



Salem Health

ICD-10 

ICD-10-CM TRAINING

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**Respiratory System
The Skin**

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Disease of the Respiratory System

- J00-J06 Acute upper respiratory infections
- J09-J18 Influenza and 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 causes
- J80-J84 Other respiratory diseases principally affecting the interstitium
- J90-J94 Other diseases of the pleura
- J95 Intraoperative and postprocedural complications and disorders of the respiratory system, NEC
- J96-J99 Other diseases of the respiratory system

ICD-9-CM/ICD-10-CM differences

Chapter 10 is structured to group together related conditions in a different manner.

ICD-9-CM

acute

other

pneumonia

chronic

ICD-10-CM

Anatomic site of infection

Severity

Cause

Acute, other, then chronic

Instructional note

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** anatomical site (tracheobronchitis to bronchitis J40)

Check for includes, excludes and instructional notations at the beginning of the chapter, category, or subcategory.

Organizational changes

When comparing ICD-9-CM to ICD-10-CM

coded have been added, deleted, combined or moved.

Category Title Revisions

Category titles were changed to reflect changes in content:

- Diseases given own block

- A new category was created

- Existing category was redefined.

ICD-10-CM more specifically designed.

J13, J14 and J17 are reserved for future expansion

- Three character codes.

Code reclassified

Mediastinitis has been reclassified.

ICD-9-CM 519.2 Mediastinitis
Other diseases of the respiratory system

ICD-10-CM J98.5 Diseases of the mediastinum, NEC
Fibrosis of mediastinum
Hernia of mediastinum
Retraction of the mediastinum
Mediastinitis

Combination Codes

Common symptoms and complications were added as 5th characters to certain diagnoses resulting in an increased number of combination codes.

Combination coded are a single code used to classify two diagnoses, or a diagnosis with an associated manifestation or complication.

Combination codes

Diseases have been expanded to identify secondary disease processes, specific manifestations, or associated complications.

Code to the highest level of specificity

Example: Acute bronchitis by organism.

J20.0-J20.9

Single combination code in ICD-10-CM

J20.1 Acute bronchitis due to Hemophilus
influenza

Increased specificity

Code to the highest level of specificity:

In chapter 10 this level of specificity is used to identify types or causes of respiratory diseases.

J63.0 Aluminosis (of lung)

J63.1 Bauxite fibrosis (of lung)

J63.2 Berylliosis

J63.3 Graphite fibrosis (of lung)

J63.4 Siderosis

J63.5 Stannosis

J63.6 Pneumoconiosis due to other inorganic dusts

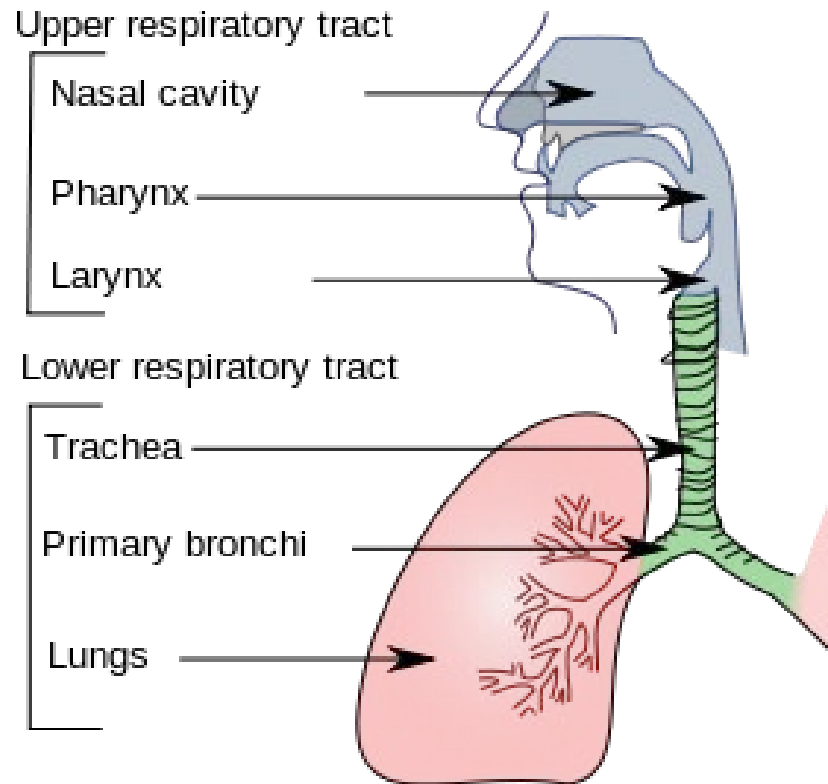
The Respiratory System

Three segments:

Upper respiratory tract:
nose and nasal passages,
paranasal sinuses, and throat or
pharynx

