Z77.22)
- Dependence status: uncomplicated, in remission, withdrawal, nicotine-induced disorders (F17.-)
- Type of tobacco: cigarettes, chewing, etc.
- History of tobacco use (Z87.891)



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Acute Bronchitis – J20

- Must state the acuity
 - Default is “chronic”
- Document causal organism if known
- Bronchospasm is included
- Chronic bronchitis is **EXCLUDED**



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Chronic lower respiratory diseases (J40-J47)

- J40 Bronchitis, not specified as acute or chronic
- J41 Simple and mucopurulent chronic bronchitis
 - J41.0 Simple chronic bronchitis
 - J41.1 Mucopurulent chronic bronchitis
 - J41.8 Mixed simple and mucopurulent chronic bronchitis
- J42 Unspecified chronic bronchitis



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ICD-10-CM COPD Codes-J44

- **J44.0** COPD, w acute lower respiratory infection
 - Additional code to identify infection
- **J44.1** COPD, w/ acute exacerbation
 - Excludes 2: COPD with acute bronchitis (J44.0)
- **J44.9** COPD, unspecified
- Not an exact cross-walk due to the change from Obs. Chronic Bronchitis to COPD.



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ICD-10-CM COPD Codes

- **J44.9** COPD, unspecified (includes asthma with COPD, chronic bronchitis w emphysema, chronic obstructive asthma).
- Code asthma severity (use 2 codes).
- Use additional code to identify:
 - Z87.891** Hx of tobacco use
 - Z72.0** Tobacco use
 - F17.200** Tobacco dependence



ICD-9-CM Emphysema Codes

- **492.0** Emphysematous bleb
- **492.8** Other emphysema
 - Centrilobular
 - Panlobular
 - Unilateral
 - MacLeod's Syndrome
 - Swyer-James Syndrome
 - Unilateral hyperlucent lung



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ICD-10-CM Emphysema Codes

- **J43** Emphysema
 - J43.0** Unilateral emphysema, MacLeod's
 - J43.1** Panlobular emphysema
 - J43.2** Centrilobular emphysema
 - J43.8** Other emphysema
 - J43.9** Emphysema, unspecified
- Not a direct cross-walk, since only one ICD-9 code, **492.8**
- **J43.9** used for emphysematous bleb or bullous disease



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COPD Coding Case 1

A former smoker without airflow limitation is seen in the office. Mild centrilobular emphysema is demonstrated on chest CT. What ICD codes would you use?

ICD-9-CM: **492.8** Emphysema, unspecified
V15.82 Hx of tobacco use

ICD-10-CM: **J43.2** Centrilobular emphysema
Z87.891 Hx of tobacco use



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COPD Coding Case 2

A patient with long-standing asthma on ICS with LABA and albuterol is seen for an evaluation and is found to have mild airflow limitation on PFTs. What ICD codes would you use?

ICD-9-CM: **493.20** (Obstructive asthma)

ICD-10-CM: **J44.9** (COPD, unspecified)

J45.40 (Moderate, persistent asthma, uncomplicated)



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COPD Coding Case 3

A patient with chronic bronchitis and emphysema on LAMA, LABA, ICS, albuterol and long-term O2 therapy is seen in the office for follow-up. Which ICD codes would you use?

ICD-9-CM: **518.83** (CRF)

491.20 (Obstructive CB)

ICD-10-CM: **J96.11** (CRF w hypoxia)

J44.9 (COPD, unspecified)



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Documentation for COPD & Emphysema

- Document smoking history.
- Document chest CT results to identify type of emphysema (centrilobular, septal, etc.).
- Document results of PFTs as evidence for airflow limitation.
- Document results of DLCO.
- Assessment: “Patient has mild airflow limitation . . .” or “mild COPD . . .”



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ICD-9-CM Asthma Codes

- **493.00** Extrinsic asthma
- **493.01** Extrinsic asthma, status asthmaticus
- **493.02** Extrinsic asthma, acute bronchitis
- **493.10** Intrinsic asthma
- **493.11** Intrinsic asthma, status asthmaticus
- **493.12** Intrinsic asthma, acute bronchitis
- **493.20** Obstructive asthma, unspecified
- **493.90** Asthma, unspecified
- **493.91** Asthma, unspecified, status asthmaticus
- **493.92** Asthma, unspecified, acute bronchitis
- **493.81** Exercise-induced bronchospasm
- **493.82** Cough variant asthma



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ICD-10-CM Asthma Codes

- **J45.20** Mild intermittent asthma, uncomplicated
- **J45.21** Mild intermit. asthma, w acute exacerbation
- **J45.22** Mild intermit. asthma, status asthmaticus
- **J45.30** Mild persistent asthma
- **J45.31** Mild persistent asthma, w acute exacerbation
- **J45.32** Mild persistent asthma, status asthmaticus
- **J45.40** Moderate persistent asthma
- **J45.41** Mod. persistent asthma, w acute exacerbation
- **J45.42** Mod. persistent asthma, status asthmaticus
- **J45.50** Severe persistent asthma
- **J45.51** Severe persistent asthma, w acute exacerbation
- **J45.52** Severe persistent asthma, status asthmaticus



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ICD-10-CM Asthma Codes

- **J45.90** Unspecified asthma
- **J45.901** Unspecified asthma, w acute exac
- **J45.902** Unspecified asthma, status asthmaticus
- **J45.909** Unspecified asthma, uncomplicated
- **J45.990** Exercise-induced bronchospasm
- **J45.991** Cough variant asthma
- **J45.998** Other asthma
- 19 codes in ICD-10 vs 14 codes in ICD-9
- No direct crosstalk, severity is important



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Asthma Coding Case 1

27 y/o female w asthma for 7 years on ICS is seen as outpatient. Uses SABA several times weekly and has had mild increase in wheezing for a week. Wheezing on exam. What ICD code would you use?

