J38.02 Paralysis of vocal cords and larynx, bilateral

J38.1 Polyp of vocal cord and larynx
- adenomatous polyps (D14.1)

J38.2 Nodules of vocal cords
- Chorditis (fibrovascular) (nodosa) (tuberosa)
- Singer's nodes
- Teacher's nodes

J38.3 Other diseases of vocal cords
- Abscess of vocal cords
- Cellulitis of vocal cords
- Granuloma of vocal cords
- Leukokeratosis of vocal cords
- Leukoplakia of vocal cords

J38.4 Edema of larynx
- Edema (of) glottis
- Subglottic edema
- Supraglottic edema
- acute obstructive laryngitis [croup] (J05.0)
- edematous laryngitis (J04.0)

J38.5 Laryngeal spasm

J38.6 Stenosis of larynx

J38.7 Other diseases of larynx
- Abscess of larynx
- Cellulitis of larynx
- Disease of larynx NOS
- Necrosis of larynx
- Pachyderma of larynx
- Perichondritis of larynx
- Ulcer of larynx

J38.8 Other diseases of vocal cords
- Abscess of vocal cords
- Cellulitis of vocal cords
- Granuloma of vocal cords
- Leukokeratosis of vocal cords
- Leukoplakia of vocal cords

J38.9 Other diseases of upper respiratory tract
- Acute respiratory infection NOS (J12)
- Acute upper respiratory infection (J06.9)
- Upper respiratory inflammation due to chemicals, gases, fumes or vapors (J68.2)

J38.9.1 Retropharyngeal and parapharyngeal abscess
- Peritonsillar abscess (J36)

J38.9.2 Other abscess of pharynx
- Cellulitis of pharynx
- Nasopharyngeal abscess

J38.9.3 Other diseases of pharynx
- Cyst of pharynx
- Edema of pharynx

J38.9.4 Upper respiratory tract hypersensitivity reaction, site unspecified
- hypersensitivity reaction of upper respiratory tract, such as: extrinsic allergic alveolitis (J67.9)

J38.9.5 Laryngeal spasm

J38.9.6 Stenosis of larynx

J38.9.7 Other diseases of larynx
- Abscess of larynx
- Cellulitis of larynx
- Disease of larynx NOS
- Necrosis of larynx
- Pachyderma of larynx
- Perichondritis of larynx
- Ulcer of larynx

J39 Other diseases of upper respiratory tract
- Acute respiratory infection NOS (J12)
- Acute upper respiratory infection (J06.9)
- Upper respiratory inflammation due to chemicals, gases, fumes or vapors (J68.2)

J39.0 Retropharyngeal and parapharyngeal abscess
- Peritonsillar abscess (J36)

J39.1 Other abscess of pharynx
- Cellulitis of pharynx
- Nasopharyngeal abscess

J39.2 Other diseases of pharynx
- Cyst of pharynx
- Edema of pharynx

J39.3 Upper respiratory tract hypersensitivity reaction, site unspecified
- hypersensitivity reaction of upper respiratory tract, such as: extrinsic allergic alveolitis (J67.9)

J39.4 Other diseases of upper respiratory tract
- Acute respiratory infection NOS (J12)
- Acute upper respiratory infection (J06.9)
- Upper respiratory inflammation due to chemicals, gases, fumes or vapors (J68.2)

J39.5 Retropharyngeal and parapharyngeal abscess
- Peritonsillar abscess (J36)

J39.6 Other abscess of pharynx
- Cellulitis of pharynx
- Nasopharyngeal abscess

J39.7 Other diseases of pharynx
- Cyst of pharynx
- Edema of pharynx

J39.8 Other specified diseases of upper respiratory tract

J39.9 Disease of upper respiratory tract, unspecified

Chronic lower respiratory diseases (J40-J47)

J40 Bronchitis, not specified as acute or chronic
- Bronchitis NOS
- Bronchitis with tracheitis NOS
- Catarrhal bronchitis
- Tracheobronchitis NOS