Respiratory airways: voice
box or larynx, trachea, bronchi,
and bronchioles

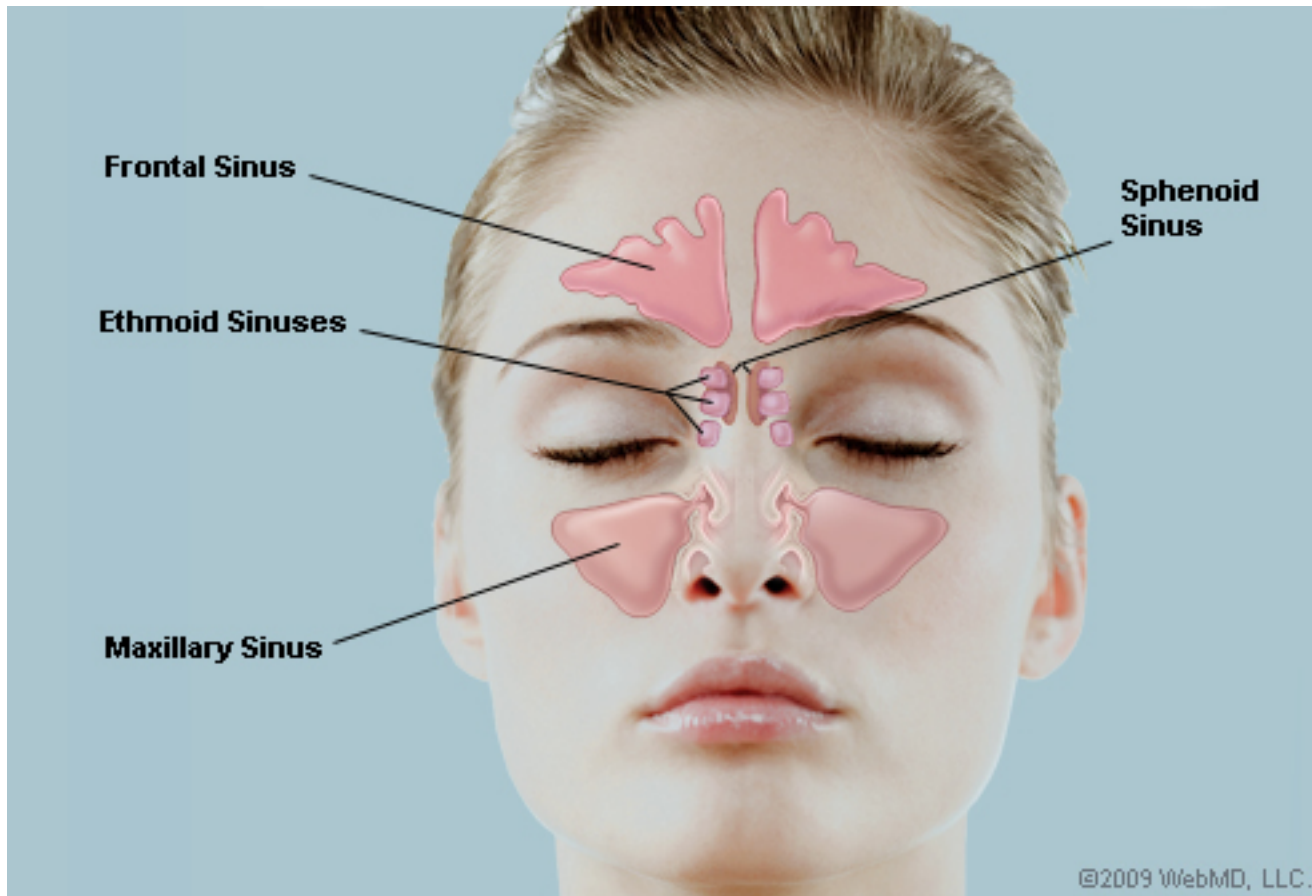
Lungs: respiratory
bronchioles, alveolar ducts,
alveolar sacs, and alveoli



The Respiratory Tract

- The respiratory tract is a common site for infections. Upper respiratory tract infections are probably the most common infections in the world.
- Most of the respiratory tract exists merely as a piping system for air to travel in the lungs, and alveoli are the only part of the lung that exchanges oxygen and carbon dioxide with the blood.
- Moving down the respiratory tract starting at the trachea, the tubes get smaller and divide into more and more tubes. There are estimated to be about 20 to 23 divisions, ending up at an alveolus.
- Even though the cross-sectional area of each bronchus or bronchiole is smaller, because there are so many, the total surface area is larger. This means there is less resistance at the terminal bronchioles. (Most resistance is around the 3-4 division from the trachea due to turbulence.)

Sinuses



Upper Respiratory Tract

- **NEW CODE:** Acute **recurrent** sinusitis J01.01-J01-91
- ICD-9-CM: Acute sinusitis by site
- ICD-10-CM: Acute sinusitis by site and
Acute **recurrent** sinusitis by site.

Rhinitis

Diagnosis: Allergic rhinitis

Excludes 1: Allergic rhinitis with asthma (bronchial)

Code to the Asthma code. J45.909

Diagnosis: Chronic Rhinitis, nasopharyngitis, pharyngitis
chronic sinusitis, nasal polyps, tonsillitis,
laryngitis, laryngotracheitis, bronchitis etc.

Use additional code to specify if patient is a
smoker or has exposure to smoking.

URI's

Streptococcal sore throat is now included in Chapter 10.

J02.0

Influenza

Influenza may be coded alone or in combination with other codes.

J09.X1 Influenza due to identified Novel Influenza A virus with pneumonia

J12.89 Viral pneumonia, other viral pneumonia

J85.1 Lung abscess

Influenza

Code only confirmed cases:

- J09 – Due to certain identified influenza viruses
- J10 – Due to other identified influenza viruses

Exception to Guideline II, H. (Uncertain Diagnoses)

Confirmation does not require “positive” laboratory test.

