CDH ICD-10 Training

Chapter 10 Respiratory System

Homework 9/25/13

1) Adenoviral Pneumonia: **J12.0**, see pneumonia, in (due to) adenovirus
2) Severe persistent asthma: **J45.50**, see asthma, persistent, severe
3) Acute recurrent frontal sinusitis: **J01.11**, see sinusitis, acute, frontal, recurrent
4) Acute bronchitis, echo virus: **J20.7,** see bronchitis, acute, with, virus, echovirus
5) Malignant pleural effusion: **J91.0**, see effusion, pleural, malignant
6) Acute pharyngitis: **J02.9**, see pharyngitis (acute)
7) Postprocedural pneumothorax: **J95.811**, see pneumothorax, postprocedural
8) Hypertrophy, tonsils and adenoids: **J35.3,** see hypertrophy, adenoids, with tonsils
9) MSSA pneumonia: **J15.211**, see pneumonia, MSSA
10) Emphysema: **J43.9**, see emphysema

11) **Inpatient admission:** The patient was admitted after visiting the emergency department for shortness of breath, chest pain, hypoxia, and a white cell count of 32,600. The patient had a history of chronic obstructive pulmonary disease. Interstitial infiltrate at the right middle and lower lobes of the lung was seen on chest X-ray. Sputum culture grew *Streptococcus pneumoniae.* He tolerated the antibiotics, and the symptoms improved significantly.

Discharge diagnoses: (1) Right lower lobe pneumonia due to *Streptococcus pneumoniae*, (2) acute exacerbation of chronic obstructive lung disease.

Diagnosis Codes:

J13, see pneumonia, in (due to) streptococcus pneumonia OR pneumonia, streptococcus

J44.1, see disease, pulmonary, chronic obstructive, with, acute exacerbation

R09.02, see hypoxia – code is assigned as an additional diagnosis because it is not inherent in pneumonia

Comments: *Streptococcus pneumoniae* is the causative organism. Because this organism is specified in the title of code J13, an additional code assignment is not necessary.

Code J44.1 is assigned for exacerbated chronic obstructive pulmonary disease. Chronic obstructive pulmonary disease is one of the conditions that requires clinical evaluation even if no further treatment is given. Therefore, it is listed as an additional code.

Code R09.02, Hypoxemia, is assigned as an additional diagnosis for the hypoxia because it is not inherent in pneumonia.

12) **Inpatient admission:** The type 1 diabetic patient was admitted with a right heel ulcer that had failed a number of outpatient therapies. Also, because the patient was hypoxic on admission with a history of COPD, he was given supplemental oxygen. He coughed up sputum, and a chest X-ray showed a mild increase in interstitial markings. Consequently, he was treated for acute bronchitis with erythromycin, which provided good results. Gradually, the foot ulcer healed. But the hypoxia persisted, and an increase in his oxygen therapy was helpful. He was to be followed by home health services.

Discharge diagnoses: (1) Diabetic foot ulcer, right heel; (2) acute bronchitis; (3) diabetes mellitus; (4) COPD.

Diagnosis Codes:

E10.621, see diabetes, type 1, with, foot ulcer

L97.419, see ulcer, lower limb, heel, right

J44.0, see disease, pulmonary, chronic obstructive, with, acute bronchitis (use additional code to identify the infection)

J20.9, see bronchitis, acute

R09.02, see hypoxemia

Z79.4, see long-term (current use of), insulin

Comments: The diabetes code includes the ulcer, but an additional code specifies the site of the ulcer.

Code J44.0, Chronic obstructive pulmonary disease with acute lower respiratory infection, has a note to use an additional code to identify the infection; code J20.9 is added. There is an excludes2 note under category J20 for acute bronchitis with chronic obstructive pulmonary disease. Because both conditions exist at the same time it is acceptable to use both codes.

Code R09.02 is assigned for the hypoxia, which is not inherent in COPD.

Code Z79.4 is not required for type 1 diabetics because these patients require insulin. However, this code may be assigned, if desired, to provide additional information.