Use additional code to identify:
- exposure to environmental tobacco smoke (Z77.22)
- exposure to tobacco smoke in the perinatal period (P96.81)
- history of tobacco dependence (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

- acute bronchitis (J20.-)
- allergic bronchitis NOS (J45.909-)
- asthmatic bronchitis NOS (J45.9-)
- bronchitis due to chemicals, gases, fumes and vapors (J68.0)

Coding Tip: Do not assign code J40 for chronic, chronic obstructive, or acute bronchitis. J40 should be assigned only when no diagnostic information is available to differentiate the type of bronchitis.
### Chapter 10: Diseases of the respiratory system

**J41** Simple and mucopurulent chronic bronchitis

Use additional code to identify:
- Exposure to environmental tobacco smoke (Z77.22)
- Exposure to tobacco smoke in the perinatal period (P96.81)
- History of tobacco dependence (Z87.891)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Tobacco dependence (F17.-)
- Tobacco use (Z72.0)

EXCLUDES 1:
- Chronic bronchitis NOS (J42)
- Chronic obstructive bronchitis (J44.-)

**CODING TIPS**
Chronic bronchitis not specified as "obstructive" should be coded to J41.0-J42. Chronic bronchitis that is specified as obstructive is coded to category J44.-. Chronic indicates cough with mucus most days of the month for at least 3 months out of the year.

**J41.0** Simple chronic bronchitis

**J41.1** Mucopurulent chronic bronchitis

**J41.8** Mixed simple and mucopurulent chronic bronchitis

**J42** Unspecified chronic bronchitis

Chronic bronchitis NOS
- Chronic tracheitis
- Chronic tracheobronchitis

Use additional code to identify:
- Exposure to environmental tobacco smoke (Z77.22)
- Exposure to tobacco smoke in the perinatal period (P96.81)
- History of tobacco dependence (Z87.891)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Tobacco dependence (F17.-)
- Tobacco use (Z72.0)

EXCLUDES 1:
- Chronic asthmatic bronchitis (J44.-)
- Chronic bronchitis with airways obstruction (J44.-)
- Chronic emphysematous bronchitis (J44.-)
- Chronic obstructive pulmonary disease NOS (J44.9)
- Simple and mucopurulent chronic bronchitis (J41.-)

**CODING TIPS**
Chronic bronchitis not specified as "obstructive" should be coded to J41.0-J42. Chronic bronchitis that is specified as obstructive is coded to category J44.-. Chronic indicates cough with mucus most days of the month for at least 3 months out of the year.

**J43** Emphysema

Use additional code to identify:
- Exposure to environmental tobacco smoke (Z77.22)
- History of tobacco dependence (Z87.891)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Tobacco dependence (F17.-)
- Tobacco use (Z72.0)

EXCLUDES 1:
- Compensatory emphysema (J98.3)

Emphysema due to inhalation of chemicals, gases, fumes or vapors (J68.4)
- Emphysema with chronic (obstructive) bronchitis (J44.-)
- Emphysematous (obstructive) bronchitis (J44.-)
- Interstitial emphysema (J98.2)
- Mediastinal emphysema (J98.2)
- Neonatal interstitial emphysema (P25.0)

**CODING TIPS**
- Do not assign a code from J43.- when the provider's documentation reports emphysema with chronic obstructive bronchitis or emphysematous bronchitis. Emphysema with chronic obstructive bronchitis and emphysematous bronchitis should be coded to J44.- and cannot be coded on the same claim as J43.-.
- Codes in the subclassification J43 include respiratory insufficiency; therefore, do not assign R06.89 as an additional code. However, respiratory failure, if documented, should be coded.
- When a diagnosis supports coding a more specific code for emphysema, such as interstitial emphysema (J98.2), compensatory emphysema (J98.3), or subcutaneous emphysema due to trauma (T79.7), then do not assign J43.-, but assign the more specific code.