Code based on physician documentation that patient has:

- Avian influenza
- Other Novel influenza A
- Other particular identified strain (H1N1, H3N2)

Influenza

“Suspected”, “possible”, “probable”

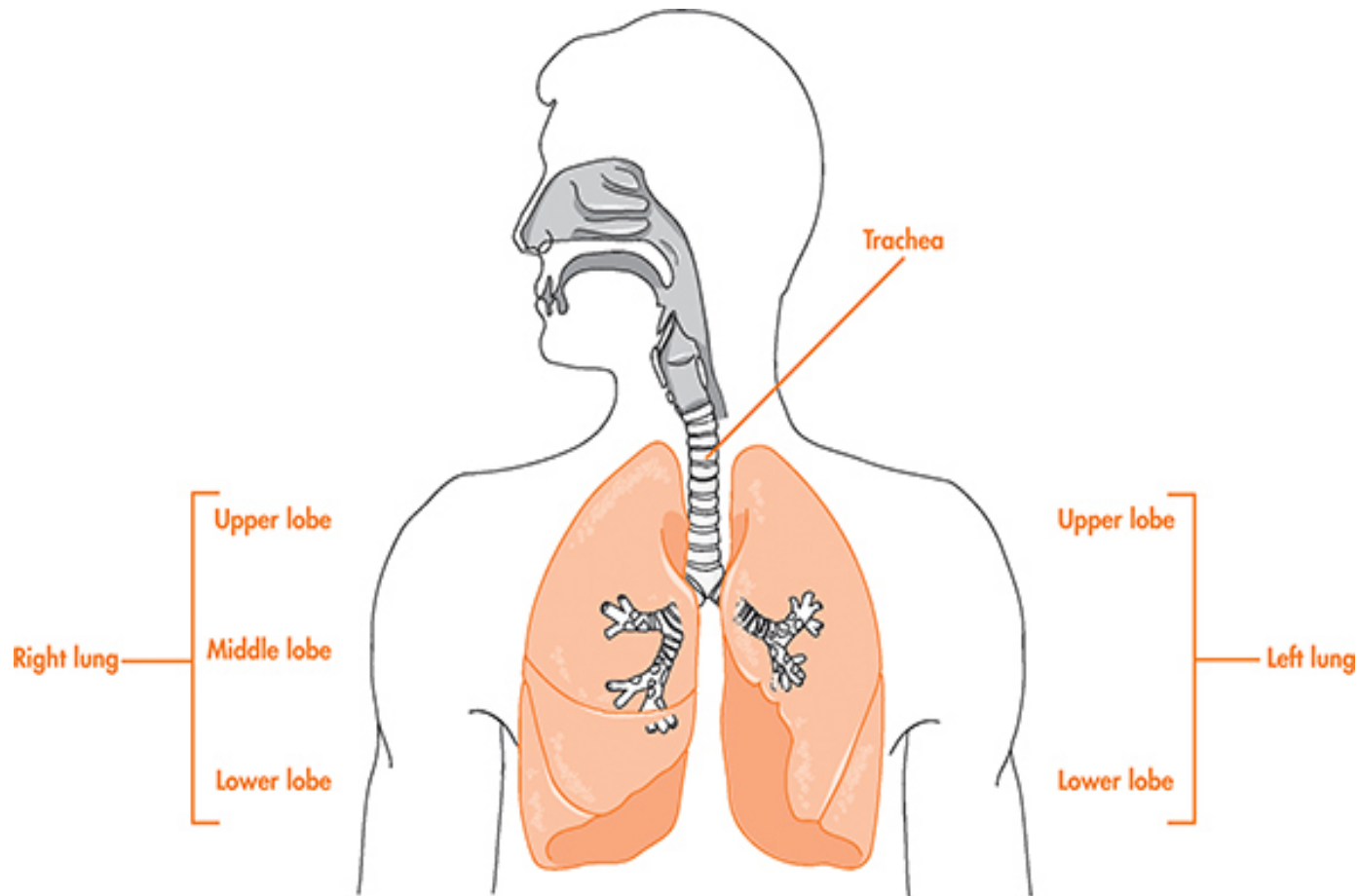
Avian, Novel or other identified influenza.

code to

J11 – Influenza due to unidentified virus

Do not assign J09-J10 for suspected cases.

