

The Respiratory System and ICD-10-CM/PCS

Save to myBoK

By Kathy DeVault, RHIA, CCS, CCS-P

The transition to ICD-10-CM/PCS will provide coding professionals with the opportunity to enhance and improve their coding skills. However, it will also require coders brush up on their anatomy and physiology knowledge. This is the perfect time to gain a better understanding of the differences between ICD-10-CM/PCS and ICD-9-CM and identify those areas where additional anatomy and physiology education is necessary.

This article outlines the terminology and classification used in the respiratory system section of ICD-10-CM/PCS.

ICD-10-CM

ICD-10-CM chapter 10, "Diseases of the Respiratory System (J00–J99)," identifies conditions such as asthma, pneumonia, and chronic obstructive pulmonary disease. The chapter includes the following sections:

- J00–J06, Acute upper respiratory infections
- J10–J18, Influenza and pneumonia
- J20–J22, Other acute lower respiratory infections
- J30–J39, Other diseases of upper respiratory infections
- J40–J47, Chronic lower respiratory diseases
- J60–J70, Lung diseases due to external agents
- J80–J84, 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

The chapter includes several "use additional code" notes related to tobacco exposure and use. These include exposure to environmental tobacco smoke (Z77.22), exposure to tobacco smoke in the perinatal period (P96.81), history of tobacco use (Z87.891), occupational exposure to environmental tobacco smoke (Z57.31), tobacco dependence (F17.-), and tobacco use (Z72.0).

The terminology used to describe asthma has been updated to reflect the current clinical classification. These terms include intermittent asthma, which is defined as less than or equal to two occurrences per week.

The chapter also includes three levels of severity for persistent asthma:

- Mild persistent-more than two times per week
- Moderate persistent-daily and may restrict physical activity
- Severe persistent-throughout the day with frequent severe attacks limiting the ability to breathe

Intrinsic (nonallergic) and extrinsic (allergic) asthma are both classified to J45.909, Unspecified asthma, uncomplicated.

Some codes in chapter 10 have been expanded to include notes indicating that an additional code should be assigned or an associated condition should be sequenced first. Examples of these notes include:

- Use additional code to identify the infectious agent
- Use additional code to identify the virus
- Code first any associated lung abscess
- Code first the underlying disease

- Use additional code to identify other conditions such as tobacco use or exposure

Intraoperative and postprocedural complications and disorders are classified to category J95, which is then further divided into fourth, fifth, and sixth characters. Fourth characters describe complications following surgery and postprocedural conditions such as hemorrhage, hematoma, and accidental puncture. Fifth characters further specify the listed complication. The sixth character adds additional specificity to the fifth-character codes.

Chapter 10 Coding Guidelines

Chapter 10 includes several guidelines, two of which are highlighted below.

Guideline I.C.10.a.1, Acute Exacerbation of Chronic Obstructive Bronchitis and Asthma

The codes in categories J44 and J45 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.

Guideline I.C.10.d.1, Ventilator-Associated Pneumonia

As with all procedural or postprocedural complications, code assignment of ventilator-associated pneumonia is based on the provider's documentation of the relationship between the condition and the procedure.

Code J95.851, Ventilator-associated pneumonia, should be assigned only when the provider has documented ventilator-associated pneumonia (VAP). An additional code to identify the organism (e.g., *Pseudomonas aeruginosa*, code B96.5) should also be assigned. Do not assign an additional code from categories J12–J18 to identify the type of pneumonia.

Code J95.851 should not be assigned for cases where the patient has pneumonia and is on a mechanical ventilator but the provider has not specifically stated that the pneumonia is ventilator-associated pneumonia. If the documentation is unclear as to whether the patient has a pneumonia that is a complication attributable to the mechanical ventilator, query the provider.

ICD-10-PCS Respiratory System Qualifiers for Lung Transplant

There is one body system for respiratory in ICD-10-PCS and 26 body parts in the system. In the respiratory body system, the qualifier character 7 identifies the type of transplant in lung transplant procedures, shown below.

Transplant Type	Qualifier	Definition
Allogeneic	0	Taken from different individuals of the same species
Syngeneic	1	Taken from individuals or tissues that have identical genes, such as identical twins
Zooplastic	2	Taken from an animal

ICD-10-PCS

Every ICD-10-PCS code is seven characters long, and each character represents an aspect of the procedure. One of 34 values can be assigned to each of the seven characters: numbers 0 through 9 and all letters of the alphabet except I and O are utilized.

The fourth character in ICD-10-PCS identifies the body part or specific anatomical site where the procedure was performed. There are up to 34 possible body part values for each body system and not every body part has its own distinct body part value.

There is one body system for respiratory and 26 body parts in the system. There is a separate body part value for each lobe of the bronchus and lungs as well as body part values for the main bronchus and each complete lung.

These separate body parts are significant when coding the root operations excision and resection. For example, an open lobectomy of the right upper lobe of the lung would be coded to the root operation resection because each lobe of the lungs has a separate body part character in ICD-10-PCS. The correct code for this procedure would be 0BTF0ZZ.

In the respiratory body system, the qualifier character 7 identifies the type of transplant in lung transplant procedures. These qualifiers are defined in the table "ICD-10-PCS Respiratory System Qualifiers" [above](#).

References

Centers for Medicare and Medicaid Services (CMS). "2011 ICD-10-PCS Code Tables and Index." www.cms.gov/ICD10/11b_2011_ICD10PCS.asp.

CMS. "2011 ICD-10-PCS Reference Manual." www.cms.gov/ICD10/11b_2011_ICD10PCS.asp.

National Center for Health Statistics. "ICD-10-CM Index and Tabular." 2011. www.cdc.gov/nchs/icd/icd10cm.htm.

Kathy DeVault (kathryn.devault@ahima.org) is a professional practice manager at AHIMA.

Article citation:

DeVault, Kathryn. "The Respiratory System and ICD-10-CM/PCS." *Journal of AHIMA* 83, no.1 (January 2012): 54-55.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.