**J43.0** Unilateral pulmonary emphysema

[MacLeod's syndrome]
- Swyer-James syndrome
- Unilateral emphysema
- Unilateral hyperlucent lung
- Unilateral pulmonary artery functional hypoplasia
- Unilateral transparency of lung

**J43.1** Panlobular emphysema

Panacinar emphysema

**J43.2** Centrilobular emphysema

**J43.8** Other emphysema

**J43.9** Emphysema, unspecified

Bullous emphysema (lung)(pulmonary)
- Emphysema (lung)(pulmonary) NOS
- Emphysematous bleb
- Vesicular emphysema (lung)(pulmonary)

**CODING TIPS**
Assign J43.9 and J20.9 for emphysema, COPD and acute bronchitis when there's no mention of chronic bronchitis; assign J43.9 with J18.9 for emphysema, COPD and pneumonia; assign J43.9 with a code from J45 for emphysema, COPD and asthma. (AHA: 1Q 2019)
Abnormal enlargement of the air sacs in the lungs, which lose their elasticity, making breathing increasingly difficult.

**J44.0** Chronic obstructive pulmonary disease with (acute) lower respiratory infection

Code also:
- to identify the infection

**Coding Tips:**
- Assign a code from J44.0 when a patient has both a condition classifiable to J44 and a diagnosis of a lower respiratory tract infection. Examples of lower respiratory infections include pneumonia, bronchitis and bronchiolitis. An additional code should be assigned to report the infection, and sequence depending on the focus of care.

**Coding Tips:**
- If the physician or NPP confirms both a diagnosis of a lower respiratory tract infection and exacerbation of a condition classifiable to J44, both J44.1 and J44.0 should be assigned, along with a code for the specific lower respiratory infection.

**J44.1** Chronic obstructive pulmonary disease with (acute) exacerbation

Decompensated COPD
Decompensated COPD with (acute) exacerbation

**Excludes:**
- chronic obstructive pulmonary disease [COPD] with acute bronchitis (J44.0)
- lung diseases due to external agents (J60-J70)

**Coding Tips:**
- Documentation: Do not assign this code unless the physician or NPP has confirmed that the condition is exacerbated. An exacerbation should be documented by the physician or NPP, and changes in treatment and medication regimen do not presume an exacerbation.

**Coding Tips:**
- This code is appropriate when the patient has an acute exacerbation of a condition classifiable to J44, or the disease is decompensating. If the disease is not decompensating or exacerbated, use J44.9. If there is a lower respiratory infection, use J44.0, not J44.9.

**Coding Tips:**
- An acute exacerbation is a worsening or decompensation of a chronic condition. Decompensated indicates there has been a flare-up (acute phase) of a chronic condition. It is not equivalent to an infection superimposed on a chronic condition, so do not assume an exacerbation with an infection. The physician or NPP must indicate an exacerbation, deccompensation or flare-up to use this code.

**Guidelines:**
Section I.C.10.a
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.

**Coding Tips:**
- COPD is not the same as chronic bronchitis. COPD is an unspecified term that may encompass multiple components of chronic obstructive pulmonary disease (chronic bronchitis, chronic asthma and emphysema). Code J43.- is used when COPD (unspecified) and emphysema have been documented by the provider.
Chapter 10 Scenarios: Diseases of the respiratory system (J00-J99)

Exacerbated COPD with emphysema and acute bronchitis

An 87-year-old man was hospitalized with a severe case of acute bronchitis, which caused an exacerbation of his COPD with emphysema. He is admitted to home health with still-resolving bronchitis, which is the focus of care, and to help get his emphysema back under control. The patient will be taking oral antibiotics for the next three weeks. He smoked cigarettes as a young man but quit several years ago.

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary:</strong> Acute bronchitis, unspecified</td>
<td>J20.9</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Emphysema, unspecified</td>
<td>J43.9</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Long term (current) use of antibiotics</td>
<td>Z79.2</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Personal history of nicotine dependence</td>
<td>Z87.891</td>
</tr>
</tbody>
</table>

Codes J20.9 and J43.9 are assigned for the patient with his acute bronchitis, and exacerbated COPD with emphysema, according to Q1 2019 Coding Clinic guidance. As the focus of care, the acute bronchitis is coded in the primary position. The patient is taking antibiotics for three weeks, prompting the assignment of Z79.2. Since he has a history of tobacco use and a diagnosis from Chapter 10 (J00-J99), Z87.891 is also assigned. There is a chapter-level tabular instruction covering all of Chapter 10, instructing the coder to assign a code if the patient has been exposed to tobacco, or is a current or former user of tobacco.