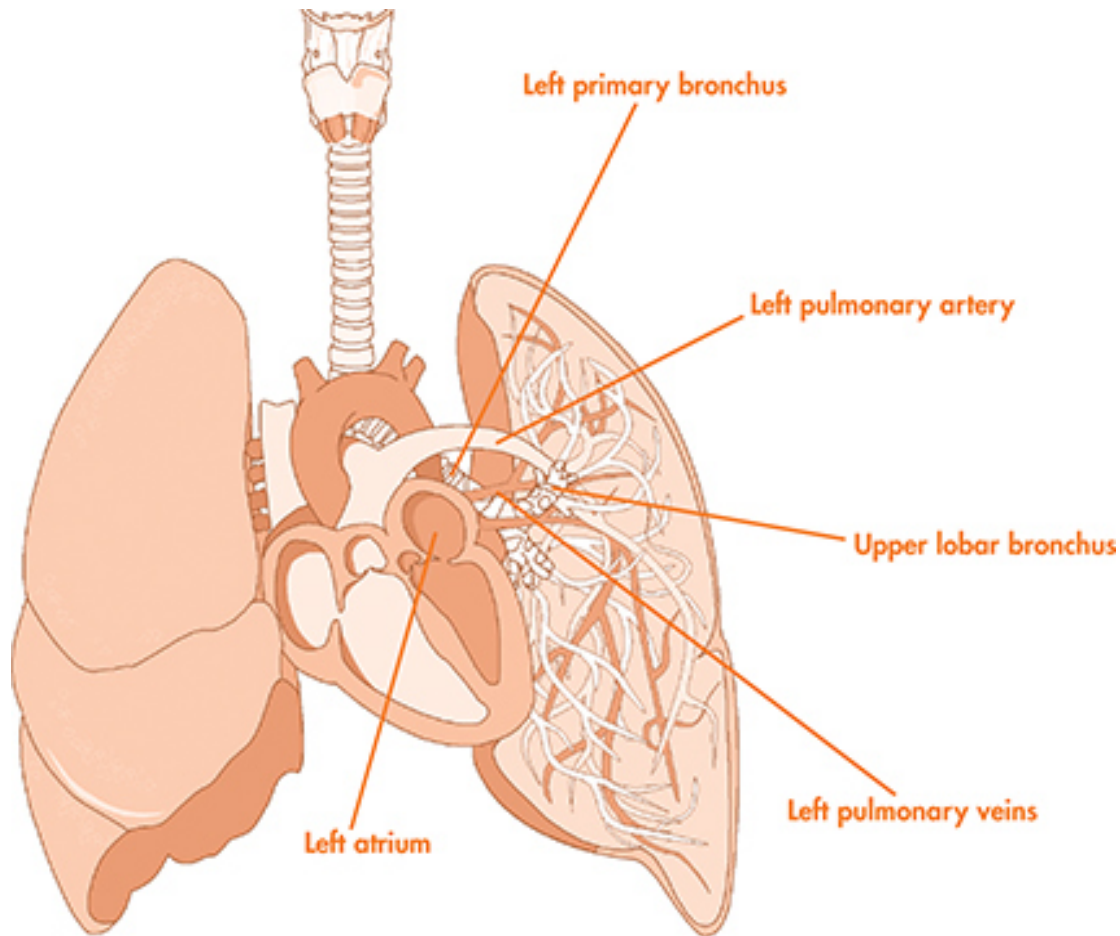
Lobes of the lung



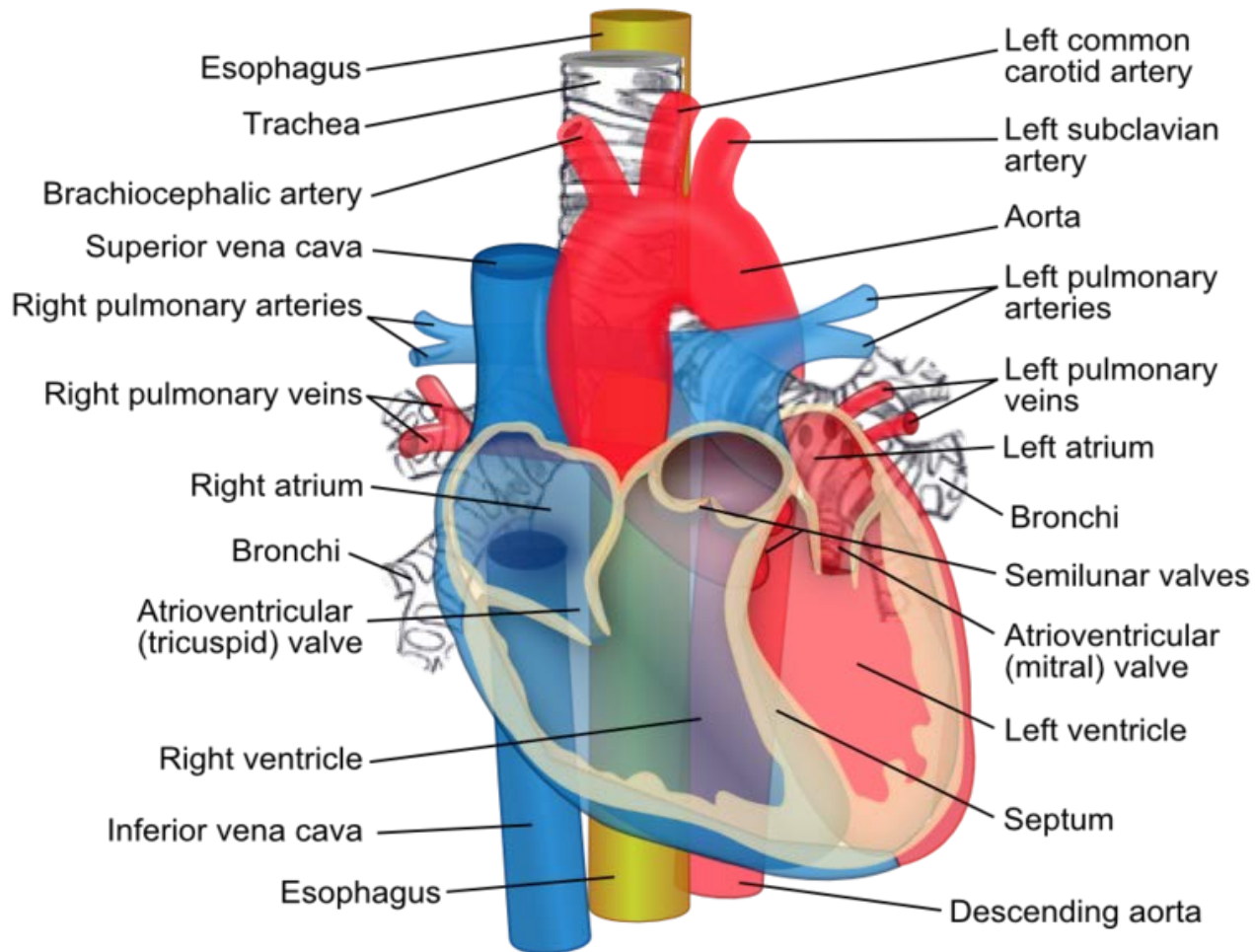
The Lungs

- The lungs are divided by fissures (grooves) into unequal parts called lobes. The **right lung has three lobes**: an upper, a middle, and a lower lobe. **The left lung has two lobes**, an upper and a lower lobe. The surfaces of each lung lie next to ribs, the diaphragm, or the mediastinum, or project into the lower neck. The **hilum, or root of the lung**, is located at its mediastinal surface. Here, structures enter and leave the lung, such as the primary bronchi, pulmonary arteries and pulmonary veins, lymph nodes and lymphatic vessels, and autonomic nerves.

