

Chapter 10: Diseases of the Respiratory System

Scenario 100

A 62-year-old man with a history of cirrhosis was hospitalized for pneumonia that was described as caused by Group B strep. He later developed severe sepsis with acute hepatic failure, which was resolving slowly when critical illness myopathy was diagnosed. He was discharged to home health to continue treatment for both issues with IV antibiotics for the next four weeks, as well as skilled nursing care for respiratory assessment and laboratory monitoring, including peak and trough, and physical therapy for strengthening.

Primary:	A40.1	Sepsis due to streptococcus, group B
Secondary:	R65.20	Severe sepsis without septic shock
Secondary:	K72.00	Acute and subacute hepatic failure without coma
Secondary:	J15.3	Pneumonia due to streptococcus, group B
Secondary:	G72.81	Critical illness myopathy
Secondary:	K74.60	Unspecified cirrhosis of liver
Secondary:	Z45.2	Encounter for adjustment and management of vascular access device
Secondary:	Z79.2	Long term (current)use of antibiotics
Secondary:	Z51.81	Encounter for therapeutic drug level monitoring

If the patient is admitted with sepsis, sequence it first followed by R65.20 indicating severe sepsis, followed by the organ failure. The localized infection (pneumonia) is sequenced after the sepsis. Hepatic failure in this scenario is associated with the sepsis and not the cirrhosis. The correct code for this is K72.00. His cirrhosis, which is not further specified, is still coded as a chronic condition, with K74.60. Codes Z45.2, Z79.2 and Z51.81 are assigned to capture the IV antibiotic administration and laboratory monitoring.

Scenario 101

A 78-year-old man was admitted to the hospital with MRSA pneumonia, which resulted in an acute exacerbation of his chronic obstructive bronchitis. While hospitalized, he received IV antibiotics as well as aggressive respiratory therapy. His co-morbid conditions of hypertension and generalized osteoarthritis were not affected or treated. He was discharged with a prescription for oral antibiotics. He also has an additional prescription for tapering steroids. The focus of care is the exacerbated chronic obstructive bronchitis.

Primary:	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
Secondary:	J15.212	Pneumonia due to Methicillin resistant Staphylococcus aureus
Secondary:	J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
Secondary:	I10	Essential (primary) hypertension
Secondary:	M15.9	Generalized osteoarthritis NOS
Secondary:	Z79.2	Long term (current) use of antibiotics

The patient's exacerbated chronic obstructive bronchitis is the focus of the care and should be coded as primary. When an infection that is due to Methicillin resistant staphylococcus aureus (MRSA) has a combination code that includes the causal organism, the appropriate combination code for the condition, such as J15.212, should be coded. The chronic obstructive bronchitis exacerbation (J44.1) and chronic obstructive bronchitis with a lower respiratory infection (J44.0) may be coded on the same claim if both have been diagnosed by the physician. Hypertension and generalized osteoarthritis are pertinent comorbid conditions and should be listed as secondary diagnoses. There is no need to assign a code for the tapering steroids with a long-term medication code.

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Scenario 102

A patient with long standing emphysema is admitted with tachypnea, chest pain, dyspnea, and wheezing. In an effort to quit smoking, the patient had started vaping nicotine and was diagnosed with electronic cigarette (e-cigarette), or vaping, product use associated lung injury (EVALI) resulting in acute respiratory distress syndrome that is still resolving. He is being admitted to home health for teaching and training on new medications and disease process. Documentation indicates the patient is no longer smoking or vaping nicotine. The focus of care is the EVALI.

Primary:	U07.0	Vaping related disorder
Secondary:	J80	Acute respiratory distress syndrome
Secondary:	J43.9	Emphysema
Secondary:	Z87.891	History of nicotine dependence

For patients presenting with condition(s) related to vaping, assign code U07.0, Vaping-related disorder, as the principal diagnosis. For lung injury due to vaping, assign only code U07.0. Assign additional codes for other manifestations, such as acute respiratory failure (subcategory J96.0-) or pneumonitis (code J68.0). Associated respiratory signs and symptoms due to vaping, such as cough, shortness of breath, etc., are not coded separately, when integral to the definitive diagnosis. Emphysema is an important comorbid condition and should be listed as well as the history of nicotine dependence.

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Scenario 99

A 72-year-old man was recently hospitalized where he was diagnosed with pneumonia confirmed as due to COVID-19. The patient also has long standing emphysema and was started on supplemental oxygen. His physician documented that he has been a cigarette smoker for 42 years and continues to smoke. The home health admission will focus on the resolving COVID, pneumonia and the safe use of oxygen.

Primary:

Secondary:

Secondary:

Secondary:

Secondary:

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