Chronic obstructive bronchitis with chronic obstructive asthma, hypertension

A 75-year-old male patient is admitted to home care with a primary diagnosis of exacerbated chronic obstructive bronchitis with chronic obstructive mild intermittent asthma also exacerbated. He also has hypertension. His history and physical says that he was a cigarette smoker for several decades but quit 12 years ago.

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary:</strong> Chronic obstructive pulmonary disease with acute exacerbation</td>
<td>J44.1</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Mild intermittent asthma with (acute) exacerbation</td>
<td>J45.21</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Hypertension</td>
<td>I10</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Personal history of nicotine dependence</td>
<td>Z87.891</td>
</tr>
</tbody>
</table>

The patient's exacerbated chronic obstructive bronchitis is captured with J44.1. Because the patient's asthma is specified as mild intermittent asthma, which is also exacerbated, a code should also be assigned to identify the asthma. Hypertension is assigned as a relevant comorbidity. The code for history of tobacco use, required for all codes in Chapter 10 due to chapter-level tabular instruction, is included to capture that the patient is a former smoker.
Emphysema, congestive heart failure, smoker

A 78-year-old female patient is admitted to home health with a primary diagnosis of emphysema. She also has congestive heart failure and the physician documents she is a long-time current cigarette smoker.

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary:</strong> Emphysema, unspecified</td>
<td>J43.9</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Congestive heart failure, unspecified</td>
<td>J50.9</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Nicotine dependence, cigarettes, uncomplicated</td>
<td>F17.210</td>
</tr>
</tbody>
</table>

With no other information known about the patient's emphysema, J43.9 is the most appropriate code choice. Congestive heart failure is a relevant comorbidity and is also assigned. Because the patient continues to smoke cigarettes, an additional code is required to report this. The correct code for the cigarette smoking is F17.210, as this is where the alphabetic index leads.

Aftercare of surgery, respiratory issues, GI issues

The patient had gall bladder surgery due to cholecystitis but had an exacerbation of her chronic obstructive bronchitis while in the hospital and additionally developed bacterial pneumonia, which is still being treated with oral antibiotic therapy for 10 days. She also has a gastrostomy that is infected. Her gastrostomy was placed last year because of dysphagia. The focus of care is the exacerbated COPD but she will also receive speech therapy to address the dysphagia.

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary:</strong> Chronic obstructive pulmonary disease with acute exacerbation</td>
<td>J44.1</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Chronic obstructive pulmonary disease with (acute) lower respiratory infection</td>
<td>J44.0</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Unspecified bacterial pneumonia</td>
<td>J15.9</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Gastrostomy infection</td>
<td>K94.22</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Dysphagia, unspecified</td>
<td>R13.10</td>
</tr>
<tr>
<td><strong>Secondary:</strong> Encounter for surgical aftercare following surgery on the digestive system</td>
<td>Z48.815</td>
</tr>
</tbody>
</table>

This is a situation in which the patient had surgery, but the aftercare is not the focus of care. Both J44.1 and J44.0 are used as this patient developed an acute lower respiratory tract infection, as well as an exacerbation of her COPD. The Excludes 2 note at J44.1 allows the coder to code both COPD codes. To further specify the lower respiratory tract infection in accordance with tabular instruction, J15.9 (Unspecified bacterial pneumonia) is assigned in this scenario. Code Z43.1 should not be used for the gastrostomy because the gastrostomy is complicated. Dysphagia is coded only if it is a current diagnosis and is addressed by the plan of care, which it is in this case. No code for antibiotic use is assigned because the patient will remain on antibiotics for only 10 days.