Pulmonary arteries



Pulmonary arteries



Lung diseases

Certain lung diseases have been moved to other chapters in ICD-10-CM.

- Acute chest syndrome moved to Chapter 3 – Disorders of Blood and blood-forming organs and Immune mechanism.
- Lung involvement in certain connective tissue disorders such as Lupus and other autoimmune diseases moved to Chapter 13 – Diseases of the musculoskeletal and connective tissue.

D57

M32, M35

The Pleura

The membranes that surround the lungs are called the **pleura**. The cavities include two layers of pleura. Lining the surfaces of each pulmonary cavity is a thin layer of **parietal pleura**. The parietal pleurae have four parts:

Costal pleura. The part that lines the internal surface of the thoracic wall.

Diaphragmatic pleura. The part that covers the upper surface of the diaphragm.

Mediastinal pleura. The part that covers the fibrous pericardium overlying the heart.

Cervical pleura or cupola. The part that extends up a short distance into the neck and covers the upper extent of the pulmonary cavity.

The **visceral pleura** is stuck to the outside surface of each lung and encloses them. At the hilum of the lung, the visceral pleura is continuous with the mediastinal pleura. The pleural cavity represents the potential space between the parietal and visceral layers of pleura. Normally, this space contains a small amount of serous fluid. This fluid is produced by mesothelial cells that line the pleural surfaces. It lubricates the pleural surfaces and allows smooth, pain-free movement between them during breathing.

Pleural Effusions

Almost always integral to another disease.

Only the code for the underlying disease is coded.

- Pulmonary disease
- Cardiac disease

Certain circumstances permit coding the pleural effusion first listed such as a thoracentesis or additional diagnostic studies.

If the treatment is directed at the pleural effusion only, code pleural effusion followed by the underlying disease.

Malignant pleural effusion

J96.0 Malignant pleural effusion – Can occur with impaired pleural lymphatic drainage from a mediastinal tumor (especially in lymphoma's) not because of direct invasion of the pleura.

Code the underlying neoplasm as first listed

Code the malignant pleural effusion J91.0

Influenzal pleural effusion

Code:

J10.1 Influenza with respiratory manifestations

Additional code

J91.8 Pleural effusion in other conditions classified elsewhere.

Pulmonary hypertension

Pulmonary hypertension occurs alone and as a consequence of a number of lung diseases.

- It can also be a consequence of heart disease (Eisenmenger's syndrome) but equally a cause of right-(ventricular) heart failure.
- It also occurs as a consequence of pulmonary embolism and scleroderma. It is characterized by reduced exercise tolerance.

Chronic lower respiratory diseases

Block J40-J47

There is an expansion of the includes and excludes notes.

- Assign additional codes to identify the type of asthma
- Assign additional codes to support tobacco history, use, status or exposure.

Asthma

Changes in terminology in ICD-10-CM

ICD-9-CM 493.0- to 493.9- Extrinsic, Intrinsic, chronic
obstructive and unspecified

ICD-10-CM J45.2 Mild intermittent
J45.3 Mild persistent asthma
J45.4 Moderate persistent
J45.5 Severe persistent
J45.90 Unspecified asthma
J45.91 Other asthma

4th character to indicate the type

5th character indicates specificity for uncomplicated, acute exac, & status
asthmaticus

Childhood asthma NOS is considered unspecified in ICD-10-CM

Stages of asthma

NAEPP Guidelines

Classification	Severity of symptoms	Night symptoms	FEV
Mild intermittent	Symptoms < 2X week asymptomatic	Symptoms < or = 2 X monthly	> 80%
Mild persistent	Symptoms > 2X daily to < 1 X daily	Symptoms > = 2 X monthly	➤ 80% ➤ Variability 20-30%
Moderate persistent	Daily symptoms Daily use of beta 2 agonist	Symptoms > 1X week	60-80%
Severe persistent	Continual symptoms Limited physical activity	Frequent	< 60%

Definitions

Status asthmaticus - An acute, severe asthma attack that doesn't respond to usual use of inhaled bronchodilators and is associated with symptoms of potential respiratory failure. This is life-threatening and requires immediate medical attention. J45.22, J45.32, J45.42, J45.52

COPD

COPD is always:

- caused by another condition.
- with obstruction of the airways

COPD

COPD classification has been simplified in ICD-10-CM.
J44 includes both COPD with asthma or bronchitis.

ICD-9-CM - 491.2x or 493.2x

- Asthma with COPD
- Chronic asthmatic (obstructive) asthma
- Chronic bronchitis with airway obstruction
- Chronic bronchitis with emphysema
- Chronic obstructive asthma
- Chronic obstructive bronchitis
- Chronic obstructive tracheobronchitis

J44 - COPD

Excludes bronchiectasis, or conditions without an obstructive component or due to an external agent.

Combination codes are used to differentiate between:

- COPD with acute lower upper respiratory infection
- COPD with acute exacerbation
- COPD without mention of complications.

COPD

J44.0 Acute COPD with acute lower respiratory infection

Use additional code to identify the infection

J44.1 COPD with (acute) exacerbation

Decompensated COPD

Decompensated COPD with (acute) exacerbation

Excludes2: Both J44.0 and J44.1 can be used together to show the acute bronchitis with acute exacerbation of COPD.