- ICD-9-CM: **493.11** (Intrinsic asthma w/acute exacerbation).
- ICD-10-CM: **J45.31** (Mild persistent asthma w/acute exacerbation).



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Asthma Coding Case 2

A patient with life-long allergic asthma on ICS with LABA, albuterol and montelukast w frequent bursts of oral steroids is seen in the office for an acute exacerbation. What ICD code would you use for this patient?

- ICD-9-CM code: **493.01** (Extrinsic asthma with acute exacerbation)
- ICD-10-CM code: **J45.51** (Severe, persistent asthma w acute exac)



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Documentation for Asthma

- **History:** onset, triggers, wheezing frequency, use of SABA (nocturnal), exacerbations, other items to justify severity and acuity of asthma.
- **Treatment medications:** (ICS, LABA, montelukast, theophylline, etc
- Results: PFTs and FENO.
- Use 5 or 6 character code when possible.
- Also code chronic obstruction if there is airflow obstruction on spirometry (J44.9 COPD unspecified)



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Lung Cancer

C34 Malignant neoplasm of bronchus and lung

- Document site
- Laterality
- Exposure to tobacco



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Lung Cancer Coding Case 1

67 yo current smoker with RUL mass is seen in the office following bronchoscopy. Pathology demonstrates adenocarcinoma. CT also demonstrates centrilobular emphysema. What ICD-10 codes do you use for this visit?

- **C34.11** Malignant neoplasm of upper lobe, right bronchus or lung
- **Z72.0** Tobacco use
- **J43.2** Centrilobular emphysema



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Pneumonia

- Document type if known
 - Bacterial, viral, fungal, aspiration
- Document confirmation culture or testing
- Contributing underlying diseases



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Pneumonia Coding Case 1

46 yo male smoker with HTN is admitted to the hospital with cough, fever, HA and yellow to green sputum for 2 days as well pleuritic chest pain on the right. CXR reveals lobar infiltrate in the RLL. Nasal swab positive for Influenza b, Sputum culture grows H. influenza. What ICD-10 codes do you use for the admission.

- J10.08 Influenza due to other identified influenza virus with other specified pneumonia
- J14 Pneumonia due to Hemophilus influenza
- Z72.0 Tobacco use



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Pneumonia Coding Case 1

- J14 Pneumonia due to Hemophilus influenza
 - Code first: associated influenza, if applicable (J09.X1, J10.0-, J11.0)
 - Code also: associated abscess, if applicable (J85.1)
 - Excludes 1: congenital pneumonia due to H. influenzae (P23.6)
- Use Additional: remember to code tobacco exposure, history or dependence



Pneumothorax

- 512.0 Spontaneous tension J93.0
- 512.1 Iatrogenic>Postprocedural J95.811
- 512.2 Postoperative air leak J95.812
- 512.81 Primary spontaneous J93.11
- 512.82 Secondary spontaneous J93.12
- 512.83 Chronic pneumothorax J93.81
- 512.84 Other air leak J93.82
- 512.89 Other pneumothorax J93.83
- Pneumothorax unspecified J93.9



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Pneumothorax Coding Case 1

Following a central line attempt on a 40-year-old woman, a chest radiograph ordered for progressive shortness of breath reveals a pneumothorax. The patient is sterilely prepped and locally anesthetized with lidocaine. A chest wall incision is made, followed by blunt dissection and placement of a chest tube into the pleural space. After securing the chest tube and placement of a water seal, the incision and chest tube are sutured.

- Report **32551** with ICD-9-CM **512.1 (Iatrogenic pneumothorax)**
- ICD-10-CM **J95.811 (Post procedural pneumothorax)**



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Conclusions

- In ICD-10-CM Obstructive bronchitis renamed COPD with no increase in number of codes.
- 5 ICD-10-CM codes for emphysema will replace 2 ICD-9-CM codes.
- 19 ICD-10-CM codes for asthma will replace 14 ICD-9-CM codes.
- More complex pulmonary documentation requirements



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Conclusions

- ICD-10-CM is very different than ICD-9
- ICD-10-CM is alphanumeric and contains 3 to 7 characters
- Understand that there may be codes that are excluded or may need to be coded in addition
- ICD-10-CM begins at 00:00 10/01/2015



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ICD-10-CM Coding Resources

- **AMA:** www.ama-assn.org/go/ICD-10
- **CMS:** www.cms.gov/ICD10
- **CMS:** www.cms.gov/roadto10
- **National Center for Health Statistics (NCHS)**
www.cdc.gov/nchs/icd.htm
- **American Academy of Professional Coders (AAPC):**
www.aapc.com
- **American Hospital Association (AHA):** www.aha.org
- **American Health Information Management Association (AHIMA):** www.ahima.org



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