J44.9 COPD NOS

Chronic obstructive airway disease

COPD Exacerbation

Acute exacerbation of chronic obstructive bronchitis and asthma

J44

Uncomplicated cases J44.9

With acute lower respiratory tract infection J44.0

Acute exacerbation. J44.1

- An acute exacerbation is not equivalent to an infection superimposed on a chronic condition.
- An exacerbation may be triggered by an infection.

Pulmonary Edema

J81

Excludes 1: Pulmonary edema due to heart disease

Pulmonary edema due to heart failure

Use additional code for smoking history or exposure

Pulmonary edema

Two categories:

- Cardiogenic in origin – heart failure
- Noncardiogenic – drowning, radiation induced, high altitude and drug overdose

Pneumonia

A common infection that is coded in several ways

- Coded as a combination with the responsible organism
- Coded as a dual classification

Pneumonia

Lobar pneumonia has its own unique code

J18.1 Lobar pneumonia of unspecified organism.
ICD-9-CM it was included in pneumococcal pneumonia.

Respiratory Failure

J96

Combination codes - severity
presence of hypoxia, hypercapnia

Indication of factors that :require specific treatment
have clinical outcomes due to
their effect on the body
systems, organs or function.

Always due to an underlying condition.

Check sequencing of Respiratory failure and underlying condition.

Acute Respiratory Failure

Coding Guideline 10.b.1

Acute respiratory failure as the principal diagnosis

J96.0 May be assigned as the principal diagnosis when it is the condition established after study to be chiefly responsible for the admission to the hospital.

The selection of the code is supported by the Alphabetical and Tabular list.

Chapter specific guidelines take precedence.
Obstetrics, poisonings, HIV and newborn.

Acute Respiratory Failure

Coding Guideline 10.b.2

Acute respiratory failure as a secondary diagnosis

Respiratory failure may be listed as a secondary diagnosis if it occurs after admission, or is present on admission, but does not meet the definition of the principal diagnosis.

Acute Respiratory Failure

Coding Guideline 10.b.3

Sequencing of acute respiratory failure and another acute condition.

When the patient is admitted with respiratory failure and another condition such as myocardial infarction, CVA or aspiration pneumonia, the principal diagnosis will not be the same in every situation. This applies whether the other acute condition is a respiratory or non-respiratory condition.

Principle diagnosis will be dependent on the circumstances of the admission. admission. If two conditions are equally responsible and there are no chapter specific guidelines, the guideline for two or more diagnosis that equally meet the definition of principal diagnosis may be applied.

Query the physician if you do not know if both condition are equally responsible for the admission to the hospital.

ARDS

Acute respiratory distress syndrome – code moved from respiratory failure classification to a different code block which is more anatomically specific.

ICD-9-CM other diseases of the lung 518

ICD-10-CM Other respiratory diseases principally affecting the Interstitium J80-J84

J80- Acute respiratory distress syndrome
ARDS in adult or child
Acute hyaline membrane disease

Interstitial Lung disease

J84

Long term disease of the alveoli of the lung

www.pathologyscotland.org/download/.../3.Interstitial-Lung-Disease.ppt

Persistent Air Leak

J93.82

Air leaks are an unavoidable complication of pulmonary resection. The definition of a persistent air leak is arbitrary and may even be irrelevant in solving the problem. Persistent air leaks are more common in patients with severe COPD, and preoperative interventions are ineffective in reducing their prevalence. Meticulous surgical technique and care in handling and resection of the pulmonary parenchyma are essential in preventing persistent air leaks. Buttressing parenchymal staple lines and creating a pleural tent or pneumoperitoneum should be reserved for patients at risk for persistent air leaks. The use of currently available sealants is ineffective for the treatment of this complication. To stop persistent air leaks, early cessation of suction and placing chest tubes to an underwater seal is more effective than continuous suction. The management of persistent air leaks may require provocative chest tube clamping and permissive chest tube removal or patient discharge from the

Drug Resistant Organisms

Z16 is to be used as an additional code to identify drug resistant infectious organisms. Pharmacological specific.

MRSA: Causal organism, condition and drug resistant status.

Combination code: J15.212
Pneumonia due to MRSA

ESBL (B-lactam-resistant streptococcus pneumoniae pneumonia; resistant to Penicillin

J13 – Pneumonia due to strep pneumonia
Z16.12 Resistant to antimicrobial drugs,
extended spectrum beta lactamase
(ESBL) antibiotics

Drug-chemical Induced Condition

Combination codes are available in ICD-10-CM which include the drug, chemical or external agent and the external cause for adverse effects of drugs in therapeutic use.

Coding guidelines:

Adverse effect: J70.2 Acute drug-induced interstitial
lung disease

T code with a 5th or 6th character of 5.

Poisoning, overdose, other circumstances: T code
adverse effect



J95

**INTRAOPERATIVE AND
POSTPROCEDURAL
COMPLICATIONS**

J95

J95.0 Tracheotomy complications

J95.4 Chemical pneumonitis due to anesthesia
Mendleson's syndrome

J95.5 Postprocedural subglottic stenosis

J95

- J95.1 Acute pulmonary insufficiency following thoracic surgery
- J95.2 Acute pulmonary insufficiency following other surgery
- J95.3 Chronic pulmonary insufficiency following surgery

Ventilator assisted pneumonia

Code assignment based on provider documentation:

The Relationship between the condition and the procedure

J95.851

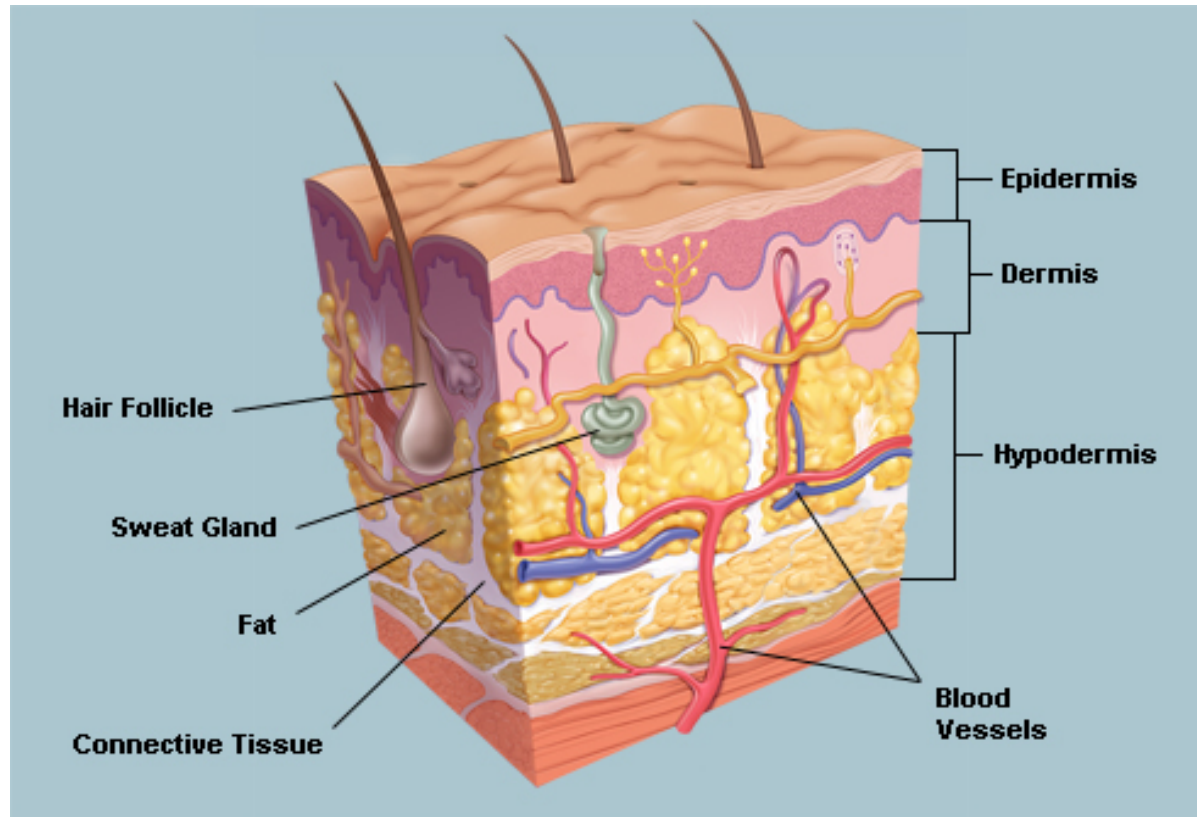
Use additional code to identify the responsible organism

B96.5 (pseudomonas)

Query if documentation is unclear as to the relationship between the Ventilator and the pneumonia

Chapter 12

Diseases of the skin L00-L99



Diseases of the skin/subcutaneous tissue

- L00-L08 Infections of the skin and subcutaneous tissue
- L10-L14 Bullous disorders
- L20-L30 Dermatitis and eczema
- L40-L45 Papulosquamous disorders
- L49-L54 Urticaria and erythema
- L55-L59 Radiation-related disorders of the skin and subcutaneous tissue
- L60-L75 Disorders of skin appendages
- L76 Intraoperative and postprocedural complications of skin and subcutaneous tissue
- L80-L99 Other disorders of the skin and subcutaneous tissue

Changes in ICD-10-CM

Category and Code Title changes

L02 Cutaneous abscess, furuncle, and carbuncle

L03 Cellulitis and early lymphadenitis

L04 Acute lymphadenitis

5th and 6th characters specify the severity, anatomic site , type of lesion, and laterality.

Subcategories are restructured to group together related conditions differently than in ICD-9-CM.

ICD-9-CM

Three subchapters

ICD-10-CM

Nine blocks containing
related dermatological disorders

Organizational changes

Codes have been added, deleted, combined or moved.

ICD-9-CM Skin/SubQ	ICD-10-CM Genitourinary
680.2 Carbuncle of breast	N61 Inflammatory disorders of the breast

Dermatological infections due to infection and parasitic disease may be classified in Chapter 1: Certain infections and Parasitic diseases.

Dermatological manifestations of diabetes require an etiology/
Manifestation reporting. See Diabetes with skin complications:
E08.62, E09.62, E10.62, E11.62 and E13.62.

Secondary code describes the dermatological manifestation.
L97.419.

Further specificity

Psoriasis

Arthropathic psoriasis

Further specificity in ICD-10-CM:

Psoriasis vulgaris

Type

Pustular psoriasis

Guttate psoriasis

Distal interphalangeal joint

Site

Psoriatic spondylitis

Psoriatic juvenile arthropathy

Synonymous Terms

L20-L30 category

- Dermatitis
- Eczema

Dermatitis

L23-L25 classifies dermatitis due to plants, foods, drugs and medications.

L27 classified dermatitis due to drugs taken internally.

Dermatitis due to drug

First: Determine if the condition is:

- an adverse of a drug
- Properly administered
- A Poisoning due to the incorrect use of the drug
T Code for poisoning is listed as first listed code followed by the adverse effect.

Disorders of the Skin

L10 Pemphigus: An autoimmune disorder in which your antibodies attack healthy cells in your skin and mouth, causing deep blisters and sores that do not break easily. No one knows what causes this attack. Pemphigus does not spread from person to person and is common in the elderly. It does not appear to be inherited. It can be fatal. But some people's genes put them more at risk for pemphigus.

The treatment of pemphigus and pemphigoid is the same: one or more medicines. These may include:

- Steroids, which reduce inflammation
- Drugs that suppress the immune system response
- Antibiotics to treat associated infections

Disorders of the Skin

Erythema multiforme: A skin disorder resulting in red, raised skin areas covering the entire body resembling targets. This disease can be due to drugs, infections, or illnesses. If due to a drug adverse effect

L51.-

T36- T50 code with 5th or 6th digit 5 as an additional code for the responsible drug.

Manifestation code Arthropathy, Corneal ulcer stomatitis, or other condition.

Disorders of the skin

L13.0: Dermatitis herpetiformis – It is an itchy, stinging, blistering skin rash, occurs when your skin reacts to gluten antibodies circulating in your system. Some people call dermatitis herpetiformis a "gluten rash" or a "celiac disease rash" because it occurs in conjunction with celiac disease.

Although dermatitis herpetiformis can form anywhere on your body, the most frequent locations include the elbows, knees, buttocks, lower back and the back of the neck. In most cases (but not all), it's one of the itchiest skin conditions you can experience.

Cellulitis

Sequencing for cellulitis depends on the severity of the wound and the primary goal for the treatment (for the cellulitis or for the wound).

Pressure ulcers

L97 includes many includes, excludes and instructional notes.

L97 may be sequenced as first listed diagnosis if the underlying disease or cause of the ulcer is not known.

Coding Guidelines

- Assign as many codes as necessary from Category L89 to identify multiple pressure ulcers, by anatomical site and stage.

Pressure ulcer of the sacrum, stage 2 and right lower back stage I.

L89.152 Pressure ulcer of the sacral region, stage 2

L89.131 Pressure ulcer of the right lower back, stage 1

Coding Guidelines

- Code any associated gangrene: 196 as first listed.
- Unstageable pressure ulcers are ulcers which cannot be staged determined by the documentation. May be for deep tissue injury not due to trauma and ulcers covered by an Escher or covered with a graft of skin or muscle.
Unstageable are not synonymous with unspecified stage.
- Assign the ulcer stage based on the clinical documentation and guidance in the alphabetical index list of terms and subterms and verification of code assignment in the tabular list.

Coding Guidelines

- Query the physician, as appropriate if the documentation is insufficient to assign an appropriate code.
- No code is assigned for a pressure ulcer described as “healed.”
- Pressure ulcers described as “healing” should be reported with the appropriate code based upon the clinical documentation. When the documentation is unclear as to whether the ulcer is a healing pressure ulcer, query the provider.

Diagnosis: Healing pressure ulcer of the left heel, stage 2

L89.622

Coding Guidelines

- A pressure ulcer that evolves from one stage to another during the course of the hospitalization is reported only at the highest level of severity as supported by the documentation.

Stage I pressure ulcer of the R. buttock worsens to Stage 2 during the hospital stay.

L89.312 Pressure ulcer of the right buttock, stage 2

Pressure ulcers

If one of the following conditions is documented with an ulcer, sequence the underlying associated condition first.

- Atherosclerosis of the extremities I70.23- to I70.74-
- Chronic venous hypertension I87.31-, I87.33-
- Diabetic ulcers E08.621, E08.622, E09, E10, E11, E13---
- Gangrene I96
- Postphlebotic syndrome I87.01-, I87.03-
- Postthrombotic syndrome I87.01-, I87.03-
- Varicose ulcer I83.0-, I83.2-

Pressure ulcers

Combination codes are available in ICD-10-CM to show:

- Site of the pressure ulcer
- Stage of the pressure ulcer.

L89.142 Pressure ulcer of the left lower back, Stage 2.

Definition: pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis.

Pressure ulcers

- If a pressure ulcer is documented as **healed**- DO NOT CODE
- If the pressure ulcer is **healing**: assign the appropriate stage based on documentation. If no stage given – unspecified stage.
- If uncertain if an ulcer is new or healing, query the physician.
- Pressure ulcer evolving into another stage during adm: Code to the highest stage reported for that site.

Non-pressure ulcer

L97-L98

- Site specific
- Stage specific – Degree of erosion
 - limited to breakdown of skin
 - with fat layer exposed
 - with necrosis of muscle
 - with necrosis of bone
 - of unspecified severity

Non-pressure ulcers

L97.-

Fifth character specifies the site.

Sixth character specified the stage of the ulcer

Ulcers

Example: Atherosclerotic vascular disease of the right leg with chronic superficial plantar skin ulceration.

I70.234 Atherosclerosis of native arteries of the right leg with ulceration of heel and midfoot.

Use additional code to identify severity of the ulcer (L97.- with **5th character 1**)

L97.411 Non-pressure chronic ulcer of right heel and midfoot.



Salem Health


ICD-10

REFERENCES

- CMS: <http://www.cms.gov/Medicare/Coding/ICD10/index.html>
- AHIMA: <http://www.ahima.org/>
- AAPC: <http://www.aapc.com/>
- ACDIS: <http://www.hcpro.com/acdis/index.cfm>
- HCPro Just Coding: <http://www.justcoding.com/>



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QUESTIONS?